

# FQHC Coverage and Billing Updates

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# Today's Presenters

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# Objectives

- Provide review of FQHC coverage guidelines, billing regulations, reimbursement

# Agenda

- FQHC Program Basics
  - Non-FQHC Services
- FQHC Billing and Reimbursement
  - GFT Reimbursement
- Coverage and Billing for COVID-19 PHE
- Wrap-Up
  - References and Resources
  - Questions and Answers

# FQHC Program Basics

# FQHC Encounters

- Encounter defined
  - Medically-necessary, face-to-face (one-on-one) interaction between patient and physician or NPP during which FQHC covered service is performed
  - Sometimes referred to as “visit”



# FQHC Encounters

- FQHCs are reimbursed for professional services of each covered encounter
  - Encounters with more than one health professional on same day for same condition = one encounter
  - More than one encounter to same health professional on same day = one encounter

# FQHC Core Practitioners

- Physician
- Nonphysician practitioner
  - PA
  - NP
  - CNM
  - CP
  - CSW (mental illnesses only)

# FQHC Core Practitioners

- Physician
  - Covered: professional services furnished to FQHC patient
    - Includes diagnosis, therapy, surgery, consultation
  - Covered: services, supplies incident to physician's services
    - Commonly furnished in doctor's office/clinic
    - Drugs and biologicals not usually self-administered
    - Bandages, gauze, oxygen, etc.
    - Auxiliary personnel under supervision of physician

# FQHC Core Practitioners

- NP, PA, CNM
  - Covered: professional services furnished to FQHC patient
    - That would be covered if furnished by physician
    - Under general medical supervision of physician (or direct supervision, if state law requires)
    - Includes diagnosis, therapy, consultation
  - Covered: services, supplies incident to NP, PA, CNM services
    - Commonly furnished in physician's office
    - Furnished under direct supervision of NP, PA, CNM

# FQHC Core Practitioners

- CP and CSW
  - Covered: professional services furnished to FQHC patient
    - That would be covered if furnished by physician
    - Includes diagnosis, therapy, consultation
  - Covered: services, supplies incident to CP, CSW services
    - Mental health services commonly performed in CP office
    - Furnished under direct supervision of CP, CSW

# Visiting Nurse

- Visiting nurse
  - Covered: skilled nursing services
    - All following criteria must be met
      - Patient is homebound
      - FQHC located in area with shortage of HHAs
      - Services provided under plan of treatment
        - » Written and reviewed by physician, NP, PA, CNM, CP or CSW
      - Furnished on intermittent basis
  - Does NOT include drugs and biologicals

# Did You Know

- Services, supplies, and drugs that are incident to covered FQHC services are covered if they are
  - Furnished as incidental, but integral part of physician/NPP professional services
  - A type commonly rendered either without charge or included in FQHC bill
    - Drugs that must be billed to DME MAC or Part D are NOT included

# Preventive Services

- All services covered under the Medicare Preventive Services program are covered for FQHC beneficiaries
  - Exception: HIV Screening



# Dental, Podiatry, Optometry, Chiropractic Services

- FQHC can bill for encounter furnished by dentist, podiatrist, optometrist, chiropractor if service furnished is on qualifying visit HCPCS list
  - Service must be within scope of practice
  - HCPCS codes must reflect actual services provided

# Noncovered FQHC Services

- Medicare exclusions
- Group information/education/medical activities
- Services covered under Part B that are not FQHC services
  - FQHC may provide and bill Part B MAC
    - EKG/EEG/ECG services (technical component)
    - Laboratory Services
    - DME
    - Ambulance services

# Noncovered FQHC Services

- Prosthetic devices that replace all or part of an internal body organ and supplies directly related to care and replacement of such devices
- Body braces
- Technical components of diagnostic tests
- Technical component of following preventive services
  - Screening Pap smears and screening pelvic exams
  - Prostate cancer screening
  - Colorectal cancer screening tests
  - Screening mammography
  - Bone mass measurements
  - Glaucoma screening

# FQHC PPS and GFT Billing and Reimbursement

# FQHC Bill Types

- TOB = 77X
  - 770 = nonpayment/zero claim (all charges are noncovered)
  - 771 = admit through discharge
  - 777 = claim adjustment
  - 778 = claim cancel

# FQHC Claims That Span Calendar Year

- DOS cannot overlap calendar years; statement dates must always be in the same calendar year
  - Billing periods that overlap the calendar year should be split
    - Reference: CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 9, Section 100A

# FQHC Encounter Revenue Codes

Revenue code	Description
0521	Clinic encounter
0522	Home encounter
0524	Encounter for beneficiary in covered Part A SNF stay
0525	Encounter for beneficiary in noncovered Part A SNF stay (or other residential facility)
0527	Visiting nurse service at beneficiary's home when in HH shortage area
0528	Encounter at other non-FQHC site (scene of accident)
0780	Telehealth originating site facility fee
0900	Psychological services provided by CP, CSW

# FQHC Payment Codes

- Identify each billable encounter on FQHC claim
- Generate reimbursement based on average of rates charged for typical bundle of services
  - As determined by facility
- Also known as G codes



# FQHC Payment Codes

- G0466 – medical encounter, new patient
- G0467 – medical encounter, established patient
- G0468 – IPPE or AWW
- G0469 – mental health encounter, new patient
- G0470 – mental health encounter, established patient

# Did You Know

- New patient: defined
  - Beneficiary who has not received any professional medical or mental health services from any site or from any practitioner within FQHC organization within three years prior to DOS
  - Beneficiary who changes FQHC facilities
  - Beneficiary who transfers to new FQHC facility with practitioner

# Reporting FQHC Payment Codes

- Report with billable encounter revenue code
  - 052X (medical encounter)
  - 0900 (mental health encounter)
  - 0519 (supplemental MAO payment)
- Report in HCPCS CODE field
- Report one (1) unit of service
- Report FQHC's Payment Code charge
  - As described on next slide

# Determine Payment Code Charges

- Set your charge for each payment code
  - Identify typical bundle of services furnished during encounter
  - Determine what normal charges are for those services
  - Average sum of normal charges = facility charge for payment code
  - Reported in TOTAL CHARGE field of payment code line
- Payment code charges can be updated as charges for services change
  - Charges must be uniform for all patients

# Qualifying Visit HCPCS Codes

- Each payment code (encounter) line must have a corresponding service line with a HCPCS code that describes the qualifying visit
  - Qualifying visit HCPCS codes are found on CMS' [FQHC Center website](#)
    - [Grandfathered Tribal FQHCs website](#)

# Reporting Qualifying Visit HCPCS Codes

- Report with same billable encounter revenue code used on payment code line
- Report in HCPCS CODE field
- Report one (1) unit of service
- Report actual charge for qualifying service

# Reporting Additional Covered Services

- Per MLN Matters article SE1039, all valid UB-04 revenue codes may be used to report additional services needed for data collection and analysis purposes EXCEPT
  - 002x–024x
  - 029x
  - 045x
  - 054x
  - 056x
  - 060x
  - 065x
  - 067x–072x
  - 080x–088x
  - 093x
  - 096x–310x

# Setting Up the Claim

- Avoid RTPs W7088 and W7090
- Line 1 represents billable encounter
  - Report billable encounter revenue code
    - 052X (medical encounter)
    - 0900 (MH encounter)
  - Report payment code in HCPCS field
  - Report one (1) unit
  - Report payment code charge determined by your facility in Total Charges field



# Setting Up the Claim

- Avoid RTP W7089
- Line 2 represents qualifying visit
  - Report same billable encounter revenue code
  - Report qualifying visit HCPCS code in HCPCS field
  - Report one (1) unit
  - Report actual charges in Total Charges field

# Setting Up the Claim

- Avoid RTP 32404
- Subsequent lines represent incident-to charges
  - Report appropriate revenue code
  - Report appropriate CPT/HCPCS code in HCPCS field
  - Report one (1) unit
  - Report actual charges in Total Charges field
- 0001 Totals line must be calculated accurately

# Note for Claim Examples

- Let's assume the following
  - Part A and Part B coverage are effective
  - Timely filing guidelines are met
  - Beneficiary coverage criteria are met
  - Services provided in clinic setting
- HCPCS codes and associated charges used in examples are for illustration purposes only
  - Amounts used are not reflective of actual charges and should not be used as guideline for setting rates

# Claim Example: Established Patient Medical Encounter

- Established patient comes to FQHC for a medical encounter

Rev Code	Description	HCPC	Service Date	Service Units	Total Charges
<b>0521</b>	FQHC visit, estab pt	<b>G0467 Payment code</b>	010123	1	<b>Facility's Payment code charge</b>
<b>0521</b>	Office/outpatient visit, estab pt	<b>99213 Qualifying visit</b>	010123	1	<b>Actual charge</b>
<b>0300</b>	Incident to service	XXXXX	010123	1	<b>Actual charge</b>
0001	Total				Sum of above charges

# FQHC PPS Reimbursement

- Based on lesser of
  - FQHC's charge for billed payment code, or
  - Adjusted FQHC PPS rate
    - PPS base rate for CY 2023 (01/01/2023–12/31/2023) is **\$187.19**
      - 3.9% increase to \$180.16 CY 2022 base rate
      - Subject to GAF adjustment
      - Subject to new patient/IPPE/AWV adjustment
      - Subject to annual increase

# FQHC PPS Reimbursement

- Medicare reimbursement = lesser amount x 80%
- Part B coinsurance = lesser amount x 20%
  - Coinsurance waived for certain preventive services

# GFT Tribal FQHC PPS Reimbursement

- Based on lesser of
  - FQHC's charge for billed payment code, or
  - Outpatient per visit AIR
    - AIR base rate for CY 2023 (01/01/2023 - 12/31/2023) is **\$662.00** for Alaska; **\$414.00** for lower 48 states
      - Set annually by IHS
      - Not subject to GAF adjustment
      - Not subject to new patient/IPPE/AWV adjustment
      - Not subject to MEI/market basket adjustment

# GFT Tribal FQHC PPS Reimbursement

- Medicare reimbursement = lesser amount x 80%
- Part B coinsurance = lesser amount x 20%
  - Coinsurance waived for certain preventive services



# Reimbursement Example: Established Patient Medical Encounter

- Medical encounter generates PPS/AIR payment
  - Lesser of Facility's payment code G0467 charge, or
  - Adjusted PPS rate/GFT AIR rate
    - Medicare payment = 80%

Rev Code	Description	HCPC	Service Date	Service Units	Total Charges
<b>0521</b>	FQHC visit, estab pt	<b>G0467</b>	010123	1	<b>Facility's Payment code charge</b>

# Multiple Encounters on Same DOS

- Multiple encounters may only be reported under these scenarios
  - Medical encounter and mental health encounter on same day
  - Patient suffers illness/injury that requires additional diagnosis/treatment on same day
- Report medical encounter on same DOS as IPPE/AWV as incident-to IPPE/AWV

# Reporting Multiple Billable Encounters on Same DOS

- Avoid RTP 38312
- Patient has medical and MH encounters on same DOS
  - Report each encounter
    - Payment code lines
    - Corresponding qualifying visit HCPCS code lines
- Patient has additional medical encounter
  - Report each encounter
    - Second payment code line with modifier 59 or XE
    - Corresponding qualifying visit HCPCS code lines

# Claim Example: Medical and Mental Health Encounter

- Established patient comes to FQHC for medical and mental health visits on same day

Rev Code	Description	HCPC	Service Date	Service Units	Total Charges
0521	FQHC visit, estab pt	G0467	010123	1	Facility's Payment code charge
0521	Office/outpatient visit, estab pt	99213	010123	1	Actual charge
0900	FQHC visit, MH estab pt	G0470	010123	1	Facility's Payment code charge
0900	Psych evaluation	90791	010123	1	Actual charge
0001	Total				Sum of above charges

# Reimbursement Example: Medical and Mental Health Encounter

- Medical encounter generates PPS/AIR payment
  - Lesser of Facility's payment code G0467 charge, or
  - Adjusted PPS/GFT AIR rate
    - Medicare payment = 80%
    - Coinsurance = 20%

# Reimbursement Example: Medical and Mental Health Encounter

- MH encounter also generates PPS/AIR payment
  - Lesser of Facility's payment code G0470 charge, or
  - Adjusted PPS/GFT AIR rate
    - Medicare payment = 80%
    - Coinsurance = 20%

# Claim Example: Established Patient, Two Unrelated Medical Encounters

- Established patient comes to the FQHC for a medical visit in the morning and later in the day suffers an unrelated illness or injury

Rev Code	Description	HCPCS	Service Date	Service Units	Total Charges
<b>0521</b>	FQHC visit, estab pt	<b>G0467</b>	010123	1	<b>Facility's Payment code charge</b>
0521	Office visit estab pt	99214	010123	1	Actual charge
<b>0521</b>	FQHC visit, estab pt	<b>G0467 59</b>	010123	1	<b>Facility's Payment code charge</b>
0521	Office visit estab pt	99213	010123	1	Actual charge
0001	Total				Sum of above charges

# Reimbursement Example: Two Unrelated Medical Encounters

- EACH Medical encounter generates PPS/AIR payment
  - Lesser of Facility's payment code G0467 charge, or
  - Adjusted PPS/GFT AIR rate
    - Medicare payment = 80%
    - Coinsurance = 20%



# Stand-Alone Services

- Outpatient DSMT, MNT, TCM, certain preventive services, etc.
  - Generate PPS reimbursement or PFS
  - Report as billable encounter
    - Report appropriate payment code
    - Qualifying visit HCPCS code identifies stand-alone service
  - If performed on same DOS as other medical encounter, report as incident to
    - Report services performed on same DOS as DSMT as incident-to

# Billing Preventive Services

- If preventive service is only service provided, bill as encounter
  - Payment code and charge, billable encounter revenue code, qualifying visit HCPCS code line with preventive service charge
- If performed on same day as billable encounter, report as incident to services
  - Report preventive service on separate line
    - Appropriate revenue code (not 052X), HCPCS code and associated charges

# Reimbursement for Preventive Services

- If only service provided is preventive service exempt from coinsurance, reimbursement is lesser of
  - Facility payment code charge, or
  - Adjusted PPS rate/GFT AIR rate
    - Medicare payment = 100%
    - Part B coinsurance = 0%
  - Coinsurance waived for most preventive services
    - Prostate cancer screening, colorectal cancer screening, and DSMT are subject to 20% beneficiary coinsurance

# Claim Example: Preventive Service Only

- Established patient comes to the FQHC only for a screening pelvic examination

Rev Code	Description	HCPCS	Service Date	Service Units	Total Charges
<b>0521</b>	FQHC visit, estab pt	<b>G0467</b>	010123	1	<b>Facility's Payment code charge</b>
<b>0521</b>	Screening pelvic exam	<b>G0101</b>	010123	1	<b>Actual charge</b>
0001	Total				Sum of above charges

# Reimbursement Example: Preventive Service Only

- Preventive service generates PPS/AIR payment
  - Lesser of Facility's payment code G0467 charge, or
  - Adjusted PPS/GFT AIR rate
    - Medicare payment = 100%

# Reimbursement for Incident-to Preventive Services

- When preventive service exempt from coinsurance is reported as incident to billable encounter, reimbursement is
  - 100% total line item charges for preventive services, and
    - Lesser of FQHC payment code charge, or
    - Adjusted PPS rate/GFT AIR
    - Minus total line item charges for preventive services
      - Medicare payment = 80%
      - Part B coinsurance = 20%
  - Ensures coinsurance will not apply to preventive service charge

# Claim Example: Medical Encounter & Preventive Service

- Established patient comes to the FQHC for a medical encounter and receives hepatitis B vaccination

Rev Code	Description	HCPCS	Service Date	Service Units	Total Charges
<b>0521</b>	FQHC visit, estab pt	<b>G0467</b>	010123	1	<b>Facility's Payment code charge</b>
0521	Office/outpatient visit estab pt	99212	010123	1	Actual charge
<b>0636</b>	Hep b vacc adult three dose im	<b>90746</b>	010123	1	<b>Actual charge</b>
<b>0771</b>	Admin hepatitis b vaccine	<b>G0010</b>	010123	1	<b>Actual charge</b>
0001	Total				Sum of above charges

# Reimbursement Example: Medical Encounter & Preventive Service

- Preventive service reimbursed 100%
- Medical encounter also generates PPS/AIR payment
  - Lesser of Facility's payment code G0467 charge, or
    - Adjusted PPS rate/GFT AIR rate
    - Minus reimbursed preventive service
      - Medicare payment = 80% of balance
      - Coinsurance = 20% of balance



# Billing for Influenza and Pneumococcal Vaccines

- If performed on same day as billable encounter, report as incident to services
  - HCPCS/CPT code, charges, non encounter revenue code
  - For informational purposes only
- If influenza/pneumococcal vaccine administration is only service provided, do not submit claim
  - Services may be reported on cost report

# Payment for Influenza and Pneumococcal Vaccines

- Influenza and pneumococcal vaccines are reimbursed 100% reasonable cost
  - Charges will be reimbursed on cost report, not claim level
- Report CC A6 to receive 100% reimbursement
  - Coinsurance does not apply
- If vaccine provided as part of an encounter, report vaccine on both the claim and the cost report

# Principal Care Management (PCM)

- Comprehensive care management services of single high-risk disease or complex condition
  - Report general care management HCPCS G0511 alone or with other payable services
  - Report HCPCS G0511 to represent
    - HCPCS G2064 (at least 30 minutes of PCM services; furnished by physician/nonphysician in calendar month)
    - HCPCS G2065 (...; furnished by clinical staff under direct supervision of physician/nonphysician in calendar month)

# CR 12357

- Implementation of the GV Modifier for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) for Billing Hospice Attending Physician Services
  - Implementation Date: 1/3/2022
  - Effective Date: 1/1/2022
- AIR/FQHC PPS payment made when attending physician provides service during hospice election

# CR 12357

- For RHC AIR payment
  - Report GV modifier along with CG modifier on claim payment line each day hospice attending physician service provided
  - Coinsurance and deductible apply
- For FQHC PPS payment
  - Report GV modifier on claim payment code line each day hospice attending physician service provided
  - Coinsurance applies

# CR 12357

- Applies when physician, NP or PA provides service
- Technical component billed to hospice for payment

# Coverage/Billing for COVID-19 PHE

# COVID-19 Vaccines

- COVID-19 vaccines are reimbursed 100% reasonable cost
  - Charges will be reimbursed on cost report, not claim level
- If vaccine provided as part of an encounter, report vaccine on both the claim and the cost report
- Cost-sharing does not apply to COVID-19 vaccines



# COVID-19 Lump Sum Payments

- FQHCs may request lump sum payments for administering COVID-19 vaccines in advance of cost report settlement
  - Submit request to [NGSReimbursement@anthem.com](mailto:NGSReimbursement@anthem.com)
  - Include statement that you wish to receive lump sum adjustment based on
    - Flu and pneumococcal vaccine costs from most recent cost report; or
    - Provide 60 to 90 days of actual COVID-19 vaccine and administration cost data

# Telehealth Services

- FQHCs can furnish distant site telehealth services during PHE
  - Interactive audio and video telecommunications system
  - Practitioners can furnish distant site telehealth services from any location, including their home
  - Any approved distant site telehealth service found on CMS list
  - Includes audio-only telephone E/M CPT codes 99441, 99442, 99443

# Billing for Telehealth Services

- Report using G2025
  - No payment code line required
  - Payment rate set at \$98.27 (DOS on/after 1/1/2023)
  - Coinsurance is 20% of lesser of payment rate or actual charges

Rev Code	Description	HCPCS	Service Date	Service Units	Total Charges
052X	Telehealth service	G2025 95 (optional)	010123	1	Actual charges

# Telehealth Services With Cost-Sharing Waived

- Cost-sharing waived for preventive services furnished via telehealth
- Report HCPCS G2025 with modifier CS on claim line

Rev Code	Description	HCPCS	Service Date	Service Units	Total Charges
052X	Telehealth service	G2025 CS (required) 95 (optional)	010123	1	Actual charges

# COVID-19 Testing-Related Services

- Cost-sharing does not apply
  - Medical visits provided between 3/18/2020-end of PHE that result in COVID-19 test
  - Related to providing test or evaluation to determine need for test
  - Specified categories of E/M services
    - [HCPCS codes for FQHCs](#)

# COVID-19 Testing-Related Services

- Includes telehealth services
- Coinsurance waived
- Report modifier CS on claim line

Rev Code	Description	HCPCS	Serv Date	Serv Units	Total Charges
<b>052X</b>	COVID-19 testing-related service	<b>CPT/ HCPCS code CS (required) 95 (optional)</b>	010123	1	<b>Actual charges</b>

# Virtual Communication Services

- Digital Assessment service (HCPCS G2012)
  - Non face-to-face, patient-initiated, digital communications using secure patient portal
    - CPT 99421 (5–10 minutes over 7-day period)
    - CPT 99422 (11–20 minutes over 7-day period)
    - CPT 99423 (21+ minutes over 7-day period)
- Virtual communication service (HCPCS G2010)

# Billing for Virtual Communication Services

- Report HCPCS G0071 alone or with other payable services
  - Payment rate set at **\$23.72** (DOS 1/1/2023-12/31/2023)

Rev Code	Description	HCPCS	Service Date	Service Units	Total Charges
<b>052X</b>	Virtual Communication service	<b>G0071</b>	010123	1	<b>Actual charges</b>



# Revision of HHA Shortage Requirement for Visiting Nursing Services

- Applies to visiting nursing services furnished by RN or LPN
  - Homebound patient
  - Written plan of treatment
  - Does not require request
  - Check HETS to make sure the patient is not already under HH POC

# COVID-19 FQHC Resources

- [COVID-19 Vaccine Policies & Guidance](#)
- [Accelerated and Advance Payment Program](#)
- MLN Matters® [SE20011 Revised: Medicare FFS Response to the PHE on the COVID-19](#)
  - [HCPCS codes for FQHCs](#)

# COVID-19 FQHC Resources

- MLN Matters® [SE20016 Revised: \*New & Expanded Flexibilities for RHCs & FQHCs during the COVID-19 PHE\*](#)
  - [List of Telehealth Services](#)
- [COVID-19 Frequently Asked Questions \(FAQs\) for Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\)](#)

# Resources and References

# Virtual Communication Resources

- [CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 13, Section 240 – Virtual Communication Services](#)
- MLN<sup>®</sup> Booklet [Rural Providers & Suppliers Billing](#)
- CMS FAQs, December 2018, [Virtual Communication Services in Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\)](#)

# Resources

- [FQHC PPS webpage](#)
- [FQHC Center webpage](#)
  - [FQHC GAFs - 01/01/2023 - 12/31/2023](#)
  - [FQHC PPS Specific Payment Codes \(PDF\)](#)
  - [CY 2023 Medicare Physician Fee Schedule Final Rule \(PDF\)](#)
  - [FQHC PPS Frequently Asked Questions \(PDF\)](#)

# References

- [CR8743: Implementation of a Prospective Payment System \(PPS\) for Federally Qualified Health Centers \(FQHCs\)](#)
- MLN Matters® [MM8743 Revised: \*Implementation of a Prospective Payment System \(PPS\) for Federally Qualified Health Centers \(FQHCs\)\*](#)

# Reference

- [CMS IOMs](#)
  - Regulations and Guidance > Manuals > Internet-Only Manuals (IOMs)
- [MLN Matters® articles](#)



# Resources

- [CR 12961: Update to the Federally Qualified Health Centers \(FQHC\) Prospective Payment System \(PPS\) for Calendar Year \(CY\) 2023 – Recurring File Updates](#)

# Resources

- MLN Matters® [MM10843: Communication Technology Based Services and Payment for Rural Health Clinic \(RHCs\) and Federally Qualified Health Centers \(FQHCs\)](#)
- The official instruction, [CR10843](#), issued to your MAC regarding this change

# Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?

