

670 FEDERALLY QUALIFIED HEALTHCARE CENTERS AND RURAL HEALTH CLINICS REIMBURSEMENT

EFFECTIVE DATE: October 1, 2019

PURPOSE: To establish requirements for Administrative Services Subcontractors regarding reimbursement for case management, behavioral health group therapy, Telehealth and Telemedicine services for Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC).

DEFINITIONS:

Behavioral Health Technician, as specified in AAC R9-10-101, an individual who is not a Behavioral Health Professional, who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:

1. If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33, and
2. Are provided with clinical oversight by a behavioral health professional.

Case Management means services furnished to assist members, eligible under the State Plan who reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services, and does not include the direct delivery of underlying medical, educational, social, or other services in accordance with 42 CFR §441.18.

Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC),

for purposes of this policy, are reimbursed under the same methodology. An FQHC is a provider who is registered with AHCCCS as provider type C2 or C5. An RHC is a provider who is registered with AHCCCS as provider type 29. This Policy does not apply to any other provider or under any other circumstances.

FQHC/RHC Services, for purposes of this policy, the services of specific licensed professionals, services provided incident to those professional services, and any other ambulatory services offered by the FQHC/RHC that are otherwise included in the State Medicaid Plan.

FQHC/RHC Visit is a face-to-face encounter with a licensed AHCCCS registered practitioner during which an AHCCCS-covered ambulatory service is provided when that service is not incident to another service. Multiple encounters with more than one practitioner within the same discipline (i.e., dental, physical, behavioral health) or with the same practitioner and which take place on the same day and at a single location, constitute a single visit unless the patient, subsequent to the first encounter, suffers illness or injury requiring additional diagnosis or treatment. In this circumstance, the subsequent encounter is considered a separate visit. A service which is provided incident to another service, whether or not on the same day or at the same location, is considered to be part of the visit and is not reimbursed

separately.

Services “incident to” a visit means: (a) Services and supplies that are an integral, though incidental, part of the physician’s or practitioner’s professional service (e.g., medical supplies, venipuncture, assistance by auxiliary personnel such as a nurse or medical assistant); or (b) Diagnostic or therapeutic ancillary services provided on an outpatient basis as an adjunct to basic medical or surgical services (e.g., x-ray, medication, laboratory test).

Prospective Payment System (PPS) Rate, for purposes of this policy, an all-inclusive per visit rate for reimbursing FQHC/RHC services.

POLICY

A. FQHC/RHC Reimbursement for Case Management (T1016)

1. Case Management is not an FQHC/RHC visit reimbursable at the all-inclusive per visit PPS rate. Case Management (T1016) is reimbursed at the capped fee-for-service fee schedule when provided by a provider within their scope of practice.
2. FQHCs/RHCs are entitled to reimbursement at the all-inclusive per visit PPS rate for encounters that meet the definition of “FQHC/RHC visit.”
3. Provider Case Management is not a reimbursable service for Tribal ALTCS. This service is provided through the Tribal ALTCS Programs.

B. FQHC/RHC Reimbursement for Behavioral Health Technician Provided Services

Excluding case management, the services of a BHT may qualify as a FQHC/RHC visit only when those services meet the requirements of 42 CFR Part 405, Subpart X.

C. Behavioral Health Group Therapy/Group Services

Behavioral health group therapy and/or any other services provided to a group do not satisfy the requirements of a face-to-face encounter; therefore, these services are not reimbursable at the all-inclusive per visit PPS rate.

D. Telehealth and Telemedicine for FQHC/RHC Service

Telehealth and Telemedicine may qualify as a FQHC/RHC visit if it meets the requirements as specified in AdSS Medical Policy 320-I.

For additional information regarding FQHC/RHC reimbursement, refer to AHCCCS Fee- For-Service Provider Manual, Chapter 10 addendum. For Provider Type C5, refer to AHCCCS IHS/Tribal Provider Billing Manual Chapter 20.