

# PUBLIC NOTICE

June 30, 2021

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given for the submission of a Medicaid State Plan Amendment (SPA) 21-0016 Federally Qualified Health Clinic (FQHC). The Division of Medicaid, in the Office of the Governor, will submit this proposed SPA to the Centers for Medicare and Medicaid Services (CMS) effective July 1, 2021, contingent upon approval from CMS, our Transmittal #21-0016.

1. State Plan Amendment (SPA) 21-0016 is being submitted to allow the Division of Medicaid (DOM) to: 1) Clarify the different types of encounters and when reimbursement is made for more than one encounter performed on the same day, 2) Add the requirements for FQHC mobile units, 3) add reimbursement for an encounter for face-to-face telehealth services provided by the FQHC acting as a distant site provider, and 4) add reimbursement for a FQHC for both the distant and originating provider site when such services are appropriately provided by the FQHC to be in compliance with Miss. Code Ann. as amended by Senate Bill 2799, effective July 1, 2021.
2. There is no estimated economic impact for this SPA.
3. The Division of Medicaid is submitting this proposed SPA to be in compliance with 42 C.F.R. § 447.201 which requires all policy and methods used in setting payment rates for services be included in the State Plan.
4. A copy of the proposed SPA will be available in each county health department office and in the Department of Human Services office in Issaquena County for review. A hard copy can be downloaded and printed from [www.medicaid.ms.gov](http://www.medicaid.ms.gov), or requested at 601-359-2081 or by emailing at [Margaret.Wilson@medicaid.ms.gov](mailto:Margaret.Wilson@medicaid.ms.gov).
5. Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or [Margaret.Wilson@medicaid.ms.gov](mailto:Margaret.Wilson@medicaid.ms.gov) for thirty (30) days from the date of publication of this notice. Comments will be available for public review at the above address and on the Division of Medicaid's website at [www.medicaid.ms.gov](http://www.medicaid.ms.gov).
6. A public hearing on this SPA will not be held.

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5. The physician, in conjunction with the physician assistant and/or nurse practitioner, must participate in developing, executing, and periodically reviewing the clinic's written policies and the services provided to Medicaid beneficiaries, and must periodically review the center's patient's records, provide medical orders, and provide medical care services to the patients of the center.
6. A physician must be present for sufficient periods of time, at least once in every two week period (except in extraordinary circumstances), to provide the medical direction, medical care services, consultation and supervision and must be available through direct telecommunication for consultation, assistance with medical emergencies, or patient referral. The extraordinary circumstances are to be documented in the records of the center.
7. The FQHC program requires state licensure for physicians and nurses, as well as compliance with state law for all clinical staff credentialing.
8. The FQHC program has no requirements for hospital admitting privileges, but a practice must demonstrate that hospital services are available to patients.

#### B. Direct Services

Medicaid will reimburse those diagnostic and therapeutic services and supplies that are commonly furnished in a physician's office or at the entry point into the health care system. These include medical history, physical examination, assessment of health status, and treatment for a variety of medical conditions.

#### C. Encounter

1. An encounter is also referred to as a visit. An encounter at a FQHC is a face-to-face visit between a beneficiary and any health professional whose services are reimbursed as one (1) of the following under the State Plan.
  - a. A medical encounter is a face-to-face visit between a beneficiary and a physician, physician assistant, nurse practitioner, or nurse midwife for the provision of medical services.
  - b. A mental health encounter is a face-to-face visit between a beneficiary and a physician, psychiatrist, psychiatric mental health nurse practitioner, nurse practitioner, physician assistant, clinical psychologist, licensed clinical social worker (LCSW), licensed professional counselor (LPC), licensed marriage and family therapist (LMFT), or board certified behavior analyst for the provision of mental health services.
  - c. A dental encounter is a face-to-face visit between a beneficiary and a dentist for the provision of dental services.
  - d. A vision encounter is a face-to-face visit between a beneficiary and an ophthalmologist, optometrist, physician, nurse practitioner or physician assistant for the provision of vision services.
2. Encounters with more than one health professional for the same type of service or more than one encounter with the same health professional, which take place on the same day and at a single location constitute a single encounter, except when one of the following circumstances occur:

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- a. After the first encounter, the beneficiary suffers illness or injury requiring additional diagnosis or treatment.
  - b. The beneficiary has a combination medical encounter, mental health encounter, dental encounter, and/or vision encounter that are each a separate identifiable service.
  - c. The beneficiary has an initial preventative physical exam encounter and a separate medical, mental health, dental or vision encounter on the same day.
3. Home Encounters
- A home encounter is covered as a face-to-face visit when performed within a rural area in the county or an adjacent county where the FQHC is located.
4. FQHC Mobile Unit Encounters are covered when the mobile unit meets the following criteria:
- a. Must be surveyed by the Mississippi Department of Health (MSDH) and receive an approval letter from the Centers for Medicare and Medicaid Services (CMS) prior to providing services.
  - b. Must meet all federal and state requirements for FQHC mobile units.
  - c. Must have a fixed set of locations where the mobile unit is scheduled to provide services at specified dates and times.
    - 1) Locations for FQHC mobile unit services must meet the rural and shortage area requirements at the time of survey.
    - 2) The schedule of times and locations must be posted on the mobile unit and publicized by other means so that beneficiaries will know the mobile unit's schedule in advance.
  - d. Must operate:
    - 1) Within rural areas in the county or an adjacent county where the affiliated FQHC has a permanent structure.
    - 2) If the FQHC has no permanent structure, within rural areas in the county or an adjacent county of the initial CMS approved locations.
    - 3) Mobile units must have a separate Mississippi Medicaid provider number from the affiliated FQHC.

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**E. Non-Covered Services**

1. FQHC services are not covered when performed in a:
  - a. Hospital (inpatient or outpatient).
  - b. Nursing Facility.
2. A physician employed by an FQHC and rendering services to clinic patients in a hospital must bill under the physician's individual provider number.
3. A school setting for the purpose of providing EPSDT well-child screenings.
4. Group therapy.

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5. The physician, in conjunction with the physician assistant and/or nurse practitioner, must participate in developing, executing, and periodically reviewing the clinic's written policies and the services provided to Medicaid beneficiaries, and must periodically review the center's patient's records, provide medical orders, and provide medical care services to the patients of the center.
6. A physician must be present for sufficient periods of time, at least once in every two week period (except in extraordinary circumstances), to provide the medical direction, medical care services, consultation and supervision and must be available through direct telecommunication for consultation, assistance with medical emergencies, or patient referral. The extraordinary circumstances are to be documented in the records of the center.
7. The FQHC program requires state licensure for physicians and nurses, as well as compliance with state law for all clinical staff credentialing.
8. The FQHC program has no requirements for hospital admitting privileges, but a practice must demonstrate that hospital services are available to patients.

#### B. Direct Services

Medicaid will reimburse those diagnostic and therapeutic services and supplies that are commonly furnished in a physician's office or at the entry point into the health care system. These include medical history, physical examination, assessment of health status, and treatment for a variety of medical conditions.

#### C. ~~Visits~~ ~~1-~~ Encounter

1. An encounter is also referred to as a visit. An encounter at a FQHC ~~can be~~ is a face-to-face visit between a beneficiary and any health professional whose services are reimbursed as one (1) of the following under the State Plan: ~~medical visit or an "other health" visit.~~
  - a. A ~~medical visit-encounter~~ is a face-to-face ~~encounter-visit~~ between a ~~clinic patient beneficiary~~ and a physician, physician assistant, nurse practitioner, or nurse midwife for the provision of medical services.
  - b. An ~~"other health" visit~~ ~~mental health encounter~~ is a face-to-face ~~encounter-visit~~ between a ~~clinic patient beneficiary~~ and a physician, psychiatrist, psychiatric mental health nurse practitioner, nurse practitioner, physician assistant, clinical psychologist, licensed clinical social worker (LCSW), licensed professional counselor (LPC), licensed marriage and family therapist (LMFT), or board certified

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- behavior analyst for the provision of mental health services. ~~or other health professional for mental health services.~~
- c. A dental encounter is a face-to-face visit between a beneficiary and a dentist for the provision of dental services.
- d. A vision encounter is a face-to-face visit between a beneficiary and an ophthalmologist, optometrist, physician, nurse practitioner or physician assistant for the provision of vision services.
2. Encounters with more than one health professional for the same type of service and or multiple encounters more than one encounter with the same health professional, which take place on the same day and at a single location constitute a single visit encounter, except when one of the following circumstances occur:

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- a. After the first encounter, the patient/beneficiary suffers illness or injury requiring additional diagnosis or treatment.
- b. The patient/beneficiary has a combination medical visit/encounter, mental health encounter, dental encounter, and/or vision encounter that are each a separate identifiable service, and a visit with a mental health professional, a dentist, or an optometrist. In these instances, the clinic is paid for more than one encounter on the same day.
- c. The beneficiary has an initial preventative physical exam encounter and a separate medical, mental health, dental or vision encounter on the same day.

23. Hospital and Nursing Home Visits Encounters

~~FQHC services are not covered when performed in a hospital (inpatient or outpatient). A physician employed by a FQHC and rendering services to clinic patients in a hospital must file under his own individual provider number. nursing home visits will be reimbursed at the FQHC PPS rate. A home encounter is covered as a face-to-face visit when performed within a rural area in the county or an adjacent county where the FQHC is located.~~

~~The Division of Medicaid covers all medically necessary services for EPSDT eligible beneficiaries ages birth to twenty one (21) in accordance with 1905 (a) of the Act, without regard to service limitations and with prior authorization.~~

4. FQHC Mobile Unit Encounters are covered when the mobile unit meets the following criteria:

- a. Must be surveyed by the Mississippi Department of Health (MSDH) and receive an approval letter from the Centers for Medicare and Medicaid Services (CMS) prior to providing services.
- b. Must meet all federal and state requirements for FQHC mobile units.
- c. Must have a fixed set of locations where the mobile unit is scheduled to provide services at specified dates and times.
  - 1) Locations for FQHC mobile unit services must meet the rural and shortage area requirements at the time of survey.
  - 2) The schedule of times and locations must be posted on the mobile unit and publicized by other means so that beneficiaries will know the mobile unit's schedule in advance.
- d. Must operate:
  - 1) Within rural areas in the county or an adjacent county where the affiliated FQHC has a permanent structure.
  - 2) If the FQHC has no permanent structure, within rural areas in the county or an adjacent county of the initial CMS approved locations.
  - 3) Mobile units must have a separate Mississippi Medicaid provider number from the affiliated FQHC.

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**E. Non-Covered Services**

1. FQHC services are not covered when performed in a:
  - a. Hospital (inpatient or outpatient).
  - b. Nursing Facility.
2. A physician employed by an FQHC and rendering services to clinic patients in a hospital must bill under the physician's individual provider number.
3. A school setting for the purpose of providing EPSDT well-child screenings.
4. Group therapy.