


Supplemental Payment Program

Bureau of Managed Care Reimbursement
Division of Finance and Rate Setting
New York State Department of Health


October 24, 2012




Agenda

- ▶ Overview of Program
 - ▶ New populations and benefit changes
 - ▶ Process for new FQHCs and sites
 - ▶ Questions and comments
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Overview

- ▶ Program has 55 participating FQHCs, FQHC Look-a-Likes and Rural Health Centers.
 - ▶ Program volume is approximately 2.2 million claims annually.
 - ▶ Participating health centers submit Managed Care Visit and Revenue (MCVR) report annually.
 - ▶ Rates are set prospectively on an October – September cycle.
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Major Population and Benefit Adjustments

- ▶ Populations transitioned from Medicaid FFS to Managed Care:
 - April 1, 2012 Homeless
 - ▶ Benefit Adjustment:
 - July 1, 2012 Medicaid dental. Family Health Plus dental remains optional.
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Process for adding new FQHCs and sites

- ▶ FQHCs new to Program:
 - FQHC rate
 - Managed Care contracts between MCO and FQHC.
 - Supplemental rates will be effective the date the FQHC had both managed contracts and FQHC rates.
 - If no managed care experience, regional managed care average will be used.
- ▶ New Sites:
 - Process has been streamlined, only requirement is FQHC rates.

Questions or Comments

- ▶ Contact information:

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