



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
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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.

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

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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On or Before April 7, 2000*

FQHCs

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

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On or Before April 7, 2000*

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.



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

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.

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

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>.

***Payment to GFT FQHCs that were PB Clinics
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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

*Payment to GFT FQHCs that were PB Clinics
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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.

*Payment to GFT FQHCs that were PB Clinics
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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 AWW
- G0469 – FQHC visit, mental health, new patient
- G0470 – FQHC visit, mental health, established patient

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

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.

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

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.



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

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.

*Payment to GFT FQHCs that were PB Clinics
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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

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

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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On or Before April 7, 2000*

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