FQHCs Contracting with Medicare Advantage (MA) Plans

REQUIREMENTS TO RECEIVE WRAP-AROUND PAYMENTS FROM MEDICARE

1) The FQHC must submit a written contract/agreement, between the FQHC and the MA plan, and should contain the terms specified by 42 CFR § 422.527.

   The contract must contain signatures from an authorized representative from both the FQHC and the MA plan. A contract with an individual physician would not qualify for supplemental payments. The contract should also reflect the effective date of the contract and include verbiage on cost sharing and reference Medicare Advantage.

   The FQHC must provide a list of all covered MA contractor ID(s), for each contract that they request a supplemental payment rate for (e.g. H1234, R1234). The MA contractor ID(s) can be obtained from the MA plan manager. Without the MA contractor ID(s), the FQHC cannot be set up for the supplemental payment.

2) The FQHC must provide the MAC with an average MA per-visit payment rate, for each MA plan they are requesting supplemental payments for. If the MA rate is not contracted as a per-visit rate, the FQHC will need to convert fee schedules and/or capitation amounts to a per-visit rate. ***Back up documentation for each payment rate must be submitted to show how the rate was calculated (e.g. a sample of at least 50 EOB's, Capitated Detail Reports).***

3) Once approved, qualifying claims should be billed using ***Type of Bill (TOB): 77x*** and ***Revenue Code 0519***. Do not submit revenue codes 052x and/or 0900 on the same claim as revenue code 0519.

4) In addition, the claims will require the proper '**G-Code**' and '**HCPCS Code**', as outlined in Transmittal 1395, Change Request 8743, issued on July 16, 2014.

5) All required documentation should be sent for those FQHC providers billing 06001. Please send via NGS Connex if the information includes PHI. Email address is NGSReimbursement@anthem.com.

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