



Tribal Federally Qualified Health Center (Tribal FQHC) Update

June 11, 2021



Background

- Tribal FQHC established in accordance with approved State Plan Amendment 20-0044 is effective January 1, 2021
- The approved SPA:
 - Establishes an Alternative Payment Methodology (APM) for Tribal FQHC, set at the All-Inclusive Rate (AIR) for services
 - Allows Tribal FQHCs to be reimbursed for up to three visits per day, per beneficiary, in any combination of medical, mental health, dental, and ambulatory visits.
 - Allows for services of Tribal FQHC and contracted providers outside 4 walls of the clinic (i.e. a patient's home)
 - Requires that Tribal FQHCs may only be reimbursed for the same list of services that are reimbursable to non-Tribal FQHCs per CMS instruction of September 30, 2020 and [written guidance released on January 15, 2021.](#)



All Plan Letter (APL) 21-008

- [All Plan Letter 21-008](#), released on May 13, 2021 to provide guidance to Managed Care Plans (MCP) on reimbursing Tribal FQHCs
- If a Tribal FQHC is contracted with a MCP to provide Non-Medical Transportation and Non-Emergency Medical Transportation they will be paid in accordance with existing arrangements outside of the APM rate
- This policy does not require MCPs to provide services that are carved-out of the MCP's contract with DHCS. For example, MCPs will not be responsible for reimbursing Tribal FQHCs for dental services not otherwise covered by the MCP contract.



APL 21-008 Attachments

- The APL 21-008 includes the following attachments:
 - **Attachment 1-Rates for Tribal FQHCs:** Provides information to the MCPs on the Alternative Payment Methodology (APM) rate to be paid for Medi-Cal beneficiaries and Dual Eligibles (covered by Medicare and Medi-Cal)
 - The APM rate will be set at the AIR and updated annually
 - The “duals” rate is calculated to be the AIR, less approximately 80% of the Medicare Part B payment calculated using the Geographic Adjustment Factor
 - **Attachment 2-List of Tribal FQHC Providers:** Provides the list the names and locations of clinics that have elected to participate in Medi-Cal as a Tribal FQHC and will be updated following receipt of the Elect to Participate Form (DHCS 7108). Attachment 2 will be updated monthly until September 2021 and then after it will be updated on a quarterly basis.



Tribal FQHC Provider Manual Sections

- Tribal FQHC Medi-Cal provider manual sections were published May 14, 2021.
- Please see the [Tribal FQHC bulletin](#) to view the following manual sections:
 - [Tribally Federally Qualified Health Centers](#)
 - [Tribal Federally Qualified Health Centers Billing Codes](#)



Dental Visits

Dental Service Providers	IHS-MOA	Tribal FQHC
Doctor of dental surgery (dentist)	X, as ambulatory visit.	X
Registered Dental Hygienist	X	X
Registered Dental Hygienist in Alternative Practice	X	X
Registered Dental Hygienist in Extended Function	X	X



Medical Visits

Physician Service Providers	IHS-MOA	Tribal FQHC
A physician or osteopath	X	X
A primary care resident in Teaching Health Center Graduate Medical Education Program	No	X
Doctor of podiatry	X	X
Doctor of optometry	X	X
Physician Assistant	X	X
Nurse Practitioner	X	X
Certified Nurse Midwife	X	X
Visiting nurse	X, in facility only	X
Comprehensive Perinatal Services Program practitioner services	X	X



Visiting Nurse Services

- Visiting nurse services (as defined in [Code of Federal Regulations \(CFR\), Title 42, Section 405.2416](#)) are reimbursable in Tribal FQHCs and IHS-MOAs.
 - However, visiting nurse services can only be provided within the four-walls of the IHS-MOA clinic per CFR 440.90. This same limitation does not apply in a Tribal FQHC.
- Visiting nurse services include:
 - Nursing services provided in the home by a registered nurse or vocational nurse licensed by an appropriate state board of nursing, within their scope of practice
 - Furnishing independent and complete face-to-face nursing assessments, interventions, evaluations and documentation of services provided in the health record of the individual
 - Referral/consult/recommendation for home visit encounters from a licensed physician or other licensed practitioner.



Visiting Nurse Services cont'd

- Furnished under a written plan of treatment that is established and reviewed at least every 60 days by a supervising physician, or established by a nurse practitioner, physician assistant, nurse midwife or specialized nurse practitioner and reviewed and signed at least every 60 days by a supervising physician
- The licensed physician or other licensed practitioner who supervises those who provide the service(s) to the beneficiary must assume professional responsibility for the care of the recipient
 - **Note:** Visiting nurse services are considered medical visits and are to be billed under the supervising licensed provider
- Repeated or multiple visits to complete what is considered a reasonable and typical office visit are not covered services, unless it's medically necessary



Mental Health Visits

Mental Health Service Providers	IHS-MOA	Tribal FQHC
Licensed clinical social worker	X	X
Associate clinical social worker (ACSW)	X	During PHE*
Clinical psychologist	X	X
Psychological Assistant	X	Under discussion with CMS**
Licensed marriage and family therapist (MFT)	X	X
Associate MFT (AMFT)	X	During PHE*
Licensed Professional Clinical Counselor (LPCC)	X	Under discussion with CMS**
LPCC Intern	X	Under discussion with CMS**

*CMS has extended flexibilities to allow for ACSW and AMFT services to be reimbursed in FQHC during the Public Health Emergency (PHE).

**DHCS is in discussion regarding coverage of LPCCs, Associate LPCCs, and Psychological Assistants in Tribal FQHCs.



Billing for Mental Health Associates

- ACSWs and AMFT are not ordinarily billable providers in FQHCs. However, CMS approved State Plan Amendment 20-0024 which temporarily adds ACSWs and AMFT services in FQHCs during the PHE.
- ACSWs and AMFTs are not licensed practitioners, per the California Board of Behavioral Sciences and their services are billed under the supervising licensed, billable behavioral health practitioner of the FQHC
- DHCS is working with CMS regarding allowance for billing of ACSWs and AMFTs post-PHE for Tribal FQHCs
- LPCC, Associate LPCCs, and Psychological Assistants are not billable in FQHCs
- DHCS is in discussion regarding coverage of LPCCs, Associate LPCCs, and Psychological Assistants in Tribal FQHCs.



Ambulatory Visits

Ambulatory Service Providers	IHS-MOA	Tribal FQHC
Doctor of dental surgery (dentist)	X	X, as a dental visit.
Doctor of chiropractics±	X, with limitations± **	X**
Physical Therapist	X	X
Occupational Therapist	X**	X**
Audiology	X**	X**
Licensed acupuncturist	X**	X**
Speech Therapist	X**	X**
Drug Medi-Cal Services (DMC)	X	Per FQHC requirements

± Chiropractic services limited to pregnant women and children 21 and under in IHS-MOAs clinics.

** Limited to 2 per month, more if medically necessary.



Drug Medi-Cal

- FQHCs are required to carve-out DMC services from their Prospective Payment Systems (PPS) rate per Welfare and Institutions Code 14132.100
- Reimbursement for FQHCs for Non-Narcotic Treatment Program (NTP) and NTP services are described in [DHCS State Attachment 4.19-B, Pages 38-41f.](#) (Counties are required to pay FQHCs the Statewide Maximum Allowance and settle to cost.)



Electing to Be a Tribal FQHC

- 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). The DHCS Form 7108 is available now at www.medi-cal.ca.gov. From the Home Tab, "select Resources", "select References", from the Billing section "select Forms", from the "Provider Enrollment section" select the "Elect to Participate" DHCS 7108 form.
- 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



Tribal FQHC Claims to Managed Care Plans

- Tribal FQHCs will submit claims directly to Managed Care Plans (MCPs) for services
- MCPs will reimburse Tribal FQHCs after the DHCS 7108 process has been completed and Attachment 2 of APL 21-008 is published
- PRIHD will inform MCPs and impacted clinics by email when Attachment 2 of APL 21-008 is updated to include Tribal health programs that are eligible for reimbursement as a Tribal FQHC.



Tribal FQHC Claims to DHCS Fiscal Intermediary

- Tribal FQHC should bill the DHCS Fiscal intermediary (FI) for all Tribal FQHCs services that are dental related and for services provided to managed care opt-out beneficiaries
- Please note that claims that include the new Tribal FQHC services, visit combinations, and providers (i.e. visiting nurse visits, two dental visits in the same day, or multiple medical/ambulatory visits) will be paid upon completion of the systems modification in Fall 2021.



Tribal FQHC Issues Inbox

Please email issues to the Tribal FQHC inbox at:

TribalFQHC@dhcs.ca.gov

(Monitored Daily)

Questions and Answers will be posted on the

[Indian Health Program \(IHP\) website.](#)

IHP Phone Number: 916-449-5770



Resources

- Managed Care Issues Email Inbox:
MMCD.TPGMC@dhcs.ca.gov
- Providers may wish to sign up for the Medi-Cal Subscription Service (MCSS), free of charge, to receive links to Medi-Cal news and Medi-Cal update bulletins via email. To subscribe to MCSS, please go to <https://camcss.powerappsportals.com/>.