

FQHC Technical Workgroup  
September 16, 2014; 9:30 AM-10:30 AM  
AHCCCS, 701 E Jefferson, Phoenix - Gold Salmon Rooms, 3rd Floor

---

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

**AHCCCS**

Lori Petre, Shelli Silver, Victoria Burns, Kim Bodary, Dave Mollenhauer

**Bridgeway**

Nancy Mauer

**Care1st**

David Scheer, Jessica Sedita-Igneri, Tim Tejada

**Health Net**

Bruce James, Kathleen Semien, Susan Gilkey

**HCA**

Mia Villa,

**Mercy Care**

David Vargas, Julie Dyer

**Mercy Maricopa**

Vickie Payan

**UAHP**

Kris Kreute

**UHCCP**

Jeff Greenspan, Denise Hardesty

**PHP**

Jeff Schleidt, Mike Flynn

**GoTo Participants:**

Helen Bronski, Kim Bolton, Gardner, David, Cathy Karson, Garcia McCaw, Ruth, Eunice Rhodes, Maria Sanchez, Samit Thakur, Madonna Fritz, Mary Kaehler, Michelle Puenta, Bill

**Welcome**

Lori welcomed everyone and provided key updates related to the project since our last meeting. We were hoping to go through examples but this will have to wait until the next meeting. Please continue to get examples to Lori.

Lori confirmed with Victoria that the letters were sent to the FQHCs and RHCs and are posted to the website.

Victoria mentioned each received a different letter but they essentially said the same thing. Included was an attachment with a listing of all the RHCs and FQHCs and their status in the re-registration process. She said there has been a lot of response to the mailings which is good as we are making progress with everyone in the re-registration process.

*Question: Shelli asked what the letter said if they weren't registered by January 1<sup>st</sup>.*

*Answer: Victoria answered that they stated the deadline in their letters and there is a bold statement on the second page that clearly states: "The PPS payment is contingent on completion of the process before 1/1/15." This means they will continue to get reimbursed the way they do now until they re-register.*

*Question: Will the new provider type show up with a new NPI?*

*Answer: Victoria said not necessarily. If they are a single site, they could continue to use the NPI they had.*

Lori received a status last week on how the FQHCs and RHCs are doing on the registrations. As of last Thursday, there are 7 that they had to reinitiate contact with. Most are RHCs that are lagging behind.

**ACTION ITEM:** Lori will send Tricia a note about the date change to January 1<sup>st</sup>.

### **FQHC/RHC Q&A's Related to January 1, 2015 Changes as Tracked in the AHCCCS Matrix**

- Question #42: You don't need to pay if it was prior authorized or whatever your PA rule is. Victoria said to remember to list all your services on your claim
- Question #44: If appropriate E&M (G), dental or behavioral are not billed, then nothing is paid (reimbursed at zero).
- Question #45:

*Question: A question was asked about D codes.*

*Answer: Shelli said the D codes will come on the dental form which was a recent clarification.*

- Question #46: will be updating the answer to this question. The provider type is what triggers the PPS. Shelli mentioned they took the comments from last time and had an internal meeting. Victoria said they talked about how to identify the 1 or 2 places of service that should definitely trigger a default no for an FQHC the inpatient hospital and also emergency departments. We will also work on and provide a list of place of service codes some of which will be black and white (do not allow for FQHC) and others which will be more gray and require medical review (not normally allowed for an FQHC, but could be). These recommendations we defined here, are the kind of edits we will have in place of your encounters. Victoria said we need to follow through with some clear communication to the FQHCs on how we should be doing this. Over time, we can add on to the black and white list as appropriate. We really want to enforce provider's billing with an appropriate place of service. It is our intent to get all these billing requirements into the fee for service billing manual.

**ACTION ITEM:** Update the answer to 46.

- Question #48: It has to be a separate discipline and the diagnosis is the trigger for that. The 3 disciplines are: behavioral, physical & dental. What you can have in a

single day is one medical visit, one behavioral visit and one dental visit. The only way you could have more is if the medical visit is for a completely separate visit.

*Question: Are you looking at the primary diagnosis?*

*Answer: Victoria answered yes.*

There is an EP modifier which has other policy requirements. Victoria said they will make sure the EP modifier gets set up for the G codes.

**ACTION ITEM:** Add the language about the modifier to question # 33 and possibly others.

**ACTION ITEM:** Shelli said we will clarify the modifier issues with a written response.

- Question #50: We would deny the claim and a disallowance of those services having been paid under another rate.
- Question #52: If it is billed on the 1500, it would still be incidental.
- Question #54: Pharmacy is separate and falls under the 340B. The billing on the dental form would be covered under the PPS rate.
- Question #55: You only pay the PPS rate as what is defined as those visit codes. Anything else is incidental to.
- Question #56: The therapy codes would not be a visit code under what Victoria is putting together so they would be incidental to in some cases. Zero paid need to be reported, but are never counted towards the benefit limit.
- Question #57 & 58: You have to split. The delivery would be paid outside this whole FQHC system. Additional direction will be coming.

**ACTION ITEM:** Shelli mentioned we will work on this answer.

*Question: What if midwife delivers at home?*

*Answer: You bill the G code as it wouldn't be an inpatient service. The delivery itself isn't inappropriate it's the place of service of inpatient. It would be paid under the PPS rate.*

### **Next Workgroup Session**

Next meeting scheduling is TBD and notification will be coming from AHCCCS.