

RHC Encounter Rates through MCOs: Q&A

1. Where can I find more information about receiving RHC encounter rates through MCOs?

You can find information regarding this payment option in the following locations:

- **RHC Billing Guide:**
 - <https://www.hca.wa.gov/assets/billers-and-providers/RHC-bi-20171001.pdf>
- **RHC WAC – Chapter 182-549 WAC “Rural Health Clinics”:**
 - <http://apps.leg.wa.gov/WAC/default.aspx?cite=182-549&full=true>

Additionally, if you have specific questions regarding your RHCs transition to this new option of payment feel free to reach out the HCAs FQHC/RHC unit at: FQHCRHC@hca.wa.gov

2. Does my clinic need to bill MCOs using the T1015?

Yes, for dates of service on or after 01/01/2018 RHCs need to bill MCOs with a T1015 for all RHC encounter eligible claims in order to receive their full encounter rate.

3. What NPI should my RHC use?

RHCs need to use the NPI associated with their RHC Taxonomy. This is the same NPI you provided on your participation form when you elected this payment option. MCOs will be using these NPIs to configure their systems to pay the full encounter rate.

5. Are there any specific guidelines for billing maternity care?

Maternity care should be unbundled and billed in the same way they are currently billed fee for service and per page 39 of the RHC Billing Guide in the section titled “How do I bill for maternity care?”.

6. How will enhancement payments change in January 2018?

*RHCs participating in this model will no longer receive monthly enhancement payments as of 01/01/2018. These RHCs will instead receive their full encounter rate on encounter eligible claims submitted to their MCOs. **RHCs receiving their full encounter rate through MCOs will no longer receive enhancement payments for month of enrollment effective 01/01/2018.** Any questions about your clinic’s transition to this method can be sent to FQHCRHC@hca.wa.gov.*

7. Will I still receive my monthly roster files after 1/1/2018?

Yes, RHCs participating in this payment option will still receive a monthly roster file. This roster file will be for managing client enrollment only and will not be tied to any type of payment. The only time a clinic may receive enhancement payments after 1/1/2018 is if these payments were for rosters retroactive to 2017.

It is important that valid associations are maintained between RHCs and MCOs in order for the clinics to continue to receive their monthly roster/list of clients from HCA.

8. What are MCO associations and why are associations important?

MCO associations are the connection in ProviderOne of a signed contract between an MCO and a RHC. Associations allow Provider One to correctly process clinic rosters submitted by MCOs. RHC associations can only be set up in Provider One when the RHC sends HCA the signed and dated page of the MCO contract.

Communicating your RHC's MCO associations with HCA is very important. HCA needs to know if you are (or are not) contracted with any MCOs and if these contracts change. HCA uses these associations to communicate with MCOs which clinics should receive rosters.

9. How will 2017 retroactive rosters be handled?

Rosters retroactive to 2017 will be paid to the clinic as a pass through from MCOs. These payments will be accounted for in the 2017 reconciliation. For example, if a plan submits retroactive rosters in March 2018 for clients who were assigned in October 2017, this retroactive payment will be made in the form of an enhancement to the clinic via the MCO.

10. What should I do if I have questions or concerns after I switch to this payment option?

After 01/01/2018 if you have questions or concerns regarding your RHC encounter rates or claims you should reach out to your MCOs or to HCA as soon as you can. This will help us to problem solve and ensure that your clinic is billing and being paid correctly and at your full RHC encounter rate.