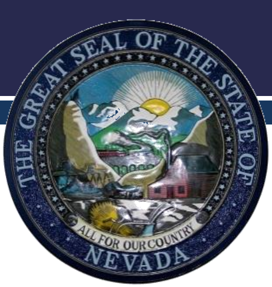
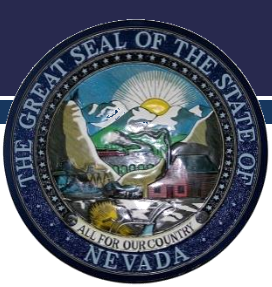
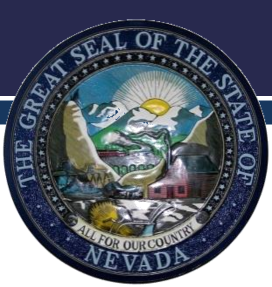


Tribal Federally Qualified Health Centers (FQHCs)



Tribal FQHC

- Under section 1905(l)(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.
- Allows for increased access to services furnished by off-site providers under contract (as outlined in CMS SHO#16-002) to the Tribal FQHC
- Tribal facilities have the option of becoming a Tribal FQHC



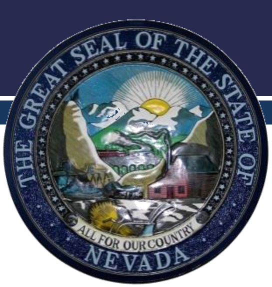
Tribal FQHC Benefits

- Tribal Medicaid beneficiaries are able to access all healthcare professionals within Nevada Medicaid State Plan as medically necessary.

Increasing access to care

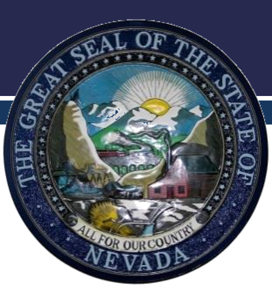
Strengthening continuity of care

Improving health



Tribal FQHC State Plan

- State Plan approved by CMS effective April 1, 2019
  - Allows payment using alternative payment methodology (APM), all-inclusive rate (AIR)
  - Allows up to five (5) face-to-face encounters/visits per recipient per day
  - Tribal facility is not required to report its costs for purposes of establishing a PPS rate



Tribal FQHC Reimbursement

State policy went into affect on March 25, 2020.

Tribal FQHC will refer the Nevada Medicaid Tribal member to their contracted provider

→

Contracted provider will provide the service to the member

→

Contracted provider will request reimbursement from the Tribal FQHC

↓

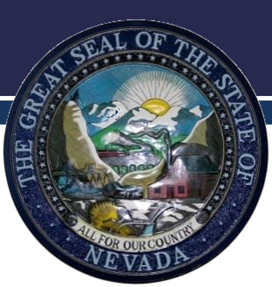
Tribal FQHC will pay the provider their agreed upon reimbursement rate

←

Tribal FQHC will submit claim with Modifier for reimbursement to Nevada Medicaid

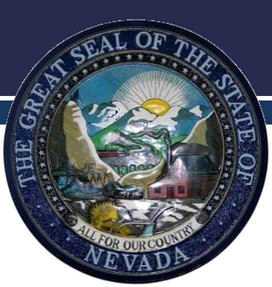
←

Nevada Medicaid will pay the Tribal FQHC the encounter rate



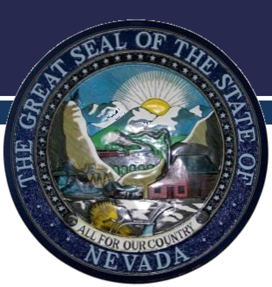
Tribal FQHC Next Steps

- Tribal facilities who choose to participate…
  - Inform Nevada Medicaid of their intent to transition to a Tribal FQHC
    - Letter of Intent
    - Tribal name change to include FQHC;
  - Create their agreements;
  - Collaborate with other Nevada Tribal facilities that are participating to establish a provider pool; and
  - Negotiate reimbursement rates with contracted providers.



Tribal FQHC Agreements

- At a minimum, care coordination will involve:
  - The Tribal FQHC practitioner provides a request for specific services to the non IHS/Tribal provider;
  - The non IHS/Tribal provider must send information about the recipients care to the Tribal FQHC;
  - The Tribal FQHC continues to assume responsibility for the recipient’s care;
  - The Tribal FQHC incorporates the recipient’s information into their medical record.



Billing and Reimbursement

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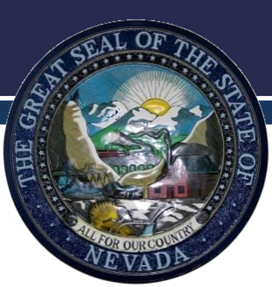
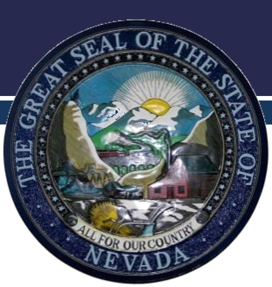


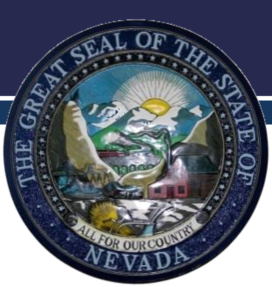
Prior Authorization

- Medically necessary services do not require prior authorizations when:
  - The service is provided to an eligible tribal member; and
  - The service is provided through IHS or a Tribal Organization.



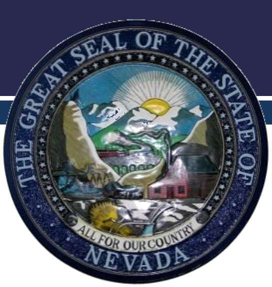
Managed Care and Indian Health Programs

- Eligible tribal members may remain in Managed Care and the encounter visit is "passed through" to FFS.
- Eligible tribal member may opt out of Managed Care at any time.



Billing and Reimbursement

- All-inclusive encounter rate
- May receive up to five (5) outpatient encounters per recipient, per day, by any healthcare professional as approved in NV Medicaid State Plan
- Claims are submitted utilizing the T1015 encounter code
- The encounter code is reimbursed at the all-inclusive rate (AIR)
- Tribal FQHCs will utilize the same encounter code and include the U1 modifier



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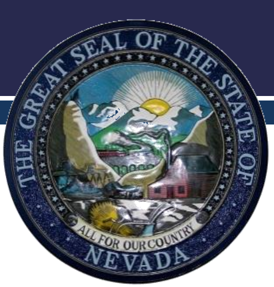

Questions