

Bulletin Number: MSA 20-60

Distribution: Tribal Health Centers, Medicaid Health Plans, Integrated Care Organizations, Prepaid Inpatient Health Plans, Community Mental Health Services Programs

Issued: September 1, 2020

Subject: Tribal 638 Facilities – Tribal Federally Qualified Health Center Alternative Payment Methodology, Telemedicine Service Provision Expansion

Effective: As Indicated

Programs Affected: Medicaid, Healthy Michigan Plan

The purpose of this bulletin is to announce a new provider designation and reimbursement option for Tribal 638 facilities. It also outlines the coverage expansion to telemedicine service provision. The Michigan Department of Health and Human Services (MDHHS) will offer Tribal 638 facilities the option to enroll with Medicaid as Tribal – Federally Qualified Health Centers (Tribal FQHC). Tribal 638 facilities electing to operate as Medicaid Tribal FQHCs will be reimbursed for outpatient qualifying visits within the clinic scope of services provided to Medicaid beneficiaries using an alternative payment methodology (APM). The APM is the Indian Health Services (IHS) all-inclusive rate (AIR), published annually by the Federal Register. Tribal FQHCs are eligible to receive AIR reimbursement for clinic services provided outside of the four walls of the facility, including telemedicine and services provided by contracted employees.

I. Background

Tribal 638 facilities receive AIR reimbursement for services according to Section 1905(a)(9) of the Social Security Act (the Act). Per 42 CFR 440.90, Tribal 638 clinic services do not include services furnished outside of the four walls of the clinic, except if the services are furnished by clinic personnel to a homeless individual. Therefore, clinic services provided outside of the four walls of the Tribal 638 facility are not eligible for reimbursement at the AIR.

II. Tribal FQHC Alternative Payment Methodology

In compliance with an approved State Plan Amendment (SPA), effective for dates of service on or after January 1, 2020, Tribal 638 facilities may agree to be reimbursed under the Tribal FQHC APM as described in Attachment 4.19-B, Indian Health Center Services, Option 4, of the Michigan Medicaid State Plan.

Tribal facilities operating in accordance with Section 1905(l)(2)(B) of the Act and the Indian Self-Determination and Education Assistance Act (Public Law 93-638) and enrolled in the

Community Health Automated Medicaid Processing System (CHAMPS) as a Tribal FQHC have agreed to be reimbursed using an APM that is the outpatient AIR. Reimbursement will be allowed for the same outpatient services and the same number of qualifying visits per day as included within the State Plan that Tribal 638 facilities provide. The Tribal FQHC provider may be credited with no more than one face-to-face medical visit, one face-to-face dental visit, and one face-to-face behavioral health visit with a given beneficiary per day, except when the beneficiary, after the first visit, suffers illness or injury requiring additional diagnosis or treatment.

Tribal FQHC providers are expected to practice in accordance with the accepted standards of care and professional guidelines applicable to medical, dental, and behavioral health services, and comply with all applicable policies published in the MDHHS Medicaid Provider Manual. Inappropriate payments identified in post-payment review are subject to recoupment. The Tribal FQHC has the full responsibility to maintain proper and complete documentation to verify the services provided.

III. Tribal FQHC Provider Enrollment, Services, and Reimbursement

The purpose of this section is to outline provider enrollment requirements, services, billing and reimbursement for Tribal FQHC providers.

A. Provider Enrollment Requirements

Tribal 638 facilities that elect to operate under the Tribal FQHC APM must update their provider enrollment information in CHAMPS by selecting the “Tribal FQHC” subspecialty. Tribal FQHCs can change their enrollment status in CHAMPS at any time.

B. Allowable Places of Service

Services provided to beneficiaries within the four walls of the Tribal FQHC are allowable for reimbursement under the Prospective Payment System (PPS) or the APM. Off-site services provided by a practitioner employed by a Tribal FQHC to beneficiaries temporarily homebound or in any assisted living or skilled nursing facility because of a medical condition that prevents the beneficiary from traveling to the Tribal FQHC are also allowable for reimbursement under the PPS or the APM. Tribal 638 facilities electing to remain Tribal Health Center providers are restricted to bill for services inside the four walls for reimbursement at the AIR.

If a practitioner employed by a Tribal FQHC provides services at an inpatient hospital, the service must be billed under the individual practitioner’s Medicaid provider number and not under the Tribal FQHC Billing National Provider Identifier (NPI). In this situation, the individual practitioner will be reimbursed the appropriate Medicaid fee screen rate. Services performed in an inpatient hospital setting are not included in the PPS or APM and should not be billed with the Tribal FQHC Billing NPI. The costs associated with these services must be excluded from the Tribal FQHC’s Medicaid Cost Reconciliation Report.

C. Telemedicine Services

The purpose of this section is to update program coverage of telemedicine services provided by Tribal FQHCs acting as an originating site or distant site provider effective January 1, 2020.

i. General Information

All current Medicaid policy for telemedicine services, including definitions, requirements and parameters of telemedicine, apply to Tribal FQHCs. Tribal FQHCs are responsible for ensuring compliance with all telemedicine policy within the Medicaid Provider Manual and supplemental Medicaid policy bulletins, which can be accessed on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

ii. Distant Site Providers

Distant site services provided by qualified Medicaid-enrolled practitioners may be covered when the qualified practitioner is employed by the clinic or working under the terms of a contractual agreement with the clinic. Tribal FQHCs must maintain all practitioner contracts and provide them to MDHHS upon request. Refer to the Practitioner chapter of the Medicaid Provider Manual for additional information on distant site providers.

iii. Billing, Reimbursement, and All-Inclusive Rate Payment

Claims for telemedicine services must be submitted using the ASC X 12N 837 5010 form using the appropriate telemedicine Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) code (as identified on the telemedicine database). All telemedicine claims must include the corresponding modifier GT – interactive telecommunication and the appropriate revenue code.

During the Medicaid provider enrollment process, contracted providers must associate to the Tribal FQHC Billing NPI. Refer to the Billing & Reimbursement for Institutional Providers chapter of the Medicaid Provider Manual for further information.

The telehealth facility fee does not qualify as a face-to-face visit and does not generate the AIR payment. Telemedicine service(s) provided at the distant site that qualify as a face-to-face visit may generate the AIR payment. All current AIR rules and encounter criteria apply to telemedicine visits. Refer to the Tribal Health Centers chapter of the Medicaid Provider Manual and the Tribal Health Center (THC) reimbursement qualifying visit list on the MDHHS website for further information. The THC reimbursement qualifying visit list can be accessed at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> Clinic Institutional Billing.

AIR is reimbursed for Tribal FQHCs according to the billing rules described below.

Tribal FQHC Telemedicine Services Billing			
Originating Site	Distant Site	Billing Rules	AIR for Qualifying Visit
Tribal FQHC #1	Tribal FQHC #2	Tribal FQHC #1 bills the telehealth facility fee (for tracking purposes only) and Tribal FQHC #2 bills for professional services provided at their site.	Tribal FQHC #2
Tribal FQHC	Provider is employed by/contracted with the originating site Tribal FQHC	Originating site bills for the distant site provider's services per the contract; telehealth facility fee is not billed.	Originating site Tribal FQHC
Tribal FQHC	Provider is not located at a Tribal FQHC site and is not employed by/contracted with the originating site Tribal FQHC	Each provider bills for services provided at their site.	No AIR
Site is not a Tribal FQHC	Tribal FQHC	Each provider bills for services provided at their site.	Tribal FQHC

If both the originating site and distant site submit identical procedure code(s) for a telemedicine visit for the same beneficiary on the same date of service, it is considered duplicate billing. MDHHS will recover payment from the appropriate Tribal FQHC or contracted provider. Recovery will be based on the terms specified in the contract.

IV. Medicaid Cost Reconciliation

Tribal 638 facilities electing to operate as Tribal FQHCs are not required to file a Medicaid cost reconciliation report to receive AIR reimbursement. The same cost reconciliation requirements for Tribal 638 facilities apply to providers electing to operate as Tribal FQHCs.


Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink, appearing to read 'K. Massey', followed by a horizontal line extending to the right.

Kate Massey, Director
Medical Services Administration