FQHC Technical Workgroup September 3, 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, Kim Bodary, Jackie Solomon

Abrazzo

Jeffrey Schleidt

Bridgeway

Nancy Mauer, Jeff Adams

Care1st

David Scheer, Jessica Sedita, Susan Cordier, Tim Tejada

DES

Amanda Erickson

Health Net

Bruce James, Samit Thakur, Kimberly Tripp, Kathleen Semien, Susan Gilkey

HCA

Mia Villa,

UAHP

Dennis Thompson, Maria Sanchez

UHCCP

Jeff Greenspan, Denise Hardesty

GoTo Participants:

Deb Alix, Kim Bolton, Jami Snyder, Walker, Denise, Michelle Puente, Setzer, Stephanie, Gardner, David, A, Cindy Gaither, Vargas, David, Burns, Victoria, Susie Scott, Cathy Karson, Garcia McCaw, Ruth, Batz, Deborah, Eunice Rhodes, Skallerup, Lavaun X., Kayla Caisse

Welcome

Lori welcomed everyone, and provided key updates related to the project since out last meeting. First there are letters drafted but not yet sent to the FQHCs and RHCs reminding them to get everything in for registration. Lori will check with Michal Rudnick to determine when these will be sent and then will get them posted to the webpage at:

http://www.azahcccs.gov/commercial/EDIresources/EDITechnicalWorkgroups.aspx

Lori also has the status of registrations for the FQHCs and RHCs and will get that out to the group. Provider registration is reaching out to those who have not yet responded.

Reminder, all documents from the meetings will be posted to the webpage (see above link).

Question: I noticed in our provider file on 8/22, we are getting new provider types and an effective date of 10/1. Will this be changed?

Answer: Lori said they talked with provider registration staff last week about needing to reflect 1/1/15 effective dates and so she will send something to them reminding them.

Question: Will the old AHCCCS Provider IDs for the FQHC's and RHC's stay there until January 1, 2015?

Answer: Shelli said and beyond, but only effective for dates of service prior to 1/1/15.

ACTION ITEM: Lori will check on dates on the new registrations with Provider Registration

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

- The group re-reviewed questions 1-15 on the provided tracking matrix for updates to discussion in our last meeting.
 - O Question #6: Shelli said the decision was if they are not ready, they will not get paid at the PPS rate until they are registered. Our intent is that they will be ready on 1/1, if they aren't ready until 2/1, plans won't need to go back to 1/1 and pay them as the effective date for that provider will be 2/1.
 - O Question #9: Lori updated this. It will be either the 1500 or ADA form type as appropriate. She also added the effective date of 1/1/15.
 - Ouestion #16: Same update as #9.
 - O Question #15: Will provide final rates 30 days in advance of the 1/1/15 effective date along with test data as soon as we can. Lori hasn't yet changed the dates in the project milestones, but a review is progress.

ACTION ITEM: Lori will update project milestones as soon as overall dates are confirmed..

Question: Would it be wise to capture the actual true rendering provider on the encounter? Answer: Lori said the FQHC is the true rendering for purposes of PPS payments. The participating physician, practitioner, or physician's assistant will be required and reported in an alternative field (more information to be distributed shortly).

ACTION ITEM: Lori will complete and distribute instructions and examples of the participating provider reporting to all contractors ASAP.

- Question #17: Shelli asked for clarification from PHP and was told it had to do with current contractual agreements being kept and being changed to the new process. Shelli said from a reimbursement perspective it does. The new contract does state that if you have a sub-capitated contract then your sub-capitated rates do need to reflect the PPS rate. We don't opine on your contracts.
- Ouestion #19: See discussion under #17.

- o Question #20: We are looking for provider type codes which trigger reimbursement not place of service.
- O Question #21: We provided the link to the webpage.

Question: Do we have to look at place of service to make sure we are paying PPS rate? Answer: AHCCCS will discuss this concern internally and provide further input in our next workgroup meeting.

Question: We want to know when to expect a claim to come in under and FQHC facility and when to expect a claim come in under a rendering practitioner.

Answer: Victoria answered an FQHC service can be performed pretty much anywhere. But that AHCCCS will discuss this concern internally and with contractors in the next technical workgroup.

ACTION ITEM: AHCCCS will have to have an internal discussion on this and work with contractors on clarifications.

- O Question #22: We post everything to the webpage.
- O Question #24: We will make the R&D available, as requested by contractors
- O Question #25: There is a new provider profile for each of the new provider types. There will also be new provider specific rates. At this time, there are no reference table changes. The fee schedules are a component of the provider.

Question: Will the old IDs be canceled?

Answer: The old IDs belong to the physician and that is their ID. The group IDs that some of the FQHCs have will be maintained for dates of service prior to 1/1/15.

- Question #26: We may end up with some new edits depending upon the direction that is taken with regards to place of service. Lori will update this answer as needed.
- Question #27: As clarified the question, was related to whether or not we had a
 different reconciliation with the contractors related to FQHC/RHC's, then the
 answer would be no.

Question: Won't there be reconciliation with what we pay and what is in the rate? Answer: We are updating your cap rates to include the projected amount of the full PPS rate. There will be no separate reconciliation between AHCCCS and MCOs.

Shelli mentioned there was some question from PHP in an earlier meeting as to whether the FQHC would be excluded from the payment and reconciliation report. Her answer was the payment and expense reconciliation we perform with you, the revenue you receive from us for your expenses. Your expense includes the FQHC expense as it does today. It will continue to include your FQHC expense just like any other expense.

Question: When we get the new cap rates, will you itemize the amount of the rate change that applies to the PPS rate?

Answer: Shelli wasn't sure what will be done in December however if you look at the rates we sent on Friday, we did delineate certain items for you if you look at our certification then we delineate certain items. When we assert for Jan 1st, it will affect FQHC and Copays. She wasn't sure what else would be on the list for January yet. She wasn't sure if Bridgeway would see something specific yet but they probably got their GSA on Friday.

O Question #29: Follow current guidelines and policies.

Question: If someone has a Medicare primary, is Medicare going to be required to make this change too?

Answer: Lori said contractors should continue to follow current guidelines and policies. There is a PPS methodology for Medicare but it is different for Medicaid.

Question: Someone asked about going through some examples.

Answer: Great idea and Shelli asked if they or anyone in the group could send a few examples.

ACTION ITEM: Lori will place examples on next agenda and solicit submission from the participants.

- O Question #30: If you come up with something we didn't think of, please let us know.
- Question #31: Lori mentioned we will discuss questions 30 and 31 in more detail once we get the examples from the group.
- O Question #32: We are looking at the adoption potentially of these codes but she wasn't sure. Lori mentioned they talked about it an internal meeting last week and the recommendation from that group was to go forward and adopt these 4 behavioral and physical health visits but there is no code for dental.

ACTION ITEM: Lori will get this out to the group when it is finalized.

O Question #34: Pharmacy is not reimbursed at the PPS rate and this is the only carve out.

Question: Shelli asked Victoria if FQHCs have their own radiology labs and if yes, then are we paying the PPS rate.

Answer: Victoria answered that some of the FQHCs do have their own lab services or they contract lab services out.

- Question #35: There will not be a separate reconciliation. Nothing has changed on the existing revenue expense reconciliation.
- Ouestion #38: We will need to revisit based on the conversation we had earlier.

Question: Can you bill multiple disciplines on same claim?

Answer: Lori said yes because on each line should reference the proper diagnosis for that line. The discipline is defined within the diagnosis associated with it. On the encounter side, there are two ways to submit an encounter. You can submit a single line encounter or sometimes plans will submit an encounter with multiple lines. ADHS limits RBHAs to single lines, at this time but we are working with them on possible changes.

Question: If we bill more than one discipline, what order should we put the FQHC, practitioner, etc?

Answer: We talked about the next step in this process and are starting to talk about those kinds of examples. We can start to educate the FQHCs and RHCs to say bill all your codes and do it the way you are supposed to. It's those examples that are really helpful.

ACTION ITEM: Explore these examples and COB scenario walk through piece.

Shelli mentioned our FFS manual would add requirements for the FQHCs and RHC's. Currently there is not any reference to it in the billing manual.

- Question #39: We have quarterly reporting we have to do with CMS.
- O Question #41: You pay the PPS rate based on what is defined as a visit. It could be the G code, E&M code, etc. Shelli mentioned many were using the FQHCs in the shared savings models so maybe you could put something in your shared savings agreement that links back to it saying another one of your quality measures in your shared savings is your success in your billing.

Next Workgroup Session

Next meeting is scheduled September 16, 2014 from 2-3 PM at AHCCCS.