Georgia Medicaid

Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) Presentation

For access to this presentation, please visit: www.mmis.georgia.gov -> Provider Information -> Provider Notices –"Presentation –Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) Presentation"

Georgia Department of Community Health

gainwell

Agenda

- Eligibility Conditions
- Scope of Services
- Billing Updates
- COVID19 Updates
- Payment Information
- Enrollment Process
- Common Denials
- Interactive Voice Response System (IVRS)
- Policy Information
- Session Review
- Closing, Questions and Answers

Eligibility Conditions

Federally Qualified Health Center

- A non-profit organization that receives a grant under Sections 329, 330, or 340 of the Public Health Service Act is automatically eligible for Federally Qualified Health Center (FQHC) provider status. The FQHC must submit a copy of its grant letter or other documentation from Health and Human Services (HHS) showing enrollment eligibility.

Rural Health Clinic

- A medical facility located in a rural underserved community. A rural location is defined as a non-urbanized area by the U.S. Bureau of the Census and the medical facility is automatically eligible for Rural Health Clinic (RHC) Provider status.

Scope of Services

- Family Planning Services
- Injectable Drugs and Immunizations
- Laboratory Services
- Obstetrical Services
- Pediatric Preventive Health Screening/Newborn Metabolic
- Screening Procedures
- Radiology Services
- Vaccines for Children Program (VFC)
- Visiting Nurse Services

Billing Updates

For preventive services for members ages **21** years and older, you must bill place of service 50 (FQHC) or 72 (RHC).
1 preventive visit for adults per calendar year - 993XXX.

Example below is a denied claim for a member 21 or older

Category of Service

Dtl #	Category of Service	Description
1	540	Federally Qualified Health Center

Detail List

#	ST	FDOS	TDOS	Proc-Mod	Amt Billed	Units Billed	DX Rel1	DX Rel2	DX Rel3	DX Rel4	Emer	POS	TPL Amount	TPL Coinsurance
1	D	1/16/2018	1/16/2018	99386 -		1	1	2	3			11		

Billing Updates

(continued)

Preventive Medicine Services

For preventive services for members ages **21** years and older, you must bill place of service 50 (FQHC) or 72 (RHC).
1 preventive visit for adults per calendar year - 993XXX.

Example below is billing for a member 21 or older in paid status.

Category of Service

Dtl #	Category of Service	Description
1	540	Federally Qualified Health Center

Detail List

#	ST	FDOS	TDOS	Proc-Mod	Amt Billed	Units Billed	DX Rel1	DX Rel2	DX Rel3	DX Rel4	Emer	POS	TPL Amount	TPL Coinsurance
1	P	1/16/2018	1/16/2018	99386 -	[redacted]	1	1					50	[redacted]	

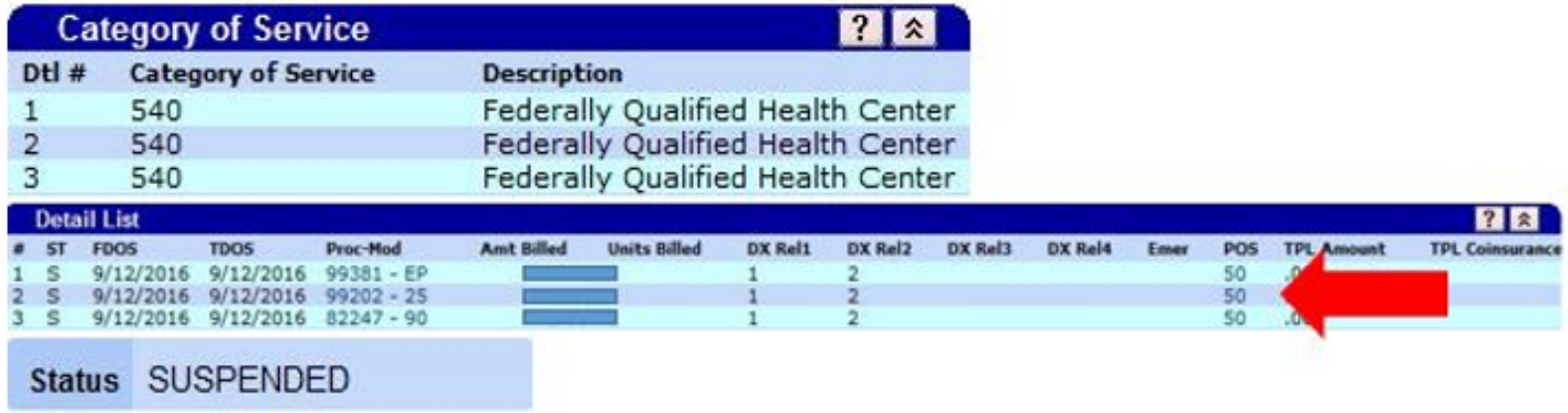
Billing Updates

(continued)

Preventive Medicine Services – (EPSDT/Health Check Preventive Health Visits)

For preventive services for members under 21 years of age, you must bill place of service 99 (EPSDT/Health check).

Example below is on a member under the age of 21 with POS 50 causing the claim to suspend.



Category of Service

Dtl #	Category of Service	Description
1	540	Federally Qualified Health Center
2	540	Federally Qualified Health Center
3	540	Federally Qualified Health Center

Detail List

#	ST	FDOS	TDOS	Proc-Mod	Amt Billed	Units Billed	DX Rel1	DX Rel2	DX Rel3	DX Rel4	Emer	POS	TPL Amount	TPL Coinsurance
1	S	9/12/2016	9/12/2016	99381 - EP			1	2				50		
2	S	9/12/2016	9/12/2016	99202 - 25			1	2				50		
3	S	9/12/2016	9/12/2016	82247 - 90			1	2				50		

Status SUSPENDED

For additional billing guidance, please refer to the current EPSDT (Health Check) Manual Tables A and B.

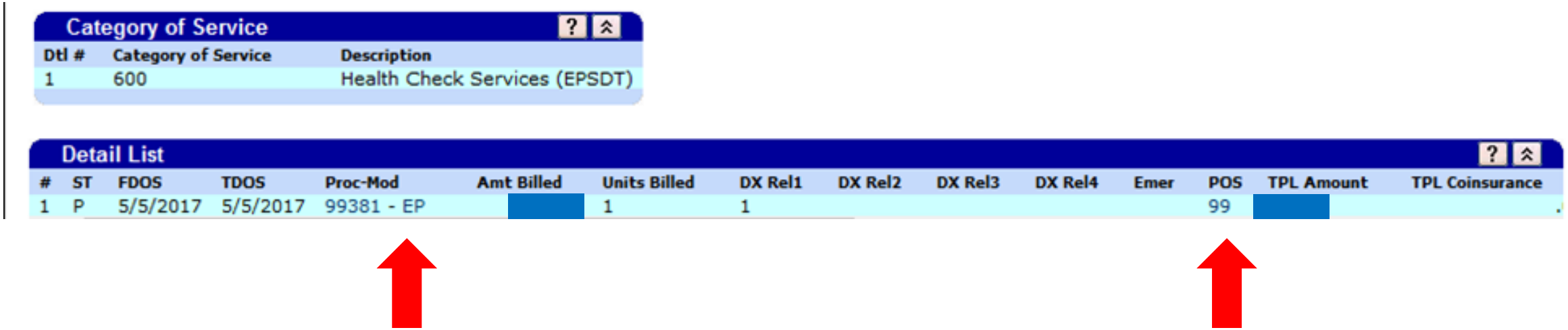
Billing Updates

(continued)

Preventive Medicine Services – (EPSDT/Health Check Preventive Health Visits)

For preventive services for members **under** 21 years of age, you must bill place of service 99 (EPSDT/Health check).

Example below is billing for a member under 21 in paid status.



Category of Service

Dtl #	Category of Service	Description
1	600	Health Check Services (EPSDT)

Detail List

#	ST	FDOS	TDOS	Proc-Mod	Amt Billed	Units Billed	DX Rel1	DX Rel2	DX Rel3	DX Rel4	Emer	POS	TPL Amount	TPL Coinsurance
1	P	5/5/2017	5/5/2017	99381 - EP		1	1					99		

Billing Updates

(continued)

Providers must use one of the following ICD-10 diagnosis and a medical diagnosis code when billing the preventive health visit codes (993xx):

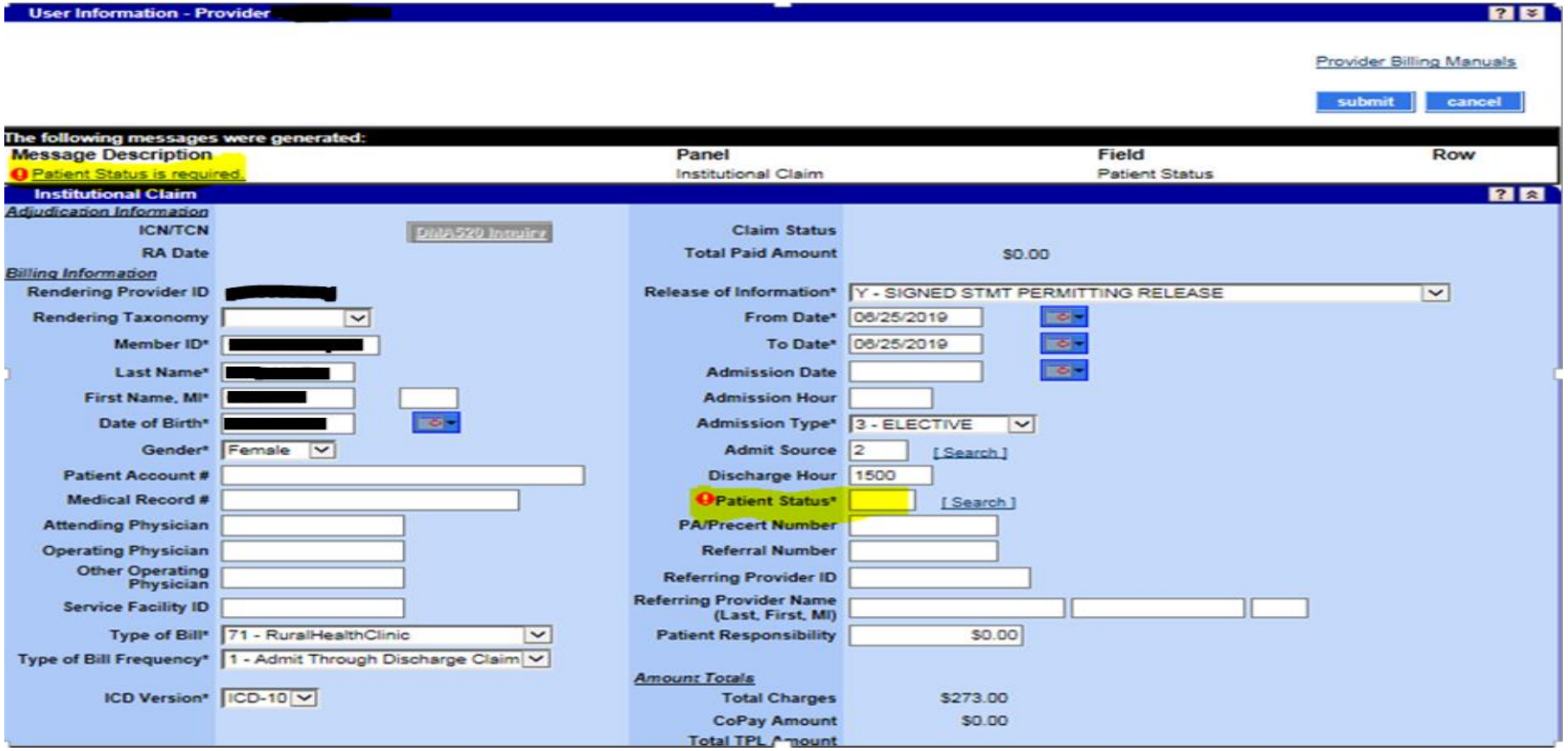
- Z00.00 or Z00.01 (Encounter for adult examination)

When a patient is seen by a provider for EPSDT service and also receives outpatient office services for a medical condition on the same day by the same provider, the provider should bill for the PPS rate and the E&M visit with Modifier 25.

Billing Updates

(continued)

Claims for COS 541 (Hospital-Based RHC) require Type of Bill (TOB) and Patient Status must be an appropriate combination



Billing Updates

(continued)

One Year (365 Days) Claim Submission Edit

New system enhancements will be made to limit a claim's life cycle to a maximum of one year (365 days). The claim life cycle is the timeline for the total claims process from the date of service to original submission and through the last date by which resubmission (provider adjustment) must occur to remain timely.

This system modification means that the new one-year timely submission and resubmission processes requires the following:

- The original claims to be submitted within 180 days or 6 months from date of service.

A claim that was denied for missing or erroneous information be resubmitted to correct the misinformation within 3 months from the month of the date of service or when the denial occurred; whichever is later.

*Banner Message posted June 14, 2017. Please visit www.mmis.georgia.gov.

Billing Updates

(continued)

Example:

	Original Submit Claim	1st Resubmit	2nd Adjustment
DOS	**Denied Date:**	**Adjustment**	**(365 days)**
July 1, 2016	December 30, 2016	March 31, 2017	June 30, 2017

• All claim submissions and adjustments to denied claims are to be completed according to policy by 365 days. Other timely submission and resubmission system edits will remain in GAMMIS according to policy (there is no time limit for adjusting a claim that reverses payment back to the Department).
•Please refer to the Georgia Medicaid Part 1 - Policies and Procedures Manual, Chapter 200. The Timely Resubmission policy outlined in Section 204 will still be enforced to include this new one year or 365 days guideline.

*Banner Message posted June 14, 2017. Please visit www.mmis.georgia.gov.

COVID 19 VACCINE ADMINISTRATION

Procedure Code 0011A (MODERNA COVID VACCINE ADMIN)

- Procedure code 0011A should be billed ALONE.

  The ACTUAL vaccine is government funded, so there will be no reimbursement via Medicaid for the actual vaccine.

- Vaccine Administration code reimbursement:
  - For date of service on or after 4/1/2021 the reimbursement = $40.00
  - For date of service prior to 4/1/2021 the reimbursement = $10.00

FYI: Do not bill an encounter code with the vaccine administration code indicated on the same claim. These services should be billed separately.

*Lab Cost : Effective January 1,2021, procedure codes 0202U and U0005 are included in the PPS Rate.

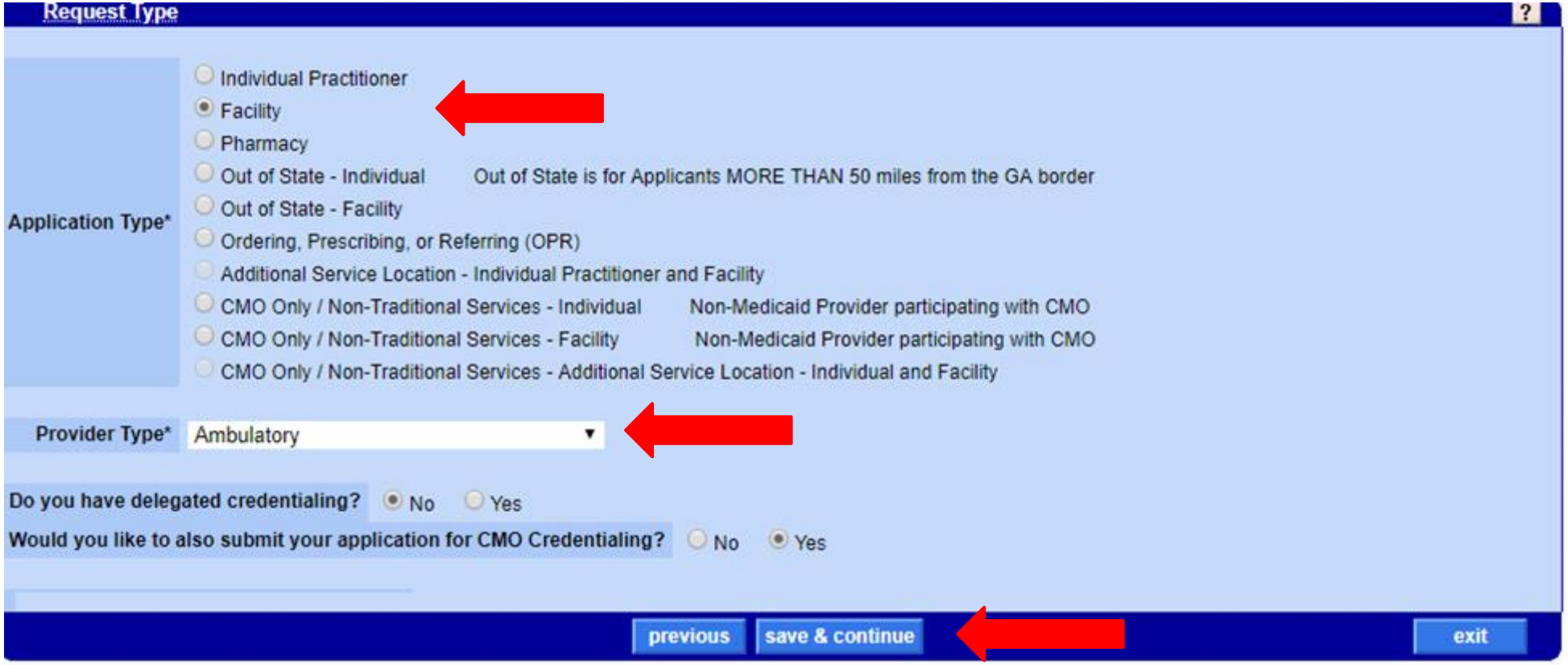
Payment Information

- Payment to independent provider-based FQHCs/RHCs for covered services furnished to Medicaid patients is made by means of an all-inclusive rate known as the Prospective Payment System (PPS). This PPS rate reimburses for each visitor or a percentage of charge rate for each visit. The rate does not include services that are not defined as FQHC/RHC services. These rates are updated annually.

- Payments specified as the Prospective Payment System (PPS) rates are all-inclusive of professional, technical and facility charges, including evaluation and management, routine surgical and therapeutic procedures and diagnostic testing (including laboratory and radiology) capable of being performed on site at the FQHC/RHC.

Enrollment Process

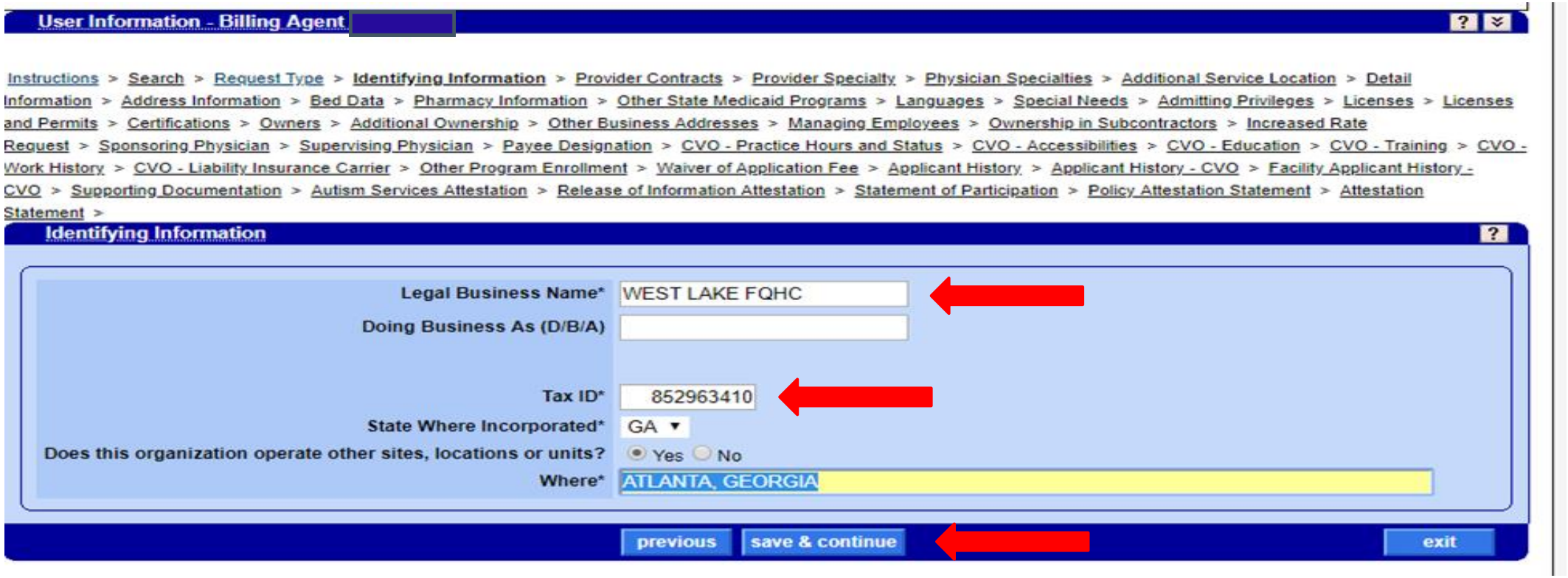
Select Request Type
Application Type > Provider Type> Save and Continue



Enrollment Process

(continued)

Type Legal Business Name and Tax ID
Indicate if other organization sites, locations or units exist and Where* if applicable



Enrollment Process

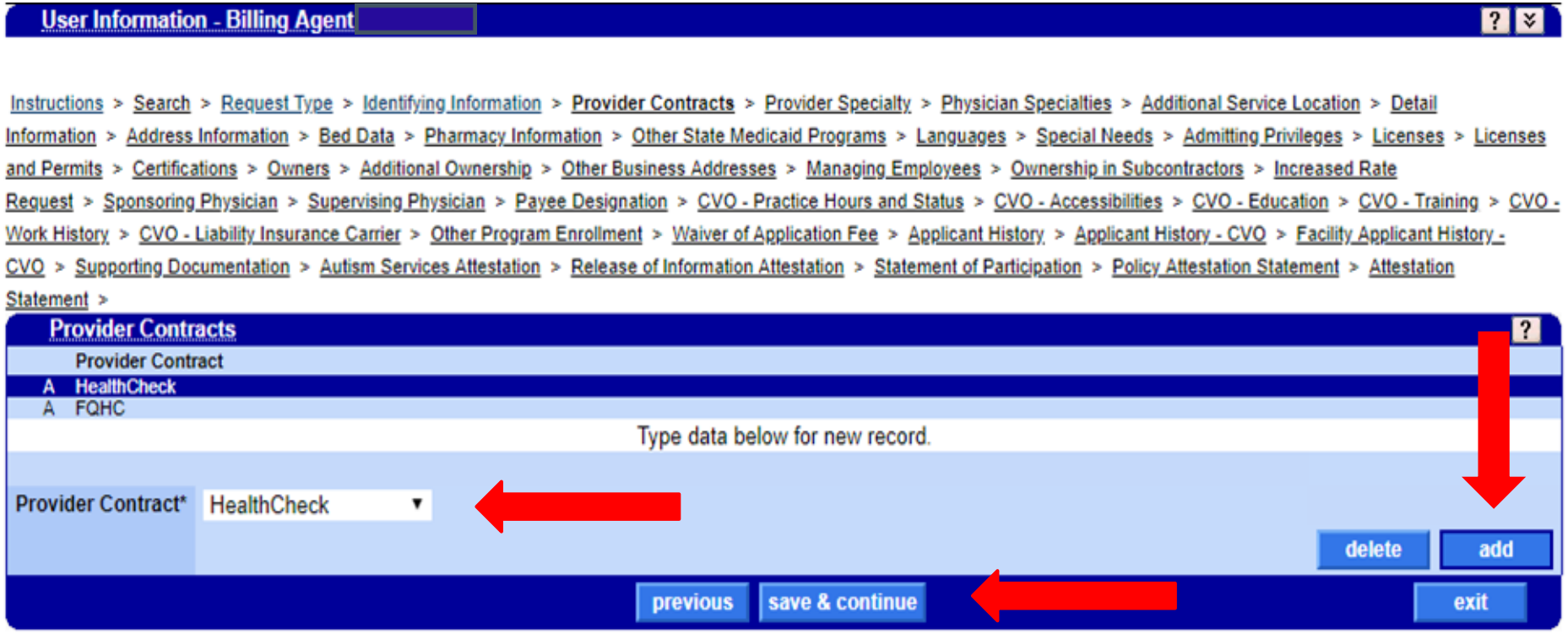
(continued)

Click on the “Add” button to add an additional provider contract. Select from available drop down.

Enrollment Process

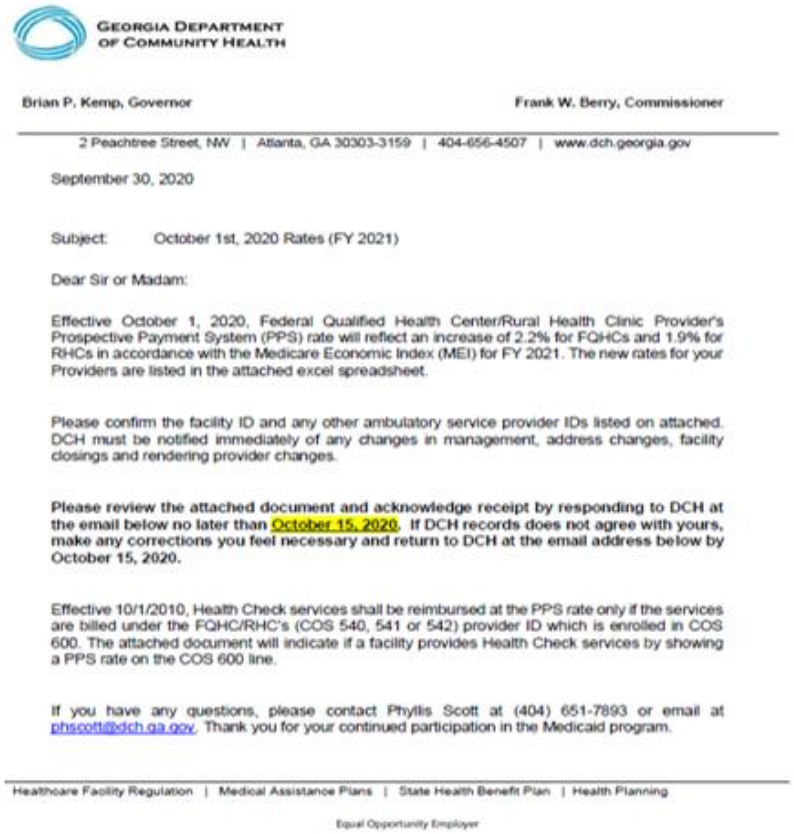
(continued)

Click on the “Add” button to add an additional provider contract if applicable.



Enrollment Process
(continued)

2020 Rate Letter Sample



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Brian P. Kemp, Governor — Frank W. Berry, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

September 30, 2020

Subject: October 1st, 2020 Rates (FY 2021)

Dear Sir or Madam:

Effective October 1, 2020, Federal Qualified Health Center/Rural Health Clinic Provider's Prospective Payment System (PPS) rate will reflect an increase of 2.2% for FQHCs and 1.9% for RHCs in accordance with the Medicare Economic Index (MEI) for FY 2021. The new rates for your Providers are listed in the attached excel spreadsheet.

Please confirm the facility ID and any other ambulatory service provider IDs listed on attached. DCH must be notified immediately of any changes in management, address changes, facility closings and rendering provider changes.

Please review the attached document and acknowledge receipt by responding to DCH at the email below no later than October 15, 2020. If DCH records does not agree with yours, make any corrections you feel necessary and return to DCH at the email address below by October 15, 2020.

Effective 10/1/2010, Health Check services shall be reimbursed at the PPS rate only if the services are billed under the FQHC/RHC's (COS 540, 541 or 542) provider ID which is enrolled in COS 600. The attached document will indicate if a facility provides Health Check services by showing a PPS rate on the COS 600 line.

If you have any questions, please contact Phyllis Scott at (404) 651-7893 or email at phscott@dch.ga.gov. Thank you for your continued participation in the Medicaid program.

Healthcare Facility Regulation | Medical Assistance Plans | State Health Benefit Plan | Health Planning

Equal Opportunity Employer

Common Denials

- **Edit 4801 – Billing Rule Not Found For The Billed Procedure**
- This edit is triggered if no billing rule is found for the billed procedure

Category of Service

Dtl #	Category of Service	Description
1	540	Federally Qualified Health Center
2	540	Federally Qualified Health Center
3	540	Federally Qualified Health Center

Detail List

#	ST	FDOS	TDOS	Proc-Mod	Amt Billed	Units Billed	DX Rel1	DX Rel2	DX Rel3	DX Rel4	Emer	POS	TPL Amount	TPL Coinsurance
2	D	1/31/2017	1/31/2017	99401 -		1	9	10	11			50	.00	
3	D	1/31/2017	1/31/2017	3008F -		1	11					50	.00	

Error List

Claim Dtl#	Status	Disp Line	ESC	ESC Description	EOB	Amt Saved	Benefit Plan	Financial Payer	Date/Time
2	D	1	4801	BILLING RULE NOT FOUND FOR THE BILLED PROCEDURE	4801		SSI	GA	2/24/2017 22:16:
3	D	1	4801	BILLING RULE NOT FOUND FOR THE BILLED PROCEDURE	4801		SSI	GA	2/24/2017 22:16:

- **Method of Correction** – Verify the provider number was keyed correctly and conduct a procedure search.

Common Denials

(continued)

Edit 4393 – Contract Invalid Revenue Code-Procedure Code Combo

- This edit is triggered if there is an invalid revenue code/procedure match for the provider contract.

Category of Service

Dtl #	Category of Service	Description
1	540	Federally Qualified Health Center
2	540	Federally Qualified Health Center

Detail List

#	ST	FDOS	TDOS	Rev Code	Proc-Mod	Units Billed
1	D	11/15/2016	11/15/2016	521	G0467	1

Error List

Claim Dtl#	Status	Disp Line	ESC	ESC Description	EOB	Amt Saved	Benefit Plan	Financial Payer
1	D	8	4393	CONTRACT INVALID REV - PROC COMBO	4393		QMB	GA

- **Method of Correction** – Verify the provider number was keyed correctly and conduct a procedure search.

Common Denials

(continued)

Edit 4874 – Claim Type Restriction For Billed Revenue Code

- This edit is triggered “Provider Contract - Revenue Code” if there is a mismatch in the claim type. ***Example below is for a Outpatient Crossover Claim**

Category of Service

Dtl #	Category of Service	Description
1	540	Federally Qualified Health Center
2	540	Federally Qualified Health Center

Detail List

#	ST	FDOS	TDOS	Rev Code	Proc-Mod	Units Billed
2	D	11/15/2016	11/15/2016	521	99214	1

Error List

Claim Dtl#	Status	Disp Line	ESC	ESC Description	EOB	Amt Saved	Benefit Plan	Financial Payer
1	D	2	4874	CLAIM TYPE RESTRICTION FOR BILLED REV CODE	4874		QMB	GA

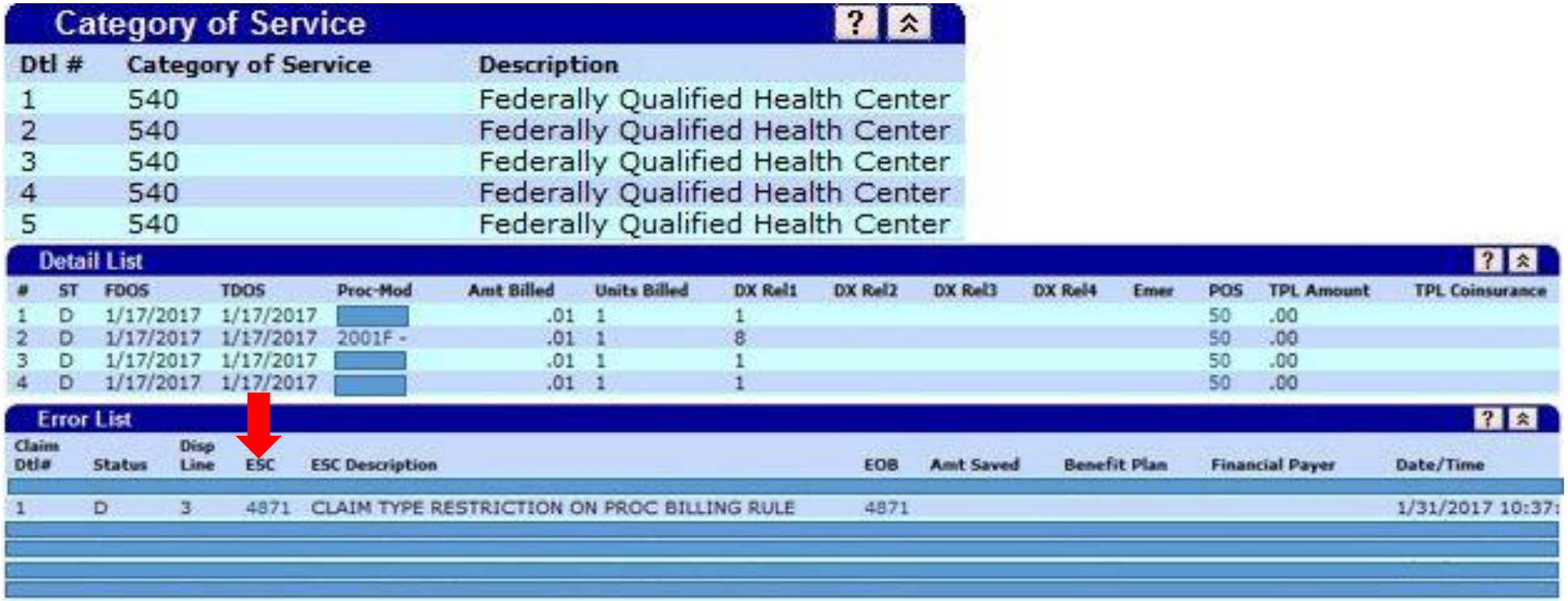
- **Method of Correction** – If an error is found, data correct and resubmit the claim.

Common Denials

(continued)

Edit 4871 – Claim Type Restriction On Procedure Billing Rule

- This edit is triggered Mismatch between Provider Contract – Procedure and Claim Type.



Category of Service

Dtl #	Category of Service	Description
1	540	Federally Qualified Health Center
2	540	Federally Qualified Health Center
3	540	Federally Qualified Health Center
4	540	Federally Qualified Health Center
5	540	Federally Qualified Health Center

Detail List

#	ST	FDOS	TDOS	Proc-Mod	Amt Billed	Units Billed	DX Rel1	DX Rel2	DX Rel3	DX Rel4	Emer	POS	TPL Amount	TPL Coinsurance
1	D	1/17/2017	1/17/2017		.01	1	1					50	.00	
2	D	1/17/2017	1/17/2017	2001F -	.01	1	8					50	.00	
3	D	1/17/2017	1/17/2017		.01	1	1					50	.00	
4	D	1/17/2017	1/17/2017		.01	1	1					50	.00	

Error List

Claim Dtl#	Status	Disp Line	ESC	ESC Description	EOB	Amt Saved	Benefit Plan	Financial Payer	Date/Time
1	D	3	4871	CLAIM TYPE RESTRICTION ON PROC BILLING RULE	4871				1/31/2017 10:37:

- **Method of Correction** – Verify that the data on the claim was keyed correctly and use procedure search.

Procedure Search

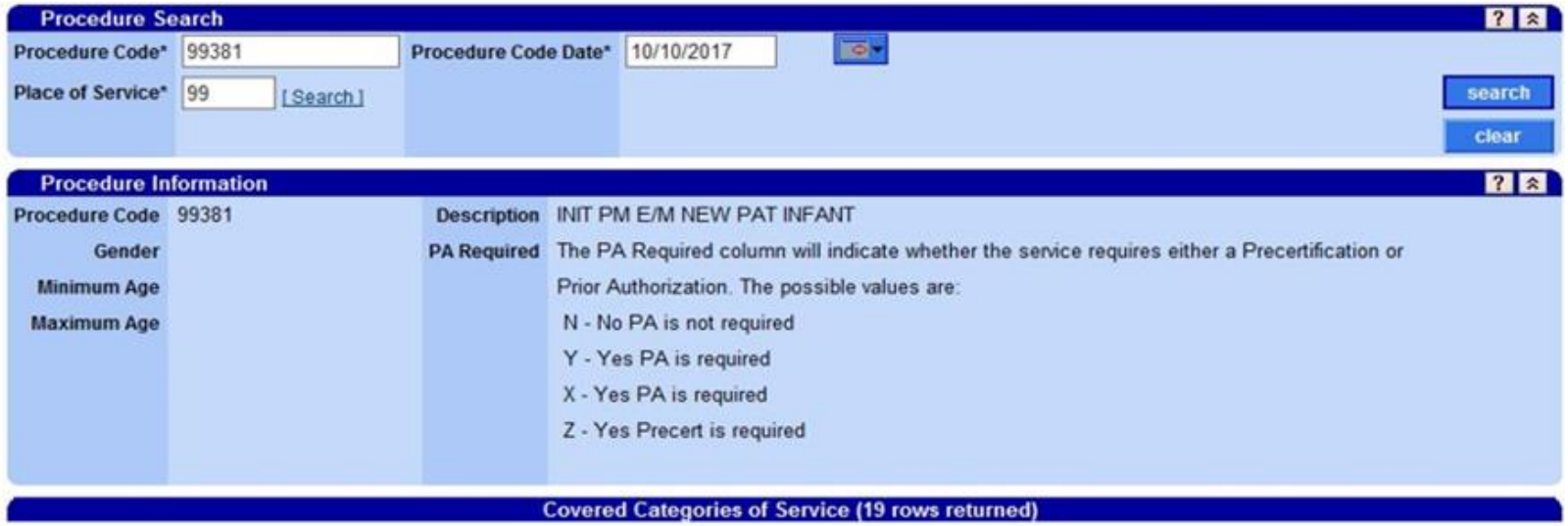
- This is a brief snapshot of coverage information regarding the requested procedure code.
- Prior approval means approval of certain services or procedures performed by a specified provider or group of providers prior to the time the services are rendered.

- This information does not indicate payment for a procedure code. Please review billing instructions for your specific program area as it relates to billing rules, age, gender and modifiers requirement.

Procedure Search

(continued)

- Enter the procedure code information you are inquiring about.
- Enter place of service; ex: 99, 70, 52, etc.
- Procedure Code Date: Enter the date the services will be rendered.



- Look for your Category of Service and any restrictions. If the COS does not appear, the code cannot be billed under the Provider ID/COS logged into the GAMMIS Web Portal.

Policy Information

- You can access the most up-to-date policy information by reviewing the current Part II FQHC/RHC policy manual.
- Manuals are located under the Provider Information tab on the home page of GAMMIS, www.mmis.georgia.gov. It is not necessary to login into the secure area of GAMMIS to view this information.
- Effective April 1, 2015, both the FQHC and RHC manuals are combined into one manual. This format is similar to Medicare's manuals.
- Refer to Part I Medicaid and Peach Care for Kids® manual for other DCH policies and procedures that impact all providers and facilities.

Policy Information

(continued)

Contact Us

Our Provider Services Contact Center (PSCC)

can be reached at

800-766-4456

and is available 7 a.m. to 7 p.m. EST

Monday through Friday (except state holidays) for service inquiries**.**

Please note the Web Portal is available 24/7

IVRS Overview

1-800-766-4456	
Option 1	Member Eligibility
Option 2	Claims Status
Option 3	Payment Information
Option 4	Provider Enrollment
Option 5	Prior Authorization
Option 6	GAMMIS password reset, Pharmacy Benefits, the Nurse Aide Registry or Nurse Aide Training program, PeachCare for Kids,® EDI submission or electronic claim submission, or a system overview

Georgia Field Territories

Territory 1 N GA
Bartow, Catoosa, Chatooga, Cherokee, Dade, Dawson, Fannin, Floyd, Forsyth, Gilmer, Gordon, Habersham, Hall, Lumpkin, Murray, Pickens, Rabun, Stephens, Towns, Union, Walker, White, Whitfield

Territory 2 Atlanta
Fulton

Territory 3 NE GA
Banks, Barrow, Clarke, Elbert, Franklin, Gwinnett, Hart, Jackson, Madison, Oconee, Walton

Territory 4: NW GA
Carroll, Cobb, Douglas, Haroldson, Paulding, Polk

Territory 5: SE Metro
Clayton, DeKalb, Rockdale

Territory 6: Middle GA
Butts, Chattahoochee, Coweta, Fayette, Harris, Heard, Henry, Jasper, Jones, Lamar, Marion, Meriwether, Monroe, Muscogee, Newton, Pike, Spalding, Talbot, Taylor, Troup, Upson

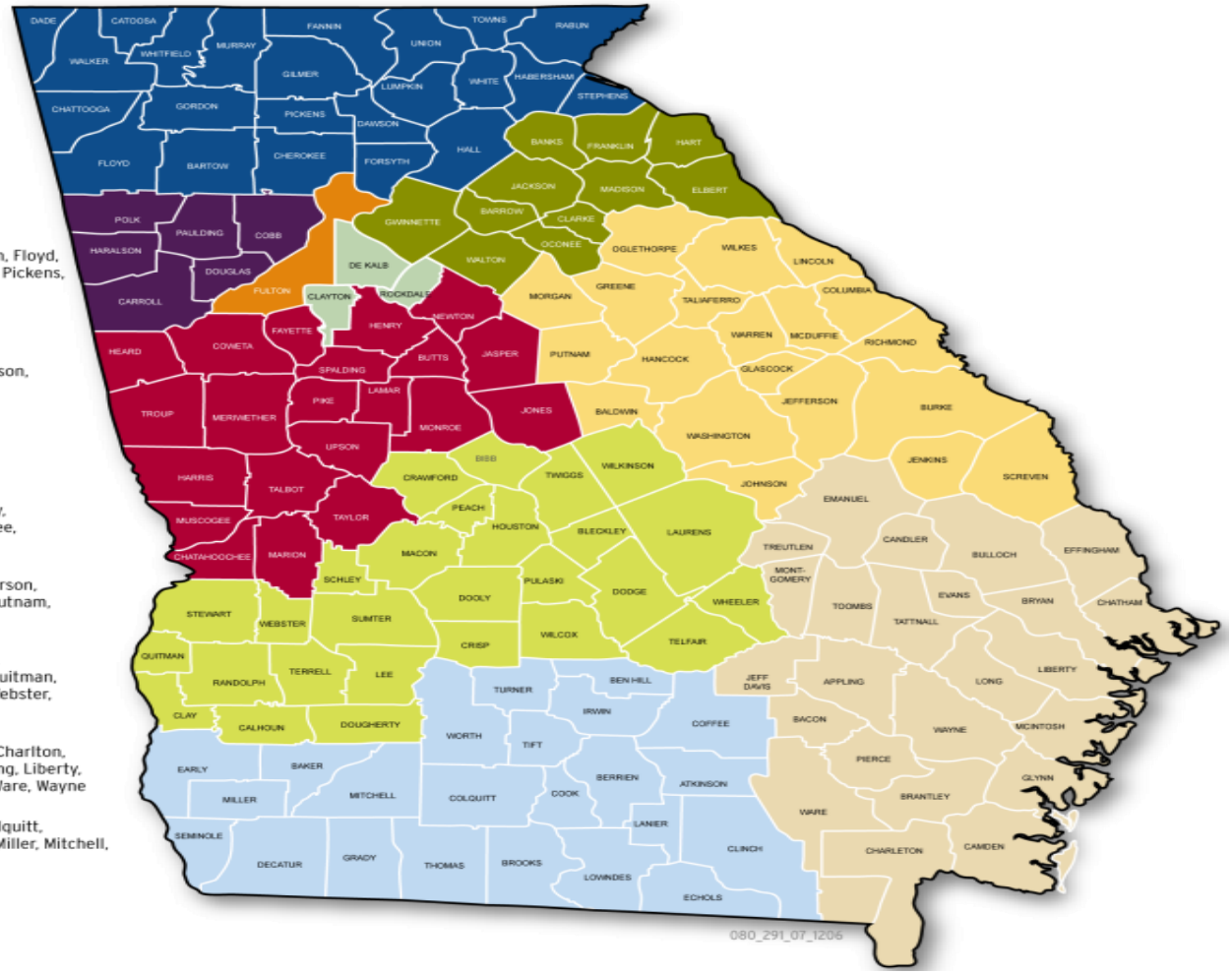
Territory 7: Augusta
Baldwin, Burke, Columbia, Glascock, Greene, Hancock, Jefferson, Jenkins, Johnson, Lincoln, McDuffie, Morgan, Oglethorpe, Putnam, Richmond, Screven, Taliaferro, Warren, Washington, Wilkes

Territory 8: SW GA
Bibb, Bleckley, Calhoun, Clay, Crawford, Crisp, Dodge, Dooly, Dougherty, Houston, Laurens, Lee, Macon, Peach, Pulaski, Quitman, Randolph, Stewart, Schley, Sumter, Telfair, Terrell, Twiggs, Webster, Wheeler, Wilcox, Wilkinson

Territory 9: SE GA
Appling, Bacon, Bryan, Bulloch, Brantley, Camden, Candler, Charlton, Chatham, Effingham, Emanuel, Evans, Glynn, Jeff Davis, Long, Liberty, McIntosh, Montgomery, Pierce, Tattnall, Toombs, Treutlen, Ware, Wayne

Territory 10: South GA
Atkinson, Baker, Ben Hill, Barrien, Brooks, Clinch, Coffee, Colquitt, Cook, Decatur, Early, Echols, Grady, Irwin, Lanier, Lowndes, Miller, Mitchell, Seminole, Thomas, Tift, Turner, Worth

Territory 11 State Wide
Hospital Field Representative



Provider Relations Field Services Representatives

Territory	Region	Rep
1	North Georgia	Deandre Murray
2	Fulton	Adrian Hogan
3	NE Georgia	Carolyn Thomas
4	NW Georgia	Danny Williams
5	SE Metro	Ebony Hill
6	Middle Georgia	Shawnteel Bradshaw
7	Augusta	Jessica Bowen
8	SW Georgia	Jill McCrary
9	SE Georgia	Kendall Telfair
10	South Georgia	Anitrus Johnson
North	Hospital Rep	Sherida Banks
South	Hospital Rep	Janey Griffin

Provider Relations Field Services Representatives

State-Wide Consultants

Anita Hester
Sharée C. Daniels
Brenda Hulette

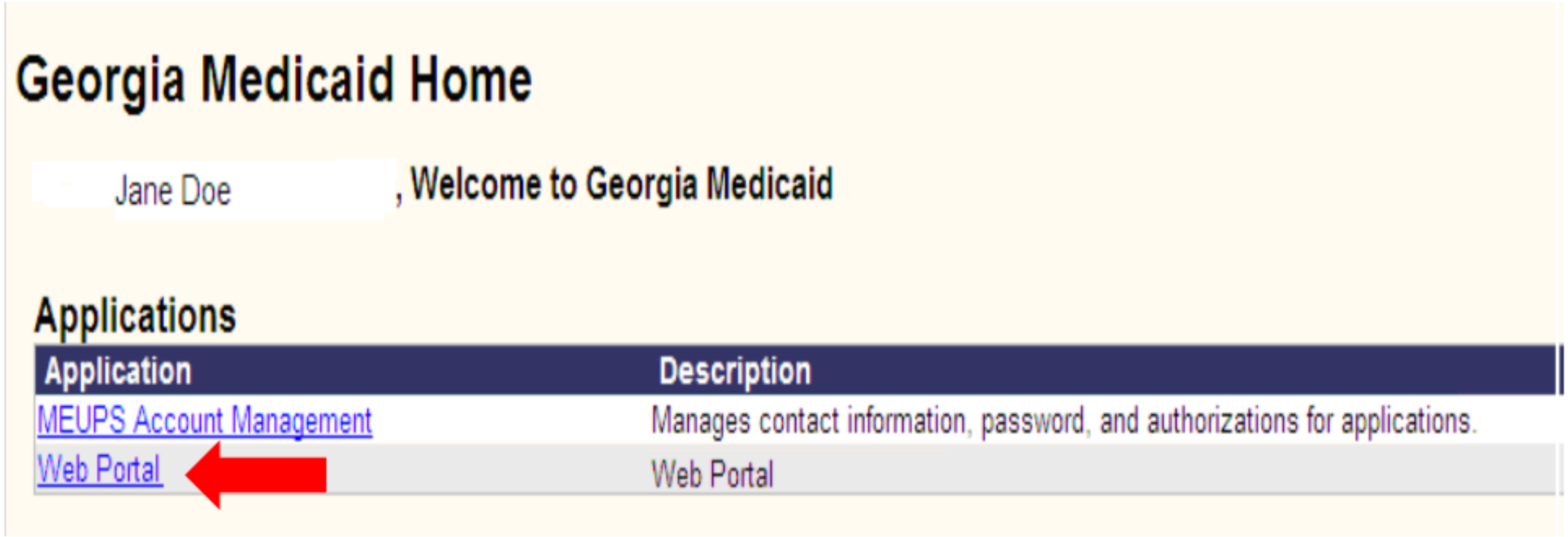
Contact My Provider Rep Directly

Login to the MMIS system with your username and password

Contact My Provider Rep Directly

(continued)

Select the Web Portal option



Contact My Provider Rep Directly

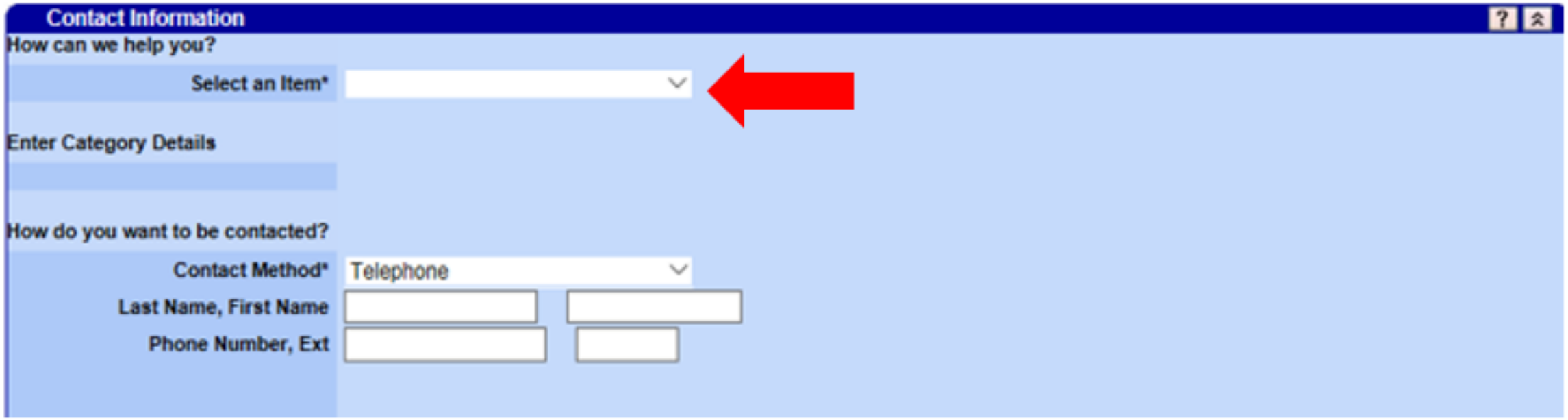
(continued)

Select Contact Information, Contact Us

Contact My Provider Rep Directly

(continued)

Select an Item



Contact My Provider Rep Directly

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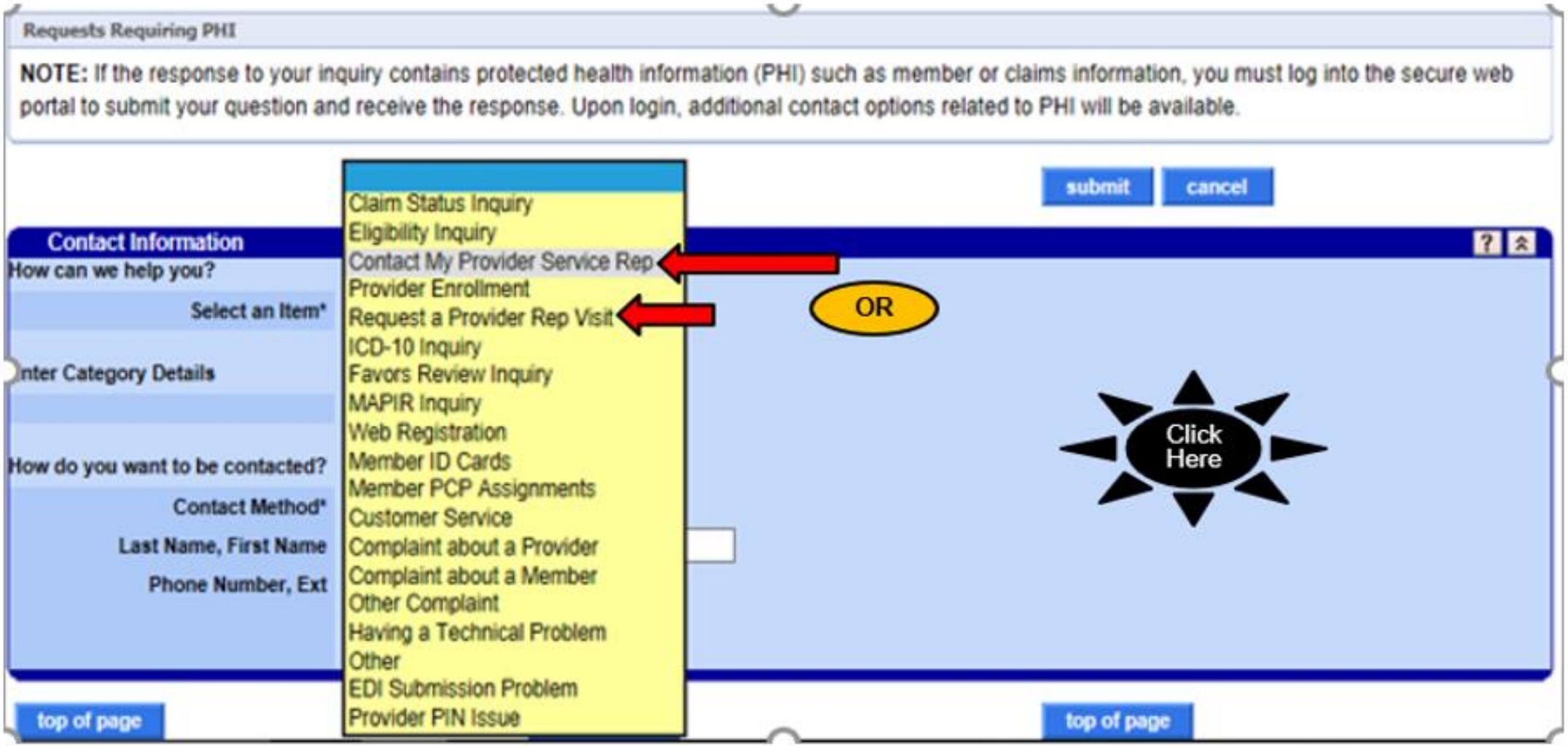
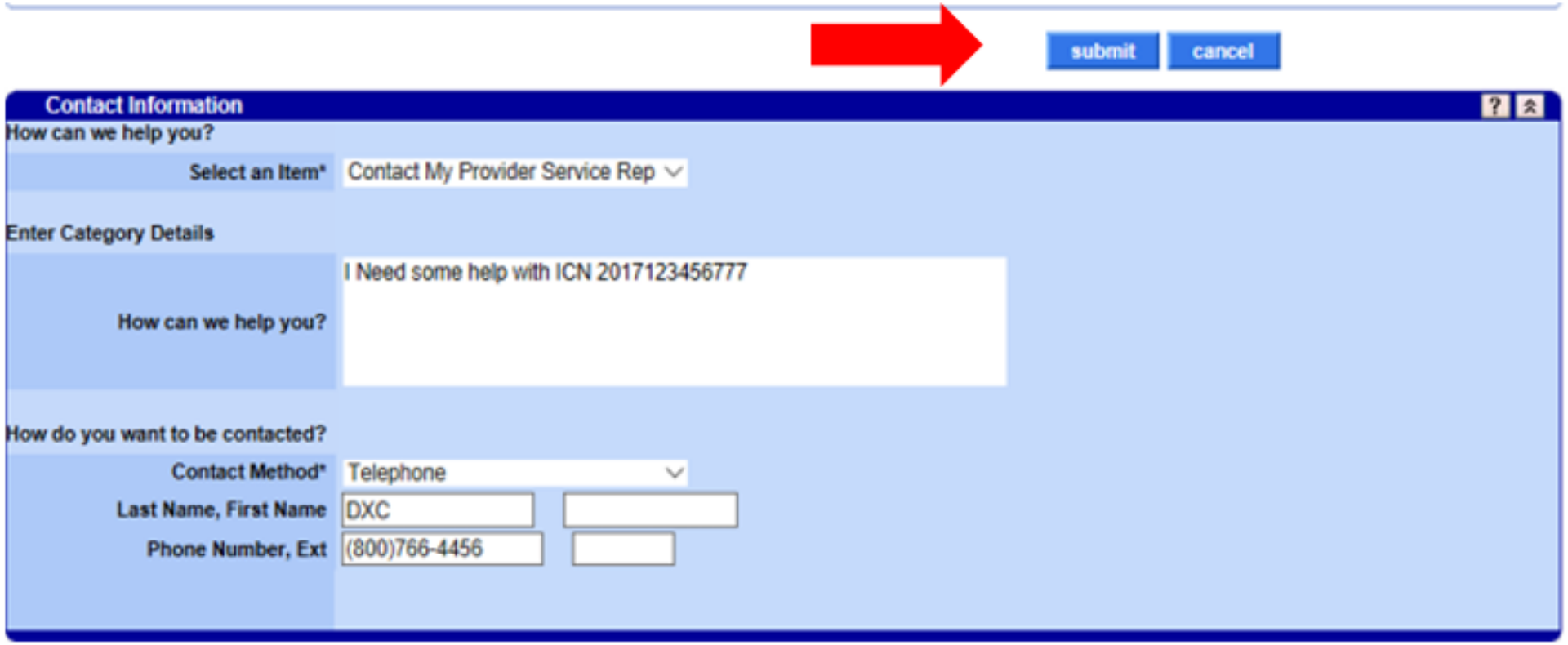


Contact My Provider Rep Directly

(continued)

Please provide all details pertaining to your issue, including ICN, member ID etc.



Contact My Provider Rep Directly

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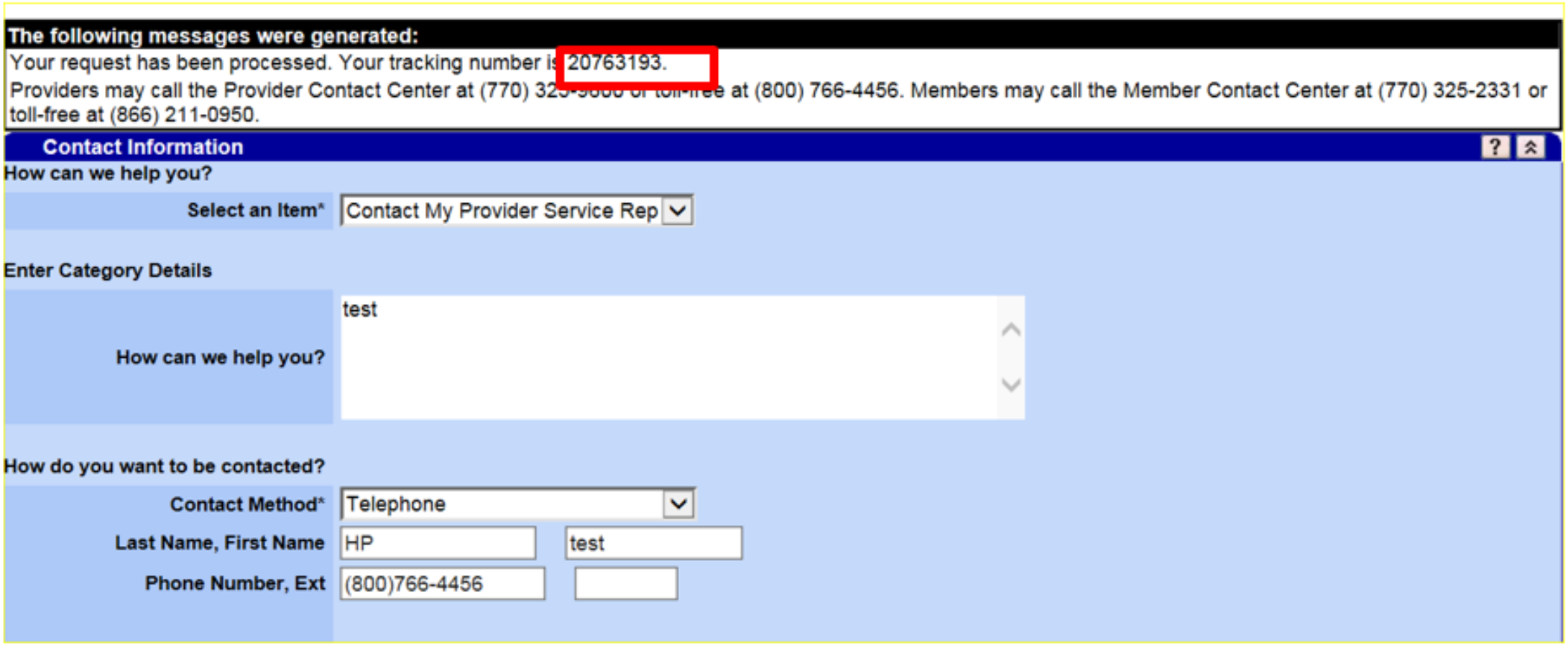

Session Review

You should now be able to:

- Define the objectives of the FQHC/RHC Services
- Explain policy information
- Locate the FQHC/RHC manual
- Perform FQHC/RHC functions using the IVRS and GAMMIS
- Identify general billing information for FQHC/RHC claims
- Review and resolve common problems relating to FQHC/RHC claim denials

Questions?

Thank you

Contact
brand@gainwelltechnologies.com
gainwelltechnologies.com

Gainwell Technologies
1775 Tysons Blvd.
McLean, VA 22102