

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10059	Date: April 24, 2020
	Change Request 11770

SUBJECT: Update to the Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) for Calendar Year (CY) 2020 - Recurring July File Update

I. SUMMARY OF CHANGES: This Change Request (CR) updates the Prospective Payment System (PPS) for the Federally Qualified Health Center (FQHC) Pricer. The new version implements the waiving of the coinsurance for the “Families First Coronavirus Response Act.”

EFFECTIVE DATE: July 1, 2020

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: July 6, 2020

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

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IMPLEMENTATION DATE: July 6, 2020

I. GENERAL INFORMATION

A. Background: On March 13, 2020, a national emergency was declared in the United States concerning the Novel Coronavirus (COVID-19) Outbreak. On March 18, 2020, the “Families First Coronavirus Response Act” was signed by the President. Under section 6002, "Waiving cost sharing under the Medicare program for certain visits relating to testing for COVID–19 (b) The Secretary of Health and Human Services shall provide for an appropriate modifier (or other identifier) to include on claims to identify, for purposes of subparagraph (DD) of section 1833(a)(1), as added by subsection (a), specified COVID–19 testing-related services described in paragraph (1) of section 1833(cc) of the Social Security Act, as added by subsection (a), for which payment may be made under a specified outpatient payment provision described in paragraph (2) of such subsection."

In the event of a declared Public Health Emergency (PHE), the United States Secretary of Health has the authority to temporarily waive or modify application of certain Medicare requirements during the emergency period.

During the COVID-19 PHE, coinsurance can be waived for services that are related to COVID-19 testing. For services in which the coinsurance is waived, FQHCs must put the “CS” modifier on the claim. FQHCs should not collect coinsurance from beneficiaries if they choose to waive coinsurance for services related to COVID-19 testing.

B. Policy: During the PHE concerning the spread of the corona virus as declared by the U.S. Secretary of Health, services in connection to patients diagnosed with COVID-19, or showing signs and symptoms of COVID-19, the coinsurance shall be waived until the PHE is declared to be ended.

Under section 6002, "Waiving cost sharing under the Medicare program for certain visits relating to testing for COVID–19 (b) The Secretary of Health and Human Services shall provide for an appropriate modifier (or other identifier) to include on claims to identify, for purposes of subparagraph (DD) of section 1833(a)(1), as added by subsection (a), specified COVID–19 testing-related services described in paragraph (1) of section 1833(cc) of the Social Security Act, as added by subsection (a), for which payment may be made under a specified outpatient payment provision described in paragraph (2) of such subsection."

The Secretary has directed that current modifier "CS" have its descriptor changed to implement this section of the law.

The new revised Pricer program shall be installed timely to ensure accurate payments for FQHC claims.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
11770.1	The Medicare contractor shall load the FQHC Pricer, effective July 1, 2020.					X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Cindy Pitts, Cindy.Pitts@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0