Department of Health Care Services (DHCS)
Tribal Federally Qualified Health Center (FQHC)
Frequently Asked Questions
Updated July 15, 2021

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.

17. **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.

18. **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.

19. **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).

20. **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.

21. **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 medically necessity by the prescribing practitioner in the patient's health record.

22. **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.

23. **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.

24. **Question:** There was a quite a bit of dialogue with DHCS on this issue in 2019 and 2020 meetings. The last information I received was the Tribal FQHC provider type option allows the Tribal FQHC APM to be at least the amount of the IHS-MOA Rate or AIR. If the Tribal FQHC had a higher Prospective Payment System (PPS) rate they would be reimbursed at the higher PPS rate?

    DHCS Response: State Medicaid programs received guidance from CMS that outlined the requirements of the Alternative Payment Methodology (APM). Per the Frequently-Asked Questions (FAQs) Federal Funding for Services "Received Through" an IHS/Tribal Facility and Furnished to Medicaid-Eligible American Indians and Alaska Natives (SHO #16-002) response 12, "If the state Medicaid agency and one or more Tribal FQHCs agree to use the IHS All-Inclusive Rate (AIR) rate as the facility rate, the state agency will have to submit a state plan amendment (SPA) to designate payment for Tribal FQHC services at the IHS AIR as an Alternative Payment Methodology." Therefore, DHCS submitted State Plan Amendment 20-0044, which established the Tribal FQHC APM at the IHS-AIR. Tribal FQHCs cannot request to be paid at a higher PPS rate.

25. **Question:** We have a question on Medicare Crossover claims when the Secondary is a Managed Care Plan under Tribal FQHC. Per manual Tribal Federally Qualified Health Centers Billing Codes (page 6):

    Services for Recipients in Managed Care and Medicare When Tribal FQHCs bill for recipients enrolled in both Medicare and a managed care plan and the service is covered by the plan, Tribal FQHCs must bill the managed care plan. Managed care plans are required to reimburse Tribal FQHCs for the full APM rate, which is set at the Federal AIR.

    Does this mean that as the Tribal FQHC, we don't have to bill Medicare first when a Managed Care Plan is Secondary?

    Is the Tribal FQHC asked to only bill the Managed Care Plan when the patient has both Medicare Primary and an MCP Secondary, and the Managed Care Plan is asked to pay the primary APM rate? ($519.00 for 2021)

DHCS Response: There is no change in billing for dual eligible beneficiaries. For beneficiaries who have Medicare and Medi-Cal Managed Care, the clinic must first bill Medicare and bill the Medi-Cal Managed Care Plan secondary. The reimbursement from the Managed Care Plan will be at the APM crossover rate which is $371.49, as indicated in the Crossover Claims section in the Tribal FQHC Provider Manual and APL 21-008 Attachment 1.

Enrollment

26. **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.

27. **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.

28. **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.

29. **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.

30. **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.

31. **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.

Reporting

32. **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.

33. **Question:** Indian Health Council, Inc. is going to look at our cost per visit versus the AIR (Currently $519 per visit) for determining our APM for Tribal FQHC. What

Medi-Cal Cost report form format should we use? We know it will need to go to DHCS Audits and Investigations Cost Reporting. Would it be DHCS Form 3090?

DHCS Response: The Tribal FQHC APM is set at the AIR. Please see Attachment 2 of APL 21-008.

Contracting With Outside Providers

34. **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.

35. **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.