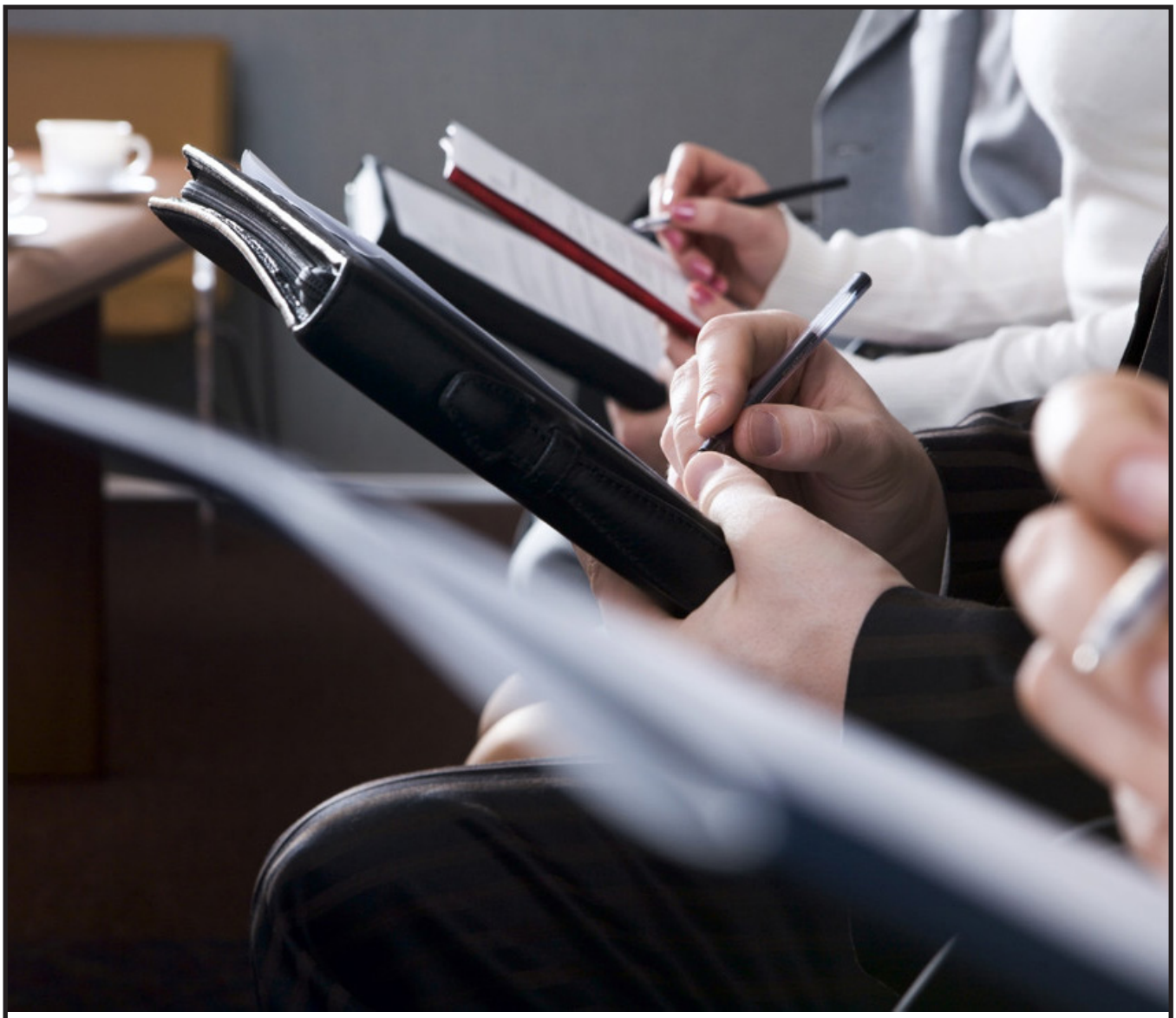

Federally Mandated Provider Enrollment for Federally Qualified Heath Centers (FQHC) Webinar Frequently Asked Questions (FAQs)

v2018_0928

Contents

1) Can affiliated FQHCs be linked together and enrolled or re-enrolled on a single application?

FQHCs cannot be "linked" together. FQHCs are enrolled as Facilities, and each Facility is enrolled as a single Texas Provider Identifier (TPI). If your site has been added to an existing Medicare number, and a new Medicare number has not been given for this site, TMHP will add this additional site to your existing FQHC TPI.

2) When enrolling FQHC sites that are not enrolled with Medicare, what is required?

Medicare enrollment is a prerequisite for Medicaid participation, providers will need to request a Medicare waiver for each new enrollment, or request to opt out of the Medicare enrollment requirement at the time of revalidation. A Medicare waiver request must be submitted on company letterhead.

A waiver request upon enrollment might state: *I am in the process of applying for the FQHC Medicare number and will submit it when received. OR I am requesting a waiver for the Medicare enrollment requirement for this location as we do not and will not service dual eligible clients (or we do not provide Medicare covered services at this site). I understand that I will not be able to be reimbursed for Medicare covered services provided to dual eligible clients and that I may not bill the client for such services.*

A request to opt out of the Medicare requirement upon revalidation might state: *My Medicare number has been deactivated and I am requesting to opt out of the Medicare enrollment requirement. I understand that I will not be able to be reimbursed for Medicare covered services provided to dual eligible clients and that I may not bill the client for such services.*

If you have a Medicare number that currently is not associated to your FQHC TPI, you must update your enrollment information prior to submitting a revalidation application. This update can be completed by submitting a Provider Information Change (PIC) form.

3) Do you need a Medicare number for the FQHC to enroll as an FQHC in Medicaid?

CMS has granted a waiver for the Medicare prerequisite at the time of initial enrollment of FQHC parents and satellites. If an FQHC later receives its Medicare number or simply reports it later, TMHP must attach that Medicare number to the existing FQHC Medicaid number(s).

4) Where can a provider check their revalidation status?

With the appropriate user account access, providers may view their revalidation status online via the Provider Information Management System (PIMS). Alternatively, providers can call the TMHP contact center at 1-800-925-9126 to request revalidation status. Note that PIMS does not provide the initial enrollment date and only provides information related to revalidation.

5) What does the FQS designation mean, how is it different from FQHC, and will the FQS designation have any impact on billing?

FQS is also known as a FQHC Satellite facility. These designations have no impacts on billings or payments.

6) What is the rule for individual providers that practice at multiple FQHC sites? Is a TPI required for each site?

Individual providers practicing at one or more FQHC sites are not required to have a TPI for billing fee-for-service claims. Based on the individual's circumstances, they can choose to have a separate TPI for ordering or referring services or for use in the EHR Incentive Program (meaningful use).

7) What are the specifics of the affiliation agreement with an FQHC?

Affiliation agreement is defined as an agreement that establishes a relationship between an FQHC and a health-care provider (affiliate) under which the affiliate agrees to provide health-care services within the FQHC's scope of services on behalf of the FQHC and to be reimbursed by the FQHC for such services.

Locum tenens providers are not considered affiliates. Physicians may bill for the service of a substitute physician who sees clients in the billing physician's practice under either a reciprocal or locum tenens arrangement. A locum tenens arrangement is one in which a substitute physician assumes the practice of a billing physician for a temporary period no longer than 90 days when the billing physician is absent.

8) Can a copy of the original Corporate Board of Directors resolution be submitted?

A notarized original Corporate Board of Directors resolution must be submitted at the time of enrollment. TMHP recommends that providers submit their enrollment application electronically using the Provider Enrollment Portal (PEP). Submission of the enrollment application through PEP allows the provider to electronically sign the application, and electronically upload any required attachments, including the Corporate Board of Directors resolution.

9) Is there a way to contact the Provider Enrollment Processor by phone once a discrepancy has been issued?

These processors do not have the ability to accept return calls throughout the day. The processor will leave the TMHP Contact Center number if they contact the provider directly.

10) Are there any provider types that are required to enroll separately to provide services in the FQHC setting?

No, separate enrollment for providers providing services in the FQHC setting is not required.

11) Can an FQHC provider that provides general dental services only receive a waiver of the Medicare enrollment requirement?

Yes, the center would need to submit a written request to waive the Medicare enrollment requirement explaining the reasons for the request. See response to question 2.

12) What is the process for enrollment if the FQHC look-alike becomes a FQHC?

CMS generally does not issue a new Medicare number for this transition, so there would be no need for TMHP to issue a new TPI. Providers should notify TMHP of the change in writing including the letter from CMS.

13) Will an additional TPI be required to participate in the Star Kids program?

No, the Medicaid TPI allows providers to contract with the Star Kids program, and does not apply to the Children with Special Health Care Needs (CSHCN) Services Program.

14) Is a separate TPI needed to bill for THSteps Medical or Dental services? Do all TPIs need to be revalidated?

No, FQHC providers are not required to have a separate TPI for billing THSteps Medical or Dental services. Revalidation is required for all enrolled TPIs.

15) What steps are required for a Medicaid enrolled FQHC to assume ownership of another FQHC?

The first step is to notify Medicare if and when a change of ownership occurs. If Medicare considers the scenario a true Change of Ownership, it will issue a new Medicare Number. If a new Medicare Number is issued, then a new application would be needed in order to obtain a new TPI.

16) If an FQHC adds a service, does the FQHC need to notify Medicaid via TMHP of this change for enrollment purposes?

Yes, TMHP needs to be notified of any federal change in scope approval. Any federally approved changes in scope should first be reported to Medicare if they are relevant to Medicare (i.e. not dental services). Once Medicare has processed the change, providers must notify TMHP via the Provider Information Change (PIC) form and include any letter from Medicare acknowledging the change.

17) What is the timeline for enrolling a Satellite location for an existing FQHC parent facility?

TMHP has 5 business days to review completed applications that are submitted electronically or via paper. Providers, in general, should notify TMHP of any changes within 10 business days of the change or addition.

18) Does TMHP require applicants to fill out the Uniform Credentialing Application as part of the application for Medicaid enrollment?

No. TMHP will not accept the Uniform Credentialing Application for enrollment consideration.

19) If there is a TPI on TMHP's list for FQHC TPIs that the FQHC no longer plans to use, will it be allowed to lapse with no negative repercussions? What date will it lapse?

Yes, although we do recommend that providers submit a PIC form requesting formal termination The TPI will remain active until January 31, 2017, when it will be dis-enrolled for failure to revalidate.

20) What is the process for requesting research on a specific enrollment application?

For questions on specific enrollment applications contact the TMHP contact center at 1-800-925-9126. In order to perform provider specific research TMHP will need a TPI, NPI, or application number.

21) Is there a consequence for an actively enrolled and revalidated FQHC that does not submit claims for a period of time? For example, does the TPI number lapse?

If a claim is not submitted within 24 months the TPI will be dis-enrolled due to inactivity.

22) Does the FQHC need separate TPIs for the Family Planning, the Healthy Texas Women (HTW), Chemical Dependency (CD) Treatment Facilities, and/or CSHCN Services programs? And do they need to be re-enrolled?

The FQHC would need a separate TPI for the CSHCN Services Program as well as Chemical Dependency Treatment Facility services. These TPIs are revalidated through the TMHP process at the same time as the Medicaid TPIs. Family Planning and HTW programs are covered within the FQHC TPI.

23) Do FQHCs have to submit social security numbers and other information for their board members?

Yes, however applicants may submit a waiver request, along with an explanation, for any fields such as social security numbers that are not provided within the PIF-2.

24) What should FQHCs do between now and the next re-enrollment notification?

FQHCs should submit any updated enrollment information to TMHP and schedule a periodic check of the TMHP system to ensure their information is up to date.

25) What's required for rendering provider on a professional claim form when billing fee-for-service?

No changes at this time.

26) What's required for rendering provider on a professional claim form when billing Managed Care?

Rendering provider's National Provider Identifier (NPI)/Atypical Provider Identifier (API).

27) What's required for rendering provider on an institutional claim form when billing fee-for-service?

No changes at this time.

28) What's required for rendering provider on an institutional claim form when billing Managed Care?

No changes at this time.