



**Department of Health Care Service (DHCS)
Tribal Federally Qualified Health Center (FQHC) Webinar
June 11, 2021 (updated June 29, 2021)
Questions and Answers**

1. **Question:** Are all services that are currently reimbursed at an Indian Health Service Memorandum of Agreement (IHS-MOA) clinic, also reimbursable at a Tribal FQHC? What additional services can be provided at a Tribal FQHC?

DHCS Response: Please see the Tribal FQHC [PowerPoint slide deck](#) from the presentation for a comparison of the list of services covered at an IHS-MOA clinic as compared to a Tribal FQHC.

2. **Question:** Is a telehealth visit, in which the patient is located at their home, reimbursable for a Tribal FQHC provider?

DHCS Response: Yes, during the Public Health Emergency, telehealth visits are allowed in a patient's home. Please see the [Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to the 2019-Novel Coronavirus \(COVID-19\)](#) for further information. DHCS has proposed allowing telehealth visits in the patient's home following the end of the PHE.

3. **Question:** Will visiting nurse services provided outside the four walls be reimbursed at a different rate?

DHCS Response: Visiting nurse services will not be reimbursed at a different rate. These services will be reimbursed at the Alternate Payment Methodology (APM), which is set at the All-Inclusive Rate (AIR).

4. **Question:** Can the Department please provide the link to view the presentation slides.

DHCS Response: The presentation has been posted on the DHCS Indian Health Program website at the following link:
<https://www.dhcs.ca.gov/Documents/Tribal-FQHC-Presentation-for-06-11-21.pdf>.

5. **Question:** How will a pharmacy visit be reimbursed? Such as a visit with a clinical pharmacist.

DHCS Response: Pharmacists are not billable providers in Tribal FQHCs or IHS-MOA clinics. Tribal FQHCs and IHS-MOAs that have retail pharmacies may bill for visits with clinical pharmacists separately as a pharmacy service and bill in accordance with departmental policy.

6. **Question:** How is medical necessity determined for more than two visits per month for chiropractic services?

DHCS Response: Chiropractic services may exceed the two visit per month limitation if there is documentation of medical necessity by the prescribing practitioner in the patient's health record.

7. **Question:** Once the Public Health Emergency (PHE) ends, will phone visits be reimbursable?

DHCS Response: The Department is currently working on the policy regarding reimbursement for phone visits following the end of the PHE.

8. **Question:** If a clinic elects to participate in Medi-Cal as a Tribal FQHC, are Licensed Professional Clinical Counselor (LPCC) services and LPCC intern services reimbursable?

DHCS Response: LPCCs and Associate LPCCs are not reimbursable in Tribal FQHCs. DHCS is in discussions with the Centers for Medicare and Medicaid Services regarding billing for LPCC and Associate LPCCs in Tribal FQHCs.

9. **Question:** If a clinic elects to participate in Medi-Cal as a Tribal FQHC retroactive to January 1, 2021, will the clinic be able to bill the Medi-Cal Fiscal Intermediary for Tribal FQHC services from January 1 to current?

DHCS Response: No, a clinic that elects to participate as a Tribal FQHC will not be able to bill retroactively to January 1. The Department has determined that for clinics that Elect to Participate in Medi-Cal as Tribal FQHCs the effective date of the new provider type will be the date the Elect to Participate application (DHCS 7108) is received by the DHCS-Provider Enrollment Division.

A Tribal FQHC may verify their effective date by contacting DHCS Tribal FQHC inbox at TribalFQHC@dhcs.ca.gov or by reviewing Attachment 1 to All Plan Letter 21-008, which once published will be posted on the [DHCS 2021 - All Plan Letters](#) webpage.

10. **Question:** How many tribal health programs have submitted form 7108 and switched as a Tribal FQHC provider?

DHCS Response: Three tribal health have submitted Elect to Participate forms requesting to participate in Medi-Cal as Tribal FQHCs.

11. **Question:** Is form 7108 submitted through the Provider Application and Validation for Enrollment (PAVE) System?

DHCS Response:

Tribal programs already enrolled in Medi-Cal can change provider types by completing an ["Elect to Participate" Indian Health Services Memorandum of Agreement \(IHS/MOA\) and Tribal Federally Qualified Health Center \(FQHC\)](#) (form DHCS 7108). DHCS can only accept hard copies of the signed DHCS 7108

Please submit the document/s to:
Department of Health Care Services
Provider Enrollment Division
MS 4704
P.O. Box 997413
Sacramento, CA 95899-7413

Note: One "Elect to Participate" for each clinic site is required and all Tribal clinic corporations must choose to be designated as the same provider type.

Tribal health programs that are not currently enrolled in Medi-Cal must complete the application process through [DHCS' Provider Application and Validation for Enrollment \(PAVE\) System](#) and submit form DHCS 7108 with their initial application.

12. **Question:** If a Tribal FQHC subcontracts with a specialist who is enrolled in Medicare as an Ordering, Referring, Prescribing (ORP) provider, does the specialist need to also enroll with Medi-Cal as an ORP?

DHCS Response: If a provider is enrolled as an ORP with Medicare, the provider does not need to enroll as an ORP with Medi-Cal.