Rural Health Clinic Services

Services are limited to one visit per day in a rural health clinic. Exceptions will be granted based on medical necessity. For example, a recipient seen at a rural health clinic who subsequently experiences an accident or his condition worsens, may seek the necessary additional medical care from the rural health clinic on the same day.

Attachment 3.1-B Page 47

Rural Health Clinic Services

Services are limited to one visit per day in a rural health clinic. Exceptions will be granted based on medical necessity. For example, a recipient seen at a rural health clinic who subsequently experiences an accident or his condition worsens, may seek the necessary additional medical care from the rural health clinic on the same day.

Formatted: Indent: First line: 0"

Formatted: Indent: First line: 0", Tab stops: 5.95", Left

Amendment <u>2012-012</u> Supersedes 92-39 Effective <u>12/06/2012</u> Approval <u>03-11-13</u> _____

Federally Qualified Health Center Services

Services provided in a federally qualified health center are limited to one medical, one dental, and one mental health visit per day, per recipient. Exceptions will be granted based on medical necessity. For example, a recipient seen at a federally qualified health center who subsequently experiences an accident or his condition worsens, may seek the necessary additional medical care from the federally qualified health center on the same day.

Amendment <u>2012-012</u> Supersedes <u>92-39</u> Effective <u>12/06/2012</u> Approval <u>03-11-13</u>

Attachment 3.1-B Page 48

Federally Qualified Health Center Services

Services provided in a federally qualified health center are limited to one medical, one dental, and one mental health visit per day, per recipient. Exceptions will be granted based on medical necessity. For example, a recipient seen at a federally qualified health center who subsequently experiences an accident or his condition worsens, may seek the necessary additional medical care from the federally qualified health center on the same day.

Formatted: Indent: First line: 0"

Formatted: Indent: First line: 0", Tab stops: 5.49", Left

Amendment <u>2012-012</u> Supersedes <u>92-39</u> Effective <u>12/06/2012</u> Approval <u>03-11-13</u>

METHODS USED IN ESTABLISHING PAYMENT RATES

4/1/91 <u>EARLY AND PERIODIC SCREENING DIAGNOSIS OF INDIVIDUALS UNDER 21 YEARS OF AGE, AND TREATMENT OF CONDITIONS FOUND:</u>

All services provided for in Section 1905(a) of the Act which are medically necessary to correct or ameliorate defects and physical and mental illnesses and conditions are provided for EPSDT participants.

Institutional services (inpatient/outpatient hospital services, nursing home services and ICF/MR services), Federally Qualified Health Centers and Rural Health Services are reimbursed as described within Attachment 4.19-B.

All other services are reimbursed on a fee-for-service basis in accordance with established fee schedules as described within Attachment 4.19-B.

Formatted: Indent: Left: 0"

Formatted: Indent: Left: 0", Tab stops: 5.98", Left

Amendment <u>2012-012</u> Effective <u>12/06/2012</u> Supersedes <u>93-02</u> Approval <u>03-11-13</u>

METHODS USED IN ESTABLISHING PAYMENT RATES

8/1/12 INDIVIDUAL PRACTITIONERS SERVICES - (Doctors of Medicine, Chiropractic, Osteopathy, Dentistry, Optometry and other individual Practitioners services) -

> Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of physician, chiropractic, osteopathic, dental, optometric, and podiatric services. The agency's fee schedule rate is in effect for services provided on or after August 1, 2012. All rates, including current and prior rates, are published and maintained on the agency's website. Specifically, the fee schedule and any annual/periodic adjustments to the fee schedule are published at www.MyMedicaid-Florida.com.

1/1/01 Medicaid will only reimburse doctors of medicine, osteopathy, and other individual practitioner services for mobile services under contractual agreement with a Federally Qualified Health Center or a County Health Department. Medicaid will only reimburse those practitioners whose mobile Rural Health Clinic (RHC) units are certified by Medicare as mobile RHCs in accordance with Title 42 Code of Federal Regulations.

> Medicaid will only reimburse doctors of optometry for mobile services under contractual agreement with a Federally Qualified Health Center. Medicaid will only reimburse those practitioners whose mobile Rural Health Clinic (RHC) units are certified by Medicare as mobile RHCs in accordance with Title 42 Code of Federal Regulations.

7/1/01 Medicaid will only reimburse doctors of dentistry for mobile services under contractual arrangement with a Federally Qualified Health Center, County Health Department, state approved dental educational institution, or for services rendered to recipients age 21 and over at nursing home facilities.

> Reimbursement for mobile services is made directly to the CHD, FQHC or RHC. Reimbursement to the individual practitioners contracting with these entities is made directly by the CHD, FOHC or RHC with whom they contract the services provided.

Medicaid will not reimburse for mobile services for radiology procedures or interpretations if the service was provided by a mobile provider.

> Amendment2012-012 Effective 12/06/2012 Supersedes 2012-014 Approval 03-11-

METHODS USED IN ESTABLISHING PAYMENT RATES

7/1/91 FEDERALLY QUALIFIED HEALTH CENTER (FQHC) SERVICES

Providers enrolled in Medicaid's Federally Qualified Health Center (FQHC) Services program will be reimbursed at an all inclusive rate per visit that includes all services and supplies provided in the course of diagnosis and treatment of an illness or injury or to assess health status in order to detect and prevent disease, disability, and other health conditions or their progression and integral thereto.

1/1/01 The payment methodology for FQHCs will conform to section 702 of Medicare,
Medicaid, and SCHIP Benefits Improvement Act of 2000 (BIPA) legislation. The payment
methodology for FQHCs will conform to the BIPA 2000 requirements under a
prospective payment system.

Amendment <u>2012-012</u> Effective <u>12/06/2012</u> Supersedes <u>92-02</u> Approval <u>03-11-13</u>