



ISSUE DATE November 28, 2016	EFFECTIVE DATE December 1, 2016	NUMBER 08-16-30
SUBJECT Federally Qualified Health Center Alternative Payment Methodologies for Delivery Services		BY  Leesa M. Allen, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate their MA enrollment every 5 years. Providers should log into PROMISe to check their revalidation date and submit a revalidation application at least 60 days prior. Enrollment (revalidation) applications may be found at http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994.

PURPOSE:

The purpose of this Medical Assistance (MA) Bulletin is to notify providers that the Department of Human Services (Department) is implementing alternative payment methodologies (APMs) for Federally Qualified Health Centers (FQHCs).

SCOPE:

This bulletin applies to MA Program enrolled FQHCs that provide services to MA beneficiaries in the MA Program’s Fee-for-Service (FFS) delivery system. MA enrolled FQHCs that provide services to MA beneficiaries under the managed care delivery system should address any coverage, billing and payment related questions to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

The Department received requests from stakeholders to pay FQHCs for delivery services rendered by FQHC personnel in the acute care general hospital (hospital) inpatient setting and delivery services rendered in the FQHC setting.

The Department developed APMs to pay FQHCs for delivery services based upon statutory requirement 42 U.S.C.A. § 1396a(bb)(6). The APM should be agreed to by the Department and by each individual FQHC.

<p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p>The appropriate toll free number for your provider type</p> <p>Visit the Office of Medical Assistance Programs Web site at http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm</p>

On November 26, 2016, the Department issued a public notice titled *Federally Qualified Health Center Alternative Payment Methodologies* in the *Pennsylvania Bulletin*, announcing the implementation of the APMs and methodologies that the Department used to develop the APMs. See 46 Pa.B. 7485.

PROCEDURE:

Effective with dates of services on and after December 1, 2016, the Department will utilize APMs to pay for delivery services for eligible FQHCs that agree to accept the APMs.

FQHCs are eligible to participate in the APMs if they provide the Department with a Health Resources and Services Administration (HRSA) approved Scope of Service that includes obstetrical services.

There are two APMs. One APM will pay the FQHC a practitioner's fee for a delivery performed by FQHC personnel in a hospital inpatient setting using the MA Program Fee Schedule rate. The other APM will pay the FQHC a fee that includes both the practitioner's and facility's payment for a delivery performed in the FQHC setting. The attachment to this MA Bulletin sets forth the fees that will be paid under the APMs.

A request to opt-in to one or both of the APMs must be submitted by the FQHC's Chief Financial Officer via email to the Department at FinancialGatekeeper@pa.gov and must include both the FQHC's nine digit provider identification number and four digit service location number for which the opt-in is to be applied. The email should indicate whether the FQHC is accepting one or both of the APMs. If the initial opt-in is received by December 1, 2016, the APM(s) will be effective for dates of service on and after December 1, 2016. Any FQHC that wishes to opt-in in the future must do so ten business days in advance of submitting a claim to the Department. An FQHC can opt-out of the APM, after initially opting in, by following these same directions. If the FQHC has previously opted out and chooses to opt-in, the Chief Financial Officer must send an opt-in request via email to the Department at FinancialGatekeeper@pa.gov, with the requested effective date for the opt-in. The Department will review and process the opt-in request and notify the FQHC of the effective date of the opt-in.

FQHCs are to refer to the attachment to this MA Bulletin, as well as instructions in the MA Program's Provider Handbook and Billing Guides.

ATTACHMENT:

MA Program Fee Schedule for Federally Qualified Health Centers That Perform Delivery Services

MA Program Fee Schedule for Federally Qualified Health Centers That Perform Delivery Services

Acute Care General Hospital Inpatient Setting

Procedure Code	Description	Provider Type	Provider Specialty	Place of Service	Pricing Modifier	MA Fee	MA units	Limits
59409	Vaginal delivery only (with or without episiotomy and/or forceps);	08	080	21		\$1,200.00	per procedure	One per beneficiary per pregnancy
59514	Cesarean delivery only;	08	080	21		\$1,200.00	per procedure	One per beneficiary per pregnancy
					80	\$240.00		
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	08	080	21		\$1,500.00	per procedure	One per beneficiary per pregnancy
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	08	080	21		\$1,500.00	per procedure	One per beneficiary per pregnancy
					80	\$300.00		

Federally Qualified Health Center Outpatient Setting

Procedure Code	Description	Provider Type	Provider Specialty	Place of Service	Pricing Modifier	MA Fee	MA units	Limits
T1015	Clinic visit/encounter, all-inclusive	08	080	50	U4	\$1,129.00	per encounter	One per beneficiary per pregnancy