



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.



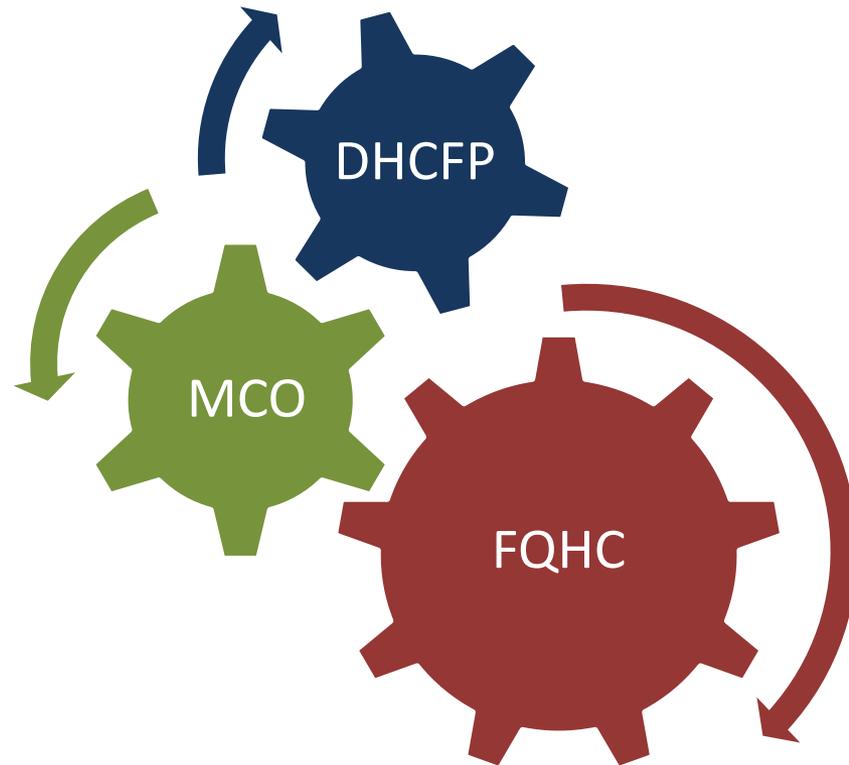
Authority Overview

(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).



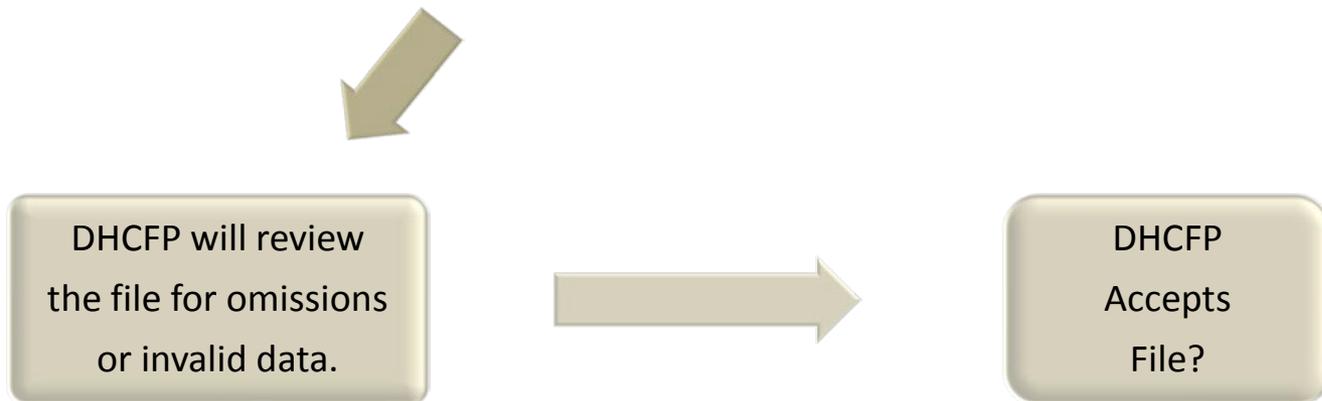
The “Flow” of the WRAP Payment Process





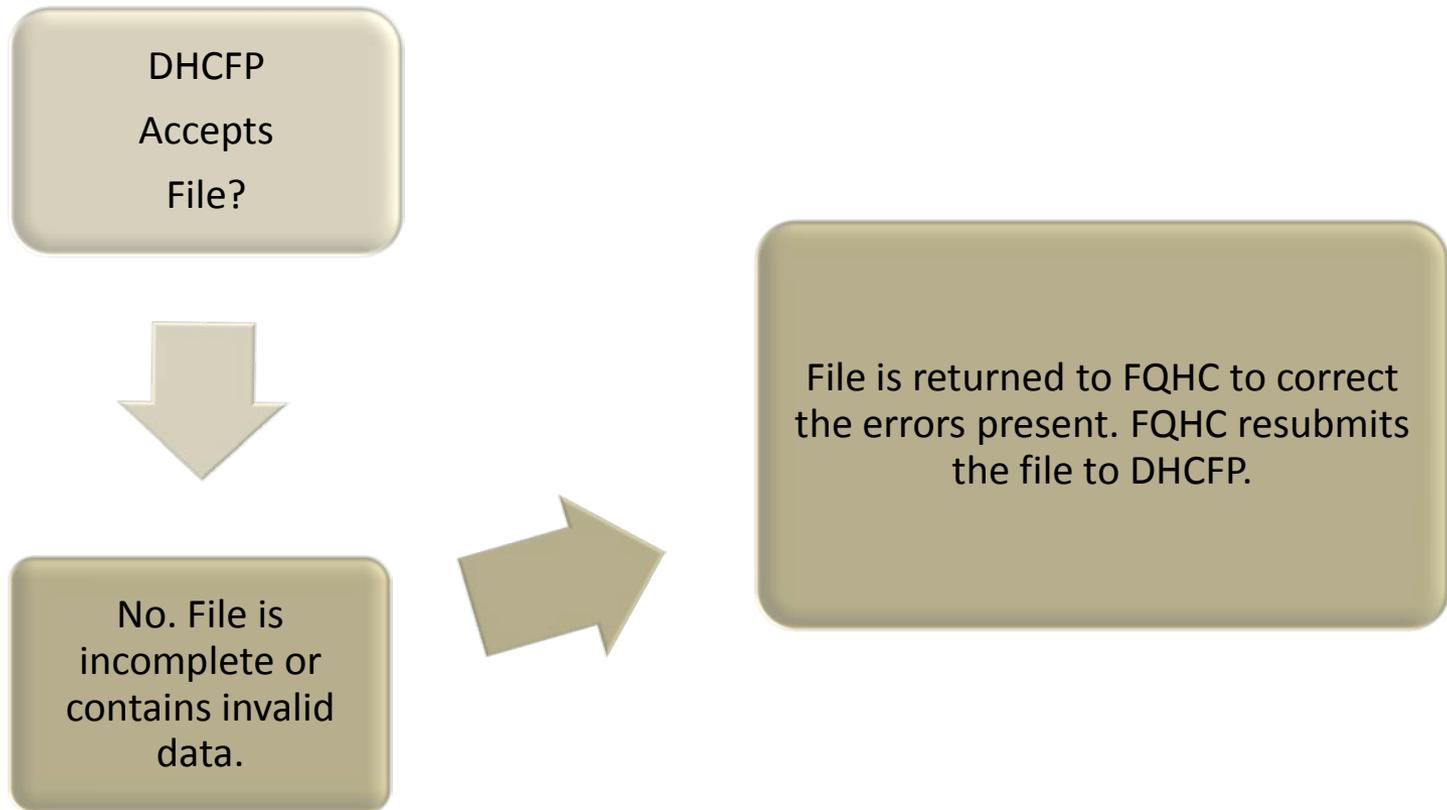
WRAP Supplemental Payment Process

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.





WRAP Supplemental Payment Process



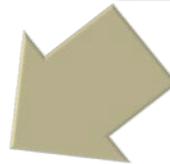


WRAP Supplemental Payment Process

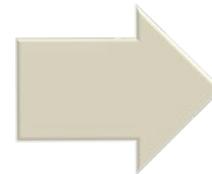
DHCFP
Accepts
File?



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



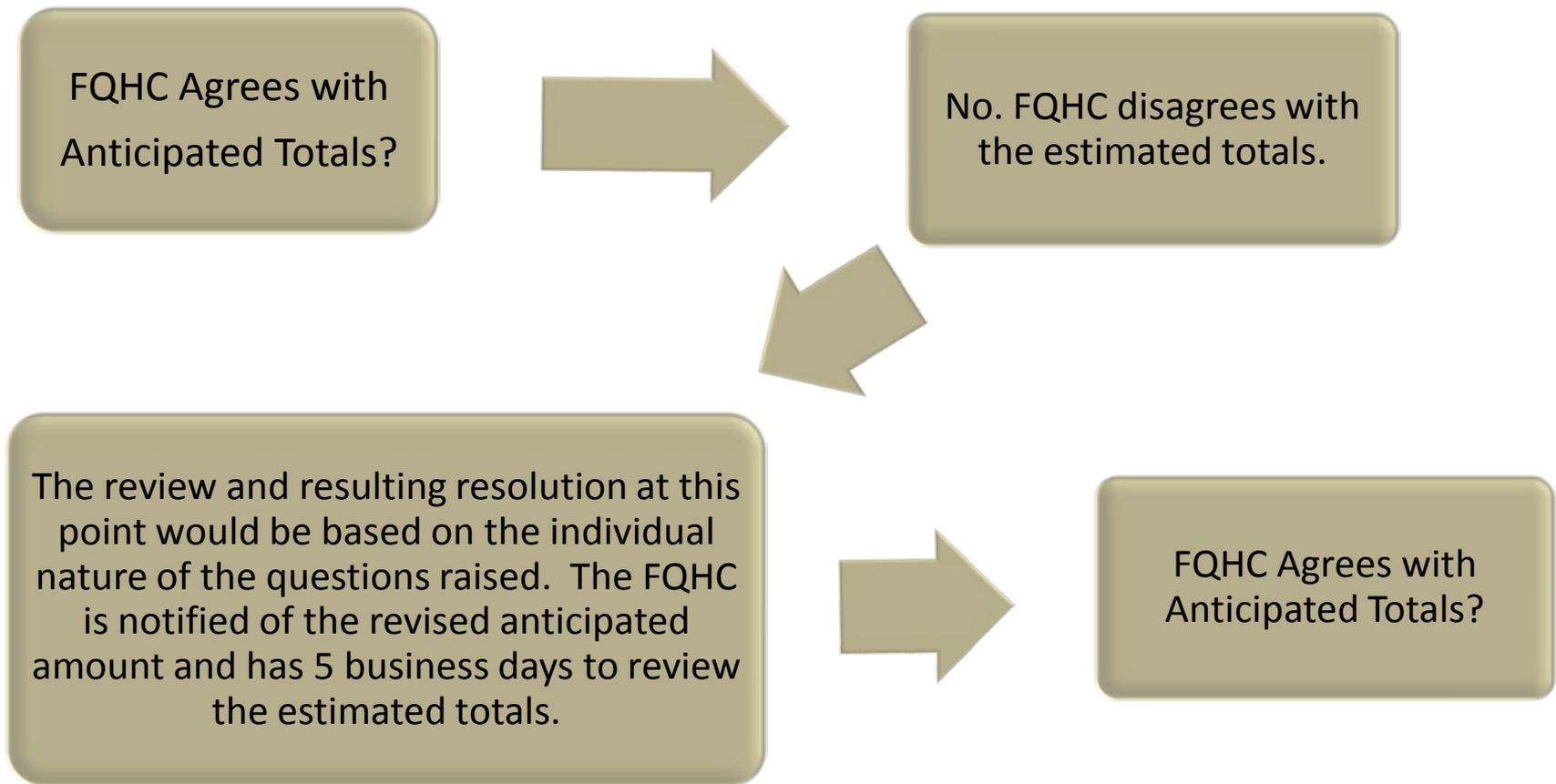
DHCFP runs validations to produce an
estimated reimbursement amount. The
FQHC is notified of the anticipated
amount and has 5 business days to
review the estimated totals.



FQHC Agrees with
Anticipated Totals?

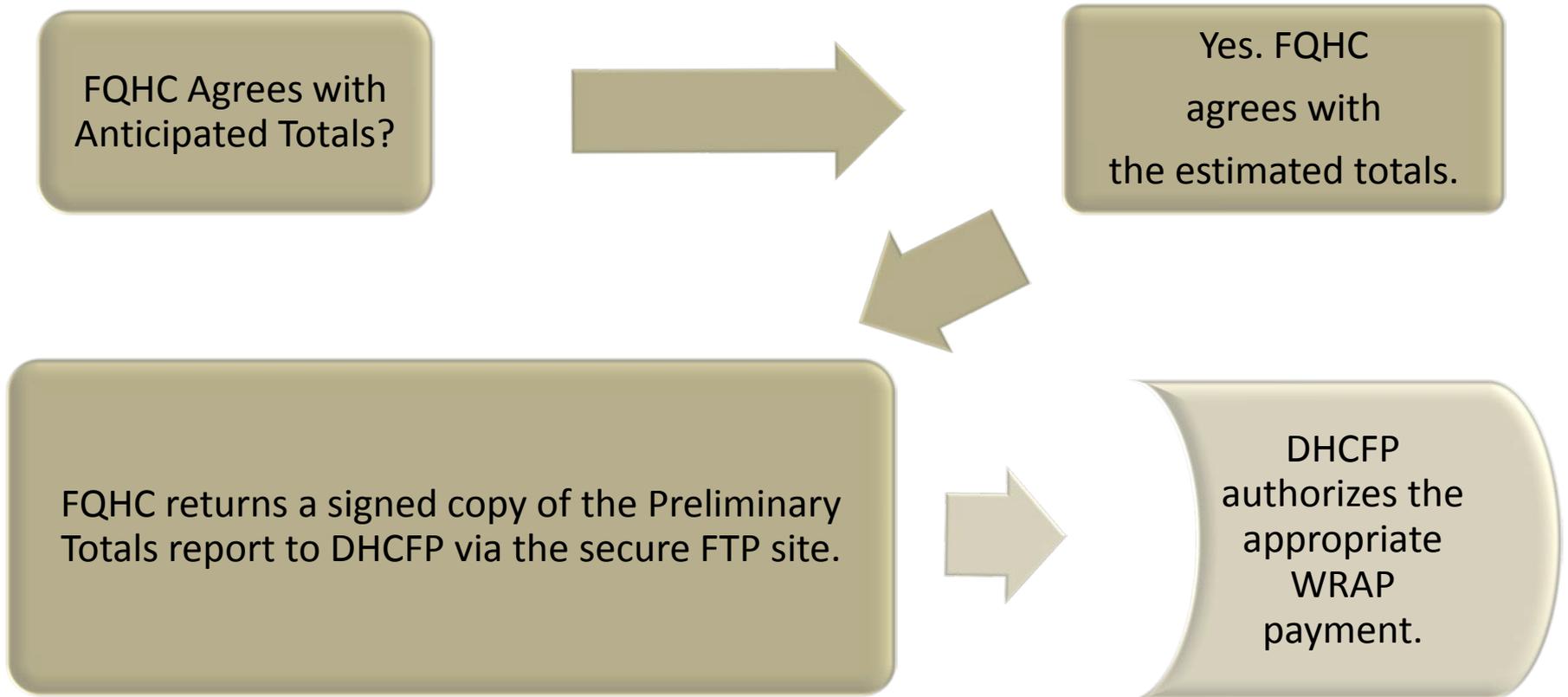


WRAP Supplemental Payment Process





WRAP Supplemental Payment Process





WRAP Submission Guidelines & Instructions



SPA 16-003

- 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:



a.	Line Item #	Number (No Formulas or Macros)
b.	Provider ID (NPI)	Text
c.	MCE Recipient ID	Text
d.	Medicaid Recipient ID ¹	Text (11 characters)
e.	Date of Service	Date (mm/dd/yyyy)
f.	CPT Code	Text
g.	MCE Name	Text
h.	Total Billed Amount	Currency (\$)
i.	MCE Paid Amount	Currency (\$)
j.	Other Paid Amount	Currency (\$)
k.	Total Paid Amount	Currency (\$)
l.	Date of Birth	Date (mm/dd/yyyy)

¹The 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**

Provider Name:

1/0/1900 Provider #:

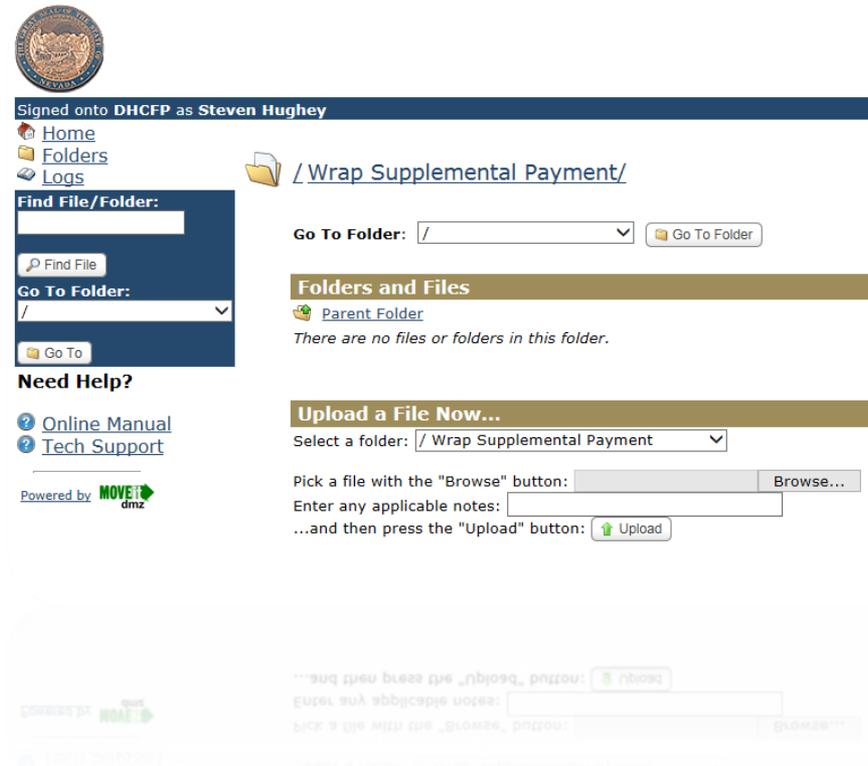
Billing Date:

NBR	TX	TX	TX	Date	TX	TX	\$	\$	\$	\$	Date
Line #	Provider ID Number	MCE-Recipient ID Number	Medicaid Recipient ID # 11-Digits	Date of Service	CPT Code	Managed Care Entity (MCE)	Total Billed Amount (\$)	MCE Paid Amount (\$)	Other Paid Amount (\$)	Total Paid Amount (\$)	Recipient DOB
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3											
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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@dncfp.nv.gov

The screenshot shows a web interface for signing on. At the top left is the Great Seal of the State of Nevada. Below it is a gold header bar with the text "Sign On". Underneath the header are two input fields: "Username:" and "Password:". Each field has a small eye icon to its right. Below the password field is a button with a person icon and the text "Sign On". At the bottom of the form, there is a link that says "Need Help? [Tech Support](#) - [Online Manual](#)".



WRAP Submission Instructions



Signed onto DHC FP as Patricia O'Flinn (poflinn).

- [Home](#)
- [Users](#)
- [Folders](#)
- [Logs](#)

Find File/Folder:

Find File

Find User:

Find User

Need Help?

- [Online Manual](#)
- [Tech Support](#)

Powered by 

 [/ Rates/ Wrap Supplemental Payment/ FQHC Name/](#)

Find File/Folder:

Folders and Files

 [Parent Folder](#)

There are no files or folders in this folder.

Upload a File Now...

Upload to: [/Rates/Wrap Supplemental Payment/FQHC Name](#)

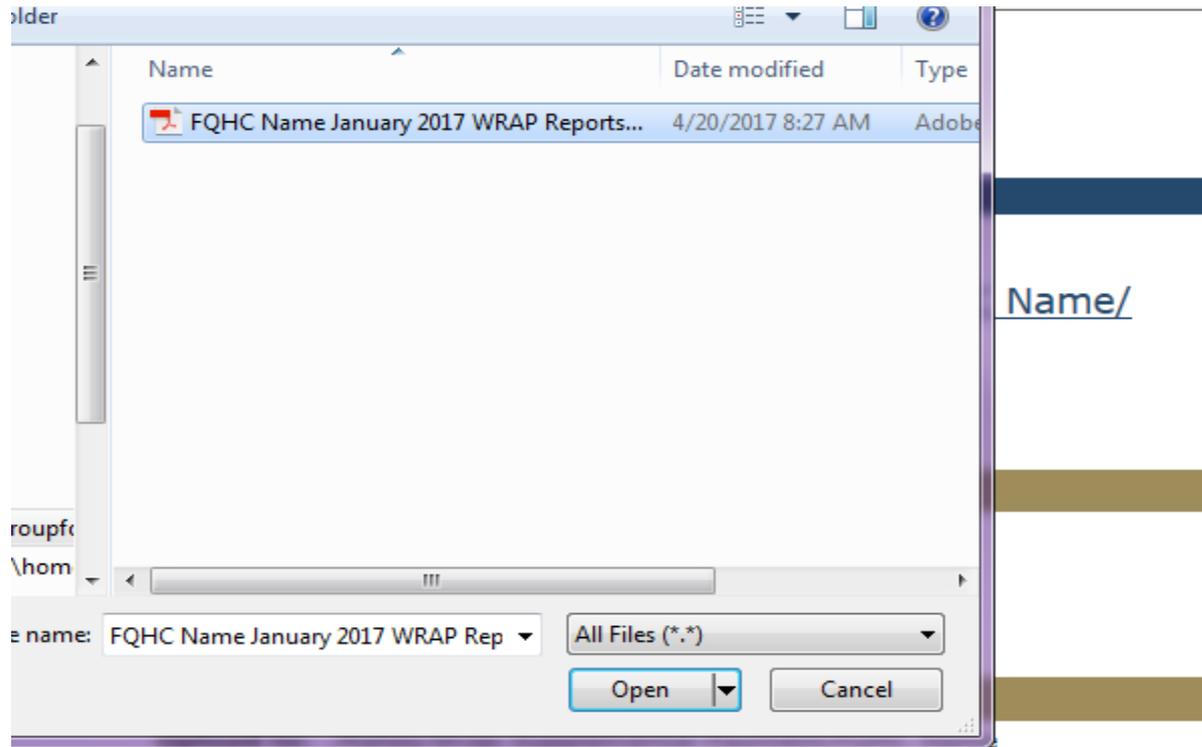
Pick a file with the "Browse" button:

Enter any applicable notes:

...and then press the "Upload" button:



WRAP Submission Instructions



Pick a file with the "Browse" button:

Enter any applicable notes:

...and then press the "Upload" button:



WRAP Submission Instructions



Nevada Department of Health and Human Services
Division of Health Care Financing and Policy

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

[My Account](#) | [Sign Out](#)

- [Home](#)
- [Users](#)
- [Folders](#)
- [Logs](#)

Uploaded new file with ID #'378145319' OK.

Find File/Folder:

Find User:

[/ Rates/ Wrap Supplemental Payment/ FQHC Name/](#)

Find File/Folder:

Folders and Files

Name	Created	Size/Contents	Creator	#	Actions
Parent Folder					
<input type="checkbox"/> FQHC Name January 2017 WRAP Reports to Review.pdf	4/20/2017 4:07:15 PM	187.5 KB	Patricia O'Flinn	-	Delete - Download

Select Files: [All](#) - [New](#) - [Old](#) - [None](#)

[Add Folder](#) ([Add Virtual](#)) - [Permissions and Settings](#)

Selected File/Folder Actions:

Perform Action:

Copy/Move Options: To Folder:

[Advanced Copy/Move Options >>](#)

Need Help?

- [Online Manual](#)
- [Tech Support](#)

Powered by



WRAP Submission Instructions

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

To: Steven Hughey
Cc:
Subject: New File in Folder "Wrap Supplemental Payment"

 **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 _____ 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 full upload and download history.

(<https://mmft.nv.gov/human.aspx?OrgID=44038&Arg12=fileview&Arg07=162606086&Arg06=126994259>)

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
	<i>Less</i>
MCO Paid Amount:	\$ 65,000
WRAP BALANCE DUE:	\$ 73,500 (Supplemental Payment)



Questions?