Person-Centered Medical Home (PCMH) Initiative

Note: FQHC claims with dates of service 01/01/2013 and later are no longer eligible to receive the enhanced PCMH rate. However, FQHC providers should continue to follow established claim submission guidelines.

Claim Billing Instructions for Federally Qualified Health Centers (FQHCs)

The purpose of this notification is to provide claim submission instructions for Federally Qualified Health Centers (FQHCs) enrolled in the new PCMH initiative. This notification includes important information about claim submission and Explanation of Benefit (EOB) codes.

Claim Submission Instructions

At this time PCMH claims for FQHCs must be submitted electronically through a HIPAA complaint 837P format or via the secure Web portal, on the www.ctdssmap.com Web site. Claims cannot be submitted on paper. The new requirements listed below are needed to identify if the service provided was a qualified primary care service, rendered by a PCMH Primary Care Practitioner (PCP) and at a designated PCMH facility.

Service Facility Location

For FQHC claims, the address information on the claim must match the service facility address provided on the PCMH application, returned in the acceptance letter and stored in the Medicaid Management Information System (MMIS) as a service or alternate service location.

The service facility address can be submitted as the billing provider address, in the claim header or claim detail, however in some cases the service facility address may be different than the billing address. If the PCMH provider has different sites under one Medicaid AVRS ID they may be required to make claims submission changes to include the specific site where PCMH services were rendered.

In order to send this service location address, one of the following loops and segments must be filled in with the appropriate information:

LOOP ID - 2310C SERVICE FACILITY LOCATION

SEGMENT ID	NAME
NM1	Service Facility Location Name
N3	Service Facility Location Address
N4	Service Facility Location City, State, ZIP Code
REF	Service Facility Location Secondary Identification
PER	Service Facility Contact Information

Or

If there is a presence in loop ID 2420:

LOOP ID - 2420C SERVICE FACILITY LOCATION

SEGMENT ID	NAME
NM1	Service Facility Location Name
N3	Service Facility Location Address
N4	Service Facility Location City, State, ZIP Code
REF	Service Facility Location Secondary Identification

Please note that when reporting the ZIP code for U.S. addresses, the full nine digit ZIP code must be provided. This zip code must match the 9 digit zip code on file with Medicaid.

Web Claim Submission
When a Web claim is submitted for a FQHC that has been enrolled in the PCMH program, there is a new requirement that a service location be identified in the header of each claim. There is a "Confirm Address" box that must be checked to confirm that the address is the correct service location. The "Change" feature is available which will allow providers to select another service location from the provider's alternate service locations on file.

Procedure Codes/Billed Amount used for PCMH Billing
All FQHCs must use a procedure code paired with the T1015 encounter code from the list of eligible procedure codes in order to be paid the PCMH Fee Differential payment.

Please refer to www.huskyhealthct.org Web site for a list of procedure codes eligible for PCMH Fee Differential reimbursement. The Department of Social Services policy states that providers should always bill their Usual and Customary amount. If the billed amount is lower than the allowed amount, the payment will be cut back to the billed amount.

Primary Care Practitioner (PCP) Requirements
The performing/rendering provider on the claim must be a PCP within the PCMH on the date of service for the claim. The PCP provider must be enrolled and associated with the FQHC's Medical Clinic, provider type 08 and specialty 521.

Explanation of Benefit (EOB) Codes
If the claim submitted meets all the PCMH criteria then the PCMH Fee Differential rate will be applied to the detailed allowed amount. The following EOB code will be applied to the claim.

EOB 9974 – Full PCMH fixed amount applied

If the claim meets the PCMH criteria but the allowed amount plus the PCMH Fee Differential rate is greater than the billed charges the following EOB code will be applied to the claim.
EOB 9973 – PCMH Partial or no fixed amount applied

For questions, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.