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Considerations for Converting Existing Licensed Primary Care Clinic to an Intermittent Clinic

Q. What is the process for giving up the license?

A. In the past, clinics were advised to follow the attached process for surrendering a license. Clinics wishing to surrender a license should confirm with the Centralized Applications Branch that this is still the current process:

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/CAB-Contacts.aspx>

Q. How long does it take to surrender the license?

A. Some clinics have experienced process times of 60 days or less. However, there are no written standards on this, and there may be higher volume in 2019.

Q. How do I assign the intermittent clinic to an assigned site?

In order to establish an intermittent clinic, clinics must address the following:

1. **Medi-Cal Enrollment:** The clinic must notify DHCS Provider Enrollment Division (PED) of the intermittent site so that it can be added to the parent clinic's provider master file. The notification to PED should include the following:
 - a. **HRSA Notice of Award:** For FQHCs, the intermittent site must be added to HRSA scope, resulting in a Notice of Award specifying the intermittent site's location. The Notice of Award must be provided to PED.
 - b. **Memo:** Additionally, clinics must submit a letter to the Department of Health Care Services (DHCS) Provider Enrollment Division (PED), on corporate letterhead, requesting enrollment of the Intermittent site. Once the information is received by PED, clinics are eligible for reimbursement at the parent site's PPS rate for services provided at the intermittent site. Clinics wishing to check on the status of their request to PED can reach out to PEDCorr@dhcs.ca.gov.
2. **Notification to CAB:** While not required before the establishment of an intermittent location, clinics are required to notify CAB of any intermittent clinics being operated by a parent clinic at the time of the parent clinic's license renewal. CAB is working to update the renewal form so that there is dedicated space to report this information but, in the meantime, clinics should provide CAB with written notice at the time of the parent clinic's renewal. The written notice shall include the following information regarding the addition of an intermittent clinic(s):
 - a. The name of the "Parent" primary care clinic. Include the facility number, license number, address, and contact information.
 - b. All the facilities operating as an intermittent clinic(s) under the "Parent" primary care clinic. Include the intermittent clinic(s) name, address, daily hours of operation and total per week, and contact information for each intermittent clinic(s).

- c. **STD 850:** Submit a completed Fire Safety Inspection Request (STD 850) for each intermittent clinic.

Once the information is received by CAB, they process and re-issue the parent license so that it reflects the operation of the intermittent clinic(s). CAB **does not** send this information to PED, so clinics need to make sure they have completed Step 1, above, in order to be eligible for Medi-Cal reimbursement.

Note: Intermittent clinics must enroll directly with Medicare and receive their own PTAN. Medicare requires that the intermittent clinic be listed on the parent license prior to enrollment approval, (step 2, above).

Q. What are the criteria for choosing the licensed site to which the intermittent clinic is attached?

A. There are no definitive criteria. However:

- It is a good idea to attach it to a licensed site with similar services. At the very least, the licensed clinic must contain all of the services performed at the intermittent clinic. For example, if the intermittent clinic has dental and the licensed site does not, the dental services could not be billed until added into the scope of the parent site.
- It is also a good idea to consider the patient population for the intermittent site and match it to a parent site with similar patient demographics.
- The State has proposed in the State Plan Amendment to require that the intermittent clinic be attached to the geographically closest licensed clinic. This SPA change has not yet been approved. The current status of this change is unclear. If this change is approved, it may be retroactive to 1/1/19.

Q. Does the adding of an intermittent site require the licensed site to file a PPS Change In Scope?

A. No

Q. If we add a site to a licensed clinic as intermittent, and then take it out later, does that require the licensed site to file a PPS Change In Scope?

A. If an intermittent site is removed, the parent site may be asked by A&I to provide some analysis that shows that the parent rate was not impacted by the removal of the intermittent site. In the case that the intermittent was added into the parent rate at any time, the clinic could be in a position to go through a change in scope when removing the intermittent.

Q. How does the billing look for an intermittent site?

A. Services are billed as if they were performed at the licensed site. PLEASE NOTE: THAT THIS IS ONLY TRUE FOR MEDI-CAL CLAIMS; MEDICARE, COMMERCIAL AND SELF-PAY SERVICES SHOULD BE BILLED UNDER THE PERFORMING CLINIC'S NPI and require separate enrollment of the intermittent site.

Q. Should I include the numbers from an intermittent site under the licensed site's report for the OSHPD?

A. There is not an official policy on this. However, if a health center did not report intermittent data under the parent clinic, health center data would not match Medi-Cal claims data.

Q. I am performing a PPS Change In Scope for the licensed site. Do I need to include the numbers from the clinics intermittent to that site?

A. There are no regulations that deal with this explicitly. In the case where there is no possibility that the intermittent will transition to a fully licensed site or otherwise be removed from the parent's rate, it would likely make sense to include the intermittent in the parent's change in scope and reconciliation report. In the case where the intermittent may later be removed, the parent rate is at risk of being required to go through a change in scope for the removal of intermittent costs.

Q. Should I include the numbers from the intermittent clinic with the licensed site on the Medi-Cal reconciliation report?

A. Yes

Q. Do I need to perform a HRSA Change In Scope for this process?

A. Generally, no. But if there is a change in hours from this process you may need to update Form 5B

Q. What's the downside risk here? With all of the hassles I get from the State on licensing, OSHPD 3, rate setting and Changes in Scope, shouldn't I surrender my licenses for all my sites with low rates? Or, will the State then change the 40-hour rule?

A. The 40-hour rule was passed via legislation, so the Department of Health Care Services cannot unilaterally repeal this rule. However, there are some risks in this process:

- There are likely to be huge number of these requests early in January 2019. It is unclear whether or not the State has the administrative to handle all of these requests on a timely basis
- The criteria for choosing the parent location to affiliate with are not defined.
- If you try to attach a pediatric clinic to an HIV site with a \$350 rate, everything we know about DHCS suggests that they would reject such a request
- The community may need more than 40 hours per week of service at that site
- If you surrender the license but later the clinic needs to be re-licensed, the site would be required to meet the current OSHPD 3 standards.

While there are less regulations for intermittents compared to their fully licensed counterparts, it is impossible to say how long it will take for the State to begin regulating more closely, especially in light of an influx of previously licensed sites transitioning to intermittent. In the case where there is a community need for services beyond 40 hours, intermittent status should be used as a stepping stone to full licensure in order to maximize access to care.

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