Federally Qualified Health Centers
WRAP Submission Process Overview
Authority

• Social Security Act 1902(a)(15)[42 U.S.C. 1396(a)(15)]

• Social Security Act 1902 (bb)[42 U.S.C. 1396a(bb)]

• Social Security Act 1842(i)(4)

• State Plan 4.19-B pages 1(Continued) to 1(Continued p.5)
Authority Overview

- **Social Security Act 1902(a)(15) and Social Security Act 1902 (bb)** both require the use of a Prospective Payment System (PPS) for Federally Qualified Health Centers (FQHCs). The baseline for a PPS was set at 100 percent of the average of an FQHC/RHC per visit rate based on the reported reasonable and allowable costs of providing Medicaid-covered services during the FQHC/RHC fiscal years 1999 and 2000, adjusted to take into account any reported increase (or decrease) in the scope of services furnished during FY 2001 by the FQHC/RHC (calculating the payment amount on a per visit basis).

- **Social Security Act 1842(i)(4)** establishes that the PPS rate will be adjusted annually every October 1st by the percentage change in the Medicare Economic Index (MEI) published in the Federal Register.
Authority Overview
(continued)

• **State Plan 4.19-B pages 1(Continued) to 1(Continued p.5)**
  
  • details the PPS rate setting methodology, including:
    
    – the annual Medicare Economic Index (MEI) adjustment process
    – the possibility of using an Alternative Payment Methodology (APM)
    – the addition of Service Specific Alternative Payment Systems (SSPPS) rates allowing for reimbursement for up to three encounters/visits per person per day
    – the requirements for requesting a rate adjustment due to a Change in Scope of Services.

• Details the processes by which FQHCs are able to participate in the WRAP Supplemental Payment Program as approved by the Centers for Medicare and Medicaid (CMS).
The “Flow” of the WRAP Payment Process
FQHC generates a report of Paid Claims Data exported from their billing system into an Excel file. Prior to submitting the file, the FQHC will review the data for blank and invalid fields. The FQHC will correct any errors and submit the file to DHCFP using the secure FTP site without altering any other data or creating any totals.

DHCFP will review the file for omissions or invalid data.

DHCFP Accepts File?
File is returned to FQHC to correct the errors present. FQHC resubmits the file to DHCFP.
DHCFP Accepts File?

Yes. File is complete and contains valid data. DHCFP accepts the file for processing.

DHCFP runs validations to produce an estimated reimbursement amount. The FQHC is notified of the anticipated amount and has 5 business days to review the estimated totals.

FQHC Agrees with Anticipated Totals?

4/4/2017
WRAP Supplemental Payment Process

FQHC Agrees with Anticipated Totals?

No. FQHC disagrees with the estimated totals.

The review and resulting resolution at this point would be based on the individual nature of the questions raised. The FQHC is notified of the revised anticipated amount and has 5 business days to review the estimated totals.

FQHC Agrees with Anticipated Totals?
WRAP Supplemental Payment Process

FQHC Agrees with Anticipated Totals?

Yes. FQHC agrees with the estimated totals.

FQHC returns a signed copy of the Preliminary Totals report to DHCFP via the secure FTP site.

DHCFP authorizes the appropriate WRAP payment.
WRAP Submission
Guidelines & Instructions
CMS approved SPA 16-003 to allow up to 3 encounters per recipient per day:

- Medical
- Behavioral Health
- Dental

Effective retroactively to 2/6/2016

FQHCs enrolled as Medicaid providers prior to 2012 may opt for an Alternative Payment Method per State Plan. These providers will receive reimbursement for only one encounter per recipient per day.
WRAP Submission Guidelines

The data submitted for supplemental payment will contain only raw data, exported from the FQHC’s billing system into an Excel workbook following the guidelines set forth by DHCFP. The FQHC will not make any calculations to the data submitted. Each type of submission, Medical, Dental and Behavioral Health, will be on a separate tab of the workbook.

The following information is required for all line items of all qualified medical encounters submitted for supplemental payment:
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Line Item #</td>
</tr>
<tr>
<td>b.</td>
<td>Provider ID (NPI)</td>
</tr>
<tr>
<td>c.</td>
<td>MCE Recipient ID</td>
</tr>
<tr>
<td>d.</td>
<td>Medicaid Recipient ID$^1$</td>
</tr>
<tr>
<td>e.</td>
<td>Date of Service</td>
</tr>
<tr>
<td>f.</td>
<td>CPT Code</td>
</tr>
<tr>
<td>g.</td>
<td>MCE Name</td>
</tr>
<tr>
<td>h.</td>
<td>Total Billed Amount</td>
</tr>
<tr>
<td>i.</td>
<td>MCE Paid Amount</td>
</tr>
<tr>
<td>j.</td>
<td>Other Paid Amount</td>
</tr>
<tr>
<td>k.</td>
<td>Total Paid Amount</td>
</tr>
<tr>
<td>l.</td>
<td>Date of Birth</td>
</tr>
</tbody>
</table>

$^1$The Medicaid Recipient ID must be 11 digits (characters) long. Leading zeros must be manually typed in if not present. It is important to ensure this number remains in text format.
Division of Health Care Financing and Policy
Supplemental Reimbursement Unit
FQHC and RHC Medical Supplemental Payment Claim

<table>
<thead>
<tr>
<th>#</th>
<th>Line</th>
<th>Provider ID Number</th>
<th>MCE Recipient ID Number</th>
<th>Medicaid Recipient ID # 11-Digits</th>
<th>Date of Service</th>
<th>CPT Code</th>
<th>Managed Care Entity (MCE)</th>
<th>Total Billed Amount ($)</th>
<th>MCE Paid Amount ($)</th>
<th>Other Paid Amount ($)</th>
<th>Total Paid Amount ($)</th>
<th>Recipient DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WRAP Submission Instructions

• Files must be submitted via DHCFP’s secure FTP site
• Logon credentials may be requested for up to two members of your staff requiring access

https://mmft.nv.gov/
WRAP Submission Instructions

Username and initial Password assigned by Amber LaFollette, alafollette@dhcfp.nv.gov
WRAP Submission Instructions

Signed onto DHCFP as Patricia O'Flinn (poflinn).

Home  Users  Folders
Log

Search for File/Folder:

Find File/Folder: [ ] Find File

Folders and Files

Find File
Find User

Parent Folder
There are no files or folders in this folder.

Upload a File Now...

Upload to: /Rates/Wrap Supplemental Payment/FQHC Name

Pick a file with the "Browse" button: [ ] Browse...

Enter any applicable notes: [ ]

...and then press the "Upload" button: [ ] Upload
WRAP Submission Instructions

Pick a file with the "Browse" button:

Enter any applicable notes:

...and then press the "Upload" button:
WRAP Submission Instructions
WRAP Submission Instructions

- All authorized users of the directory are automatically notified of the uploaded file

---

New File Notification

A new file has arrived into the "Wrap Supplemental Payment" folder.

Name: Provider Detail Report.pdf
Tracking ID: 162606086
Original Size: 607,403 bytes
Comments: Return of Detailed Report

For non-repudiation purposes, it cannot be confirmed that the file received by MOVEIt DMZ is identical to the file uploaded by [redacted] because the client used to upload this file (Mozilla Browser 11.0) either does not support integrity checking, or doesn't have its integrity checking option enabled. If you believe the client used to upload the file supports integrity checking, please ensure that the integrity checking option is enabled in future transfers if delivery with non-repudiation is important. Please use the free MOVEIt Wizard with Internet Explorer or a Java-enabled browser, or a MOVEIt file transfer product in future transfers if delivery with non-repudiation is important.

Please use the following URL and your username/password to DOWNLOAD or view the current status of this file, including its upload and download history.


Regards,
DHCFP Notification Service
WRAP Supplemental Payment Calculation Example
WRAP Calculation Process

A Medicaid Eligible patient who is assigned to a Managed Care Organization (MCO) is provided services by an FQHC

The FQHC bills the MCO for the services provided to the patient and is reimbursed the contracted amount from the MCO

The FQHC gathers data for the claims paid during the time period being submitted (calendar month or quarter) and submits the data to DHCFP

DHCFP calculates how many qualified encounters the FQHC provided to eligible members in the time period. This is used to calculate the total PPS or SSPPS rate due to the FQHC (Core Rate). DHCFP then deducts the amounts already paid by the MCO from the Core Rate.

The balance is the WRAP Supplemental Payment.
WRAP Calculation Example

1. FQHC submits a file containing 1000 qualified encounters
   
   In this example, we will assume the FQHC’s PPS rate is $138.50 per encounter

2. The total PPS rate due (Core Rate) is $138,500 (1,000 encounters x $138.50 each)

3. Assume the MCO amount already paid on those encounters is $65,000

4. The WRAP payment is calculated:

   Total Core Rate: $138,500

   Less

   MCO Paid Amount: $65,000

   WRAP BALANCE DUE: $73,500 (Supplemental Payment)
Questions?