



# Community Health and Public Health Clinics (MHCP)

Policy Number: SC140028A1

Effective Date: January 5, 2015

Last Reviewed: January 2015

| Table of Contents                             | Page |
|---|------|
| PAYMENT POLICY OVERVIEW .....                 | 3    |
| PATIENT ELIGIBILITY CRITERIA .....            | 3    |
| DEFINITIONS.....                              | 3    |
| POLICY AND BILLING INFORMATON .....           | 3    |
| PRIOR AUTHORIZATION OR THRESHOLD LIMITS ..... | 8    |
| RELATED PAYMENT POLICY DOCUMENTATION.....     | 9    |
| REFERENCES AND SOURCE DOCUMENTS .....         | 9    |

*“Payment Policies assist in administering payment for UCare benefits under UCare’s health benefit plans. Payment Policies are intended to serve only as a general reference resource regarding UCare’s administration of health benefits and are not intended to address all issues related to payment for health care services provided to UCare members. In particular, when submitting claims, all providers must first identify member eligibility, federal and state legislation or regulatory guidance regarding claims submission, UCare provider participation agreement contract terms, and the member-specific Evidence of Coverage (EOC) or other benefit document. In the event of a conflict, these sources supersede the Payment Policies. Payment Policies are provided for informational purposes and do not constitute coding or compliance advice. Providers are responsible for submission of accurate and compliant claims. In addition to Payment Policies, UCare also uses tools developed by third parties, such as the Current Procedural Terminology (CPT®\*), InterQual guidelines, Centers for Medicare and Medicaid Services (CMS), the Minnesota Department of Human Services (DHS), or other coding guidelines, to assist in administering health benefits. References to CPT or other sources in UCare Payment Policies are for definitional purposes only and do not imply any right to payment. Other UCare Policies and Coverage Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to administer payments in a manner other than as described by UCare Payment Policies when necessitated by operational considerations.”*

\*CPT® is a registered trademark of the American Medical Association



*This page has intentionally been left blank*



**PAYMENT POLICY OVERVIEW**

**PRODUCT SUMMARY**

This Policy is applicable to UCare’s MHCP products

**PROVIDER SUMMARY**

This policy is applicable to clinics who meet the legal requirements of a community or public health clinic and the providers who are eligible to perform services in these clinics.

**POLICY STATEMENT**

This Policy provides information on the requirements to be designated as a community or public health clinic. In addition, this Policy covers the billing and payment guidelines for these clinics, as it pertains to UCare’s MHCP products.

**PATIENT ELIGIBILITY CRITERIA**

This Policy is applicable to individuals who are enrolled and eligible for coverage through an UCare MHCP product.

**DEFINITIONS**

| TERM | NARRATIVE DESCRIPTION |
|------|-----------------------|
| None |                       |

**POLICY AND BILLING INFORMATON**

**Community Health Clinics**

**Clinic Requirements**

Community Health Clinics must meet the following requirements:

- Meet nonprofit status as defined in applicable Minnesota Statutes;
- Have tax-exempt status as provided for in the Internal Revenue Code 501( c ) 3;
- Is established to provide health care services to low income population groups; and,

- Meets the criteria established for Community Health Clinic as required by Minnesota Statutes 256B.0625, subd. 30 and Minnesota Rules 9505.0255, subd. 4.

### Eligible Providers

The following providers are eligible to furnish services within a community health clinic:

- Physicians
- Dentists
- Physician Assistants (PA)
- Advance Practice Nurses (APRNS) (Advance practice nurses may contract with, be a volunteer of, or an employee of a community health clinic.
- Nurse Practitioners (NP)
- Certified Nurse Specialists (CNS)
- Certified Nurse Midwives (CNM)
- Eligible Physician Extenders, including PA's and APRN's who choose not to enroll with DHS, genetic counselors, registered nurses and licensed acupuncturists.

Supervision requirements must be met for physician extender services.

### Public Health Clinic (PHC)

Public Health Clinics must be a department or operate under the direct authority of a unit of government (e.g., city or county). Providers eligible to furnish within a PHC include:

- Physicians
- Physician Assistants (PA)
- Advance Practice Registered Nurses (APRN)
- Nurse Practitioners (NP)
- Certified Nurse Specialist (CNS)
- Certified Nurse Midwives (CNM)
- Eligible Physician Extenders, including PA's and APRN's who choose not to enroll with DHS, genetic counselors, registered nurses and licensed acupuncturists.
- Tuberculosis case management and directly observed therapy.
- Community Health Worker (under supervision of a certified public health nurse)

Tuberculosis casement management and directly observed therapy must be furnished by eligible provider(s) employed by a Community Health Board.

Supervision requirements must be met for physician extender services.

## **Community Health Clinics (CHC) – Covered Services**

The following services can be performed by eligible providers within a community health clinic:

- Physician services - medically necessary health service provided by or under the supervision of a physician or for advance practice provider services they are eligible to perform under the scope of their licensure.
- Preventive health services - a health service provided to an individual to avoid or minimize the occurrence of illness, infection, disability, or other health condition. (Source: Minnesota Rules 9505.0355)
- Dental services - a diagnostic, preventive, or corrective procedure furnished by or under the supervision of a dentist. (Source: Minnesota Rules 9505.0270)
- Family planning services
- Early / periodic screening, diagnosis, and treatment – known as Child and Teen Checkups (C&TC)
- Prenatal care services

## **Public Health Clinics – Covered Services**

The following services can be performed by eligible providers within a public health clinic:

- Physician services - medically necessary health service provided by or under the supervision of a physician or for advance practice provider services they are eligible to perform under the scope of their licensure.
- Preventive health services - a health service provided to an individual to avoid or minimize the occurrence of illness, infection, disability, or other health condition. (Source: Minnesota Rules 9505.0355)
- Dental services - a diagnostic, preventive, or corrective procedure furnished by or under the supervision of a dentist. (Source: Minnesota Rules 9505.0270)
- Family planning services
- Early / periodic screening, diagnosis, and treatment – known as Child and Teen Checkups (C&TC)
- Prenatal care services
- Patient education services (diagnosis related) provided by a Community Health Worker under the supervision

## **Tuberculosis Services**

### *Drugs*

UCare covers drugs for tuberculosis and other communicable diseases if prescribed by a licensed practitioner and dispensed by a physician or certified nurse practitioner employed by, or under contract with, a community health board for purposes of communicable disease control.

### *Case Management and Directly Observed Therapy*

- Case management services are covered if they are furnished by a certified public health nurse, employed by a community health board.
- Directly observed therapy must be furnished by a public health nurse employed by a community health board, or by a community outreach worker, licensed practical nurse or registered nurse trained and supervised by a physician or certified nurse practitioner, or under contract with a community health board for purposed of communicable disease control.

## **Community Health Workers (CHW)**

### *Covered Services*

UCare covers diagnosis-related patient education services provided by a CHW when the following criteria is met:

- As relates to a public health clinic eligible Community Health Workers must be supervised by an eligible certified public health nurse;
- An eligible physician, APRN, dentist, certified public health nurse must order the patient education service(s) and the order must state the services be provided by a CHW;
- The service involves teaching the patient how to effectively self-manage their health or oral health in conjunction with the health care team;
- The service is provided face-to-face with the recipient (individually or in a group) in an outpatient, home or clinic, or other community setting; and,
- The content of the educational and training program is a standardized curriculum consistent with established or recognized health or dental health care standards. Curriculum may be modified as necessary for the clinical needs, cultural norms and health or dental literacy of the individual patient.

*Non-covered Services*

- Social services such as enrollment assistance, case management, or advocacy delivered by a CHW
- Interpreter services in conjunction with CHW services

**Provider Reductions (Applicable to both Community and Public Health Clinics)**

| Provider Type                    | Applicable Reduction  | Additional Information or Requirements  |
|----------------------------------|---|---|
| Certified Nurse Midwives         | An enrolled certified nurse-midwife receives 100% of the physician rate.  |   |
| Certified Nurse Specialist (CNS) | An enrolled CNS receives 90% of the physician rate.   |   |
| Nurse Practitioner (NP)          | An enrolled NP receives 90% of the physician rate   |   |
| Physician Assistant (PA)         | An enrolled PA receives 90% of the physician rate. Physician Assistants who choose not to enroll will be paid as a physician extender at 65% of the physician rate. | Enrolled PA's should not append a modifier to their services. Unrolled PA's rendering services as physician extenders are required to append the -U7 modifier when billing UCare. |

**Legislated Rate Increases (For Both Community and Public Health Clinics)**

With the exception of laboratory services the legislated increase will be applied to the allowed amount listed on the DHS fee schedule for entities defined as Community or Public Health Clinics.

## **Billing Guidelines**

### *Tuberculosis Case Management and Directly Observed Therapy Services*

- Tuberculosis Case Management Services and Tuberculosis Directly Observed Therapy should not be billed on the same date of service. If provided on the same date, case management services will be bundled with directly observed therapy.
- Tuberculosis Case Management and an evaluation and management service for office or home visits should not be billed on the same day. Case management services will be bundled with the office or visit and will be denied.

### **Community Health Workers**

Outlined below are billing guidelines specific to Community Health Workers:

- Class size is limited to a maximum of eight (8) participants;
- Eligible services (98960 – 98962) should be billed in 30 minute increments; one unit of service equals 30 minutes, and is limited to 4 units per twenty-four (24) hour period, and no more than eight (8) units per calendar month for each individual Enrollee;
- Use the public health clinic’s professional NPI number as the billing provider; and
- Use the CHW’s non-pay Unique Minnesota Provider Identifier (UMPI) number as the rendering or attending provider.

### **Community Health and Public Health Clinics**

- Services should be billed using the MN-ITS 837P format.

| <b>PRIOR AUTHORIZATION OR THRESHOLD LIMITS</b> |
|--|
| None   |





**RELATED PAYMENT POLICY DOCUMENTATION**

**REFERENCES TO OTHER PAYMENT POLICY DOCUMENTATION THAT MAY BE RELEVANT TO THIS POLICY.**

| POLICY NUMBER | POLICY DESCRIPTION AND LINK |
|---------------|-----------------------------|
|               | Community Health Workers    |

**REFERENCES AND SOURCE DOCUMENTS**

**LINKS TO CMS, MHP, MINNESOTA STATUTE AND OTHER RELEVANT DOCUMENTS USED TO CREATE THIS POLICY.**

*Minnesota Rules 9505.0255 – Community Health Clinic Services*

<https://www.revisor.leg.state.mn.us/rules/?id=9505.0255>

*Minnesota Rules 9505.0380 – Public Health Clinic*

<https://www.revisor.mn.gov/rules/?id=9505.0380>

*Minnesota Statute 256B.0625 – Covered Services*

<https://www.revisor.mn.gov/rules/?id=9505.0380>

*MHCP Manual – Mid Level Provider Reductions and Provider Definitions*

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=id\\_008926#physician](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=id_008926#physician)

*MHCP Manual – Community and Public Health Clinics*

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=id\\_008928#P75\\_3310](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=id_008928#P75_3310)

*MHCP Manual Payment Methodology – Non Hospital 20% Rate Increase*

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=dhs16\\_146898](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=dhs16_146898)

*MHCP Provider Manual - Community Health Workers*

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=dhs16\\_140357#](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=dhs16_140357#)