

PUBLIC HEALTH ADMINISTRATORS' FORUM
October 17, 2024
10 AM – 12 PM
Virtual

- 1) Call to Order – Please e-mail DeAnn Coan Dcoan@cmdhd.org to confirm attendance.
- 2) Consent Agenda 1st J. Brassow 2nd I. Fink
- 3) Approve Meeting Minutes - September 1st J. Brassow 2nd N. Bramer
- 4) Treasurer's Report - N/A
- 5) Correspondence/Officer Report, Health Officer's Meeting – October 14, 2024.
 - a. Michigan Premier Public Health Conference had 515 registered attendees.
 - b. Public Affairs reported that after the election the House will meet to hold elections for their leadership followed by a 2-week holiday for the Thanksgiving break. They are hoping to return to a very robust session the first week of December.
- 6) Committee Reports
 - a. Education Committee – Bill Matson
 - i. Bill is giving up his Chairmanship and Derek Burton will take over this position.
 - b. Mentor/Mentee Group – Holly Karpovich
 - i. Holly is taking over for Jennifer Brassow to lead this group.
 - ii. Holly, our meeting will follow this meeting.
- 7) State Department Reports
 - a. MDHHS – Laura de la Rambelje / Janine Whitmire / Molly Cotant
 - i. Laura, there are no major updates regarding funding.
 - ii. We have a new Partner; Sahil Bhatia will be the new Program Administrator for Local Health Services. He was previously in Client Control Division for about 5 and a half years and he's excited to join our meetings. He will also be under Block Grants. There will be more information coming soon.
 - iii. We should have our letters for H/V amounts very soon and the KOH. Laura will connect us to the correct people. Local Health Services is no longer administering the ELC funds.
 - iv. Please get your final FSR's in on time and early if possible. Most are due Nov 30th.
 - b. Medicaid Policy, HMP and Medicaid Outreach – Elizabeth Pitts / Kyle Norman/John Klever
 - i. Jamie forwarded us an email from Elizabeth for the HMP report and the link for the 2024 Medicaid policy bulletin for your information.
 - ii. Kyle presented Medicaid Outreach questions regarding transportation policy from the Admin Forum meeting. John Klever will give us some updates.

1. John Klever: Non-Emergency Medical transportation (NEMT) a medical benefit that allows patients transportation assistance to and from medical appointments. That can look different depending on what the beneficiary's needs are. Some could be mileage paid to a person taking them to an appointment, others may need a 3rd party to take them. There are a number of different ways that transportation can occur. The responsible parties are largely aware of this policy that was in question. A lot of beneficiaries are enrolled in Medicaid Health Plans who would have to contact 'The Plan' and get the guidance from each individual plan and they could be slightly different from one plan to another. There were formally a handful of carve out services that the plans would not transport for and that is what the policy has revolved around. Prior to Oct 1st the Medicaid plans were not responsible for transport to substance abuse treatments, server mental health disorder treatments and healthy kids' dental appointments. Those needs would be met by the local MDHHS office who handles FFS for NEMT. Any beneficiary that is not enrolled in a Health Plan are serviced by each county office.
 2. Shannon Klonowski asked about small counties that don't have access to public transportation. She asked if there is a list of service providers who would provide services. Each office has an NEMT coordinator who is responsible for finding resources in the area.
- c. Medicaid Hospital and Clinic Reimbursement Division, MDHHS –Tammy Stevens
- i. Tammy has reached out to counties that still have MCBR report outstanding.
 - ii. Agencies that are interested in a site visit please contact Tammy for a meet and greet to go over questions in an informal setting.
 - iii. Vaughn Allen has left and taken another position, and we wish him well.
 - iv. LMCH Pilot programs should be in next week.
- d. LMCH, MDHHS – Trudy Esch / Jessica Hamel
- i. FY 2024 year end report due date is Nov 4th.
 - ii. Extensions will be considered on a case-by-case basis. FSR's are due by Nov 30th with the approved year end reports must be attached.
 - iii. Amendment #3 is right around the corner. Requests are due by Dec 13th and must be submitted by Jan 2nd.
- e. Bureau of Audit, MDHHS – Bryce Wooton/ Eric McGaugh
- i. Bryce is figuring out how to relay the information either by Letter or Memo if it will coming from the Director of Financial Operations or from the Bureau of Audit:
 - ii. MCBR guidance is for every program that you utilize those funds in, not just Family Planning and the report must be attached to each FSR that utilizes those funds on a quarterly basis. This has always been the procedure, but it has been overlooked and will now be enforced.
 - iii. Every quarterly payment that is received must be reported on each program that is it utilized in on each quarterly FSR. **The report must be**

attached to each of the FSRs in which MCBR funding is being utilized. In the past the form was only required on the Final FSR.

- iv. The form has been updated and a couple columns have been removed. Any prior year funds that you were allowed to pull forward should not be reported as current year MCBR. Those funds should always be reported as a Local Fund. Reach out to Bryce for any questions you may have.
- v. Family Planning funds that are specific to FP must be spent in FP and have the appropriate match funds.
- vi. Bill Matson: This is reimbursement that we spent our funds on and then we are reimbursed. Why are we required to track that? Bryce: Because the interim payments are current year revenue the HDs are bringing in and must be spent in the year they are received per the guidance. It is a SOM requirement.
- vii. Tammy Stevens: You can find your payments on the FS. Tammy thought that Bill might be referring to the Settlements. The interim payments are an advance towards the Settlements that will be coming in the future. Those are two different things. You don't have to put any settlement amounts in your budget.
- viii. DeAnn Coan: Can MCBR funds be shown as less on the FSR than what was budgeted/received like we would do for CPBC Funds if we didn't use them all in a specific quarter? Bryce: MCBR funds must be used before CPBC funds just like Medical Billing, for example. MCBR funds are technically program income and should be spent prior to CPBC funds.
- ix. DeAnn Coan: Can MCBR Funds be moved between programs to utilize the funding as long as those funds are fully utilized in MCBR programs even if those funds were budgeted in a specific program in the beginning but then used in MIHP and reported on the final report? Bryce: Yes, absolutely. The MCBR funds must be spent in the programs that helped earn it other than the Family Planning portion which always must be utilized in FP.
- x. Delilah Sheldon: Where do we get the funds to pay back MCBR in the event that we have received more funding in interim payments than we actually receive once the Final Settlement is completed. Bryce: That payment would have to come out of the HD's general fund. In theory you should have used more local funds in that specific year but you actually received excess MCBR funds so it would have to be paid back.
- xi. Doty Putney: This report is supposed to be submitted with our Quarterly FSR's? What about MIHP MCBR funding as this is not in a FSR reportable program. Bryce: Yes, the report is only attached to EGrAMS reportable programs.
- xii. Ingrid Fink: Take back on interim payments. There is a possibility that we would lose State or Federal Funding. Bryce: Yes, that is a possibility. Tammy: We can ask for a reduction in MCBR Interim payments if we think we will not be able to utilize those funds and still use all our CPBC funds.
- xiii. DeAnn Coan: In my notes it states that ELPHS funds can be also used for the MCBR match. Is that correct? Bryce: I will have to get with

- Laura/Hailey to verify that. However, Match funds can not be from a Federal Source. Laura will look at exactly what it says in Attachment III.
- xiv. Jennifer Brassow: It always seems that when changes are made to things like MCBR it always seems like we set off a subcommittee to discuss what this could look like, and this doesn't feel like we had an opportunity to try to work out concerns. There is a potential that other programs could be jeopardized with this methodology purposes. It is very hard to forecast from one year to the next what amount of funding will be needed. Bryce: The instructions since 2017-18 have been this. We have not changed this bullet point. It has always been there. It has always been a requirement that the Interim payments be reported in the quarter they are received in. It appeared that the tracking form was only being used for FP and it needs to be used for all programs that utilize MCBR funding. That's what we are making clear here. The tracking form should have been utilized quarterly and that is the change going forward. It is expected that the quarterly payment be fully utilized each quarter in which it was received.

***Medicaid Cost Based Reimbursement (MCBR) Budget and Financial
Status Report (FSR) MDHHS Guidance***

Revision Date: 10-8-2024

- Report Medicaid Cost Based Reimbursement Quarterly Pre-Payments (Restricted Funds) in the Source of Funds Section, under the category labeled **Federal Cost Based Reimbursement** on the FSR and the MCBR Tracking Form. Quarterly Pre-Payments are paid/received within the quarter they are earned, so these payments **Must Be Reported in Each Fiscal Quarter** the funding was paid/received in (Q1, Q2, Q3, Q4).
 - MCBR Initial and Final Settlements (Unrestricted Funds) (additional settlements or negative adjustments) that are received outside of the Quarterly Pre-Payments Should Be Excluded from the FSR **Federal Cost Based Reimbursement** reporting category when received. According to FSR Preparation Instructions, Fees and Collections (including Medicaid) are to be reported when earned. The Interim and Final Settlements occur subsequent to the period in which they are earned and should therefore not be reported on the FSR. However, if the Health Department (HD) wants to report these unrestricted funds on the FSR, they can be reported in the Local Funds-Other category of the FSR or they can be put into the Health Departments (HD) General Fund.
 - Other Medicaid Quarterly Pre-Payments (Restricted Funds) will need to be distributed to the programs they were earned in based on the Local Public Health Departments methodology to divide up these funds.
 - Report the required match amount under the appropriate categories that qualify for matching funds on the FSR.
- xv.
- The appropriate match amount must be available and expended in relationship to the MCBR amount received and reported on the FSR during the Fiscal Year.
 - The Medicaid Cost Based Reimbursement Tracking Form **Must Be Attached to Each submitted FSR including the Final FSR in EGRAMS for every Program that reports MCBR earnings.**
 - The Tracking Form **Must Be filled out completely to show your total MCBR earnings for every Program that receives MCBR on the Form.** Attach the Tracking Form in EGRAMS next to the category labeled (Federal Cost Based Reimbursement) next to line 4. Make sure you record the correct Fiscal Year on the Tracking Form.

Budgeting for MCBR

Record the MCBR Amount and the Required Match Amount on your budget. Request budget amendments as needed for reporting accuracy.

- f. Grants Division – Carissa Reece/Anita Miko:
 - i. Anita: Amendments 1 and 2 will be combined and they will be released in early November.
 - g. EGLE – Lisa Hoeh
 - i. Reminder the final FSR is due Nov 15th and if not possible send an email to let them know.
 - ii. There are 16 unsigned reports and Lisa will send out reminders.
- 8) MALPH Report – Norm Hess
- a. Unable to attend and did not have any updates.
- 9) Current Business
- a. Rabies Exposure Management
 - i. Where should the line be drawn for people who need treatment due to the high cost of these treatments. How do other LHD's handle this issue.
 - 1. Some LHDS may be able to charge cost back to the counties.
 - b. Public Health Administrators Forum MALPH page access
 - i. Billers do not have access to the MALPH page. Should they be allowed to have access to the page or create another page for that information.
 - ii. 1st Theresa Fisher 2nd S. Klonowski to allow them to have access.
- 10) Recurring Conversation
- 11) Adjournment 1st J. Brassow 2nd H. Karpovich

Next meeting will be November 14, 2024, and will be virtual.