As of 10/01/2015, a new, automated FQHC/RHC Wraparound process was put in place to ensure more timely reconciliations of FQHC (Federally Qualified Health Center) and RHC (Rural Health Center Clinic) payments made by the SMMC (Statewide Medicaid Managed Care) MMA (Managed Medical Assistance) health plan to the fully Medicaid enrolled FQHCs and RHCs within the health plan’s network. A new reconciliation has been based on accepted encounter data received from a health plan and made directly to the FQHC/RHC by FL MMIS (Florida Medicaid Management Information System).

This tip sheet provides the information for submitting encounters that is used in the automated FQHC/RHC Wraparound process.

**Which providers are eligible for the Wraparound?**

The provider data presented on the encounter must meet all of the following criteria in order to successfully process.

**Billing provider requirements (loop 2010AA of the 837 X12)-**

1. Provider must be fully enrolled
2. Provider must be enrolled as Provider Type 68 (Federally Qualified Health Center) or Provider Type 66 (Rural Health Clinic)
3. Provider must be enrolled as a group

**Rendering provider requirements (loop 2310B of the 837 X12)-**

1. Provider must be fully enrolled
2. Provider must be enrolled as an individual (for example, physician, dentist, ARNP)

**How can health plans verify if the FQHC/RHC is authorized for Wraparound payments?**

Health plans should reference the Provider Master Listing (PML) in order to identify fully enrolled FQHC and RHC providers that are authorized for wraparound payments. This resource offers a current listing of all providers and is updated on a daily basis, Monday through Friday.

Plans must review the below columns of the PML to determine provider eligibility for wraparound payments. Utilizing a filter functionality within the PML will further aid the plans in locating eligible providers.

1. Column D (Provider Type Code) must reflect a provider type of 66 (RHC) or 68 (FQHC).
2. Column L must contain “Enrollment,” which signifies a fully enrolled provider.
3. Columns X and Y will indicate whether the provider is fully enrolled for the dates of services billed.
What claim types will be considered for this program?

Only Physician (837P) and Dental (837D) encounter X12 types will be considered.

What services does the wraparound program allow?

A full listing of FQHC services procedure codes can be found in the Federally Qualified Health Center Promulgated Billing Code document. RHC services procedure codes are located in the Rural Health Clinic Promulgated Billing Code document.

Both documents are available online at [http://ahca.myflorida.com/medicaid/review/fee_schedules.shtml](http://ahca.myflorida.com/medicaid/review/fee_schedules.shtml).

The health plan will receive denials if the encounter contains services that are not allowed for the FQHC or RHC provider types.

What places of service are permissible for FQHC and RHC encounters?

The encounter must include an appropriate place of service (POS) in order for it to successfully process. The system will accept a POS “50” or “71” when billing services for an FQHC (provider type 68); POS “72” is acceptable when billing for an RHC (provider type 66).

How does the plan correctly report the “plan paid” price?

The encounter must include an “09” in the CN101 segment and the CN102 must include payment made by the plan to the FQHC or RHC provider, in order for FMMIS to accurately calculate the provider’s wraparound amount. **It is very important to note that if the encounter is rejected or if the plan-paid amount is not correctly completed, then the provider will either not receive a wraparound payment or will receive an incorrect wraparound payment.**

If CN101 is “09”, the sum of all SVD02 data segments should equal the plan paid amount in CN102.

If CN102 (plan paid amount) is equal to zero, CN101 must be “05” or the system will post Error 920 (PLAN PAID ZERO FOR NON-CAPITATED CLAIM) and deny the claim.

For more information on successfully processing encounters containing plan paid amounts, Health plans can refer to the [EDI companion guides](http://ahca.myflorida.com/medicaid/review/fee_schedules.shtml).

Helpful Resources

To learn more about FQHC/RHC Wraparound, visit:

The Agency program website and navigate to the [Statewide Medicaid Managed Care](http://ahca.myflorida.com/medicaid/review/fee_schedules.shtml) page.

DXC Technology—Florida Medicaid’s fiscal agent—is here to help!

Encounter Support Contacts available to Health Plans
For assistance with encounter denials and billing, and eligibility inquiries, please contact the Health Plan Support team at healthplan.support@dxc.com.

For assistance with Health Plan-related inquiries, please contact the Health Plan Support team at healthplan.support@dxc.com.

For further information on health plan contact resources, please review the Encounter Support Contact Sheet.

Provider Resources

For assistance with provider enrollment related matters—such as group linking, application completion, and accessing enrollment forms—providers should contact DXC Provider Enrollment at 1-800-289-7799, Option 4. Providers may also obtain information from the Provider Enrollment area of the Florida Medicaid Web Portal.

FQHC/RHC providers may contact the call center at 1-800-289-7799, Option 7, or their local field representative for questions regarding their wraparound payment.