FQHC Technical Workgroup
January 21, 2015; 3:30 PM - 4:30 PM
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, Jeanne Golden-Burke, Arturo Cruz

Bridgeway
Jeff Adams

Care1st
Jessica Igneri, Tim Tejada, Susan Cordier

CMDP
Owen Blackshaw

Health Net
Susan Cobb, Kay Z, Bruce James

Health Choice
Katrina Cope, Mia Villa, Sarah Sautter

Mercy Care
Julie Dyer

Mercy Maricopa
Vickie Payan

UAHP
Maria Sanchez, Matthew Kingry

UHC
Deb Alix, Jeff Kearl, Jeff Greenspan, Susan Knobbe

PHP
Jeff S

GoTo Participants: Blackledge, Susan D., Bronski, Helen, Cathy Karson, Christina Carr, Dan Parker, Eunice Rhodes, Kathlene Semien, Kayla Caisse, Kristin Tunis, Leina Goodman, Lindsay Miller, Nancy McEwen, Pamela Choate, Rita, Ron Dionne, Samit P Thakur, Tia Martinez, Tricia Todaro, Vargas, David

Welcome

Lori welcomed everyone and provided key updates related to the project since out last meeting.

Everything including handouts and the meeting minutes are posted to the website. If you see anything that isn't correct, please let us know as we want a complete and accurate record.

The website is a work in progress and is currently being updated but Lori will try and let everyone know when it does get updated.

The final rates were sent out in December but are not in the reference tables yet. Lori will let you know when she can get them out into the test region.

Question: There was a question about a new FQHC: St. Elizabeth's.
Answer: Shelli responded saying we will get rate for any new FQHCs to you before the April 1st implementation.

The Matrix was converted from Excel to Word so that changes could be tracked. Lori provided hard copies to all and mentioned all additional questions that were received have been added. This will be posted to the web as soon as any updates from today's meeting are completed.

Lori thanked a few plans for their assistance over the last few weeks on finalization of some of the policy/billing changes: United Health Care, Phoenix Health Plan, & Care 1st. Lori may also reach out to others in the future for their assistance.

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

- Question #3: In process and working with BHS.

Question: Will it matter which line T1015 is reported on?
Answer: Lori said it should not and isn't a restriction on our side.

- Question #6: Date change
- Question #9: We will be revising the billing instructions using real life examples as much as possible.
- Question #15: Added comment about rates.
- Question #21: Minor wording changes.
- Question #22: Just refer you to the webpage.
- Question #29: T1015 won't be a code you'll see on a commercial payer or Medicare. Provider will have to get their EOB, turn claim around to you and add the T1015. You will see a miss match between the claim coming to you and the EOB. You will have to accept that.

Question: For an office visit where we are coordinating and the other carrier allows up to $100 and pays $90, normally we would pick up that $10 but with the new FQHC rates of $300, do we need to coordinate the rate minus the other plan rate using the COB method.

Answer: Shelli said you have to follow the existing policy so you wouldn't pay up to the PPS rate in this example. Lori mentioned question 69 relates to this. Victoria said the systems will work with the lesser of logic. Shelli said the confusion is there is lesser of logic applied to COB and TPL versus those lesser of logic related to billed charges. Medicaid uses lesser of logic across

the board and we can't have us or our MCOs change our systems to bypass the standard lesser of logic. What will be in the billing manual is to always ensure that FQHC/RHC billed charges are equal to or greater that the PPS rate so when the MCO does apply the lesser of logic which they will do.

Question: So from a contract negotiation standpoint, it is permissible for us to have the lesser of language in our contracts as we are working with the FQHC providers.

Answer: Shelli said yes and that they should. We were very clear with the FQHCs that the billed charge lesser of logic would apply.

Question: If they bill less than the PPS rate, we will pay their bill charge?

Answer: Yes and then we will reconcile it out if necessary.

Lori said the existing COB logic that compares the lesser of the payer allowed vs your allowed would still continue. The only change is that you will get an additional code that wasn't on the primary claim to the other payer. For examples - if it is something where the EOB may be paid across 5 lines from the other payer then rolled up to put that full third party payment information all on that T1015 line.

Question: Shelli asked Victoria that if they have COB or TPL do we still reconcile and pay them the full PPS rate even if our obligation should have only been $10.

Answer: Victoria said she believes we are required by federal law to pay the PPS rate for every visit, so it would be reconciled.

- Question #30: Updated
- Question #31: Updated
- Question #32: Updated with all three (physical, behavioral, & dental). The provider number and T1015 will trigger the PPS rate. You will still see claims coming in separately for lab or radiology visits for example.

Question: Is the T1015 a dental as I understand they only have D codes for dental.

Answer: Lori said we did check with two of the dental vendors via their contracted health plans, who say they can accept another code with some limited changes.

Question: If a FQHC only bills a T1015 are we okay to deny that or zero pay it if they don't submit other codes with it?

Answer: Lori said the billing instructions are very clear that you need to include all the services that are part of that visit.

- Question #44: Clarified this answer.
- Question #48: Updated
- Question #49: Referred back to 44 for clarification.

Question: We previously talked about 25, 59, and EP modifier, is the 59 modifier really appropriate because somewhere documentation says that a 59 s is not to be used with E&M procedure codes.

Answer: Lori said it's a billing policy and it's the only way to have the repeat visits. Right now T1015 is a non-covered code and there is a set of table updates associated with that and we'll tell you which of those two modifiers (25 or 59 would be appropriate).

Question: If we do an EP modifier, is it EP alone or do we do a combination of 25 and EP.

Answer: Lori said if what you are trying to say is that there were two visits on the same day, you need to indicate it with the modifier that indicates multiple visits. The EP would never be billed on the T1015 because it goes with those components of the details that are the SDT visit and should continue to be billed per the related policy.

- Question #50: Corrected lingo.
- Question #59: Updated. This will have an E/M code as well as T1015 code.

ACTION ITEM: Follow up with Kim Elliot question 59.

If you go in for a wellness visit and then go out and break a leg, the second visit will have a 25 modifier code and a different diagnosis. You could conceivably have the same diagnosis and an example is if you see doctor in am for pneumonia and then return later in day for same symptoms. There was discussion on the 76 and 77 codes and more follow-up will be made. Claims will look the same as now but will have that additional line for the T1015.

Question: Are the FQHCs given guidance on how to send claims to the health plans or to the RBHAs? We are all paying for everything now under that PPS rate now, correct?

Answer: Shelli said the RBHA is still going to pay when the primary diagnosis is behavioral health and the health plan will continue to pay when the primary diagnosis is physical health.

- Question #67: Answer updated. Lab and X-Ray is definitely incident too.
- Question #70: Updated. Formal tables from AHCCCS won't come until implementation.
- Question #72: Updated
- Question #75: Updated

Question: Have the provider records been updated to reflect the new 4/1 effective date?

Answer: They have been going through manually correcting those.

ACTION ITEM: Lori will look for a future meeting to discuss some of the new questions to review a draft of the billing policy.

- Question #80 (NEW): See answer to # 77.
- Question #81 (NEW): Discuss at next meeting.
- Question #82 (NEW): Discuss at next meeting.
- Question #83 (NEW): See answer #26.
- Question #84 (NEW): See answer #32.
- Question #85 (NEW): See answers # 32 & 44.
- Question #86 (NEW): See answer # 76.

ACTION ITEM: Lori will check to see if loop is repeatable.

- Question #87 (NEW): See answer #33.

Please continue to submit any questions.

Next Workgroup Session

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