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Policy

# Tribal FQHC Public Workshop



# Overview

- Tribal 638 FQHC requirements and authority
- Proposed Medicaid Services Manual – Chapter 3000 – Indian Health-language
- Proposed FQHC designation requirements



# **Tribal 638 FQHC Requirements and Authority**



# Authorities

- 1905(I) (2)(B) of the Social Security Act
  - Outpatient health programs or facilities operated by a Tribe or Tribal organization under the Indian Self-Determination Act (Public Law 93-638) are by definition FQHCs
- Tribal facilities may enroll as FQHCs
  - HRSA rules for receipt of section 330 grant funding or look alike status do not apply, though tribes may opt to apply for funding through HRSA, in which case HRSA rules would apply



# Tribal 638 FQHCs

- DHCFP is proposing policy changes that will allow Tribal 638 facilities the option to change their clinic services status to Tribal 638 FQHC
- Tribal 638 Clinics must currently be enrolled as a provider type 47 in order to elect Tribal 638 status
- The proposed policy has an anticipated effective date of January 1, 2019
- The only requirement that the Tribal 638 FQHC must meet, in order to be recognized by an FHQC by Medicaid, is to be operated by a tribe or Tribal organization under P.L. 93-638
- The facility does not need to enroll in Medicare as an FQHC in order to change its designation to a Tribal 638 FQHC.



# Request for services

- Services may be considered “received through” a Tribal 638 FQHC facility when a Tribal 638 FQHC facility provider requests services for his or her patient, from a non-IHS provider, who is also a Medicaid provider, in accordance with a care coordination agreement.



# Received Through Services

- Eligible for 100 FMAP
- Tribal 638 FQHCs will be eligible for 5 encounters per day at the Alternative Payment Methodology rate
- FQHC facilities will have the same exemption from the limitation of “4 walls” requirement that current FQHCs receive
- Services provided in the recipient’s home or at a facility acting as the recipient’s home, such as an assisted living or skill nursing facility, would also be eligible for the Alternative Payment Methodology rate.
- IHS clinics are not eligible to elect to become a Tribal 638 FQHC.



# **Proposed Language for the Nevada Medicaid Services Manual – Chapter 3000 – Indian Health**





# Proposed Policy

- Tribes or Tribal organizations that choose to be recognized as an FQHC may receive reimbursement for services furnished by a non IHS/Tribal provider when requested by a Tribal 638 FQHC provider
  - The Tribal 638 FQHC and the non IHS/Tribal provider must have a contract in place that designates that the non Tribal provider is a Tribal facility provider furnishing services of the facility offsite.



# MSM Chapter 3000, continued

- A care coordination agreement between the non IHS/Tribal provider and the Tribal 638 FQHC must also be in place. Care coordination must include:
  - A specific request for specific services to the Non IHS/Tribal provider by a Tribal 638 FQHC facility practitioner.
  - The Non IHS/Tribal provider must send information about the recipients care to the Tribal 638 FQHC facility
  - The Tribal 638 FQHC facility continues to assume responsibility for the recipient's care



# MSM Chapter 3000, continued

- The Tribal 638 FQHC incorporates the recipient's information into their medical record
- Both the Tribal 638 FQHC and the Non IHS/Tribal provider must be enrolled in Nevada Medicaid.
- There must be an established relationship between the recipient and Tribal 638 FQHC facility provider
- Care must be pursuant to the care coordination agreement
  - The Tribal 638 FQHC facility practitioner is responsible for overseeing the recipient's care and retains control of the recipient's medical records.



# MSM Chapter 3000, continued

- The following services are not eligible
  - Services that are self requested by the recipient
  - If the Tribal 638 FQHC facility does not remain responsible for the recipients care
  - Services requested by a non IHS/Tribal provider
    - The provider could furnish and bill for services, but would not be eligible to bill through the Tribal 638 FQHC.



# FQHC Designation Requirements



# FQHC Designation requirements

- The following are the proposed documentation requirements for electing 638 FQHC status
  - Any Tribal 638 Clinic electing to become a Tribal 638 FQHC must submit written notification to Nevada Medicaid provider enrollment. The written notification must include:
    - The name of the Tribal 638 Clinic electing to change its designation
    - The full name and address of the Tribal 638 Clinic
    - The date that the Tribal 638 Clinic is requesting the designation change to go into effect



## Documentation requirements, cont

- A signature form one of the authorized signers on record for the provider, within the current providers profile
  - Clinics must ensure that previously submitted enrollment has the current information for authorized signers. Any changes would need to be corrected through the enrollment application process prior to the submission of the Tribal 638 FQHC notification.







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