



# Montana Healthcare Programs Federally Qualified Health Centers & Rural Health Clinics

May 2022

# Agenda

- Public Health Emergency (PHE) Updates
- Frequently Asked Questions (FAQs)
- FQHC & RHC Reimbursement Methodology
- Prospective Payment System (PPS) Rate
- Reimbursable Rendering Provider Types
- Billable Services
- Incidental Services
- Service Requirements
- Health Resources Division (HRD) Contacts
- Questions



# Public Health Emergency (PHE) Updates

- Reimbursement changes resulting from the PHE are still in effect, including:
  - ✓ Passport requirements lifted
  - ✓ Audio-only telehealth
  - ✓ Tele-dentistry services
  - ✓ No tax ID or geographical limitations for originating and distant providers
- Providers will be given a 60-day notice prior to any changes
- Members are encouraged to update their contact information with the OPA to reduce their risk of losing coverage when the PHE expires
  - ✓ Change of address form – [apply.mt.gov](http://apply.mt.gov)
  - ✓ OPA Phone – 1-888-706-1535
  - ✓ Mail – DPHHS, PO Box 202925, Helena, MT 59620-2925
  - ✓ Fax – 1-877-418-4533
  - ✓ Local OPA Office



# Frequently Asked Questions (FAQs)

- Q I received a revalidation letter. Why can't I revalidate?

A There is a known system issue. Once corrected, providers will be given a minimum of 90 days to revalidate.
- Q Why are my behavioral health claims denying?

A Revenue code 900 paid at \$0 in error in March. The department is working to identify all claims that were missed in the original mass adjustment.
- Q Does submitting a change of tax ID through our provider enrollment file also update our passport agreement?

A No. A new passport agreement is still required to set up a new passport file with the correct tax ID
- Q I received notification that the NPI is enrolled, why is it not showing in the Portal?

A A Link Request must be completed before you can view the provider in your workbench

# FQHC & RHC Reimbursement Methodology

## Prospective Payment System (PPS) Rate

- Facility-specific, per-visit encounter rate
- Services and supplies provided during the visit are already bundled into the average encounter rate and are not separately reimbursable

## Fee-for-service

- Services that can be unbundled and paid for separately:
- The following FFS services are billable for an FQHC or RHC
  - ✓ Long-Acting Reversible Contraceptives (LARCs)
  - ✓ Certified Peer Support Services
  - ✓ Originating telehealth site fee
  - ✓ Promising Pregnancy Care (PPC)\*

*\*must be state-approved to provide PPC*

*\*The Benefits Improvement and Protection Act (BIPA) of 2000 and section 1902(bb) of the Social Security Act require FQHC & RHC services to be reimbursed at a “per-visit” rate, equal to 100% of the Center’s average costs*

# Prospective Payment System (PPS) Rate

Once a baseline Prospective Payment System (PPS) rate has been established, it can only be changed two ways –

1. If an FQHC or RHC experiences a change in scope of services ([ARM 37.86.4408](#))
2. Through the federally mandated Medicare Economic Index (MEI) increase every January 1<sup>st</sup>.

*\*An FQHC or RHC experiences a change in scope of service if it has experienced a change in the type, intensity, duration or amount of a service*

# Reimbursable Rendering Provider Types

Services provided by one of the following rendering provider types are eligible for reimbursement when billed by an FQHC or RHC:

- ✓ Physician
- ✓ Dentist
- ✓ Dental Hygienist
- ✓ Nurse Practitioner
- ✓ Physician Assistant
- ✓ Certified Nurse-Midwife
- ✓ Licensed Clinical Psychologist
- ✓ Licensed Clinical Social Worker
- ✓ Licensed Professional Counselor
- ✓ Licensed Marriage and Family Therapist
- ✓ Licensed Addiction Counselor
- ✓ Clinical Pharmacist Practitioner
- ✓ Certified Peer Support Specialist (FFS rate)

*\*A person enrolled as an individual provider may not submit a claim for services they did not personally provide, per [ARM 37.85.406\(16\)](#)*

# Billable Services

- One “face-to-face” (or telehealth) encounter per member, per day is eligible for reimbursement ([ARM 37.86.4402](#))
- The provider rendering services must be defined in [ARM 37.86.4401](#)
- FQHC & RHCs cannot bill Montana Healthcare Programs for multiple units of service, span billing, or add-on codes for additional reimbursement
- The Outpatient Hospital (OPPS) fee schedule is referenced only to find codes that are not allowable.
  - The reimbursement methodology is still provided at the PPS rate
  - The visit frequency and rendering provider type limitations still apply
- System will pay PPS rate when an allowable procedure code is billed with an allowable revenue code on FQHC or RHC charge file
- If itemizing billing, line items billed with the same revenue code will bundle and pay at one PPS rate payment

10751	99195	N	PHLEBOTOMY	-	05734	1.3681	Bundled, sometimes payable	\$76.46
10752	99199	E	SPECIAL SERVICE/PROC/REPORT	-	-	-	Not Allowed	\$0.00
10753	99202	M	OFFICE O/P NEW SF 15-29 MIN	-	-	-	Fee Schedule	\$0.00
10754	99203	M	OFFICE O/P NEW LOW 30-44 MIN	-	-	-	Fee Schedule	\$0.00
10755	99204	M	OFFICE O/P NEW MOD 45-59 MIN	-	-	-	Fee Schedule	\$0.00
10756	99205	M	OFFICE O/P NEW HI 60-74 MIN	-	-	-	Fee Schedule	\$0.00



# Incidental Services

Although services may have been provided during the visit, they are not separately reimbursable. Multiple costs are already factored into overall PPS rate-

- ✓ Lab services
- ✓ Radiology services
- ✓ Transportation
- ✓ Outreach
- ✓ Fluoride-varnish
- ✓ Coordination of care
- ✓ Immunizations

*\*with an exception of HMK members*

GENERAL SERVICE COST CENTERS		
1.00	0100	CAP REL COSTS-BLDG & FIX
2.00	0200	CAP REL COSTS-MVBLE EQUIP
3.00	0300	EMPLOYEE BENEFITS
4.00	0400	ADMINISTRATIVE & GENERAL SERVICES
5.00	0500	PLANT OPERATION & MAINTENANCE
6.00	0600	JANITORIAL
7.00	0700	MEDICAL RECORDS
8.00		SUBTOTAL - ADMINISTRATIVE OVERHEAD
9.00	0900	PHARMACY
10.00	1000	MEDICAL SUPPLIES
11.00	1100	TRANSPORTATION
12.00	1200	OTHER GENERAL SERVICE (SPECIFY)
13.00		SUBTOTAL - TOTAL OVERHEAD
DIRECT CARE COST CENTERS		
23.00	2300	PHYSICIAN
24.00	2400	PHYSICIAN SERVICES UNDER AGREEMENT
25.00	2500	PHYSICIAN ASSISTANT
26.00	2600	NURSE PRACTITIONER
27.00	2700	VISITING REGISTERED NURSE
28.00	2800	VISITING LICENSED PRACTICAL NURSE
29.00	2900	CERTIFIED NURSE MIDWIFE
30.00	3000	CLINICAL PSYCHOLOGIST
31.00	3100	CLINICAL SOCIAL WORKER
32.00	3200	LABORATORY TECHNICIAN
33.00	3300	REG DIETICIAN/CERT DSMT/MNT EDUCATOR
34.00	3400	PHYSICAL THERAPIST
35.00	3500	OCCUPATIONAL THERAPIST
36.00	3600	OTHER ALLIED HEALTH PERSONNEL
37.00		SUBTOTAL - DIRECT PATIENT CARE SERVICES
REIMBURSABLE PASS THROUGH COSTS		
47.00	4700	ALLOWABLE GME COSTS
48.00	4800	PNEUMOCOCCAL VACCINES & MED SUPPLIES
49.00	4900	INFLUENZA VACCINES & MED SUPPLIES
50.00		SUBTOTAL - REIMBURSABLE PASS THROUGH COSTS
OTHER FQHC SERVICES		
60.00	6000	MEDICARE EXCLUDED SERVICES
61.00	6100	DIAGNOSTIC & SCREENING LAB TESTS
62.00	6200	RADIOLOGY - DIAGNOSTIC
63.00	6300	PROSTHETIC DEVICES
64.00	6400	DURABLE MEDICAL EQUIPMENT
65.00	6500	AMBULANCE SERVICES
66.00	6600	TELEHEALTH
67.00	6700	DRUGS CHARGED TO PATIENTS
68.00	6800	CHRONIC CARE MANAGEMENT
69.00	6900	OTHER (SPECIFY)
69.01	6901	MEDICAID HEALTH IMPROVEMENT PROGRAM
70.00		SUBTOTAL - OTHER FQHC SERVICES

## Service Requirements

The health professional providing the RHC or FQHC service must follow the same program requirements that would apply if they were to enroll directly in Montana Medicaid ([ARM 37.86.4406](#))

Requirements include:

- ✓ Certification
- ✓ Licensing
- ✓ Limitations
- ✓ Documentation



## Health Resources Division Contacts

Darci Wiebe

Health Resources Division Administrator

406-444-4458

Don Holmlund

Hospital & Physician Services Bureau Chief

406-444-3634

Alyssa Clark

FQHC & RHC Program Officer

406-444-7018

Jessica Coe

Hospital Program Officer

406-444-4834

Thank you!

