

NONTRIBAL FEDERALLY QUALIFIED HEALTH CENTER TERMS OF REIMBURSEMENT

The Wisconsin Department of Health Services (DHS) will establish an encounter-specific reimbursement rate for covered services furnished by or on behalf of a nontribal federally qualified health center (FQHC) (community health center [CHC]) to eligible Wisconsin Medicaid members. The encounter-specific reimbursement rate reflects the CHC's estimated reasonable costs of providing care.

A CHC encounter is defined as a face-to-face visit on a single date of service (DOS) between a member and a Medicaid-enrolled CHC provider to provide diagnosis, treatment, or preventive service(s) at a Health Resources and Services Administration-approved FQHC location.

A service that is considered an encounter when performed in the CHC is also considered an encounter when performed outside the CHC and is payable to the CHC when the service meets all ForwardHealth program and service location requirements.

Any services provided to CHC members through referral to a provider with whom the CHC has no contractual relationship and in which funding for the services is not borne by the CHC is not a CHC service or encounter.

ForwardHealth reimburses a CHC a maximum of one prospective payment system (PPS) rate per encounter type, per member, per DOS, unless the member, subsequent to the first encounter, suffers an illness or injury that requires additional diagnosis or treatment on the same day. A subsequent encounter is a unique situation that cannot be planned or anticipated.

The PPS rate for a given encounter type is inclusive of all direct and indirect services provided to the member during the encounter.

It is the CHC's responsibility to ensure that an encounter is only counted once across all providers involved in the encounter and to ensure supporting documentation for the methodology used to assign the encounter to the most appropriate rendering provider. Services may not be arbitrarily delayed or split across multiple DOS in order to bill additional encounters.

Note: Only FQHC services are eligible for PPS reimbursement.

FQHC services are defined as the services described in the Rural Health Clinic Act and any other ambulatory service included in a state's Medicaid plan that are provided to Medicaid members. Such costs cannot exceed the reasonable costs as determined by applicable Medicare cost reimbursement principles set forth in 42 C.F.R. Part 413, Health Insurance Manual 15, and any additional mandated regulations when published as final rule in the Federal Register.

At the end of each CHC fiscal year, ForwardHealth will adjust the PPS rate by the Medicare Economic Index in effect at the end of the CHC's fiscal year. In addition, ForwardHealth may adjust a CHC's PPS rates to account for changes in the CHC's scope of service.

Following the end of the CHC's fiscal year, the CHC will complete the Federally Qualified Health Center Outstationed Enrollment Expenses Worksheet 5 form, F-11129H. The CHC will have 120 days to fill out the form following its fiscal year end.

ForwardHealth will reconcile outstationed enrollment expenditures incurred during the fiscal year such that Medicaid payments associated with outstationed enrollment will equal 100 percent of CHC allowable outstationed enrollment expenditures.

FQHC reimbursement for services shall not be made in the absence of a signed Medicaid provider agreement for the FQHC and shall be determined by DHS pursuant to the State Plan for Title XIX Reimbursement, effective April 1, 1990, for FQHCs identified by the federal Department of Health and Human Services as eligible on that date or as may be amended. Medicaid reimbursement, less appropriate copayment and payments by other insurers, will be considered to be payment in full.

DHS may adjust payments made to providers to reflect the amounts of any allowable copayments that the providers are required to collect pursuant to Wis. Stat. ch. 49. Payments for deductible and coinsurance payable on an assigned Medicare claim shall be made in accordance with Wis. Stat. § 49.46(2)(c).

In accordance with federal regulations contained in 42 C.F.R. § 447.205, DHS will provide public notice in advance of the effective date of any significant proposed change in its methods and standards for setting encounter rates for services.

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Wisconsin
Department of Health Services