All Tribes Call:

Overview of Proposed Rule on Payment to Grandfathered Tribal FQHCs That Were Provider-Based Clinics on or Before April 7, 2000

Hospital and Ambulatory Policy Group, Division of Ambulatory Services

Centers for Medicare and Medicaid Services

July 29, 2015

Payment to Grandfathered Tribal (GFT) FQHCs that were Provider-Based (PB) Clinics On or Before April 7, 2000

Proposed Rule

- Included in the CY 2016 Physician Fee Schedule Proposed Rule (1631-P)
- Published on 7/15/15 (displayed on 7/8/15)
- Comments Due on September 8, 2015
- Effective Date: 30 days after display of the final rule

Payment to GFT FQHCs that were PB Clinics On or Before April 7, 2000

Applicability

- The proposed rule would apply to:
  - IHS or tribal facilities that were PB on or before April 7, 2000, **AND**
  - Have had a change in their status such that they no longer meet the Medicare Conditions of Participation (CoPs).

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Applicability

- The proposed rule would **NOT** apply to:
  - A currently certified tribal FQHC;
  - A tribal clinic that was not PB as of April 7, 2000;
  - An IHS-operated clinic that is no longer PB to a tribally-operated hospital; or
  - Instances where both the hospital and its PB clinic(s) are operated by the tribe or tribal organization.

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Purpose

- To provide an alternative structure for certain IHS and tribal hospitals and clinics in order to:
  - Maintain access to care for AI/AN populations;
  - Ensure that these facilities are in compliance with CMS health and safety rules; and
  - Ensure that the IHS hospitals are not at risk for non-compliance with the hospital CoP requirements (§482.12).

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FQHCs

- FQHCs are facilities that are engaged primarily in providing services that are typically furnished in an outpatient clinic.

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FQHC Services

- Physician Services;
- Services and supplies furnished incident to a physician's services;
- NP, PA, CNM, CP, and CSW services;
- Services and supplies furnished incident to an NP, PA, CNM, CP, or CSW services;
- Outpatient diabetes self-management training (DSMT) and medical nutrition therapy (MNT) for beneficiaries with diabetes or renal disease; and
- Certain preventive services.

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FQHC Visits

- A FQHC visit is defined as a medically-necessary medical or mental health visit, or a qualified preventive health visit.
- The visit must be a face-to-face (one-on-one) encounter between the patient and a physician, NP, PA, CNM, CP, or a CSW during which time one or more FQHC services are rendered.
- A Transitional Care Management (TCM) service can also be a FQHC visit.

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FQHC Visits

- A FQHC visit can also be a visit between a home-bound patient and an RN or LPN under certain conditions.
- Under certain conditions, a FQHC visit also may be provided by qualified practitioners of outpatient DSMT and MNT when the FQHC meets the relevant program requirements for provision of these services.

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FQHC Visits

- A list of qualifying visits for FQHCs is located on the FQHC PPS web page at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/index.html.

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Comparison Between FQHCs and IHS Outpatient Clinics: Services

	IHS Outpatient Clinics	FQHCs
Professional Services (e.g. Physician Services)	Not Included	Included
Technical Services (e.g. Lab and X-Ray)	Included	Not Included
Drugs Administered During a Visit	Included	Included
Vision Services	Optometry Not Included	Eye Exams and Glaucoma Screening Included
Physical Therapy	Not Included	Included

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Comparison Between FQHCs and IHS Outpatient Clinics: Payment

	IHS Outpatient Clinics	FQHCs
2015 Payment Rate	$307 (AIR)	$158.85 (PPS)
Payment	Per Diem (AIR)	Per Diem (lesser of PPS rate or charges)
Exceptions	Subsequent illness/injury	Subsequent Illness or Injury; mental health visit
Cost Report	Included in Hospital's Cost Report	Payment for Influenza and Pneumococcal Vaccines; GME, and Bad Debt

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Proposal

- Create a special category and adjustment for GFT FQHCs.
- GFT FQHC PPS rate would be set at the IHS outpatient per visit payment rate.
- GFT FQHCs would be ineligible for additional FQHC adjustments (e.g. the FQHC PPS GAF; New Patient; or IPPE/AWV adjustments.
- GFT FQHCs would be ineligible for the exceptions to the single per diem payment.

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Proposal

- Medicare payment would be 80% of charges (based on the FQHC G Code)or the GFT FQHC PPS rate, whichever is less (determined by the MAC).

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G Codes

- G0466 – FQHC visit, new patient
- G0467 – FQHC visit, established patient
- G0468 – FQHC visit, IPPE or AWV
- G0469 – FQHC visit, mental health, new patient
- G0470 – FQHC visit, mental health, established patient

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G Codes: Services

- Each GFT FQHC determines the services that are included in each of their 5 FQHC G codes, based on a typical bundle of services that they would furnish per diem to a Medicare beneficiary.

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G Codes: Charges

- Each GFT FQHC sets the charges for the services they furnish.
- Charges must be reasonable.
- Charges must be uniform for all patients, regardless of insurance status.
- The charge established by a FQHC for a specific G code would reflect the sum of regular rates charged to both Medicare beneficiaries and other paying patients for the bundle of services represented by the G code.

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G Code Payment Amount

- The sum of the charges for each of the services associated with the G code would be the G code payment amount.

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Example: G Code Amount

- GFT FQHC has established that a typical bundle of services to their Medicare patients would include service A, B , and C.
- GFT FQHC charges for service A are $200, service B is $60, and service C is $40. The sum of these charges is $300. This is the G code amount.

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Example: GTF Payment

- Medicare payment to the GFT FQHC is 80% of the lesser of the G code amount (in this example, $300) or the GFT PPS rate ($307).
- G code services and charges can be changed by the GFT FQHC, but must be the same for all patients and cannot be changed retrospectively.

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FQHC Preventive Services

- Paid through the cost report:
  - Influenza and pneumococcal vaccines and their administration are paid at 100 percent of reasonable cost
- Included as part of a FQHC visit:
  - Hepatitis B vaccine and its administration

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FQHC Preventive Services

- Stand-alone separately payable as a visit:
  - Initial Preventive Physical Exam (IPPE)
  - Annual Wellness Visit (AWV)
  - Diabetes Self-Management Training (DSMT) and Medical Nutrition Services (MNT)
  - Screening Pelvic and Clinical Breast Examination and Screening Papanicolaou Smear
  - Prostate Cancer Screening
  - Glaucoma Screening
  - Certain other preventive services for which CMS has made national coverage decisions.

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Co-Insurance

- 20% of the lesser of the actual charge or the PPS rate.
- No coinsurance charged for preventive services for which the coinsurance is waived.
- For claims with a mix of preventive and non-preventive services, coinsurance is 20% of the full payment amount after the dollar value of the preventive service charges are subtracted.

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Billing Requirements

- GFT FQHC claims submitted on a 77X type of bill
- Claims must include:
  - G code(s)
  - HCPCS code(s) for all services rendered during the encounter
  - Revenue Code(s)

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Revenue Codes

- **0519** –Supplemental payment for visit by a beneficiary in a contracted Medicare Advantage Plan
- **0521** - Clinic visit by beneficiary to the FQHC
- 0522 - Home visit by the FQHC practitioner
- 0524 - Visit by the FQHC practitioner to a beneficiary in a covered Part A stay at the Skilled Nursing Facility (SNF)
- 0525 - Visit by FQHC practitioner to a beneficiary in a SNF (not in a covered Part A stay) or Nursing Facility or Intermediate Care Facility for Individuals with Mental Retardation or other residential facility
- 0527 - FQHC Visiting Nurse Service(s) to a member's home when in a home health shortage area
- 0528 - Visit by a FQHC practitioner to non-FQHC site (e.g., scene of accident)
- **0900** - Behavioral Health Treatment Services

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Billing Requirements

- All services rendered on the same day must be submitted on one claim.
- Multiple claims submitted with the same date of service will be rejected.

Additional Information

- CMS FQHC Website: http://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html

Questions?

- Billing or MA Questions: Contact your MAC
- FQHC PPS Mailbox: FQHC-PPS@cms.hhs.gov
- FQHC Payment Policies: corinne.axelrod@cms.hhs.gov or simone.dennis@cms.hhs.gov
- FQHC Claims Processing: tracey.mackey@cms.hhs.gov