

To: FQHC/RHC Providers in Tennessee
From: Zane Seals, Chief Financial Officer at TennCare
Date: March 31, 2022
Subject: Adding and Reporting Behavioral Health Services

The purpose of this memorandum is to provide guidance, as well as the process, by which clinics may add behavioral health to the scope of their FQHC/RHC services.

Pursuant to 42 C.F.R. § 405.2446(b), the scope of services for FQHC/RHCs under the Medicare program include clinical psychologist services, clinical social worker services, and services and supplies furnished as incident to a clinical psychologist or clinical social worker service. While such services are not specifically outlined under the Medicaid program, 42 C.F.R. § 440.20(c) indicates that other ambulatory services furnished by an FQHC/RHC, that are otherwise included in the State plan, may be added to the scope of services.

Consistent with these regulations, TennCare considers behavioral health to be an FQHC/RHC covered service. However, clinics must have such behavioral health services calculated in their existing prospective payment system (PPS) rate in order to begin reporting behavioral health visits and payments on their PPS settlement reports.¹

Clinics who have received a regional average PPS rate and did not have behavioral health services at the clinic's effective date, can add behavioral health services. In order to include these services for settlement request, clinics must notify the Tennessee Comptroller's Office as follows:

FQHC/RHCs must submit a signed written statement detailing the behavioral health services added and when the services began. The statement should be submitted to the Tennessee Comptroller's Office at clinics@cot.tn.gov. The effective date for reporting behavioral health services will be the first day of the quarter in which the signed statement was submitted to the Tennessee Comptroller's Office.

Clinics who have received a cost-based PPS rate, which did not include behavioral health services as a part of its calculated cost, will only be permitted to add behavioral health services upon submitting a formal change in scope request. FQHC/RHCs will be required to submit the change in scope request as follows:

FQHC/RHCs will notify the State in writing, including a detailed description and documentation of the service change. This should be submitted to the Tennessee Comptroller's Office at clinics@cot.tn.gov. For the addition of a service, the description should include the service the FQHC/RHC is adding, the location(s), the date the

¹ Please note that, in order to qualify for the reconciliation or "wraparound" payment, such claims must be paid by the Managed Care Organization in order to qualify for reimbursement.



MEMO

FQHC/RHC began providing the service, and a brief description of how the new service will benefit the patient population. If an additional service is approved, the State will permit the additional service to be included back to the first day of the quarter in which the change in scope was requested.

For any questions, please contact Rebekah Stephens, Fiscal Performance Manager at Rebekah.stephens@tn.gov or (615) 687-4739.

Sincerely,

Zane Seals
Chief Financial Officer
Division of TennCare