

FQHC Technical Workgroup  
August 13, 2014; 11:30 AM-12:00 PM  
AHCCCS, 701 E Jefferson, Phoenix - Gold Salmon Rooms, 3rd Floor

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**Attendees (Based upon sign-in Sheets)**

**AHCCCS**

Deborah Batz, David Mollenhauer, Lori Petre

**Bridgeway**

Nancy Mauer, Jeff Adams

**Care1st**

David Scheer, Jessica Sedita, Susan Cordier, Tim Tejada

**CPSA**

Sandi Thompson, Eunice Rhodes

**DES**

David Gardner, Amanda Erickson

**Health Choice**

Rob Tibbs

**Health Net**

Bruce James, Samit Thakur, Menita Avila, K. Tripp, M. Puenta, Bill Suggs, Kathleen Semien

**HCA**

Mia Villa, Sarah Saulter

**Mercy/Mercy Maricopa**

Julie Dyer, Vickie Payan, David Vargas

**PHP**

Mike Flynn

**UAHP**

Dennis Thompson, Maria Sanchez, Jami Snyder

**UHC**

Deb Alix

**UHCCP**

Jeff Greenspan, Denise Hardesty

## **GoTo Participants:**

Jeffrey Schleidt, Patricia Todaro, Ronnella Smith, Ruth Garcia McCaw, Anne Dye, Jim Evans, Kim Bolton, Michelle Pryor, Rachel Anderson

## **Welcome**

Lori welcomed everyone. She mentioned all the materials with any necessary updates noted from this review will be posted to the website after this meeting.

## **AHCCCS Proposal for FQHC/RHC Processing**

- This is currently on the Web. <http://www.azahcccs.gov/commercial/FQHC-RHC.aspx>.

**ACTION ITEM:** Lori will have this document reposted once some changes are made, as there are some updates to this information.

- Implementation date is January 1, 2015

*Question: What is the difference between the 29 & C2?*

*Answer: The C2 is the FQHC provider type and the 29 is the RHC provider type. For reimbursement purposes, those 2 provider types are treated the same but we did make them separate provider types because they are different on the federal level.*

*Question: How is the information getting out to the FQHC's and RHC's about getting the needed provider type?*

*Answer: All the FQHC's received packages in May that outlined and streamlined the registration process. Shelli mentioned the rural health clinics are not certain about their understanding of this information so AHCCCS is putting out a new communication to the RHC's as follow-up. It's a very individual process that provider registration is going through right now, and they are working directly with these providers..*

- Bullet #4 – We are trying to make sure everyone has a clear understanding of what is required for registration.
- Bullet #6 – Definition is included in the materials handed out today.
- Bullet #10 – This is a provider specific fee schedule.

*Question: There was a question on the paid at zero.*

*Answer: Lori said they are not denied services and are valid utilization. It is just that you are paying them zero because reimbursement for them is included in the "visit" code. Like CCI, Status Code B, etc.*

- Bullet #11 – Current FQHC pharmacies already have a unique NPI and AHCCCS registration number.
- Bullet #12 – This is an AHCCCS driven process in which you don't play any part in.
- Shelli noted we will add a new bullet point related to if the FQHC or RHC is the rendering provider we will be designating a specific field and mandating that you complete that field with the actual practitioner. This way, we can continue to capture the practitioner information as well as the FQHC or RHC as the Rendering/Service provider.

**ACTION ITEM:** Add this as a new bullet point.

*Question: Do we instruct them where they should put that rendering information?*

*Answer: Lori said yes, it will be in the instructions. There is a single state defined usage field that NUCC still has available that we can use or that there is some flexibility around the referring provider designation that we are looking into. Instructions will include where this will be reflected on the 837 where it will go on the paper form.*

### **FQHC/RHC Visit – Defined**

- Victoria mentioned this is not the final definition but a starting point to which we will be adding the specific procedure codes, etc and there is some federal language and concepts used.
- You could have a Medical and Dental visit in the same day or a Dental and Behavioral visit in the same day, etc.

*Question: Someone asked for clarification on the last sentence.*

*Answer: Victoria gave the example of a member comes in and sees the physician who determines what's wrong but schedules you for a lab and radiology visit. Patient goes home and next day does the lab and radiology visit. This is all the same visit even though it is on different days.*

*Question: Will there be examples on the website?*

*Answer: Victoria mentioned they will provide some.*

*Question: Is there a timeframe associated with this if it is a different medical incident but similar condition. How far of a look back to you go to see if it would be part of the same visit? (Tie into example from above)*

*Answer: Lori said that radiology would not be reimbursed separately any time as it is always incidental to some visit. An FQHC will technically never be reimbursed for a radiology appt. The concept is they get paid for the visit.*

*Question: Is there a list of the visit codes?*

*Answer: Victoria said not yet. There will be a provider profile in the system with a list of what the provider can do but we will also be identifying the codes that will identify the visit in the system. We are waiting for confirmation from our dental director to see if he agrees with D Codes for dental visits that we've identified so far. We are still working on the behavioral health visit codes.*

*Question: There were questions on how a dental visit will work.*

*Answer: Shelli said to remember the day isn't necessarily the driver when it comes to dental visits. Example: You got to the dentist and you have 12 cavities and it will be spread out of a few weeks to get them filled. You can only get paid for the initial visit. The cost of the whole episode is included in the PPS rate. Remember the PPS rate is an average reimbursement rate for a visit. Shelli said all the historical costs went into the development of the PPS rate.*

*Question: Will there be a single PPS rate across the board or will there be one for medical, one for dental and one for behavioral health.*

*Answer: There is a single PPS rate for each FQHC or RHC.*

## **FQHC/RHC Q&A's Related to January 1, 2015 Changes**

- The group reviewed questions 1-15 on the provided tracking matrix.
  - Question #2: Victoria will clarify Scope of Service with CMS.
  - Question #4: We are working on the list of codes.

*Question: What if the provider doesn't register on time and processes claims at the old provider type but then gets the new provider type are we supposed to go back and make adjustments?*

*Answer: Providers are generally registered the day they apply. However, we will take this concern back to the agency workgroup and update you in the next meeting.*

**ACTION ITEM:** Shelli said they will discuss this internally.

- Question #7: A test version of the fee schedule and sample rates will be coming out soon.
- Question #8: We will be providing each provider unique NPIs which will be included in their provider file.

*Question: If our contracts are to pay the PPS then we shouldn't have any problem, correct?*

*Answer: Shellie said your contract should say we will pay you the PPS rate when you are properly registered.*

- Question #9: You must use a form 1500 and bill as you normally would. For those who bill on a UB, that will stop January 1, 2015. The non-change is that they have to bill all the details.

*Question: Does this include dental services these should be billed on an ADA form to ensure all data is captured?*

*Answer: For purposes of the FQHC, they were proposed to go on a 1500. However we will take your concerns back to the agency workgroup and clarify for the next meeting.*

**ACTION ITEM:** Shelli said they should clarify that in the answer and will discuss internally.

- Question #10: We are working on a way to capture individual practitioners as previously noted in our discussions in this meeting.
- Question #11, 12 &13: You credential the individuals.

*Question: Someone mentioned that the FQHCs have been submitting their own questions.*

*Answer: We will follow-up with the agency workgroup and locate any questions submitted. Victoria said we will work on getting all of the questions into a package that will go on the website.*

**ACTION ITEM:** Lori will follow-up with the workgroup.

*Question: There was a question on testing.*

*Answer: Lori said there will be some minimal testing hopefully beginning in September.*

Victoria reminded everyone that as long as people are registered they will get the correct provider rates 30 days in advance. For testing purposes though, you would get mock rates.

**Next Workgroup Session**

Next meeting is scheduled September 3, 2014 from 9:30 – 10:30 AM at AHCCCS.