Electing 638 FQHC Status

Note: This training only pertains to provider types 05/77 who elect to become recognized as a 638 FQHC.

March 14, 2018

What is a 638 FQHC?

- AHCCCS has established a new provider type that will allow Tribal 638 Clinics to elect to be recognized as a 638 Federally Qualified Health Center (FQHC).
- Tribal 638 Clinics must currently be registered as provider type 05 (clinic) or 77 (BH Outpatient Clinic) in order to elect 638 FQHC status.
- The new 638 FQHC provider type designation is **C5** and will be available with an **April 1, 2018** effective date.

Requirements

- The **only** requirement the Tribal 638 Clinic must meet, in order to be recognized as an FQHC by Medicaid, is to be operated by a tribe or Tribal organization under P.L. 93-638.

- The facility does **not** need to enroll in Medicare as an FQHC in order to change its designation to a 638 FQHC. A facility will be recognized as an FQHC by Medicaid if it is operated by a tribe or Tribal organization in accordance with P.L 93-638.

Documentation Requirements for Electing 638 FQHC Status

Any Tribal 638 Clinic electing to become a Tribal 638 FQHC **must** submit written notification to the AHCCCS Administration's Provider Registration Unit.

The written notification **must** include:

- The name of the Tribal 638 Clinic electing to change its designation
- The full address of the Tribal 638 Clinic
- The date that the Tribal 638 Clinic is requesting the designation change to go into effect
- A signature from one of the authorized signers on record for the provider, within the provider's current provider profile.

Submission of Required Documentation

Notification of election to become a 638 FQHC may be *mailed* or *faxed*. If mailing, mail to:

AHCCCS Provider Registration
P.O. Box 25520, Mail Drop 8100
Phoenix, AZ 85002

If faxing, fax to:

602-256-1474, Attention: AHCCCS Provider Registration

Note: If a provider has not been previously registered with AHCCCS, the provider will need to follow all existing new provider registration steps.

Billing for Services

- Claims for 638 FQHC services reimbursed at the APM rate shall be submitted on the **CMS 1500** claim form. These services will be billed under the provider's new provider type (**C5**).
- Clinic Visit - The APM should be entered on the first service line of the claim and HCPC code T1015 should be used.
- Claims must include all HCPC codes describing the services rendered as a part of the visit. These individual services will be billed with a $0.00 charge in the **$ CHARGES** column (Column F) of the CMS 1500 claim form.
- Multiple visits on the same day that are distinct and separate visits must be identified by billing the T1015 HCPC code with modifier 25.
  - Modifier 25 indicates a same day, subsequent visit that is a distinct and separate visit.
- Claims submitted for dental services shall be submitted on the **ADA 2012** form. These services will be billed under the 638 FQHC provider type (C5) and reimbursed at the APM.

Pharmacy

Pharmacy services will **<u>not</u>** be billed under the new 638 FQHC provider type, and will continue to be billed for under the provider's previous designation **(05)**.

- The reimbursement methodology for pharmacy services will not change and shall continue to be reimbursed at the All Inclusive Rate (AIR).
  - ***Note:*** Only **1 AIR** per member, per day, per pharmacy may be reimbursed. The AIR limits for pharmacy will not change.

Non-Emergency Medical Transportation (NEMT) Services

NEMT services will **not** be billed under the new 638 FQHC provider type C5, and will continue to be billed for under the providers designation **(05 or 77).**

- The reimbursement methodology for NEMT services will not change and shall continue to be reimbursed at the capped FFS fee schedule. NEMT will **not** be reimbursed at the APM rate.

Case Management

Medical and behavioral health case management services, to be billed with T1016, will be billed under the C5 provider type.

- The reimbursement methodology for case management will be at the **capped FFS fee schedule.**
- Case management will not be reimbursed at the APM rate as it is not an FQHC service.
- Case management claims should be submitted on a CMS 1500 claim form.

Note: A 638 FQHC that is also an American Indian Medical Home (AIMH) will not be eligible for reimbursement of T1016. AIMHs receive a **Per Member Per Month (PMPM) rate** for case management services.

638 FQHC Exemption

- FQHC facilities are exempt from the "4 Walls" requirement.
  - An FQHC may bill the facility rate for services rendered to its patients outside of its "4 Walls."

- A Tribal 638 Clinic that elects to become a 638 FQHC will have the same exemption from the limitations of the "4 Walls" requirement that current FQHCs receive.

- If an FQHC has a contract with a non-Tribal provider, such as a neurologist, and the service is provided offsite (outside of the FQHC's building), the FQHC may still bill the facility rate for the service. However, the FQHC would need to bill for the service, **not** the offsite provider.

Reimbursement

- 100% Federal Medical Assistance Percentage (FMAP) will apply for American Indians/Alaskan Natives (AI/AN) treated outside the "4 walls" of the FQHC.
- A 638 FQHC will be able to bill for reimbursement at the facility rate Alternative Payment Methodology (APM), which is equivalent to the OMB All Inclusive Rate (AIR), and 100% FMAP would apply.
- The published APM rate may be paid for up to five encounters/visits per member, per day, per distinct visit.
  - ***Note:*** The system is set up to automatically deny any claims submitted for reimbursement at the APM rate in excess of five per member, per day.

Billing and Reimbursement

Service	Billing	Payment
FQHC Services	Will be billed under the 638 FQHC provider type **(C5).**	Reimbursed at the APM which is equivalent to the OMB AIR.
Dental	Will be billed under the 638 FQHC provider type **(C5)**	Reimbursed at the APM which is equivalent to the OMB AIR.
Pharmacy	Will continue to be billed for under the provider type (05), using the non-638 FQHC facility id#	All Inclusive Rate (AIR) (Only **1 AIR** per member, per day, per pharmacy may be reimbursed)
NEMT	Will continue to be billed for under the provider types **(05 or 77)** using the non-638 FQHC facility id#	Capped FFS fee schedule

Questions?

Please feel free to contact us at ProviderTrainingFFS@azahcccs.gov

Thank You.