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# Rural Health Clinic Medicaid Reimbursement Policies

Annual Oregon Rural Health Conference: RHC Workshop  
October 18, 2017

Jamal Furqan, Health Systems Division



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# AGENDA

- Status of RHCs in Oregon Medicaid
- What Services Are Covered for OHP Members?
- Supplemental Wraparound Payments
- Change in the Scope of Services – Rate Changes
- Other Considerations/Resources

# STATUS OF RHCs IN OREGON MEDICAID

# RHCs in Oregon

- RHCs enrolled in Oregon Medicaid: **73**
- RHCs in process of enrolling with Oregon Medicaid: **8**
- OHP members served in CY 2016: **73,189**
- Average cost-based PPS rate = **\$171.85**
- RHCs that submitted wraparound data for dates of service in CY2015: **43 clinics**
  - **\$11.08 million**
  - Submit for your wraparound payments!



Tools for Determining Coverage

# **WHAT SERVICES ARE COVERED BY OHP FOR RHCs**

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# RHC Service Coverage

- RHCs may bill Medicaid for all Medicaid-covered services as an “encounter” at the PPS encounter rate, **except**:
  - Case management services for coordinating care for a client
  - Sign language and oral interpreter services
  - Supportive rehabilitation services including, but not limited to, environmental intervention, supported employment, or skills training and activity therapy to promote community integration and job readiness
  - Durable medical equipment, prosthetics, orthotics or medical supplies (DMEPOS) (e.g. diabetic supplies) not generally provided during the course of a clinic visit
  - Prescription pharmaceutical and/or biologicals **not generally provided during the clinic visit** must be billed to the Division through the pharmacy program
  - Targeted case management (TCM) services
  - Laboratory and radiology services are not a stand-alone encounter
  - Contraceptive supplies and medications provided during the office visit
  - Venipuncture for lab tests
- OAR 410-147-0120 (Division Encounter and Recognized Practitioners)
  - Click [here](#) for RHC Rules\*

# Service Coverage continued...

- Using the [Prioritized List of Health Services](#) to determine Medicaid-covered services
  - The Health Evidence Review Commission reviews medical evidence in order to prioritize health spending in the Oregon Health Plan and promote evidence-based practice

## Searchable Prioritized List, Guideline Notes, Multisector Interventions and Services Recommended for Non-Coverage

The Commission provides this searchable version of the Prioritized List of Health Services for the convenience of stakeholders. Guideline notes, statements of intent, multisector interventions and services recommended for non-coverage are also searchable by keyword. The content below is from the 1/1/2017 [Prioritized List](#) as well as meeting materials and minutes.

[See additional information below.](#) ↓

### Prioritized Lists

[Searchable List](#)

[Pending List](#)

[Archived Lists](#)

[Prioritization Overview](#)

[Prioritization Methodology](#)

Show  entries

Search:

Item Document	Description	Related Items	Reports	Rule
Line 1:	PREGNANCY	Guideline notes 2, 4, 22, 33, 39, 85, 92, 99, 147, 150, 153		+
Line 2:	BIRTH OF INFANT	Guideline note 153		+
Line 3:	PREVENTION SERVICES WITH EVIDENCE OF EFFECTIVENESS (See Coding Specification)	Guideline notes 17, 106, 122, 140		+
Line 4:	SUBSTANCE USE DISORDER			+
Line 5:	TOBACCO DEPENDENCE	Guideline notes 4, 92		+
Line 6:	REPRODUCTIVE SERVICES	Guideline notes 68, 162		+

# Service Coverage continued...

## *PRIORITIZED LIST OF HEALTH SERVICES OCTOBER 1, 2017*

**Line: 1**

Condition: PREGNANCY (See Guideline Notes 2,4,22,33,39,64,65,85,92,99,147,150,153)

Treatment: MATERNITY CARE

ICD-10: N88.3,O02.81-O02.89,O09.00-O09.A3,O09.211-O09.93,O10.011-O10.93,O11.1-O11.9,O12.00-O12.25,O13.1-O13.9,O14.00-O14.95,O15.00-O15.9,O16.1-O16.9,O20.0-O20.9,O21.0-O21.9,O22.00-O22.53,O22.8X1-O22.93,O23.00-O23.43,O23.511-O23.93,O24.011-O24.019,O24.02-O24.03,O24.111-O24.93,O25.10-O25.3,O26.00-O26.53,O26.611-O26.93,O29.011-O29.93,O30.001-O30.93,O31.00X0-O31.8X99,O32.0XX0-O32.9XX9,O33.0-O33.2,O33.3XX0-O33.9,O34.00-O34.13,O34.211-O34.93,O35.0XX0-O35.9XX9,O36.0110-O36.93X9,O40.1XX0-O40.9XX9,O41.00X0-O41.93X9,O42.00,O42.011-O42.92,O43.011-O43.93,O44.00-O44.53,O45.001-O45.93,O46.001-O46.93,O47.00-O47.9,O48.0-O48.1,O60.00-O60.03,O60.10X0-O60.23X9,O61.0-O61.9,O62.0-O62.9,O63.0-O63.9,O64.0XX0-O64.9XX9,O65.0-O65.9,O66.0-O66.3,O66.40-O66.9,O67.0-O67.9,O68,O69.0XX0-O69.9XX9,O70.0-O70.1,O70.20-O70.9,O71.00-O71.9,O72.0-O72.3,O73.0-O73.1,O74.0-O74.9,O75.0-O75.5,O75.81-O75.9,O76,O77.0-O77.9,O80-O85,O86.11-O86.89,O87.0-O87.9,O88.011-O88.83,O89.01-O89.9,O90.1-O90.6,O90.81-O90.9,O91.011-O91.03,O91.211-O91.23,O92.011-O92.79,O98.011-O98.93,O99.011-O99.89,O9A.111-O9A.53,Q92.61,Q95.0-Q95.1,Z03.71-Z03.79,Z22.330,Z29.13,Z31.82,Z32.00-Z32.02,Z34.00-Z34.93,Z36.0-Z36.5,Z36.81-Z36.9,Z3A.00-Z3A.49,Z39.0-Z39.2,Z86.32,Z87.51-Z87.59

CPT: 01958-01963,01967-01969,12021,12041,12042,13131-13133,37191-37193,57022,59000-59100,59160-59622,59866,59871,74712,74713,76801-76828,76945,76946,80081,81420,81507-81512,84163,84704,88235,88267,88269,96150-96155,97802-97814,98960-98969,99051,99060,99070,99078,99184,99201-99239,99281-99285,99291-99449,99468-99480,99487-99498,99605-99607

HCPCS: G0108,G0109,G0270,G0271,G0396,G0397,G0406-G0408,G0425-G0427,G0463-G0467,G0490,G0508,G0509,H0045,S2401-S2403,S2405,S2411,S8055,S9140,S9141,S9208-S9214

**Line: 2**

Condition: BIRTH OF INFANT (See Guideline Notes 64,65,153)

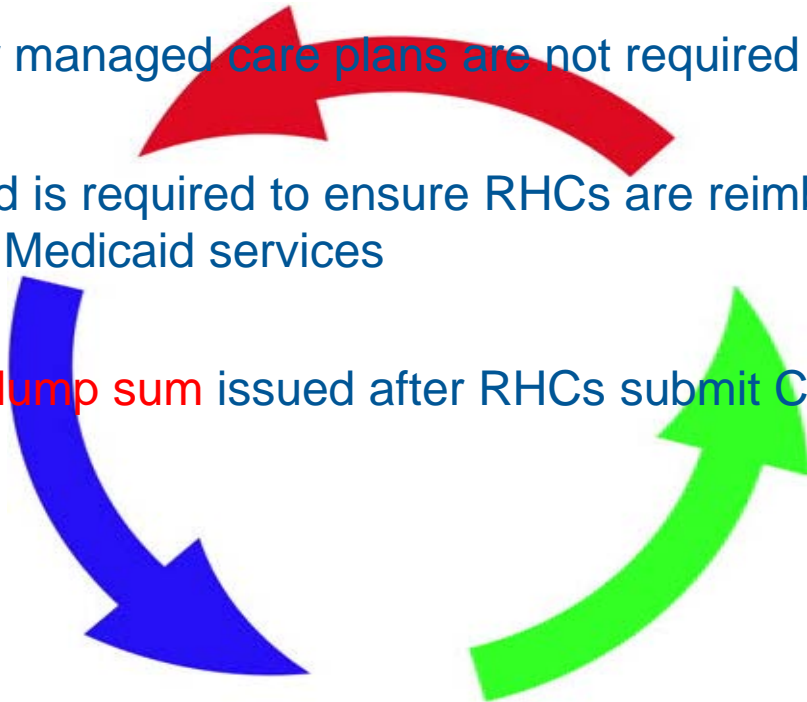
Treatment: NEWBORN CARE




# SUPPLEMENTAL WRAPAROUND PAYMENTS

# What's a wraparound payment?

- Payment that ensures OHA reimburses RHCs at the PPS rate for services delivered to members enrolled with your contracted CCO
  - CCOs and other managed care plans are not required to pay the PPS rate
  - Oregon Medicaid is required to ensure RHCs are reimbursed at the PPS rate for covered Medicaid services
  - A supplemental lump sum issued after RHCs submit CCO/managed care encounter data



# How to submit for wraparound

- Organize your records/electronic health IT system to produce quarterly or monthly reports of RHC encounters provided for CCO members
- Complete the Provider Wraparound Data Template cover page, and insert the encounter data on the “Raw Data” tab   
Microsoft Excel Worksheet
- Email the completed template **through a secure email** to OHA’s Fiscal Analyst, Eric Larson ([Eric.LARSON@dhsoha.state.or.us](mailto:Eric.LARSON@dhsoha.state.or.us))
- Eric will issue the wraparound payment, and report any encounters he was not able to match against what the CCO submitted to OHA as a paid claim



# Wraparound Template – Cover Page

Clinic Managed Care Quarterly Settlement Data Submission			
<b>Data Source</b>			
<b>Settlement Period:</b>	Period Begin Date		
	Period End Date		
	Date Submitted		
<b>Clinic:</b>	Provider ID		0
	Name		
	Phone Number		
	Fax Number		
<b>Primary Contact :</b>	E-mail Address		
	Back-up Name		
	Back-up Phone		
	Back-up Fax		
<b>Back-up Contact</b>	Back-up E-mail		
<b>Data Summary</b>			
<b>Costs Incurred During the Settlement Period</b>	Expected Number of Encounters (from Encounters worksheet)		0
	PPS Rate		-
	PPS Rate (# Encounters * Rate)		0.00
<b>Amounts Received During the Settlement Period</b>	Received Capitation Amounts		0.00
	Risk Withhold Payments		0.00
	Received from Copayments		0.00
	Received From CCOs (Global payments)		0.00
	Received on Claims From CCOs		0.00
	Received on Claims From Medicare		0.00
	Received on Claims From TPRs		0.00
	Received HSD/OHA Interim Payments (only for quarterly settlement)		0.00
	<b>Receipt Total</b>		<b>\$0.00</b>
<b>Net</b>	<b>Costs Less Amounts Received</b>		<b>\$0.00</b>

# Wraparound Template – Cover Page

Clinic Managed Care Quarterly Settlement Data Submission			
<b>Data Source</b>			
<b>Settlement Period:</b>	Period Begin Date		4/1/2017
	Period End Date		6/30/2017
	Date Submitted		10/18/2017
<b>Clinic:</b>	Provider ID		500500911
	Name		Jamal Furqan
<b>Primary Contact :</b>	Phone Number		(503)945-6683
	Fax Number		(503)947-1119
	E-mail Address		<a href="mailto:Jamal.Furqan@MedClinic.org">Jamal.Furqan@MedClinic.org</a>
	Back-up Name		John Smith
<b>Back-up Contact</b>	Back-up Phone		(503)999-9999
	Back-up Fax		(503)947-1119
	Back-up E-mail		<a href="mailto:John.Smith@MedClinic.org">John.Smith@MedClinic.org</a>
	<b>Data Summary</b>		
<b>Costs Incurred During the Settlement Period</b>	Expected Number of Encounters (from Encounters worksheet)		500
	PPS Rate		\$ 200.00
	PPS Rate (# Encounters * Rate)		\$ 100,000.00
<b>Amounts Received During the Settlement Period</b>	Received Capitation Amounts		\$ 15,000.00
	Risk Withhold Payments		\$ 5,000.00
	Received from Copayments		\$ -
	Received From CCOs (Global payments)		\$ 5,000.00
	Received on Claims From CCOs		\$ 20,000.00
	Received on Claims From Medicare		\$ 2,500.00
	Received on Claims From TPRs		\$ -
	Received HSD/OHA Interim Payments (only for quarterly settlement)		\$ -
	<b>Receipt Total</b>		<b>\$ 47,500.00</b>
<b>Net</b>	<b>Costs Less Amounts Received</b>		<b>\$ 52,500.00</b>

# Wraparound Template – Data Page

	A	B	C	D	E	F	G	I	J	K	L
1	Wraparound Encounter Data										
2	Clinic Site Location Name	Clinic Medicaid ID Number	OHP Member's Last Name	OHP Member's First Name	OHP Member's Medicaid (Prime) ID	Date Of Service	Procedure Code	Diagnosis Code	Detail Amount Billed	Paid Amount Received on Claim From CCO/MCO	If Zero, List Explanation
3	Indicate the specific clinical site location that the clinic service was provided at. If outside the four walls of the clinic, indicate "Home Visit" or "Community"	Insert the clinic Medicaid ID Number which is a 6 or 9 digit ID code for Medicaid.	Use the name as spelled on the member's Medicaid record	Use the name as spelled on the member's Medicaid record	Insert the member's Medicaid ID number which is a mix of 8 letters and numbers. The Medicaid ID number is also referred to as a Prime ID, Client ID, or Recipient ID	Insert the date that the encounter was provided in MM/DD/YYYY format.	Insert the procedure code that was billed to the CCO/MCO. Include rows for all procedures provided.	ICD-10-CM diagnosis code must be at the highest specificity. Remove decimal points.	Insert the amount billed for the specific procedure code.	Insert the amount paid by the MCO/CCO for the specific procedure code.  <b>Note:</b> capitation, risk withholds payments, and case rate payments must be	If zero paid by MCO/CCO, please indicate why.  <u>Examples:</u> PMPM = Service covered by capitation payment NC = Not covered by CCO/MCO Max = Medicare/TPR
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# Wraparound Template – Data Page

Wraparound Encounter Data											
Clinic Site Location Name	Clinic Medicaid ID Number	OHP Member's Last Name	OHP Member's First Name	OHP Member's Medicaid (Prime) ID	Date Of Service	Procedure Code	Diagnosis Code	Detail Amount Billed	Paid Amount Received on Claim From CCO/MCO	If Zero, List Explanation	
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4	Med Clinic A	500500911	SAMPLE-ONE	ALEX	XX111XX1	4/1/2017	99201	K645	\$110.00	\$0.00	PMPM
5	Med Clinic A	500500911	SAMPLE-TWO	ALLEN	XX111XX2	4/2/2017	99211	D696	\$110.00	\$0.00	PMPM
6	Community-based	500500911	SAMPLE-THREE	ANDREA	XX111XX3	4/30/2017	H0038	F42	\$75.00	\$50.00	
7	Med Clinic A	500500911	SAMPLE-FOUR	ARNOLD	XX111XX4	4/4/2017	90853	F135	\$143.00	\$100.00	
8	Home Visit	500500911	SAMPLE-FIVE	AHMAD	XX111XX5	5/5/2017	99352	B999	\$232.00	\$80.00	
9	Home Visit	500500911	SAMPLE-SIX	AARON	XX111XX6	4/6/2017	99341	G4733	\$232.00	\$80.00	
10	Med Clinic A	500500911	SAMPLE-SEVEN	ANNA	XX111XX7	6/7/2017	99203	S93401A	\$110.00	\$0.00	PMPM
11	Med Clinic A	500500911	SAMPLE-EIGHT	ANGELINA	XX111XX8	4/8/2017	99203	M222X1	\$110.00	\$0.00	PMPM
12	Telemedicine	500500911	SAMPLE-NINE	ANNALISE	XX111XX9	4/19/2017	H0004	F163	\$110.00	\$0.00	PMPM
13											
14											

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# Reporting Payments from Payers

- Medicaid is the payer of last resort; therefore RHCs must report payments received from all other payers for delivering covered Medicaid services on the wraparound submission
- Types of payments to report:
  - **Claims (Fee-for-service)** - RHC is paid for each service performed
  - **Capitation\*** - A fixed, pre-arranged monthly payment received by the RHC per patient enrolled in a health plan with a capitated contract
  - **Risk Withhold\*** - A percentage of the clinic's capitation or fee-for-service payments are withheld for a defined period, and placed at risk depending on the clinic's ability to achieve quality, access, cost, or other targets. This payment is reported when it is released from withhold and received by the clinic
  - **Case Rate Payment\*** - a pre-determined amount paid to an RHC to cover the average costs of all services needed to achieve a successful outcome for a pre-defined episode of care

\*Report these payments in the quarter/month in which they were received



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# Reporting Payments continued...

- Types of payments NOT to report:
  - **Quality Incentives/Bonus Payments** - RHC is paid by another payer for achieving quality, access, cost, or other targets
  - **Payments for Non-OHP Patients** – Payments received for patients who were not OHP eligible on the date of service
  - **Hospital Risk Withhold Payments** – Payments received by provider-based RHCs from the hospital that were not originally withheld from the RHC; this is considered a bonus payment

Rate Changes

# CHANGE IN THE SCOPE OF SERVICES

# Change-in-Scope (CiS) Process

- RHCs may request a rate change when it has added, dropped, or expanded services
- Change must affect the type, intensity, duration, and/or amount of services provided at the RHC
- Change must result in 5% or greater change to the PPS rate
- OAR 410-147-0362 (Change in Scope of Services)
  - Click [here](#) for RHC rules



# CiS Process continued...

- Complete the CiS Cost Statement Template and submit to the FQHC/RHC Program Manager
- Write a detailed narrative describing the changes to the RHC care model and how they impact the type, intensity, duration, and/or amount of services delivered
- Rate changes are effective 1<sup>st</sup> of following calendar quarter
- OAR 410-147-0362 (Change in Scope of Services)
  - Click [here](#) for RHC rules



Microsoft Excel  
Worksheet



# RESOURCES AND OTHER CONSIDERATIONS

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# FYI

- Independent “free-standing” rural health clinics may bill for labor and newborn deliveries at the fee schedule rate rather than PPS rate
- Visit OHA’s FQHC/RHC web page [here](#)
- The Provider Services Unit can be reached at 1(800)336-6016
- Fee-for-service billing instructions (for non-CCO members) can be found [here](#).
- Contact the Electronic Data Interchange Unit at [DHS.EDISupport@dhsoha.state.or.us](mailto:DHS.EDISupport@dhsoha.state.or.us) for assistance with electronic batch submission of fee-for-service claims
  - [EDI Webpage](#)

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# Questions?

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