

Tribal FQHC: Round Table #2

March 1, 2019

Drafted State Plan Amendment

Tribal facilities operating in accordance with section 1905(l)(2)(B) of the Social Security Act and the Indian Self-Determination and Education Assistance Act (Public Law 93-638) and that enroll in Washington Medicaid as a Tribal Federally Qualified Health Center (Tribal FQHC) have agreed through tribal consultation to be paid using an alternative payment methodology (APM) that is the published outpatient all-inclusive rate. Reimbursement will be allowed for the same outpatient services and the same number of encounters per day as included within this State Plan that Tribal 638 facilities provide.

Tribal 638 Clinics

Tribal facilities operating in accordance with section 1905(l)(2)(B) of the Social Security Act and the Indian Self-Determination and Education Assistance Act (Public Law 93-638)

- ▶ This will apply to Tribal 638 clinics.
- ▶ IHS facilities are not eligible.

Enrollment

enroll in Washington Medicaid as a Tribal Federally Qualified Health Center

- ▶ Tribes will just need to let HCA know they would like to be treated as a Tribal FQHC.
- ▶ There will be a designation within ProviderOne that will be applied.

Alternative Payment Methodology

to be paid using an alternative payment methodology (APM) that is the published outpatient all-inclusive rate

- ▶ FQHCs are paid a single rate per encounter, much like Tribal facilities.
- ▶ Typically that rate is set through a Prospective Payment System (PPS) methodology that sets the rate based on costs.
- ▶ This SPA uses an APM that sets the FQHC encounter rate equal to the IHS outpatient all-inclusive rate (for 2019, that rate is \$455/encounter).

Services and Encounters

Reimbursement will be allowed for the same outpatient services and the same number of encounters per day as included within this State Plan that Tribal 638 facilities provide.

- ▶ FQHCs are governed by different federal rules around what services and the number of encounters they can provide.
- ▶ The intent of this SPA is to conscientiously not change the Tribal 638 rules to general FQHC rules.

Nomenclature

▶ Tribal FQHC vs. 638 FQHC?

Examples of Current Questions

- ▶ We have a running list of over 25 questions
- ▶ Some of the questions will go away if the SPA is accepted as written, so we are in something of a waiting pattern to see what happens
- ▶ Questions:
 - ▶ Could multiple Tribal FQHCs enter an agreement as a consortium with the outside service?
 - ▶ Does the affiliated specialist and/or service (taxonomy) need to be on the annual funding agreement?
 - ▶ Can a TFQHC enter into an affiliate agreement and bill P1 even if the service (taxonomy) of the affiliate is not a service (taxonomy) that the TFQHC is enrolled with in P1?

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Thank you!