## Rules of Department of Social Services
### Division 70—MO HealthNet Division
#### Chapter 26—Federally-Qualified Health Center Services

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 CSR 70-26.010 MO HealthNet Program Benefits for Federally-Qualified Health Center Services</td>
<td>3</td>
</tr>
</tbody>
</table>
(A) Grants awarded by federal government agencies, such as the Health Resources and Services Administration and Public Health Service, directly to an FQHC;

(B) Grants received from the Missouri Primary Care Association (MPCA) in accordance with contractual agreements between the MO HealthNet Division and MPCA;

(C) Grants to FQHCs for covered services provided to uninsured patients resulting in uninsured FQHC charges that are included on Worksheet 2 of the MO HealthNet Division FQHC cost report;

(D) Grants or incentive payments, either paid directly to FQHCs or assigned to FQHCs by their performing providers, for the meaningful use of electronic health records (EHR) systems; and

(E) Payments to FQHCs for participation in MO HealthNet Division Medical Home initiatives.

(B) The value of services provided by nonpaid workers, including members of an organization having an agreement to provide those services;

(C) Bad debts, charity, and courtesy allowances;

(D) Return on equity capital;

(E) Attorney fees related to litigation involving state, local, or federal governmental entities, and attorney fees which are not related to the provision of FQHC services;

(F) Late charges and penalties; and
(G) Research costs.

(4) Interim Payments.
   (A) FQHC services shall be reimbursed on an interim basis up to ninety-seven percent (97%) of charges for covered services billed to the MO HealthNet program. Interim billings will be processed in accordance with the claims processing procedures for the applicable programs.

   (B) An FQHC in a MO HealthNet managed care region shall be eligible for supplemental reimbursement of up to ninety-seven percent (97%) of managed care charges. This reimbursement shall make up the difference between ninety-seven percent (97%) of the FQHC’s managed care charges for a reporting period, and payments made by the managed care health plans to the FQHC for covered services rendered to managed care patients during that period. The supplemental reimbursement shall occur pursuant to the schedule agreed to by the division and the FQHC, but shall occur no less frequently than every four (4) months. Supplemental reimbursement shall be requested on forms provided by the division. Supplemental reimbursement for managed care charges shall be considered interim reimbursement of the FQHC’s MO HealthNet costs.

(5) Final Settlement.
   (A) An annual desk review will be completed following submission of the FQHC’s Medicaid cost report. The MO HealthNet Division will make an additional payment to the FQHC when the allowable reported MO HealthNet costs exceed interim payments made for the cost-reporting period. The FQHC must reimburse the division when its allowable reported MO HealthNet costs for the reporting period are less than interim payments.

   (B) The annual desk review may be subject to adjustment based on the results of a field audit which may be conducted by the division or its contracted agents.

   (C) Cost reports must be fully, clearly, and accurately completed. If any additional information, documentation, or clarification requested by the division or its contracted agents is not provided within fourteen (14) days of the date of receipt of the division’s request, payments may be withheld from the facility until the information is submitted.

   (D) The division will notify an FQHC by letter of a cost report settlement after completion of the division’s cost report desk review. The FQHC shall review the notification letter and attachments and shall respond with an acceptance of the settlement within fifteen (15) calendar days from receipt of the cost report settlement letter. If the FQHC believes revisions to the division’s desk review and cost settlement are necessary before it can accept a cost settlement, it must submit additional, amended, or corrected data within the fifteen (15)-day deadline. Data received from the FQHC after the fifteen (15)-day deadline will not be considered by the division for desk review and cost settlement revisions unless the FQHC requests and receives, prior to the end of the fifteen (15)-day deadline, an extension for submitting additional information. If the fifteen (15)-day deadline passes without a response from the provider, the division will proceed with the cost report settlement as stated in the division’s notification letter, and the cost report settlement shall be deemed final. The division will not accept an amended cost report or any other additional information to revise the cost report after the finalization of the cost report settlement.
