

Chapter 29

Rural Health Clinic (RHC) and Federally Qualified Health Centers (FQHC)

This chapter refers to services provided by a Rural Health Clinic (RHC) and applies to only those programs outlined in your organization's participation agreement with South Country Health Alliance (SCHA), for detailed information providers are encouraged to use the Centers for Medicare and Medicaid Services (CMS) and Minnesota Health Care Programs (MHCP) websites below.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/RHCs.html>

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_155131

Certification Criteria

SCHA follows CMS and Minnesota Department of Human Services (DHS) guidelines in determining RHC and FQHC reimbursement eligibility. RHCs and FQHCs are clinics located in areas that are designated both by the Bureau of the Census as rural and by the Secretary of DHHS as medically underserved and Section 1861 (aa)(4) of the Social Security Act. Services rendered by approved RHCs and FQHCs to Medicare beneficiaries are covered under Medicare effective with the date of the clinic's approval for participation. A RHC cannot be concurrently approved for Medicare as both an FQHC and an RHC. Covered services are described in the Medicare Benefit Policy Manual.

Claims processing Jurisdiction for RHCs and FQHCs

Effective January 1, 2015, FQHCs and RHCs submit claims directly to SCHA claims processor. SCHA will submit payable claim lines to Minnesota Health Care Programs (MHCP) for payment. MHCP will issue a remittance advice (RA) to the provider, billing intermediaries, and SCHA.

RHC/FQHC Covered Services

Payments for covered RHC/FQHC services furnished to South Country Health Alliance members are made on the basis of an all-inclusive rate per covered visit. The term "visit" is defined as a face-to-face encounter between the patient and a physician, physician assistant, nurse practitioner, certified nurse midwife, visiting nurse, clinical psychologist, or clinical social worker during which an RHC/FQHC service is rendered. Encounters with (1) more than one health professional; and (2) multiple encounters with the same health professional that take place on the same day and at a single location constitute a single visit. An exception occurs in cases in which the patient, subsequent

to the first encounter, suffers an illness or injury requiring additional diagnosis or treatment.

Individual providers within the enrolled FQHC or RHC may include the following:

- Chiropractor
- Clinical psychologist
- Clinical social worker
- Dentist
- Nurse practitioner
- Nurse midwife
- Physician
- Advanced dental therapist
- Dental therapists
- Physician assistant
- Qualified mental health professionals

RHC/FQHC covered services include the following:

- Physicians' services;
- Services and supplies incident to the services of physicians;
- Services of registered dietitians or nutritional professionals for diabetes training services and medical nutrition therapy (the costs of such services are covered but not as a billable RHC visit);
- Otherwise covered drugs that are furnished by, and incident to, services of physicians and nonphysician practitioners of the RHC;
- Services of nurse practitioners (NP), physician assistants (PA), certified nurse midwives (CNM), clinical psychologists (CP), and clinical social workers (CSW);
- Services and supplies incident to the services of NPs, PAs, CNMs, CPs, and CSWs; and
- Visiting nurse services to the homebound in an area where CMS has certified a shortage of home health agencies exists.

Additional information may be found in the CMS Internet Only Manual (IOM) at <http://www.cms.hhs.gov/manuals>.

RHC services are covered when furnished to a patient at the clinic or center, the patient's place of residence, or elsewhere (e.g., the scene of an accident).

RHC/FQHC Services Not Covered

Services that are provided outside of the scope of a RHC/FQHC are non-covered as a RHC/FQHC benefit. If these services are covered under another Medicare benefit category they may be separately billable to the Medicare carrier/intermediary as appropriate.

The following services are not RHC/FQHC covered services:

- Durable Medical Equipment (DME) (whether rented or sold) including crutches, hospital beds and wheelchairs used in the patient's place of residence
- Ambulance services
- Technical component of diagnostic tests such as x-rays and EKGs (the professional component is a RHC service if performed by a RHC/FQHC physician or non-physician practitioner)
- The technical component of the following specific preventive services (the professional component is a RHC/FQHC service if performed by a RHC/FQHC physician or non-physician practitioner)
 - Screening pap smears and screening pelvic exams
 - Prostate cancer screening
 - Diabetes outpatient self-management training services
 - Colorectal cancer screening tests
 - Screening mammography
 - Bone mass measurements and
 - Glaucoma screening
- Prosthetic devices (other than dental) which replace all or part of an internal body organ (including colostomy bags) and supplies directly related to colostomy care, and the replacement of such devices
- Leg, arm, back, and neck braces and artificial legs, arms and eyes, including replacements (if required because of a change in the patient's physical condition)
- Services covered by the Consolidated Chemical Dependency Treatment Fund (CCDTF)

RHC/FQHC Services for Hospital Inpatient and Outpatients

Payment may not be made to practitioners for services provided to hospital inpatients and outpatients for practitioners who are compensated under the RHC/FQHC agreement. If the practitioner isn't compensated under the RHC/FQHC agreement they may seek payment for those services from South Country Health Alliance.

Skilled Nursing Facility Services

Payment may be made to the RHC for services provided to a SCHA member in a Part A stay in a Medicare certified Skilled Nursing Facility (SNF).

Preventive Primary Services Which Are FQHC Covered Services

Preventive primary services must be furnished by or under the direct supervision of a physician, a NP, PA, CNMW, CP, CSW who is an employee of the clinic or a physician under arrangements with the clinic.

Preventive primary services include only drugs and biologicals that are not usually self-administered.

The following preventive primary services may be covered and billed to Mayo Clinic Health Solutions/SCHA when provided by FQHCs to a South Country Health Alliance member.

- Medical social services;
- Nutritional assessment and referral;
- Preventive health education;
- Children's eye and ear examinations;
- Prenatal and postpartum care;
- Prenatal services;
- Well child care, including periodic screening;
- Immunizations, including tetanus-diphtheria booster and influenza vaccine;
- Voluntary family planning services;
- Taking patient history;
- Blood pressure measurement;
- Weight measurement;
- Physical examination targeted to risk;
- Visual acuity screening;
- Hearing screening;
- Cholesterol screening;
- Stool testing for occult blood;
- Dipstick urinalysis;
- Risk assessment and initial counseling regarding risks; and
- For women only:
 - Clinical breast exam;
 - Referral for mammography; and
 - Thyroid function test

Preventive Services Not Covered Under FQHC Benefit

FQHC preventive primary services do not include:

- Group or mass information programs, health education classes, or group education
- activities, including media productions and publications;
- Eyeglasses, hearing aids, and preventive dental services;

Services Not Covered by Medicare

No payment can be made under Medicare Part A or Part B for items and services with the following characteristics:

- Not reasonable and necessary
- No legal obligation to pay for or provide
- Furnished or paid for by other government entities

- Not provided within the United States
- Personal comfort
- Routine services and appliances
- Supportive devices for feet
- Custodial care
- Cosmetic surgery
- Charges by immediate relatives or members of household.
- Dental services
- Paid or expected to be paid under a Medicare Secondary Payer (MSP) provision
- Non-physician services provided to a hospital inpatient that were not provided directly or arranged for by the hospital

General Billing Requirements

RHC and FQHCs are required to bill Medicaid Services (PMAP, MNCare and SNBC programs without Medicare Coverage) using the 837P (CMS 1500) or 837D format.

Providers are required to bill services using the 837I (UB04) format for services provided to SCHA member/patients on any of the Medicare programs (AbilityCare, SharedCare - SNBC or SeniorCare Complete - MSHO).

FQHC and RHC MCO Carve-Out

Effective January 1, 2015, FQHCs and RHCs submit claims directly to SCHA, and SCHA will submit payable claim lines to MHCP for payment. SCHA will adjudicate the claim to make sure it passes all HIPAA billing requirements and initial processing edits prior to passing the claim on to MHCP. If the claim is not submitted correctly the claim will deny back to the RHC/FQHC by SCHA. The RHC/FQHC must correct the claim and resubmit the claim to SCHA. The claim will then be passed on to MHCP to process and make payment as appropriate. When a claim is passed on to MHCP, the RHC/FQHC will receive a zero pay remittance advice from the plan and a remittance advice from DHS showing payment status. If the claim is denied by MHCP, the RHC/RQHC must correct the claim and void/resubmit the claim to SCHA.

The following are the carve-out process exclusions:

- Medicare claims follow standard billing practice. SCHA handles final resolution and will not forward claims to DHS.
- Claims in which a third-party insurer (TPL) paid the claim in full
- Medical home (health care home) claims procedure codes S0280 and S0281. SCHA continues to pay these claims directly to the provider.
- Effective July 1, 2015, SCHA will directly pay providers for MinnesotaCare adults without children, major program BB claims.

The RHC/FQHC must continue to follow SCHA's prior authorization (PA) requirements and have approval prior to submitting claims. If there is not an authorization on file with SCHA for those services that require a PA, the claim will deny back to the RHC.