

Understanding the FQHC Medicare Advantage Supplemental Payments

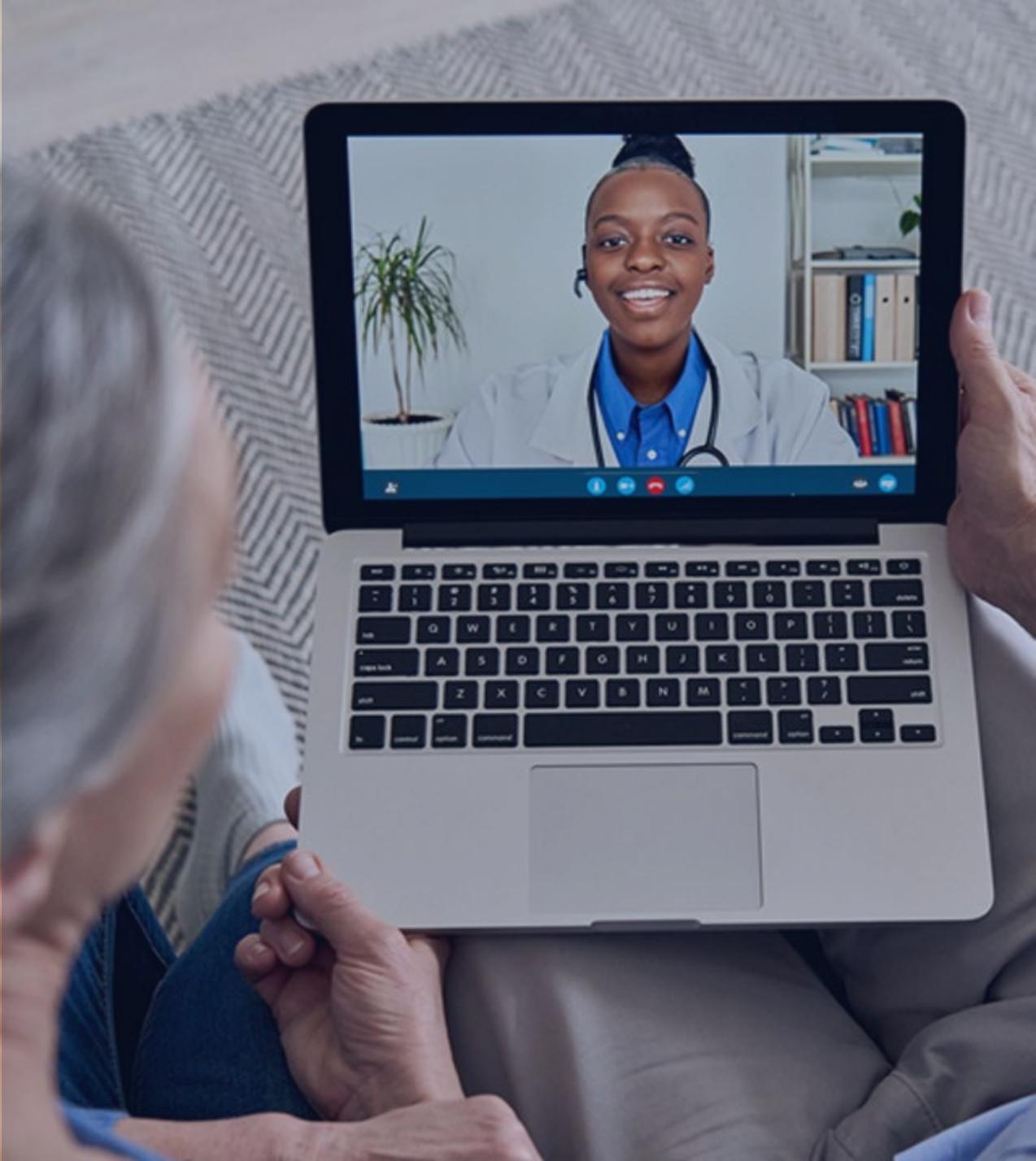
3/19/25

Closed Captioning: *Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.*



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Objective

To equip participants with a clear understanding of the FQHC Medicare Advantage Supplemental Payment Program and guide participants through the necessary steps to set up and bill for this payment effectively.

Today's Presenters

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Agenda

- [FQHC MA Supplemental Payment Program](#)
- [MA Supplemental Payment Claims](#)
- [NGSConnex](#)
- [References and Resources](#)

FQHC MA Supplemental Payment Program

MA Program

- Established under Section 237 of the Medicare Modernization Act
- FQHCs contracted with MA plans
- Provides supplemental payments
- Payment in addition to MA plan payment

MA Supplemental Payment Program

- Medicare pays difference between MA rate and FQHC PPS rate
 - MA rate less than FQHC PPS rate, supplemental payment made
 - MA rate greater than FQHC PPS rate, no supplemental payment made
- FQHC PPS payment subject to
 - GAF
 - New Patient adjustment
 - AWV/IPPE adjustment
 - Impact MA supplemental payments

MA Supplemental Payment

- Limited to FQHC covered services
- Based on per-visit calculation
- Face-to-face encounter required with core practitioner
 - Physician
 - NP
 - PA
 - CNM
 - CP
 - CSW
 - MFT
 - MHC

MA Supplemental Payment Request

- FQHC must request MA supplemental payment
- Submit
 - Copy of each valid MA contract
 - All MA contractor IDs under each MA contract
 - Rate per visit calculated from at least six months of FQHC latest MA claim data
 - Sample size of at least 50 EOBs from claims used to calculate rate per-visit

Submit MA Supplemental Payment Request

- Request and supporting documentation by mail to:
National Government Services, Inc.
Attn: Cost Report Unit
PO Box 7040
Indianapolis, IN 46207-7040
- FEDEX or courier only:
National Government Services, Inc.
Attn: Cost Report Unit
220 Virginia Ave
Indianapolis, IN 46204
- [NGSConnex](#) preferred submission method

MA Plan Contract

- Must have written contract/agreement with each MA plan
- Contract must contain terms in 42 CFR Section 422.527
- Contract signed by authorized representative
 - Both FQHC and MA plan
 - Contracts with individual physicians does not qualify
- Effective date of agreement
- Contains verbiage related to cost sharing
- References MA
 - Include addendum stating MA patients covered by agreement if contract does not reference MA

MA Contractor IDs

- Must provide list of all valid MA Contractor ID(s) for each contract
 - Example: H1234, R1234, S1234
- MA Contractor IDs tells FISS
 - Claim is a MA claim
- Each MA plan can have multiple IDs

MA Rate Per Visit

- Must provide average MA per visit payment rates
 - For each MA plan requesting supplement payment
 - Use latest MA claim data
- MA rate not contracted as rate per visit
 - Convert fee schedules and/or capitation amounts
- Rate calculation for each MA plan
 - Use only MA claims from that plan
- Supporting documentation for each payment rate
 - Sample of at least 50 EOBs or Capitated Detail reports

MA Rate Per Visit Example

A	B	C	D	E	F	G	H
1	Example of Per-Visit Payment Rate Calculation for Providers Contracting with an MA Plan						
2	Fee-for-service (FFS) Rate Conversion						
3							
4	MA Number						
5	MA Plan Name						
6							
7							
8	CPT Code	Proc Desc	Units	Plan Rate	Weighted Rate	Copay / Deductible	Total
9	90791	PSYCH DIAGNOSTIC EVALUATION		\$ -	\$ -	\$ -	\$ -
10	90792	PSYCH DIAG. EVAL. w/MED SERVICES		\$ -	\$ -	\$ -	\$ -
11	90832	PSYCH VISIT - 30 MINUTES		\$ -	\$ -	\$ -	\$ -
12	90834	PSYCH VISIT - 45 MINUTES		\$ -	\$ -	\$ -	\$ -
13	90837	PSYCH VISIT - 60 MINUTES		\$ -	\$ -	\$ -	\$ -
14	90839	PSYCH VISIT (INITIAL) - 60 MINUTES		\$ -	\$ -	\$ -	\$ -
15	90845	PSYCHOANALYSIS		\$ -	\$ -	\$ -	\$ -
16	99201	INITIAL OFFICE VISIT, FOCUSED	2	\$ 36.32	\$ 72.64	\$ 50.00	\$ 123
17	99202	INITIAL OFFICE VISIT, EXPANDED	62	\$ 64.67	\$ 4,009.54	\$ -	\$ 4,010
18	99203	INITIAL OFFICE VISIT, DETAILED	30	\$ 96.17	\$ 2,885.10	\$ 300.00	\$ 3,185
19	99204	INITIAL OV, COMPREHENSIVE, MOD. COMPL	21	\$ 136.35	\$ 2,863.35	\$ 315.00	\$ 3,178
20	99205	INITIAL OV, COMPREHENSIVE, HIGH COMPL	3	\$ 173.01	\$ 519.03	\$ -	\$ 519
21	99212	ESTABLISHED OFFICE VISIT, FOCUSED	411	\$ 38.15	\$ 15,679.65	\$ -	\$ 15,680
22	99213	ESTABLISHED OFFICE VISIT, EXPANDED	1,866	\$ 52.25	\$ 97,498.50	\$ 1,866.00	\$ 99,365
23	99214	ESTABLISHED OFFICE VISIT, DETAILED	781	\$ 82.04	\$ 64,073.24	\$ -	\$ 64,073
24	99215	ESTABLISHED OV, COMPREHENSIVE	58	\$ 119.70	\$ 6,942.60	\$ -	\$ 6,943
26	G0466	FQHC VISIT, NEW PATIENT		\$ -	\$ -	\$ -	\$ -
27	G0467	FQHC VISIT, ESTABLISHED PATIENT		\$ -	\$ -	\$ -	\$ -
28	G0468	FQHC VISIT, IPPE OR AWV		\$ -	\$ -	\$ -	\$ -
29	G0469	FQHC VISIT, MENTAL HEALTH, NEW PATIENT		\$ -	\$ -	\$ -	\$ -
30	G0470	FQHC VISIT, MENTAL HEALTH, EST. PATIENT		\$ -	\$ -	\$ -	\$ -
31	92002	EYE EXAM NEW PATIENT		\$ -	\$ -	\$ -	\$ -
32	92004	EYE EXAM NEW PATIENT		\$ -	\$ -	\$ -	\$ -
33	92012	EYE EXAM ESTABLISHED PATIENT		\$ -	\$ -	\$ -	\$ -
34	92014	EYE EXAM & TX ESTAB PT 1≥VST		\$ -	\$ -	\$ -	\$ -
35	99406	BEHAVIORAL HEALTH		\$ -	\$ -	\$ -	\$ -
36	99407	BEHAVIORAL HEALTH		\$ -	\$ -	\$ -	\$ -
37	G0101	CA SCREEN, PELVIC/BREAST EXAM		\$ -	\$ -	\$ -	\$ -
38	G0102	PROSTATE CA SCREENING, DRE		\$ -	\$ -	\$ -	\$ -
39	G0108	DIAB MANAGE TRN PER INDIV		\$ -	\$ -	\$ -	\$ -
40	G0442	ANNUAL ALCOHOL SCREEN 15 MIN		\$ -	\$ -	\$ -	\$ -
41	G0443	BRIEF ALCOHOL MISUSE COUNSEL		\$ -	\$ -	\$ -	\$ -
42	G0444	DEPRESSION SCREEN ANNUAL		\$ -	\$ -	\$ -	\$ -
43	Q0091	OBTAINING SCREEN PAP SMEAR		\$ -	\$ -	\$ -	\$ -
44							
45		Totals:	3,234				\$ 197,074.65
46		Average Rate:					\$ 60.94
47							

MA Rate Per Visit Consolidated Cost Report

- Related facilities assigned to multiple MACs
 - Submit separate requests to each MAC
 - Rate per visit calculations based on facilities assigned to specific MACs



MA Review Process

- NGS reviews all documentation and determines MA rate per visit
- Supplemental rate is difference between MA rate per visit and FQHC PPS rate
- If FQHC has multiple MA contracts, each contract will have separate MA rate per visit
- NGS will notify FQHC of each MA rate per visit via approval letter
- FQHC initiates supplemental billing once approval letter received

MA Supplemental Payment Claims

MA Claim Submission

- Bill all MA claims to MA plans first
- Do not bill for supplemental payments until approval letter from NGS received
- 77X TOB
- 519 Revenue Code (supplemental MAO payment)
- FQHC Payment Code (G0466-G0470)
 - FQHC charge
- Qualifying visit code
 - Charges
- Do not submit revenue code 052X or 0900 on same claim

FQHC Payment Codes

- FQHC G-code
 - 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
- Report with billable encounter revenue code
 - 0519 (supplemental MAO payment)

Claim Example: Established MA Patient Supplemental Claim

- MA plan contractual rate = \$125

Rev Code	Description	HCPCS/CPT Code	Service Date	Service Units	Total Charges
0519	FQHC visit, established patient	G0467 Payment code	010125	1	\$150.00 payment code charge
0519	Office/outpatient visit, established patient	99213 Qualifying visit	010125	1	\$135.00
0001	Total				\$285.00

Payment Example: Established MA Patient Supplemental Claim

- Adjusted FQHC PPS rate calculation
 - FQHC base rate - \$202.65 (2025) multiplied by GAF = adjusted FQHC PPS rate
 - $\$202.65 \times .98 \text{ (WI GAF)} = \198.60
- Claim generates supplemental payment
 - Adjusted PPS rate of \$198.60 is more than \$125 MAO contractual rate
 - Medicare payment: $\$198.60 - \$125.00 = \$73.60$

MA PS&R and Cost Reports

- Captured on PS&R, on report type 778
- Entered on Cost Report - Worksheet E, Line 4
 - Information only
 - Not factored into cost report settlements

NGSConnex

NGSConnex

- Free, secure online provider portal developed by NGS
 - Provider demographic information
 - Claim status
 - Beneficiary eligibility
 - Financial data
 - Redeterminations/Reopenings
 - A&R documents
 - Secure transmission of protected health information
- [NGSConnex User Guide](#)

Advantages of NGSConnex

- Reduce paper, printing and postage/shipping costs
 - Accepted documents
 - Microsoft Word
 - Microsoft Excel
 - Txt
 - ASCII
 - JPG
- Documents received electronically
- Records are maintained of all submissions

A&R Inquiries Function

- Allows for two-way electronic communication related to A&R document submission
- Advantages
 - Main method of communication with providers
 - FedEx and USPS mailings will be rare
 - Delivered to you faster than by mail
 - You will be notified by email when response required

View/Initiate A&R Inquiry Response

- Click **Inquiries** button from homepage
- Type of Inquiry – Select **A&R Inquiries**
- Select **Initiate A&R Documentation** button
- In **Select a Provider** panel, click **Select** button next to applicable provider account
- Click **New Submission** button
- Verify provider information
- If provider information correct, click **Next**

A&R–Submit Documentation

- Complete required fields
- Enter **Purpose of Submission** – maximum of 1500 characters
- Click **Next**
- Upload documentation
- Select **Submit**
 - Message will display to notify inquiry submitted successfully
 - Confirmation email sent to User Profile

NGSConnex Notification Center

- Accessible by clicking bell in right corner at top of each page
- Alerts items that may need attention including:
 - New Remittance available
 - New Appeal Decision available
 - New Electronic Inquiry response available
 - New A&R 2-Way Inquiries available
 - User Access Request Pending (Local Security Officer Only)
 - Additional Documentation Request response due

Reference and Resources

CMS References and Resources

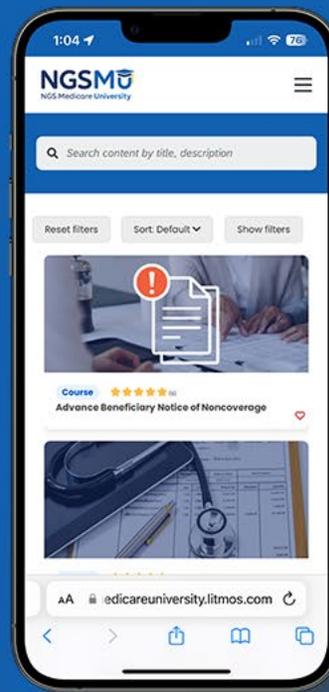
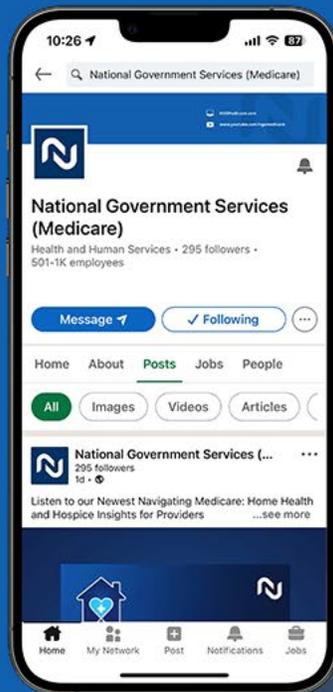
- [Federally Qualified Health Centers \(FQHC\) Center](#)
 - [FQHC GAFs 1/1/25-12/31/25](#) (downloadable file)
 - [CY 2025 Payment Rates Update to the FQHC PPS](#)
 - [FQHC PPS Payment Specific Codes](#)
 - [FQHC PPS Frequently Asked Questions](#)
- MLN[®] Booklet: [Federally Qualified Health Center \(MLN006397\)](#)
- MLN Matters[®] [MM3886: MMA – Announcement of Medicare Supplemental Payments to Federally Qualified Health Centers \(FQHCs\) Under Contract with Medicare Advantage \(MA\) Plans](#)

References and Resources

- CMS IOM Publications
 - [100-02, Medicare Benefit Policy Manual, Chapter 13 – Rural Health Clinic \(RHC\) and Federally Qualified Health Center \(FQHC\) Services](#)
 - [100-04, Medicare Claims Processing Manual, Chapter 9 – Rural Health Clinics/Federally Qualified Health Centers](#)
- Billing for FQHC MAO Plan Supplemental Payment
- [NGSConnex User Guide](#)

IVR Changes Effective 3/14/2025

- Effective the evening of 3/14/2025, the Medicare Interactive Voice Response System will no longer provide information regarding the Medicare Advantage
 - plan name of the administering insurance company name,
 - contract number,
 - plan name, number, and
 - option code description
- You can use our free, secure internet portal, [NGSConnex](#) to obtain detailed information regarding your Medicare patients who may be enrolled in a Medicare Advantage Plan
- If you're not enrolled in NGSConnex, use the instructions in the Registration section of the applicable NGSConnex User Guide below to start the enrollment process
 - [NGSConnex User Guide](#) for Part A, HHH and FQHC providers
 - [NGSConnex User Guide](#) for Part B providers
- Please note, our Provider Contact Center Representatives aren't permitted to share eligibility information that can be obtained through self-service



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Educational Videos

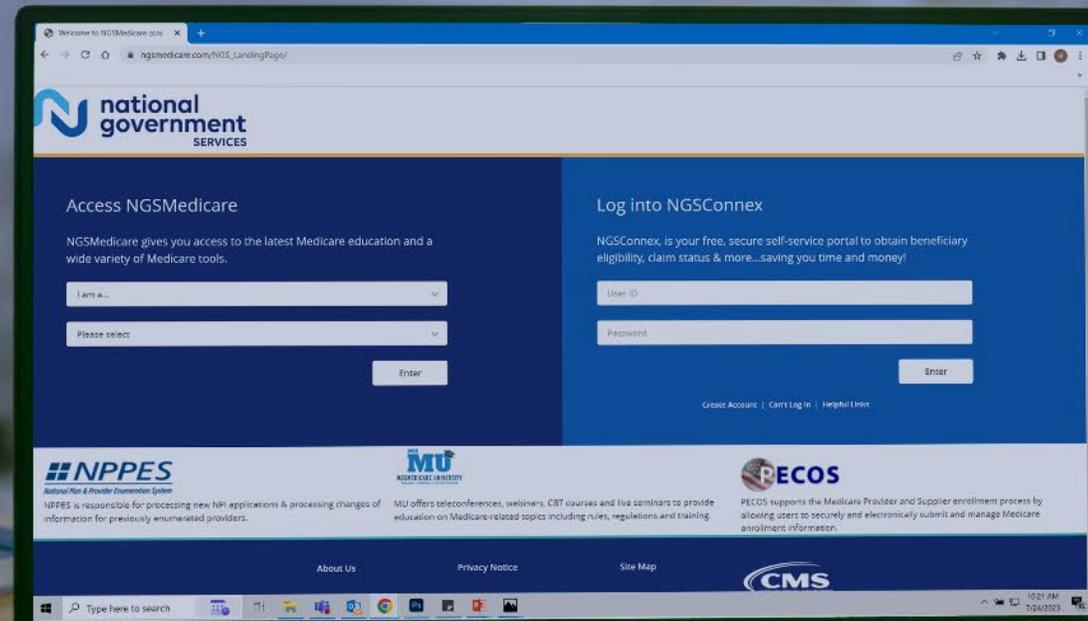


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Educational Content

Find us online



www.NGS Medicare.com

Online resources, event calendar, LCD/NCD, and tools



[IVR System](#)

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



[NGSConnex](#)

Web portal for claim information



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Questions and Answers

Thank you!