

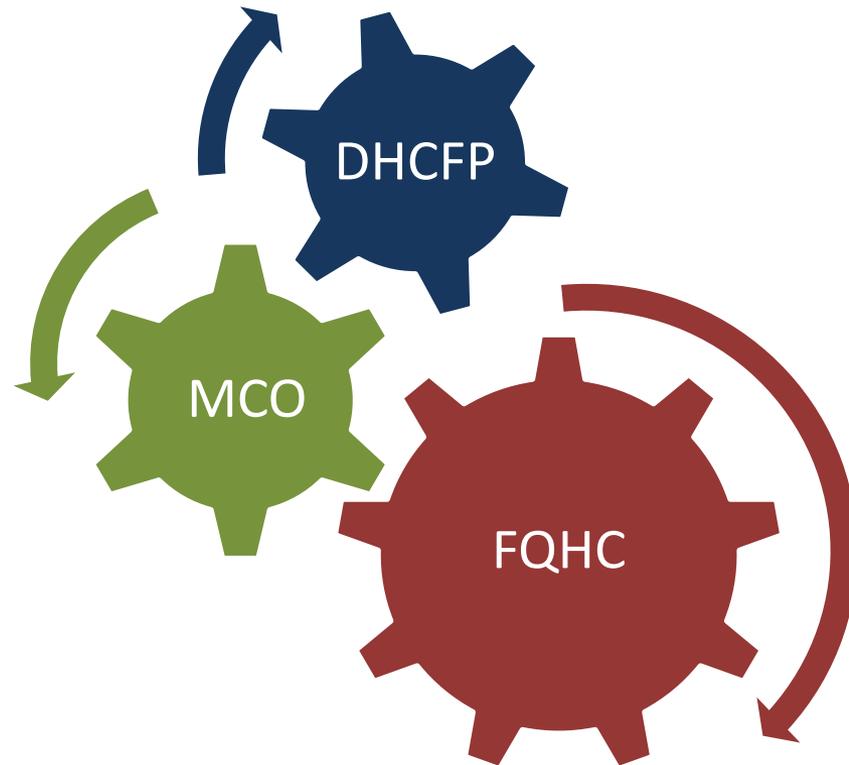


FQHC

WRAP Submission Process Overview



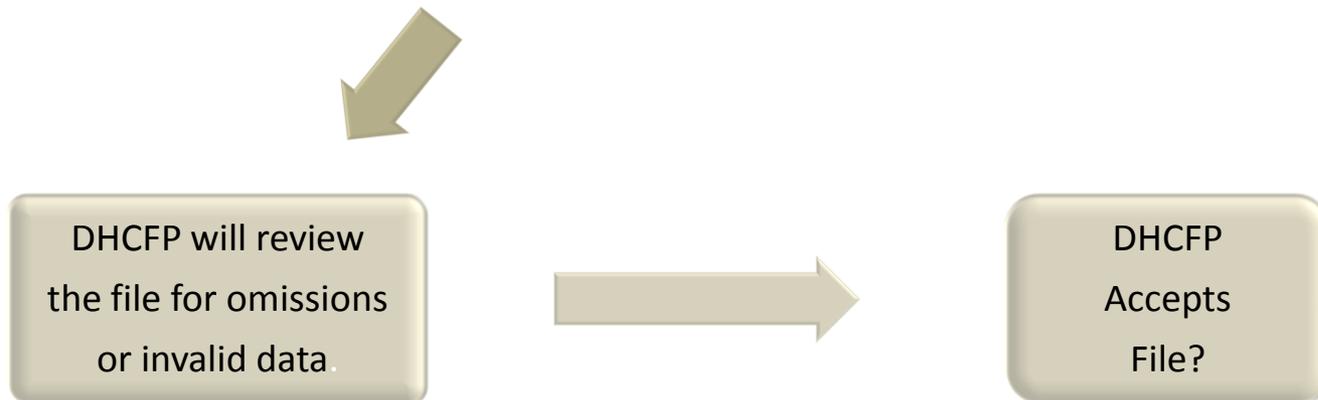
The “Flow” of the WRAP Payment Process





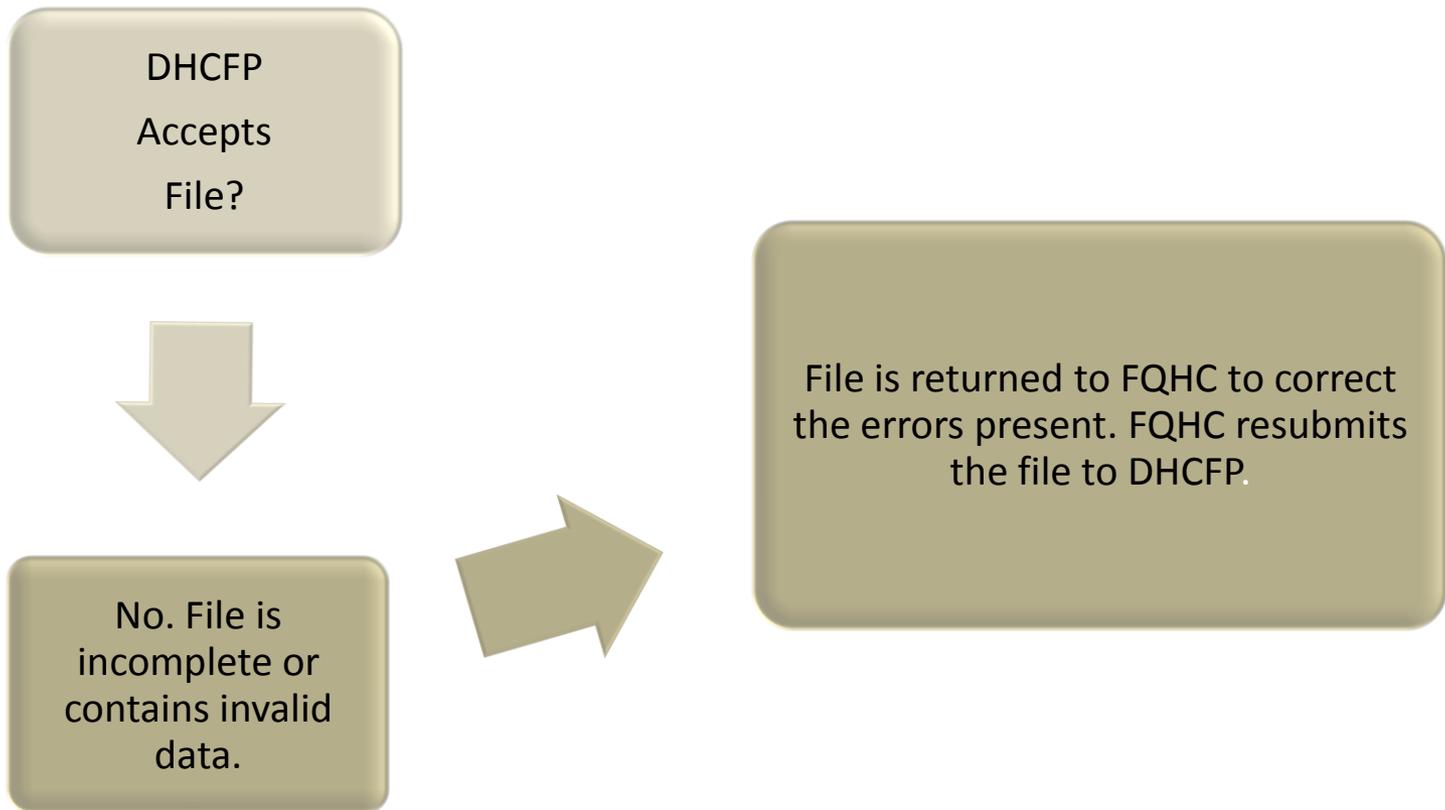
WRAP Supplemental Payment Process

FQHC generates a report 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 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.

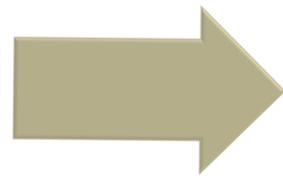


FQHC Accepts
Anticipated Totals?



WRAP Supplemental Payment Process

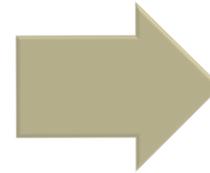
FQHC Accepts
Anticipated
Totals?



No. FQHC objects to the
estimated totals.



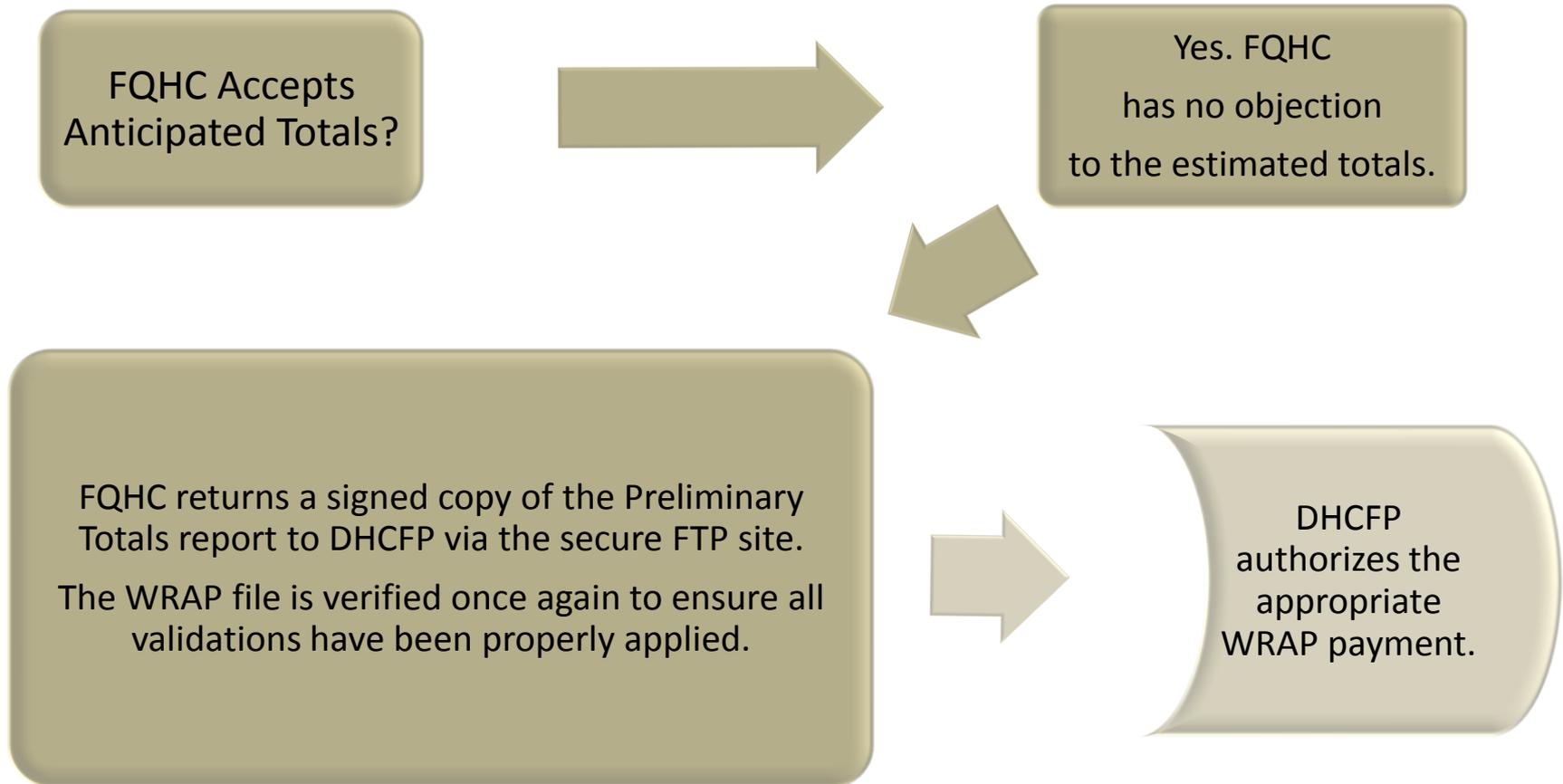
The review and resulting resolution at this point would be based on the individual nature of the objection raised. The FQHC is notified of the revised anticipated amount and has 5 business days to review the estimated totals.



FQHC Accepts
Anticipated Totals?



WRAP Supplemental Payment Process





WRAP Submission Guidelines & Instructions



Medical WRAP Submission Guidelines

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 set forth by DHCFP. The FQHC will not make any calculations to the data submitted.

The following information is required for all line items of all qualified medical encounters submitted for supplemental payment:



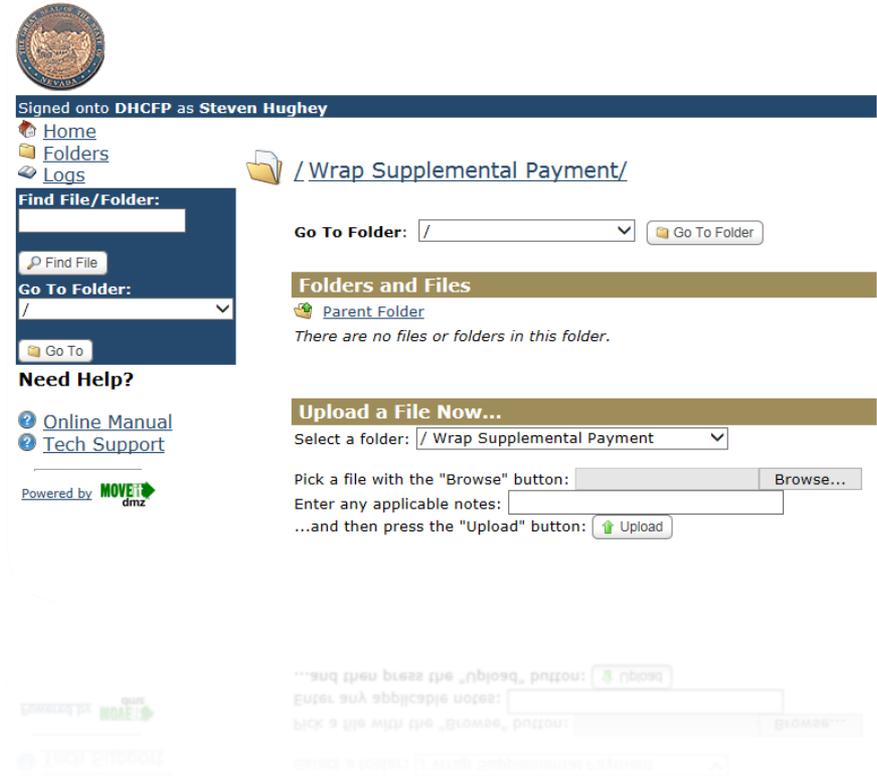
a.	Line Item #	Number (No Formulas or Macros)
b.	Provider ID (NPI)	Text
c.	MCE Recipient ID	Text
d.	Medicaid Recipient ID ¹	Text (11 characters)
e.	Date of Service	Date (mm/dd/yyyy)
f.	CPT Code	Text
g.	MCE Name	Text
h.	Total Billed Amount	Currency (\$)
i.	MCE Paid Amount	Currency (\$)
j.	Other Paid Amount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



WRAP Submission Instructions

- Files will be submitted via DHCFP's secure FTP site
- Logon credentials must be requested for each member of your staff requiring access



<https://mmft.nv.gov/>



WRAP Submission Instructions

Username and initial
Password assigned
by Trish O'Flinn,
patricia.oflinn@dncfp.nv.gov



Sign On

Username:

Password:



Need Help? [Tech Support](#) - [Online Manual](#)



WRAP Submission Instructions



Signed onto DHCFP as Steven Hughey

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

Find File/Folder:

Go To Folder:

Need Help?

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

Powered by 

 [/ Wrap Supplemental Payment/](#)

Go To Folder:

Folders and Files

 [Parent Folder](#)

There are no files or folders in this folder.

Upload a File Now...

Select a folder:

Pick a file with the "Browse" button:

Enter any applicable notes:

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



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 [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 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 all such claims for the time period being submitted (quarterly, monthly) 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 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 (1000 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?