

**Division of Health Care Financing and Policy
Supplemental Reimbursement Unit
FQHC and RHC Supplemental Payment Claim**

Supplemental Payment Claim due thirty days after the end of each calendar period.

Send all Supplemental Payment Claims or inquiries to:

Mailing address to the Division of Health Care Financing and Policy:

Rates and Cost Containment Unit
The Division of Health Care Financing and Policy
1100 East William Street, Suite 101
Carson City, NV 89701

Electronic email address to Mike Uva Supplemental Reimbursement Unit

michael.uva@dhcfp.nv.gov

Phone number to Supplemental Reimbursement Unit:

(775) 684-7971

Provider Name:	
Provider Number(s):	
Person Completing Survey:	
<u>Contact Information:</u>	
	Name:
	Address:
	Address:
	Phone:
	Fax:
	Email:
Signed:	
Date:	

Related Comments:

WRAP Supplemental Payment Data Guidelines April 2018

In an effort to fully reflect the Medicaid policy related to the submission, processing and payment of supplemental WRAP claims, the following data guidelines will be effective

April 17, 2017:

1. The data submitted for supplemental payment will contain only raw data, exported from the FQHC's billing system into an Excel file following the guidelines below. The FQHC will not make any calculations to the data submitted. The following information is required for all line items of all qualified medical, dental and behavioral health encounters submitted for supplemental payment:

(The corresponding Excel format required for each item is listed to the right)

ITEM	FORMAT
a. Provider ID (NPI)	Text (TX)
b. MCE Recipient ID	Text (TX)
c. Medicaid Recipient ID*	Text (TX)
d. Date of Service	Date (mm/dd/yyyy)
e. CPT code	Text (TX)
f. MCE Name	Text (TX)
g. Total Amount Billed	Currency (\$)
h. MCE Paid Amount	Currency (\$)
i. <u>Other</u> Paid Amount	Currency (\$)
j. Total Paid Amount	Currency (\$)
k. Date of Birth	Date (mm/dd/yyyy)

**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. The Medicaid Recipient ID must be a valid ID (11 zeros is invalid data).*

Files that contain invalid or incorrect information will be returned to the FQHC for corrections.

2. DHCFP will run the revised validation process over the raw data submission and calculate the expected reimbursement based on the results. Once these validations are completed by DHCFP, the FQHC will be notified of the resulting totals and will have five (5) business days to review the data.
3. After five (5) business days or upon notification from the FQHC to proceed, DHCFP will finish validation and processing of the WRAP data and authorize the appropriate supplemental payment to the FQHC.

Three Encounters per Day Guidelines April 17, 2017

In an effort to fully reflect the Medicaid policy related to the submission, processing and payment of supplemental WRAP claims, the following data guidelines will be effective April 17, 2017:

1. The data submitted to DHCFP staff for supplemental payment will be separated into three tabs in the Excel workbook corresponding to the type of claim: Medical, Dental and Behavioral Health.
2. In order to receive credit for different types of encounters occurring on the same date for the same recipient, the claim lines for each type of visit must appear on separate tabs in the Excel workbook. For example, if a Medical and Dental visit occur on the same day, claim lines for the Medical visit must be on the Medical tab, while claim lines for the Dental visit must be on the Dental tab. Failure to differentiate between these claim types could result in an encounter not being identified correctly during processing, and therefore not being paid.
3. DHCFP will run the revised validation process over the raw data submission and calculate the expected reimbursement based on the results. Once these validations are completed by DHCFP, the FQHC will be notified of the resulting totals and will have five (5) business days to review the data.
4. After five (5) business days or upon notification from the FQHC to proceed, DHCFP will finish validation and processing of the WRAP data and authorize the appropriate supplemental payment to the FQHC.

An FQHC enrolled as a Medicaid provider prior to 2012, may opt for an Alternative Payment Method per State Plan, Attachment 4.19-B. These providers will receive reimbursement for only one encounter per recipient per day and will use the combined Medical/Behavioral Health Submission and the Dental Tabs **only**. Dental and Medical/Behavioral data will be cross checked to ensure only one encounter receives the WRAP payment; the highest rated payment will be the one paid should they both occur on the same date.

**Division of Health Care Financing and Policy
Supplemental Reimbursement Unit
FQHC and RHC Medical Supplemental Payment Claim**

Provider Name:**Provider #:**

Billing Date:

[illegible]

Division of Health Care Financing and Policy Supplemental Reimbursement Unit FQHC and RHC Dental Supplemental Payment Claim

Provider Name:**Provider #:**

Billing Date:

[illegible]

Division of Health Care Financing and Policy **Supplemental Reimbursement Unit** **FQHC and RHC Behavioral Health Supplemental Payment Claim**

Provider Name:**Provider #:**

Billing Date:

[illegible]

**Division of Health Care Financing and Policy
Supplemental Reimbursement Unit
FQHC and RHC Medical/Behavioral Health Supplemental Payment Claim**

Provider Name:**Provider #:**

Billing Date:

[illegible]