

Carta Trámite

22 de mayo de 2024

A: Todos los Proveedores Contratados por First Medical Health Plan, Inc., para el Plan Vital

Re: Aclaraciones sobre los Requisitos de Facturación del FQHC, (*Federally Qualified Health Center*)

Estimado(a) Proveedor(a):

Reciba un cordial saludo de parte de First Medical Health Plan, Inc., (FMHP).

Adjunto a este comunicado encontrará la Carta informativa **Aclaraciones sobre los Requisitos de Facturación del FQHC**, emitida por el Departamento de Salud de Puerto Rico, DSPR.

A través de este comunicado, el DSPR informa, sobre las actualizaciones a los códigos de requisitos de facturación como parte del proyecto Puerto Rico MMIS Fase III. Estos códigos están diseñados para alinearse con la Política del Programa de Medicaid de Puerto Rico (PRMP, por sus siglas en inglés) y respaldar los pagos integrales de los Centros Federales de Salud Calificados (*Federally Qualified Health Center*, FQHC, por sus siglas en inglés). La actualización de estos códigos entró en vigor el pasado 20 de mayo de 2024. Si tiene alguna pregunta sobre esta notificación, puede comunicarse para solicitar asistencia al (833) 209-8326. También, puede enviar su consulta por correo electrónico a Prmmis_edi_support@gainwilltechnologies.com

Para detalles específicos sobre la información provista por el DSPR, le exhortamos a leer detenidamente la Carta informativa **Aclaraciones sobre los Requisitos de Facturación del FQHC**.

Si usted tiene alguna pregunta o necesita información adicional relacionada a este comunicado, también puede comunicarse con nuestro Centro de Servicio al Proveedor al número libre de cargos 1-844-347-7802 de lunes a viernes de 7:00 a.m. a 7:00 p.m. También, puede acceder a nuestra página electrónica www.firstmedicalvital.com.

Cordialmente,

Departamento de Cumplimiento
First Medical Health Plan, Inc.



DEPARTAMENTO DE SALUD

SECRETARÍA AUXILIAR PARA LA COORDINACIÓN DE SERVICIOS Y ASISTENCIA EN SALUD

División de Asistencia Médica (Medicaid)

May 15, 2024

Managed Care Organizations (MCOs)
Medicare Advantage Organizations (MAOs)
Pharmacy Benefit Managers (PBMs)
Puerto Rico Government Health Plan – Vital Health Plan

RE: FQHC BILLING REQUIREMENT CLARIFICATIONS

We want to inform the Puerto Rico Government Health Plans of upcoming clarifications to billing requirements as part of the Puerto Rico MMIS Phase III project. These edits are designed to align with Puerto Rico Medicaid Program (PRMP) policy and support Federally Qualified Health Centers (FQHC) wraparound payments. Please be advised that the following denial edit will be implemented on May 20, 2024:

Error code: 4416 - FQHC WITH INVALID TOB/PROVIDER TYPE

- **Edit Criteria:** This error code is set to deny when an FQHC provider bills with a type of bill that is other than 077*. It is also set to deny when a provider type other than an FQHC bills with a type of bill 077*.
- **Claim Types Applicable:** Outpatient and Outpatient Crossover.
- **Edit Disposition:** This edit will DENY the encounter if the criteria are not met.

The FQHC Reimbursement Ruling dated 2019, published by the Puerto Rico Department of Health, defined the criteria for visits that qualifies for a wraparound payment. To calculate the FQHC wraparound payments, encounters will be noted with the following informational edits beginning on May 20, 2024:

Error code: 4410 - REVENUE CODE DOES NOT QUALIFY

- **Edit Criteria:** This informational error code occurs when the revenue code is not included in the visit criteria of the FQHC Reimbursement Ruling.
- **Claim Types Applicable:** Outpatient and Outpatient Crossover.
- **Edit Disposition:** Informational only; will NOT result in denial of the encounter; however, this service will not be included in the wraparound payment.

Error code: 4412 - TOB DOES NOT QUALIFY

- **Edit Criteria:** This informational error code occurs when the type of bill (TOB) billed is not an FQHC TOB. TOB must be 077*.
- **Claim Types Applicable:** Outpatient and Outpatient Crossover.
- **Edit Disposition:** Informational only; will NOT result in denial of the encounter; however, this service will not be included in the wraparound payment.

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 787-765-2929

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Error code: 4413 - RENDERING PROVIDER DOES NOT QUALIFY

- Edit Criteria: This informational error code occurs when the rendering provider type billed is not included in the visit criteria of the FQHC Reimbursement Ruling.
- Claim Types Applicable: Outpatient, Outpatient Crossover, Professional, Professional Crossover, Dental.
- Edit Disposition: Informational only; will NOT result in rejection of the encounter; however, this service will not be included in the wraparound payment.

Error code: 4414 - PROCEDURE DOES NOT QUALIFY

- Edit Criteria: This error code occurs when the procedure code billed is not included in the visit criteria of the FQHC Reimbursement Ruling.
- Claim Types Applicable: Outpatient, Outpatient Crossover, Professional, Professional Crossover, Dental.
- Edit Disposition: Informational only; will NOT result in rejection of the encounter; however, this service will not be included in the wraparound payment.

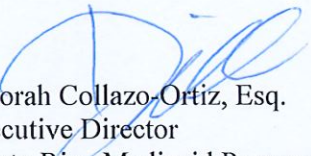
Error code: 4415 - ENCOUNTER CLAIM HAS MET FQHC VISIT CRITERIA

- Edit Criteria: This error code (edit) occurs when an encounter claim matches the criteria included in the visit criteria of the FQHC Reimbursement Ruling.
 - For Professional/Professional Crossover, and Dental claim types, the criteria include:
 - Billing Type: 19 or 68 .
 - Performing Type: Physician (25), Podiatrist (27), Physician Assistant (29), Nurse Practitioner (30), Social Worker (32), Midwife (34), Dentist (35), Optometrist (62), Psychologist (73).
 - Place of Service: 03, 04, 11, 12, 13, 14, 15, 16, 24, 31, 32, 34, 49, 50, 53, 57, 58.
 - For Institutional Outpatient/ Outpatient Crossover claim types, the criteria include:
 - Revenue Code: 519-519, 521-522, 524-525, 527-528, 900-900.
 - The above-listed revenue codes should be billed with a procedure code.
 - Billing Provider Type: 19 or 68.
 - Performing Provider Type: Physician (25), Podiatrist (27), Physician Assistant (29), Nurse Practitioner (30), Social Worker (32), Midwife (34), Dentist (35), Optometrist (62), Psychologist (73).
 - Type of Bill: 077*
- Claim Types Applicable: Outpatient, Outpatient Crossover, Professional, Professional Crossover, Dental.
- Edit Disposition: Informational only; will NOT result in rejection of the encounter; this service WILL be included in the wraparound payment.

Please be sure to communicate this to your FQHC providers for their awareness.

If you have questions regarding this notification, please contact the EDI Help Desk at (833)209-8326 or you may also submit your inquiry by email to prmmis_edi_support@gainwelltechnologies.com

Cordially,



Dinorah Collazo-Ortiz, Esq.
Executive Director
Puerto Rico Medicaid Program

c: Carlos Mellado, MD
Puerto Rico Health Secretary

Mrs. Roxana Rosario
Executive Director
Puerto Rico Health Insurance Administration (ASES)