Overview of Resources for FQHC Regulations and Requirements

HRSA and Federal Resources:

HRSA Health Center Program Compliance Manual: the Compliance Manual (download available) provides comprehensive guidelines and requirements for health centers to maintain compliance with federal program expectations.

HRSA: How to Become a Health Center: The webpage provides a guide on how to become a Health Center under the Health Center Program. It details two pathways: applying to become a funded health center and applying to be designated as a Health Center Program look-alike. The page also covers benefits associated with health center status, such as reimbursement and funding opportunities, and offers technical assistance resources to support organizations through the application process.

Health Center Program Site Visit Protocol: This document details the procedures and standards for conducting site visits as part of the Health Center Program compliance process. It includes guidelines for preparation, areas of assessment, and post-visit procedures.

New Access Points Funding: The webpage provides information on New Access Point funding, including details about funding availability, application guidelines, and technical resources for applicants.

Health Center Operations Resources: This webpage offers a collection of operational resources for health centers, including several trainings from the National Association of Community Health Centers (NACHC) and National Training and Technical Assistance Partners (NTTAPs).

NYS Office of the Medicaid Inspector General (OMIG) Compliance:

OMIG Compliance Page: This page offers a general overview of compliance guidelines and requirements for Medicaid providers.

Provider Resources Page: This section features resources for providers, including compliance guidelines, educational materials, and other vital information to assist Medicaid providers in understanding and meeting compliance standards.

Compliance Library: The Compliance Library contains a collection of publications, webinars, and other resources regarding compliance.

New York State Medicaid:

Policy Guidelines Manual for Article 28 Clinics: This document contains policy guidelines for New York's Medicaid program clinic services. It covers the scope of services, provider types, qualifications for service providers, billing guidelines, and documentation requirements.

NYS OMH Article 31 Medicaid Billing and Fiscal Guidance: This document offers billing and fiscal guidance for Article 31 clinics. It includes information on rate codes, procedure codes, and claims submission, along with general guidelines specific to Article 31 clinics.

Dental Policy and Procedure Code Manual: This document provides policy guidelines for dental services under New York's Medicaid program. It includes details on the scope of dental services, specific qualifications for performing dental services, billing guidelines, and documentation requirements.

[NYS Medicaid General Billing Guidelines](): This document offers technical billing guidelines for professional services under New York's Medicaid program. It includes instructions on billing procedures, documentation standards, and compliance requirements for various professional healthcare services.

[eMedNY Trainings](): eMedNY offers online training webinars to providers and their billing staff.

[Medicaid Payment Lag](): This webpage details how the State of New York holds Medicaid payments for two weeks before distribution to aid plans and providers with cash flow problems. Distressed providers experiencing financial difficulties can request to be removed from this two-week lag, which accelerates their Medicaid payments. This exemption is seen as a temporary measure to provide short-term cash flow relief, with annual evaluations by the Department of Health to potentially reinstate the regular payment lag. Providers must submit detailed financial documents and explanations to qualify.

[Guide to Timely Billing:]() The document offers guidance on timely filing practices for providers in New York's Medicaid program. It details information on submitting claims within specified timeframes and delay code information and provides tips to avoid common billing errors.

[Supplemental Payment Program](): The webpage provides information on the Supplemental Payment Program (wrap payments), outlining eligibility criteria, methods for calculating and submitting payment rates, and instructions for completing the Managed Care Visit and Revenue (MCVR) report. (Last Updated 4/2018).

[Policy Guidance on MCO Reimbursement to FQHCs under Articles 31 and 32 at PPS Rates](): The document outlines that Medicaid Managed Care Organizations (MCOs) must reimburse Federally Qualified Health Centers (FQHCs) at the full Prospective Payment System (PPS) rate for services under Articles 31 and 32, eliminating the need for supplemental wrap payments. (Last Updated: 7/10/2022).

[Rate Appeals / New Providers](): The webpage provides guidance for New York State Medicaid rate appeals and setting rates for new providers. (Last Updated: September 2022).

[Comprehensive Guidance Regarding Use of Telehealth](): The webpage offers guidance on the use of telehealth in New York State Medicaid, including detailed information on billing for telephonic services. It covers payment policies, billing procedures for various facility types, and specific guidelines for teledentistry and remote patient monitoring. (Last Updated: 8/9/2023).

[Coverage Policy and Billing Guidance for the Administration of COVID-19 Vaccines](): The webpage provides NYS Medicaid's billing guidance for COVID-19 vaccine administration, including reimbursement policies and detailed billing instructions for various provider types. (Last Updated: 9/27/2023).

[Coverage Policy and Billing Guidance for Vaccinations (Non-Covid):]() The "Medicaid Fee-for-Service Coverage Policy and Billing Guidance for Vaccinations" section on the webpage outlines New York State Medicaid's policies for vaccine coverage and billing. It includes information on the Vaccines for Children (VFC) Program, vaccination billing for office-based practitioners, Article 28 facilities, and School-Based Health Centers. (Last Updated: July 2020).

[Updated Medicaid Reimbursement Policy - Full PPS Rate for Secondary and Tertiary Claims](): This Medicaid Update provides an update on Medicaid's reimbursement policy for FQHCs after third-party payer adjudication. This policy ensures FQHCs receive the full PPS rate for services when Medicaid is the secondary or tertiary payer (including when the primary payer is Medicare, Medicare Advantage, or

Commercial). The page also details new submission requirements for wrap payments and changes to MCVR reporting.

[Guidance on Billing for Long-Acting Reversible Contraceptives (LARCs) in Medicaid](): This document provides guidance on billing for LARCs in Medicaid, which is one of the few services that can be billed Fee-For-Service (FFS) in conjunction with a threshold visit under PPS. (Last Updated: 09/2016).

[Community Health Worker Policy Manual](): This guidance details the criteria and conditions under which FQHCs are permitted to bill for CHW services, emphasizing that billing is allowable only for FQHCs that have opted into the APGs system. More info can be found at this link about CHW and how to bill for APGs: [CHW Services for Pregnant and Postpartum People.]() Note that in the FY24 budget, FQs might be able to bill if it's separate from a threshold visit.

[Coverage Policy for eConsults](): This Medicaid guidance pertains to eConsults, which as of April 1, 2024, are reimbursable services where treating/requesting providers consult electronically with specialist providers to enhance patient care without direct patient-specialist contact. The reimbursement rate is set at $28.46 for the consultative provider and $26.50 for the treating/requesting provider. However, per Kate Bliss's email dated April 9, 2024, FQHCs are **not** reimbursed for these services.

NYS DOH Information:

[Guidance on Licensure Thresholds for Integrating Primary Care and Behavioral Health Services:]() This webpage provides guidance on licensure thresholds for integrating primary care and behavioral health services. It details the conditions under which primary care providers can offer mental health and substance use disorder services and vice versa.

[Ambulatory Health Care Facility (AHCF) Cost Report](): This website provides comprehensive guidance on filling out the AHCF Cost Report, including a detailed presentation, FAQs, and a webinar.

[New York Codes, Rules and Regulations (NYCRR) Title 9 Search](): This webpage provides access to over 5,100 regulations, including those for Article 28. It features a full-text search functionality but is not organized in a user-friendly manner, which may make finding specific regulations challenging.

NYS Office of Mental Health (OMH) Article 31 Information:

[NYS OMH Clinic Treatment Programs Implementation Guidance:]() This guidance contains regulations and guidelines for OMH Article 31 licensed clinics, including operational, clinical, and billing standards.

[OMH Standards of Care](): This document outlines the standards of care as specified by the Office of Mental Health (OMH) for Article 31 clinics.

NYS Office of Addiction Services and Supports (OASAS) Article 32 Information:

[General Service Standards for Substance Use Disorder Outpatient Programs:]() This document includes regulations and guidelines for OASAS Article 822 licensed clinics, covering operational, clinical, and billing standards specific to addiction treatment services.

[OASAS Outpatient Services Clinical Guidance](): This webpage offers guidelines for outpatient services, including clinical standards, care approaches, and telehealth practice.