Questions Received on Tribal Federally Qualified Health Center (Tribal FQHC)

Covered Services and Reimbursement

1. **Question:** During our last meeting it was exciting to know that one positive inclusion in Tribal FQHC had been the reimbursement of Visiting Nurse Services. Upon reviewing the document it seems not any different than current Tribal MOA arrangement. It had been my understanding that currently (under MOA provision) Nurse's Home encounters are billable if they are referred by licensed physician or other licensed practitioner. Please help to clarify the difference under Tribal FQHC model.

   DHCS Response: Visiting nurse services under the IHS-MOA provider type are limited to services within the tribal facility as noted in the State Plan and in the IHS-MOA Provider manual section. In a Tribal FQHC, visiting nurse services can be provided outside of the tribal facility (i.e. in the patient's home) as described in the Tribal FQHC Medi-Cal Provider manual section.

2. **Question:** Please confirm the qualification required for the "Nurse" for such home Visits to qualify "reimbursable". In other words, are RN visits billable if they meet the criterion or the Nurse needs to have PHN qualification?

   DHCS Response: Per 42 Code of Federal Regulations (CFR) § 405.2416, a visiting nurse includes a registered professional nurse or licensed practical nurse. Further guidance is available in the Tribal FQHC provider manual section and the associated CFR referenced above.

3. **Question:** Can DHCS provide a side-by-side comparison of Indian Health Services-Memorandum of Agreement and Tribal FQHC services?

   DHCS Response: This information will be included in the meeting presentation on June 11th. The presentation will also be posted online.

4. **Question:** My understanding is that under Tribal MOA, the Physical Therapy treatment does not have any limit on number of reimbursable visits. Please confirm.

   DHCS Response: Yes, that is correct. Per the DHCS State Plan (page 66), physical therapy is covered for the restoration, maintenance and acquisition of skills only when prescribed by a physician, dentist, or podiatrist. Prescriptions for treatment plans are limited to six months and may be renewed for medical necessity.

5. **Question:** The limit on the reimbursable visits pertaining to Acupuncture, Physical therapy, Occupational therapy, Speech pathology, Audiology and Chiropractor services is 2 per month and it can be combination of any two visits. Is this correct?

   DHCS Response: Yes, that is correct. It can be a combination of any two visits, although additional services can be provided based upon medical necessity. Please note that physical therapy is not subject to the two visit limit. Additionally, chiropractic services are limited to pregnant women and children 21 and under in IHS-MOA clinics. IHS-MOA clinics may bill for chiropractic services for IHS-eligible American Indians who are not pregnant or who are over 21 through the Tribal Uncompensated Care program which is scheduled to end December 31, 2021. Please note that chiropractic services are reimbursable in Tribal FQHCs for all beneficiaries.

6. **Question:** Will there be a new taxonomy code?

   DHCS Response: Healthcare Provider Taxonomy Codes are issued by the Centers for Medicare and Medicaid Services (CMS). CMS has not alerted states of a Tribal FQHC specific taxonomy code.

7. **Question:** Can Tribal FQHC bill for services in a hospital?

   DHCS Response: DHCS will be engaging CMS in further discussion on reimbursement for hospital services in Tribal FQHCs. DHCS will provide an update as the information becomes available.

8. **Question:** Please confirm that physical therapy should be billed as an ambulatory visit.

   DHCS Response: Yes, physical therapy is an ambulatory visit.

9. **Question:** Currently, Medicare allows us to bill for telehealth visits under the public health emergency (PHE), but they have us billing with ONLY the G2025-95 code on the claims, with no additional CPT codes. When the PHE ends, if Medicare does not allow FQHC's to bill for telehealth codes, but Medi-Cal does if we are a Tribal FQHC, how would this work with crossover claims? And how should they be billed to Medicare because they automatically crossover to CenCal for us with an EOB (we do not bill separately to CenCal after Medicare has paid)? Medi/Medi Crossover instructions talk about direct billing to Medi-Cal for services that are not billable. Is this what should happen in this case? Would we bill the MCP in these cases? And what would be the payment amount, the crossover amount?

   DHCS Response: Tribal FQHCs should bill for crossover claims as described on page 9 of the Tribal FQHC Provider Manual. The crossover payment amount for 2021 is $371.49 and is listed on Attachment 1 of APL 21-008.

10. **Question:** When talking about three billable visits, does this mean we could bill for two dental visits on the same day?

    DHCS Response: Yes, that is correct.

11. **Question:** Do we continue to electronically bill the same electronic payer for dental services as we have been as an IHS-MOA?

    DHCS Response: Yes, under the Tribal FQHC, dental reimbursement will continue to be paid through the DHCS Fiscal Intermediary (FI).

12. **Question:** How does DHCS want the telehealth visits billed? I know it would be the T code, but do they want a modifier 95 with a location type 2 (telehealth)?

    DHCS Response: During the PHE, Tribal FQHCs should bill for telehealth visits according to guidance released regarding Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to the 2019-Novel Coronavirus (COVID-19). Post-PHE, telehealth visits should be billed according to the guidance on pages 13-18 of the Tribal FQHC Provider Manual. Tribal FQHCs do not bill using Modifier 95 or place of service Code 02 for Medi-Cal claims submitted through the DHCS FI. For Medical Managed Care Tribal FQHCs should contact the Managed Care Plans (MCPs) with which they have contractual arrangements to determine documentation requirements for these encounters.

13. **Question:** How will Medi-Medi telehealth visits be reimbursed after the public health emergency?

    DHCS Response: Post-PHE Tribal FQHCs should bill for crossover claims, including telehealth visits as described on page 9 and pages 13-18 of the Tribal FQHC Provider Manual.

14. **Question:** Will Medi-Cal managed-care require a TAR to pay providers for services rendered outside of the 4-walls of the clinic?

    DHCS Response: No, a TAR will not be required.

15. **Question:** I understand that the BH Intern (LCSW/MFT) visits under a licensed supervisor are reimbursable under Tribal MOA. Will such visits continue to be covered visits under Tribal FQHC?

    DHCS Response: Mental health associates (i.e. behavioral health interns) are generally not billable providers in Federally Qualified Health Centers (FQHCs) at large, and therefore would not be billable in Tribal FQHCs per CMS. However, CMS approved State Plan Amendment (SPA) 20-0024 which temporarily adds Associate Clinical Social Workers (ACSWs) and Associate Marriage and Family Therapists (AMFT) services in FQHCs at large during the Public Health Emergency (PHE). DHCS is working with CMS regarding billing for ACSWs and

AMFTs following the end of the PHE in Tribal FQHCs. DHCS is also in discussions with CMS regarding billing for Licensed Professional Clinical Counselors (LPCC), Associate LPCCs, and Psychological Assistants in Tribal FQHCs.

16. **Question:** Has DHCS heard back from CMS on billing for all mental health associates in Tribal FQHCs?

    DHCS Response: No, DHCS has not received an update from CMS. As soon as the information is available DHCS will notify Tribal stakeholders.

Enrollment

17. **Question:** If a Tribal FQHC subcontracts with a specialist, does the specialist need to be enrolled in Medicare/Medi-Cal as an Ordering, Referring, and Prescribing Provider?

    DHCS Response: Yes, CMS provided clarification to DHCS that the providers with whom a Tribal FQHC contracts must be enrolled in either Medi-Cal or Medicare as ordering, referring, and prescribing (ORP) providers. More information on the ORP enrollment process can be found in the Medi-Cal Ordering/Referring/Prescribing Provider Application Instructions and Requirements.

18. **Question:** If Tribal Health Programs want to begin submitting claims by July 1, 2021, what is the deadline for them to submit Form 7108 to DHCS? Is there a hard date when a THP needs to switch to make the Tribal FQHC provider roster update before the next quarter?

    DHCS Response: While there is no hard date, Tribal health programs should consider that the DHCS Provider Enrollment Division may take up to 30 business days to process the Elect to Participate (DHCS 7108) form requests and change the Provider Master File (PMF). DHCS is not able to update Attachment 2 of APL 21-008 until such time that the PMF is updated to reflect Tribal FQHC status. Attachment 2 of APL 21-008 will be updated monthly until September 2021 and then after it will be updated on a quarterly basis.

19. **Question:** How do we enroll as a Tribal FQHC?

    DHCS Response: Tribal programs can elect to be a Tribal FQHC by completing the *"Elect to Participate" Indian Health Services Memorandum of Agreement (IHS/MOA) and Tribal Federally Qualified Health Center (FQHC) form* (DHCS 7108). One "Elect to Participate" form for each clinic site is required and all Tribal clinic corporations must choose to be designated as the same provider type.

Reporting

20. **Question:** What types of annual reporting are required to be submitted by Tribal FQHCs?

    DHCS Response: Tribal FQHCs are required to complete annual reconciliations of payments from Medicare and Medi-Cal for services provided to dual eligible beneficiaries. For more information on the reconciliation process please contact DHCS Audits & Investigations at clinics@dhcs.ca.gov.

Contracting With Outside Providers

21. **Question:** What are the two or three requirements needed in the outside provider contract?

    DHCS Response: DHCS needs further information to be able to respond fully. However, as noted above the contracted provider is required to be enrolled in the Medi-Cal program.