Tribal Federally Qualified Health Center Meeting

Department of Health Care Services (DHCS)
March 03, 2020

Overview

- Development of the Tribal Federally Qualified Health Center (TFQHC) as a Medi-Cal Provider Type
- Sample Fiscal Analysis Data Sources
- *Sample* Fiscal Analysis Process Using Arizona TFQHC Model (5 visits/day) & California Data

CMS' 2016 State Health Official (SHO) Letter & 2017 Tribal Federally Qualified Health Center (TFQHC) Frequently Asked Questions (FAQ) Overview

SHO # 16-002

Federal Medicaid Services to American Indians/Alaska Natives (AI/AN) "Through" Tribal Health Programs

Date: February 2016

Purpose: Help the state, IHS, and tribes improve delivery system, increase access & continuity of services

- Any services authorized by IHS rules in the state plan including LTSS & transportation emergency and non emergency to include meals & lodging
- Tribal/IHS practitioner requests service in accordance with care coordination agreements
- Both providers need to be enrolled in Medicaid
- Tribal provider remains responsible for care including all chart notes from referral provider
- Care coordination agreement may be through formal contract, MOA, provider agreement
- Non tribal providers bill FFS rate or,
- IHS/Tribal providers bills & pays non tribal provider FFS rate
- State may bill 100% FMAP FFS rate for services to AI/AN
- No State Plan Amendment (SPA) required

TFQHC FAQ
Medicaid Services to AI/ANs and non AI/ANs Outside Clinic 4 Walls
Date: January 2017

Purpose: Allow Tribal health programs to be paid All Inclusive Rate (AIR) rate for services outside the clinic 4 walls

- "Clinic" provider cannot bill for services outside the clinics 4 walls per CFR 440.90 except for services provided to the homeless
- Tribal FQHC can contract with a non tribal provider & bill at AIR for services to AI/AN and non AI/AN
- Tribal clinics and subcontractors must be enrolled in Medicaid
- No care coordination agreements
- Alternative Payment Methodology (APM) must be at least AIR -determined annually
- 100% FMAP AIR rate for AI/ANs
- State Plan Amendment (SPA) required
- Deadline for States to implement is January 2021

Samples of Tribal FQHC State Plan And Policy Language

Tribal FQHC State Plan and Policy Language
Oklahoma For qualified facilities operated by I/T/U providers that contract with the Medicaid agency as an FQHC, hereafter referred to as ITU-FQHC, an **alternative payment method (APM)** is allowed. The APM rate for services provided by an ITU-FQHC is set at the **OMB rate**. I/T/U covered services provided off-site or outside of the I/T/U setting, **including mobile clinics or places of residence**, are compensable at the OMB rate when billed by an I/T/U that has been designated as a FQHC. The I/T/U **must meet provider participation** requirements listed in OAC 317:30-5-1088. **I/T/U may bill for 1 medical,1 dental, and 1 mental health outpatient encounter /day**. **I/T/U may bill 1 more additional outpatient visit/day if patient returns with a different diagnosis. I/T/U off-site services may be covered if the services rendered were within the provider's scope of practice and are of the same integrity of services rendered at the I/T/U facility.**
Montana Tribal facilities operating in accordance with section 1905 (1)(2)(8) of the Social Security Act and the Indian Self-Determination Act (Public Law 93-638) and that enroll in Montana Medicaid as a Tribal FQHC have agreed through tribal consultation to be paid using an alternative payment methodology **(APM) that is the all-inclusive rate (AIR**) **for services published annually in the Federal Register**. Reimbursement will be allowed for the same **categories of service as included within this State Plan that tribal facilities provide**. **Tribal FQHC's may bill the appropriate number of payable daily encounters based on the services that members receive.** Montana Medicaid will establish a Prospective Payment System (PPS) methodology for the Tribal FQHC so that the agency can determine on an annual basis that the published, all-inclusive rate is higher than the PPS rate. The PPS rate will be established by comparing the PPS rate that is currently paid to non-tribal FQHC's to determine if the all-inclusive rate is higher.
Connecticut The State will establish a PPS/AIR methodology for the 638 FQHCs so that the agency can determine on an annual basis that **the published encounter rate is higher than the OMB rate**. The PPS rate will be established by reference to payments to one or more other clinics in the same or adjacent areas with similar caseloads. The 638 FQHCs would not be required to report its costs for the purposes of establishing a PPS rate. **638 FQHC may bill for 1 medical, 1 dental, 1 behavioral health visit/day.**
Arizona If a 638 FQHC elects an APM then the 638 FQHC will be reimbursed an **outpatient AIR** for all FQHC services. The published rate is paid for up to **five encounters/visits per recipient per day**. Encounters/visits are **limited** to the **AHCCCS-registered facilities that provide covered services to Medicaid members in a 638 FQHC.** The encounters/visits will be differentiated based on the patient account numbers that are assigned for each encounter/visit. Encounters/visits include covered telemedicine services. AHCCCS will establish a PPS/AIR methodology for the 638 FQHCs so that the agency can determine on an annual basis that the published, **all inclusive rate is higher than the PPS rate.** The PPS rate will be established by reference to payments to one or more other clinics in the same or adjacent areas with similar caseloads. **The 638 FQHCs would not be required to report its costs** for the purposes of establishing a PPS rate.

Medi-Cal TFQHC Meetings

- March 29, 2019 - Response to specific Tribal and Tribal Health Clinic written and verbal requests for meeting regarding TFQHC development
- August 14, 2019 - Written and telephone invitation to all Tribal Chair and Medi-Cal Indian Health Program Designees
- September, 2019 - Responses sent to written questions and proposed timeline distributed to all Tribal Chair and Medi-Cal Indian Health Program Designees
- October 17, 2019 - Written and telephone invitation to all Tribal Chair and Medi-Cal Indian Health Program Designees
- January 28, 2020 - DHCS presented with sample SPA to include all services and providers in Medi-Cal at the CalAIM Meeting

Feedback On TFQHC Provider Type

Summary: Following is feedback DHCS received on the reimbursement rate, number of visits per day, service location, billable providers, and billable services for consideration in a Tribal FQHC

Reimbursement Rate

- Maintain the existing Indian Health Services-Memorandum of Agreement services, billable providers, and reimbursement rate
- Maintain current reimbursement payment policy for Indians and non-Indians at AIR to allow revenues from non-Indian visits to be used to expand services for all
- The facility rate for Tribal FQHC should be no lower than the IHS/MOA AIR rate.

Visits per Day

- Increase in the number of billable visits per day from three to five, which allows for increased revenue to pay for higher levels of care and services at closer locations.
- More visits per day: Visits per day would not be limited to 3, but up to 5 or more
- Increase the number of visits to five per day for same beneficiary to include all services provided, i.e.: Pharmacy, laboratory/radiology, vision, diabetes management, etc.
- Up to 5 billable encounters per day for any and all services in the Medi-Cal benefit plan, including but not limited to: laboratory testing, medical imaging, pharmacy.
- We would like to see the maximum allowable visits per day increase from three to five (as is allowed in other CMS Region IX states).

Feedback on TFQHC Provider Type Cont.

Service Outside of 4-walls

- Allow for reimbursement of inpatient billing by clinic providers for continuity of care
- Allow reimbursement for services in a patient's home provided by licensed professionals
- Allow for reimbursement of services provided in a skilled nursing facility
- Allow for reimbursement of services by clinic providers at community centers and schools
- Home Visits by medical providers
- Home visits, school clinic, or community outreach
- AOD Services
- Mental Health Providers home visits, school clinic, or community outreach
- Provider visits in the home or in a school clinic
- Support groups (Medication Assisted Treatment, Substance Use Disorder, Grief, etc.)
- The ability to bill for outside "through-to" services is one important element we would like to see included in a Tribal FQHC program. We also seek automatic inclusion of satellite locations of tribal health systems as billable service locations.
- All tribally owned or leased property should be considered "satellite" services.

Feedback on TFQHC Provider Type Cont.

Billable Providers

- Nurse Care Manager/Educators
- Registered Dietician (RD)
- Substance use disorder (SUD)
- Traditional Healing/Medicine
- Physician or RN Hospice Care
- Dietician Visits (Medical Nutrition Therapy)
- Outreach Paraprofessionals
- AOD Counselors
- Transporters
- Chiropractic
- Expansion of the list of billable providers to include registered nurses and registered dieticians
- All recognized healthcare providers
- Advanced Practitioner Pharmacist
- Community Health Representative
- PHN, RN, and Outreach Paraprofessional

Feedback on TFQHC Provider Type Cont.

Billable Services

- Increase the number of billable participants in group therapy to all members of the group
- Allow reimbursement for traditional health services
- Allow reimbursement for non-traditional health services (tai chi)
- Allow reimbursement for podiatry services
- Allow reimbursement for Dental
- Allow reimbursement for Oncology
- Allow reimbursement for Hematology
- Allow reimbursement for Rheumatology
- Allow reimbursement for Orthopedics
- Allow reimbursement for Ophthalmology
- Allow reimbursement for OB/GYN
- Allow reimbursement for Gastroenterology
- Allow reimbursement for Laboratory
- Allow reimbursement for X-ray
- Allow reimbursement for diagnostics
- Allow reimbursement for Physical Therapy
- Allow for all services included in the Medicaid Benefits Plan
- Support Groups (Medication Assisted Treatment, Substance Use Disorder, Grief, etc.)
- Specialty services i.e. cardiology, radiology

Sample Fiscal Analysis Data Sources

- Data Source For Visits-2017 Calendar Year Claims from DHCS CA-MMIS System; Includes all Medical and Dental claims paid to Tribal Health Clinics (THC). (Last full year of data from all claims paid by DHCS vs. 2018 transfer of some payments made by Managed Care Plans)
- Claims paid amounts updated to reflect 2019 AIR rate
- Data Source For American Indian/Alaskan Native (AI/AN) associated claims from DHCS AI/AN database (data submitted by THCs, CRIHB, and IHS California and Phoenix Area)

Claims Paid-State & Federal Share

- Total Payments include State General fund (“GF”) and Federal Matching Assistance Program (FMAP)

  * Note that the proposed overall DHCS 2020-2021 Budget includes a 63% Federal share.

- FMAP (“federal share”) includes AI/AN @ 100%, Affordable Care Act Expansion population @ 90%, and Child Health Insurance Program @ 65%
- Data Source- DHCS THC claims

Sample Fiscal Analysis Process Using Arizona TFQHC Model (5 visits/day) & California Data

- 2017 Total Visits and Paid (Adjusted to 2019 AIR and for Medicare "dual eligible" rate adjustment)

  Claims (visits): **472,345** paid: $**208,209,676 (GF:$54,217,800)**

- 4 additional visits/day added to 2017 Claims for 1 visit/day :**1,848,104**
- 3 additional visits/day added to 2017 claims for 2 visits/day: **15,480**
- 2 additional visits/day added to 2017 claims for 3 visits/day: **104**
- Total additional visits: **1,863,688**
- Total cost of additional visits using 2019 AIR and Medicare adjustments: $**821,467,827 (GF:$213,910,222)**
- Total amount paid and additional visits: $**1,029,677,503 (GF:$268,128,022)**

THANK YOU