

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE- OTHER TYPES OF CARE

REIMBURSEMENT FOR INDIAN HEALTH SERVICE TRIBAL 638 HEALTH FACILITIES

A. Reimbursement for Tribal Health Clinics

1. Services provided by or through facilities of the Indian Health Services (IHS) which includes, at the option of the tribe, facilities operated by a tribe or tribal organization and funded by Title I or V of the Indian Self Determination and Education Assistance Act, also known as Tribal 638 facilities, are paid at the applicable IHS OMB rate published in the annual Federal Register or Federal Register Notices by IHS.

2. The most current published IHS OMB outpatient per visit rate, also known as the outpatient all-inclusive rate, is paid for up to five (5) outpatient visits per beneficiary per calendar day for professional services. An outpatient visit is defined as a face-to-face or telemedicine contact between any health care professional, at or through the IHS facility as described above, authorized to provide services under the State Plan and a beneficiary for the provision of Title XIX defined services, as documented in the beneficiary’s medical record.

3. To be included in the outpatient per visit rate are certain pharmaceutical/drugs, dental services, rehabilitative services, behavioral health services, any and all ancillary services, and emergency room services provided on-site and medical supplies incidental to the services provided to the beneficiary.

B. Payments to Tribal 638 Programs

Virginia Medicaid reimburses Tribal 638 facilities in accordance with the most recently published Federal Register. Encounters/visits are limited to healthcare professionals as approved under the Virginia Medicaid State Plan. A tribal health program selecting to enroll as a FQHC and agreeing to an alternate payment methodology (APM) will be paid using the APM.

C. Alternative Payment Methodology for Tribal Facilities Recognized as FQHCs

1. Outpatient health programs or facilities operated by a Tribe or Tribal organization that choose to be recognized as FQHCs in accordance with Section 1905 (I)(2)(B) of the Social Security Act and the Indian Self-Determination Act (Public Law 93-638) will be paid using an alternative payment methodology (APM) for services, that is the published, all-inclusive rate (AIR). The APM/AIR rate is paid for up to five face-to-face encounters/visits per recipient per day.

2. Virginia Medicaid will establish a Prospective Payment System (PPS) methodology for the Tribal facility so that the Agency can determine on an annual basis that the published, all-inclusive rate results in payment to the center or clinic of an amount which is at least equal to the PPS payment rate. The PPS rate will be established by reference to the current rate applicable to one or more non-tribal FQHCs in the same or adjacent areas with similar caseloads. If such a non-tribal FQHC is not available, the PPS rate will be established by reference to the current rate applicable to

TN No. 21-007

Approval Date 6/22/21

Effective Date 2/24/21

Supersedes

TN No. New Page

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one or more non-tribal FQHCs in the same or adjacent areas with a similar scope of services. If there is no non-tribal FQHC in the same or adjacent area with similar caseloads or similar scope of services, the PPS rate will be based on an average rate of non-tribal FQHCs throughout the state. The Tribal facility would not be required to report its costs for the purposes of establishing a PPS rate. The APM is effective for services provided on and after February 24, 2021.

- 3. The individual FQHC must agree to receive the APM.

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