

## **FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)**

### **RURAL HEALTH CLINICS (RHCs)**

The Health Care Authority (HCA) pays a monthly amount, known as an enhancement rate, to clinics designated and approved as FQHCs and RHCs. There are three types of enhancement rates:

- Per Member Per Month (PMPM) premium enhancement
- Delivery Case Rate (DCR) enhancement
- BH Maternity S supplemental DCR

These enhancement rates are paid to the Managed Care Organization (MCO) by the HCA to pass along to the clinics. Each FQHC and RHC is responsible to notify Molina of any Provider enrollment changes (additions and terminations) at the clinic. Members are assigned to individual Primary Care Providers (PCP's) at the respective clinic. The monthly reporting is based on Provider information received from clinics.

**PMPM Premium Enhancement:** All FQHC and RHC clinics receive this premium enhancement rate established annually by HCA. Molina Healthcare submits monthly eligibility rosters to HCA, listing all Members assigned to PCPs for each of its contracted FQHCs and RHCs. HCA determines its PMPM payment based on that roster. Any payment discrepancies identified by Providers must be addressed to HCA.

**DCR and BH S Rate Enhancements:** Some FQHC and RHC clinics also receive a DCR or BH S rate enhancement from HCA. HCA makes a payment when a qualified FQHC or RHC provider performs a delivery for a managed care client assigned to the FQHC or RHC. These payments from HCA are triggered from the encounter data submitted by Molina to HCA. In order for this payment to be triggered, the same NPI must be:

- Used by the FQHC or RHC when billing deliveries to Molina
- Used by Molina on the monthly enhancement file sent to HCA
- Submitted in the encounter data from Molina to HCA

It is important that you notify both HCA and Molina immediately if your NPI changes to avoid any disruption to your payments.

Please note the DCR enhancement payment from HCA differs from the straight DCR claim(s) payment from Molina. Molina Healthcare does not pay claims using the encounter methodology. You may bill Molina following the HCA Medicaid Provider Guide under Physician Related Services regarding the Global (Total) Obstetrical (OB) Care or Unbundling Obstetrical guidelines.

Please contact Molina if your delivery enhancements are missing or appear to be incorrect. Molina will research all of the pertinent data elements submitted to HCA and work with HCA to resolve.

## Rural Health Clinic Encounter Payment

Effective January 1, 2018 Molina will pay RHC's for encounter claims submitted directly to Molina if the RHC opted to have the MCO pay the encounter rate versus the HCA.

For RHC's that bill Molina directly for their encounter rate, they must follow the below guidelines for timely and accurate payment:

- Encounters are limited to one type of encounter per day for each client except in either one of the following circumstances:
  - It is necessary for the client to be seen by different practitioners with different specialties.
  - It is necessary for the client to be seen multiple times due to unrelated diagnoses.
- If you are billing more than one encounter per day, they must be billed on separate claims. Due to our system requirements only one encounter rate can be paid per claim. This would also include Maternity care. On each claim, indicate it is a separate encounter, enter "unrelated diagnosis" and the time of both visits in the Claim Note section of the electronic claim (modifiers 25, 59, XE, XP signify two billable visits).
- Submit professional claims with T1015 for visits that qualify as an encounter for place of service 11 or 72. **T1015 must be the last code listed on the claim** and billed as one unit in order for our system to pay your encounter claim correctly.
- Claims must be submitted using the National Provider Identifier (NPI) posted on the HCA's website as the billing NPI.

For services eligible for encounter payment, our system will automatically pay the difference between your RHC encounter rate and your Molina contracted fee for service amount paid on the T1015 line when the Molina contracted fee for service amount paid is less than the encounter rate. At this time we are not able to process claims with a negative amount on the claim line with T1015. If the Molina contracted fee for service amounts add up to more than the encounter rate, the system will cap payment at the encounter rate and there will be zero payment on the claim line with T1015.

Molina will follow the same guidelines regarding what services provided by an RHC are considered an encounter. For additional information please reference the HCA, RHC provider guide and encounter rates at <https://www.hca.wa.gov/billers-providers/claims-and-billing/professional-rates-and-billing-guides#r>