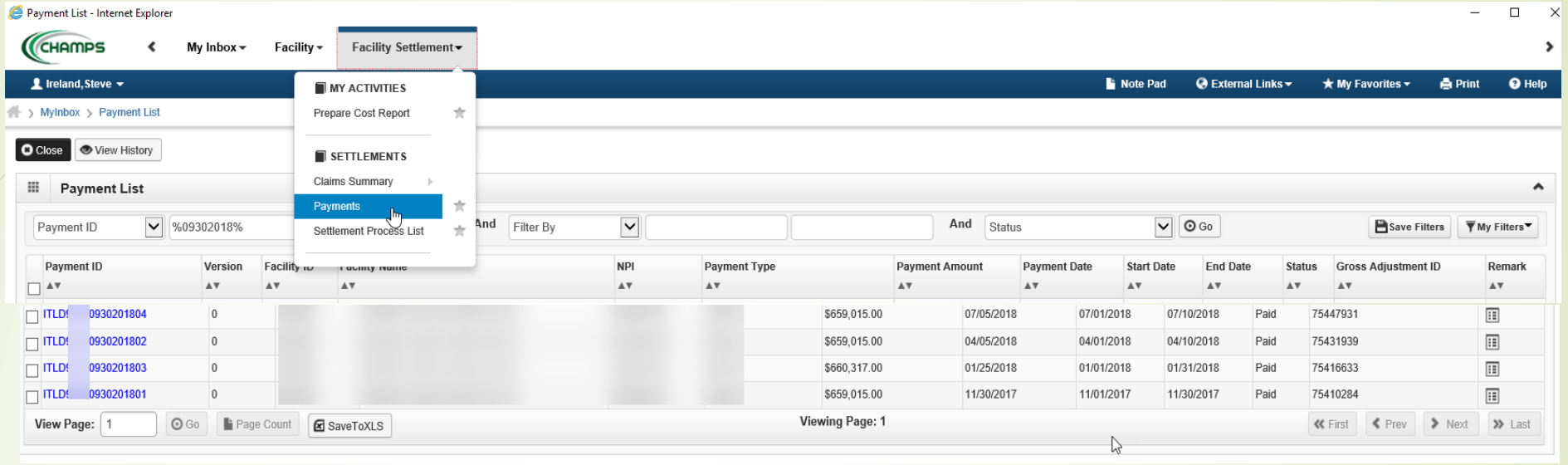
LPHD – Cost Based Reimbursement

MALPH Accounting Conference 2021

Topics

- Payments
- Total Services Defined by Group
- Archived Documents
- Claims Reports
- Encounter Reports
- Variances
- Other Issues or Questions



Payment Identification

- From ‘Facility Settlement’ menu, select ‘Payments’
- Filter by ‘Payment ID’ and put in fiscal period surrounded by wildcard %
- This will grab all payments associated with a specific cost report and/or settlement.

Total Services
Rate Determination Worksheet

- Total Services: These group definitions stated below are for the total facility:
  - Group 1: Total visits are defined as a face to face billable service which relates to procedures listed under this group in the LPHD database. All services performed during the face to face visit will be excluded from any other group. Example: Blood draw during a communicable disease program office visit will not be included in Group 5 services.
  - Group 2: Any services administered for vision and/or hearing screens
  - Group 3: Vaccines may be counted either by actual vaccines used or the associated administration fees.
  - Group 4: Total visit are defined as a face to face billable service which relates to procedures listed in the LPHD database and are billed under the Family Planning Clinic enrolled NPI. All services performed during the face to face visit will be excluded from any other group. Example: Blood draw during a communicable disease program office visit will not be included in Group 5 services.
  - Group 5: Blood Lead Services that are billable units for the procedures listed under this group in the LPHD database

Total Services Allocation to Medicaid

- The cost report is designed and intended to find the Medicaid portion of allowable costs to be reimbursed under full cost.
- The cost report is intended to capture all allowable costs reimbursable under the cost based reimbursement model – captured in the Expense Worksheet.
- To allocate to Medicaid, a rate is determined by dividing all allowable costs by the total services rendered, and then applying the rate to the Medicaid services billed and paid (FFS or MCO).
- Failure to capture total allowable costs, or appropriately capture total services rendered, is considered a failure to properly complete the cost report.

Recap: Total Services Recurring Questions and Issues

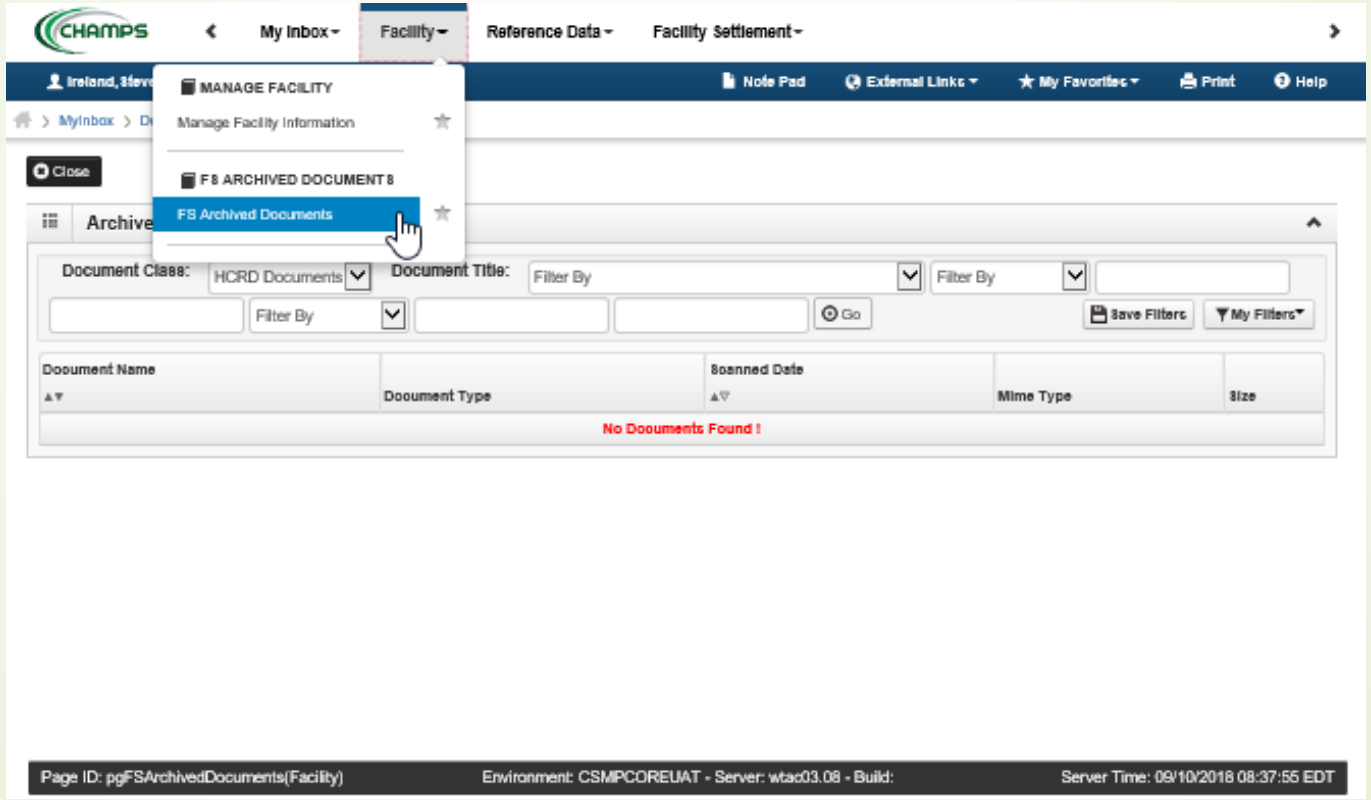
- Validation Error: Program services can not exceed Total Services Reported.
  - Simply put, Medicaid program services is a subset of total services. It is not legitimately possible for Medicaid billed services to ever exceed total services and this error message indicates either fraudulent billing Medicaid for services not rendered or total services are not appropriately reported.
- Expenses and Services reflect only Medicaid.
  - It is not the stated purpose of LPHDs to serve only Medicaid population. Reporting only Medicaid would require a full audit of all services rendered to ensure appropriate allocation is followed. As explained previously, the cost report includes the allocation method approved by CMS so failure to utilize cost report properly must also lead to cost report being verified in other means.
- Provider only tracks billed services, and since third party is not billed, the only services tracked are Medicaid.
  - It is the responsibility of the LPHD to track total services appropriately. It would also logically follow that failure to track services rendered is a material weakness and potential compliance violation.

Facility Settlement System

- Archived Documents
- Facility Settlement FFS Claim Summary
- Facility Settlement Encounter Summary

Archived Documents

Using your FS LPHD profile to access CHAMPS and Facility Settlement through External Links, you can access ‘FS Archived Documents’ under the ‘Facility Menu’. Select ‘HCRD Documents’ from ‘Document Class’ filter.



Archived Documents

Items available to be retrieved include all correspondence generated from system. It also includes weekly and annual Claim Summary and Encounter reports. As well as the Cash Vendor reports.

Notify Facility with Cost Report Due date.
Notify Facility whenever the Auditor accepts/rejects the Cost Report extension request.
Notify Facility upon acceptance or rejection of Cost Report by the Auditor.
Notify Facility after the Manager accepts or rejects the Cost Report revision request.
Notify Facility upon archival of Cost Report Delinquent Letter.
Notify Facility upon the archival of the Payment Suspension Letter.
Notify Facility informing about the Initial or Final Settlement Package.
Notify Facility upon archival of NAPR in FileNet
Notify Facility upon archival of Appeal Resolution Letter in FileNet.
Notify Facility upon the acceptance or rejection decision made by the Auditor regarding revised settlement request from Facility.
Notify Facility upon archival of Interim Payment Revision Letter in FileNet.
Notify Facility upon archival of Cost Report Package in FileNet which includes: 1) Cost Report Acceptance Letter 2) Latest Approved Cost Report Worksheets
Notify Facility upon archival of Initial Settlement Package in FileNet which includes: 1) Initial Settlement Letter 2) Initial Settlement Worksheets
Notify Facility upon archival of Final Settlement Package in FileNet which includes: 1) Final Settlement Letter 2) Final Settlement Worksheets 3) Audit Adjustment Information (Note: Only applicable for Clinics)
Notify Clinics/LPHD to submit the amended Cost Report whenever policy changes.
Notify LPHD to submit the Dental Match Funds for the interim payments.
This email is sent to the facilities requesting them to add their facility-specific information in CHAMPS under Facility Settlement tab.
This email is sent to the facilities when their Fiscal Year record is rejected by the HCRD PE Administrator.
This email is sent to the facilities when their Fiscal Year record is inactivated by the HCRD PE Administrator.
This email is sent to the facilities when their Association record is rejected by the HCRD PE Administrator.
This email is sent to the facilities when their Association record is inactivated by the HCRD PE Administrator.
This email is sent to the facilities when their Affiliation record is rejected by the HCRD PE Administrator.
This email is sent to the facilities when their Affiliation record is inactivated by the HCRD PE Administrator.
Notify facilities upon creation of Settlement Process Workflow.

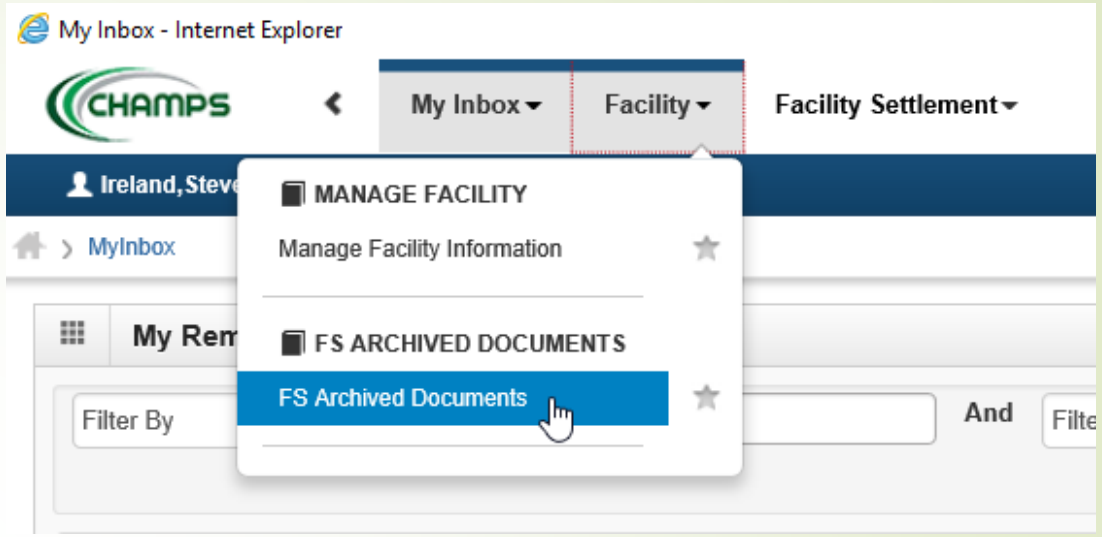
Claim Reports Available

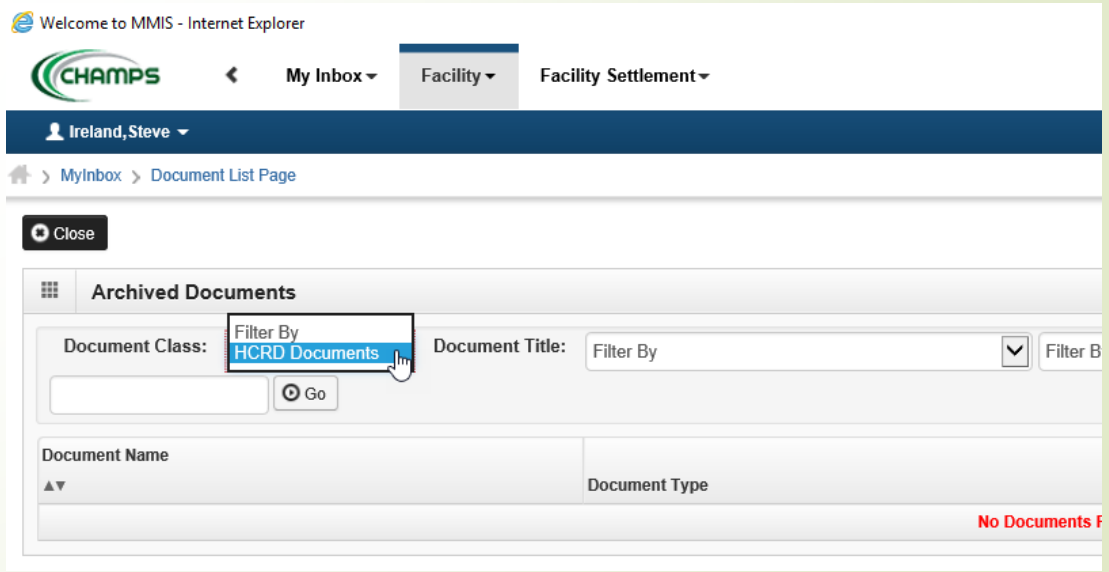
LPHDs through Facility Settlement and CHAMPS

- To access the following reports, log into CHAMPS using FS LPHD profile and access Facility Settlement
  - LPHD Weekly Claims Summary Report
  - LPHD Weekly Claims Detail Report
  - LPHD Annual Claims Summary Report
  - LPHD Annual Claims Detail Report
- Remittance Advices and other claim data (for claim sure) may be accessed using other CHAMPS profiles which contain billing rights.

Accessing Claim Files

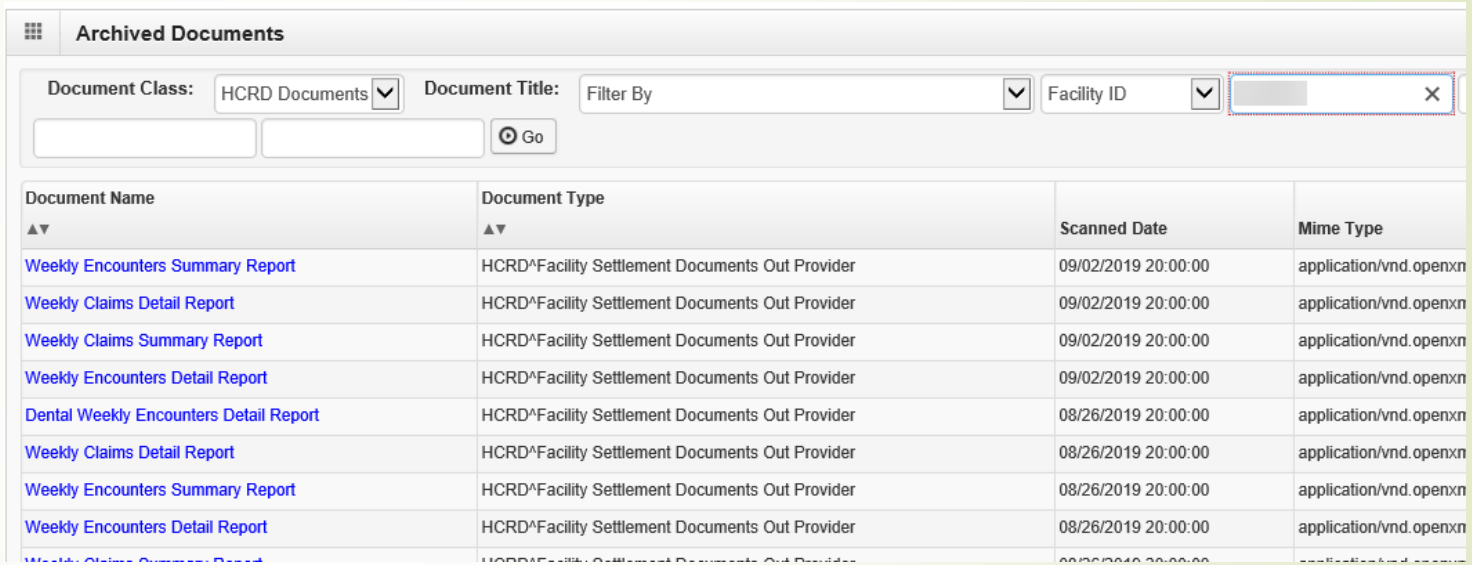
- In facility settlement, select ‘Facility’ menu, and ‘FS Archived Documents’
- When Archived Documents list page appears, the first selection must be set as ‘HCRD Documents’
- Either filter based upon ‘Document Title’or use Wild card ‘%’ can be used to pull more than one report type.
  - Example ‘%claim%’



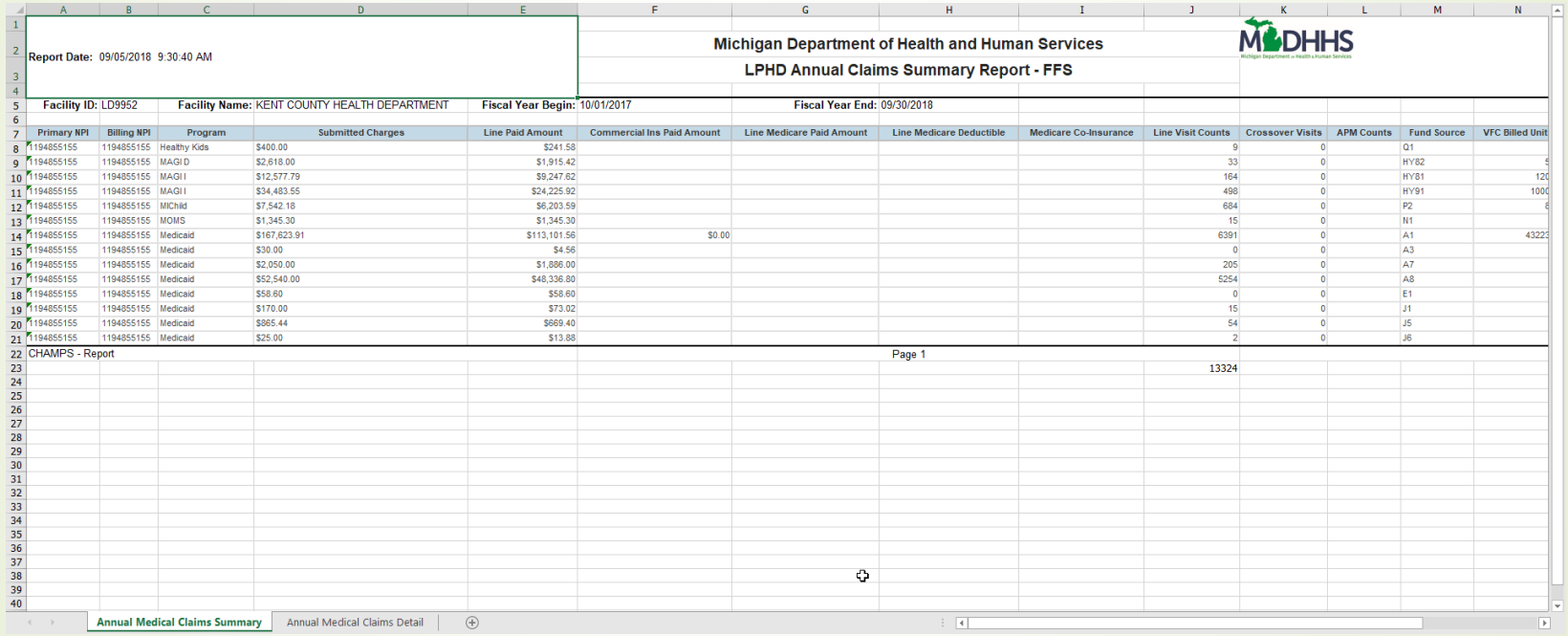


Claim and Encounter Reports

- If using wild card % to pull all reports then filter for desired files by clicking on blue hyperlink.
- Claim Detail and Summary Reports for FFS Claims
- Encounters Detail and Summary Reports for MCO encounters.



Example- LPHD Annual Claims Summary Report



Report Date: 09/05/2018 9:30:40 AM

Michigan Department of Health and Human Services

LPHD Annual Claims Summary Report - FFS

Facility ID: LD9952 **Facility Name:** KENT COUNTY HEALTH DEPARTMENT **Fiscal Year Begin:** 10/01/2017 **Fiscal Year End:** 09/30/2018

Primary NPI	Billing NPI	Program	Submitted Charges	Line Paid Amount	Commercial Ins Paid Amount	Line Medicare Paid Amount	Line Medicare Deductible	Medicare Co-Insurance	Line Visit Counts	Crossover Visits	APM Counts	Fund Source	VFC Billed Unit
1194855155	1194855155	Healthy Kids	$400.00	$241.58					9	0		Q1	
1194855155	1194855155	MAGI D	$2,618.00	$1,915.42					33	0		HY82	5
1194855155	1194855155	MAGI I	$12,577.79	$9,247.62					164	0		HYB1	120
1194855155	1194855155	MAGI I	$34,483.55	$24,225.92					498	0		HY91	1000
1194855155	1194855155	MIChild	$7,542.18	$6,203.59					684	0		P2	6
1194855155	1194855155	MOMS	$1,345.30	$1,345.30					15	0		N1	
1194855155	1194855155	Medicaid	$167,623.91	$113,101.56	$0.00				6391	0		A1	43223
1194855155	1194855155	Medicaid	$30.00	$4.56					0	0		A3	
1194855155	1194855155	Medicaid	$2,050.00	$1,886.00					205	0		A7	
1194855155	1194855155	Medicaid	$52,540.00	$48,336.80					5254	0		A8	
1194855155	1194855155	Medicaid	$58.60	$58.60					0	0		E1	
1194855155	1194855155	Medicaid	$170.00	$73.02					15	0		J1	
1194855155	1194855155	Medicaid	$865.44	$869.40					54	0		J5	
1194855155	1194855155	Medicaid	$25.00	$13.88					2	0		J6	

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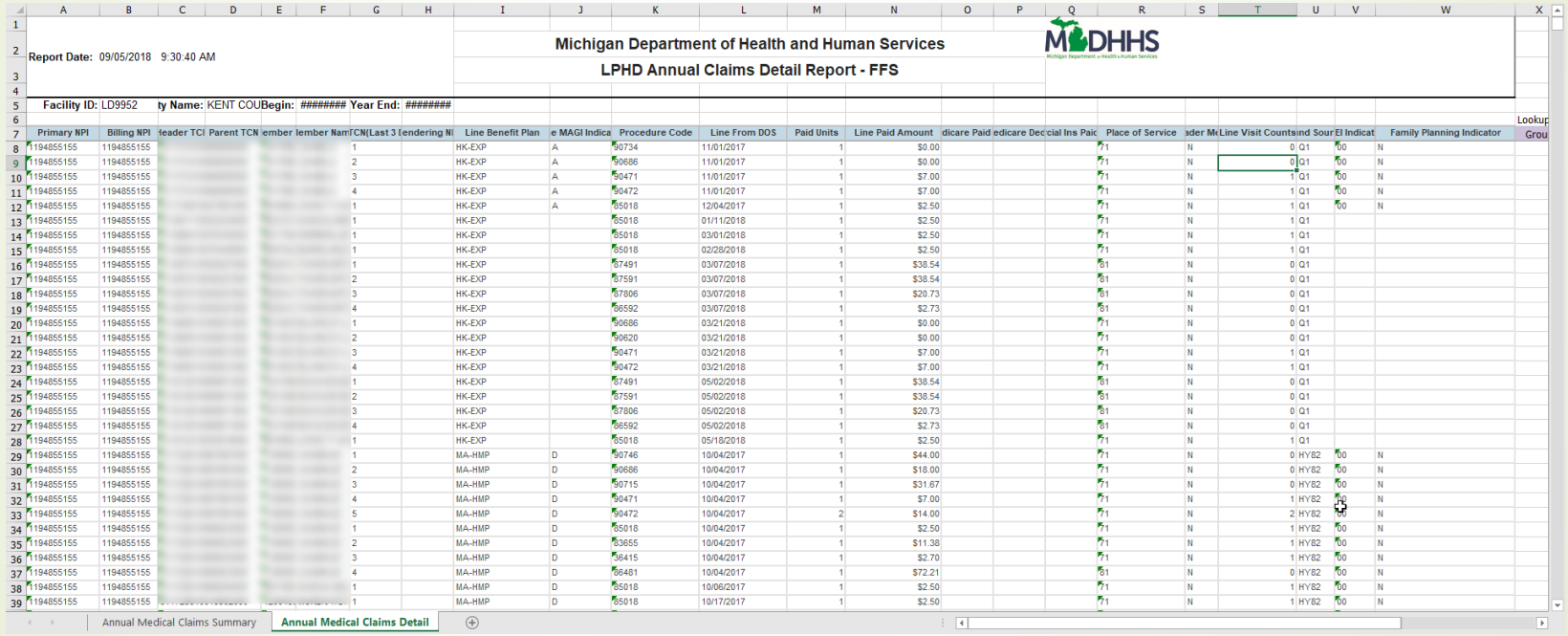
Annual Medical Claims Summary | Annual Medical Claims Detail

Example- LPHD Annual Claims Detail Report



Report Date: 09/05/2018 9:30:40 AM

Michigan Department of Health and Human Services

LPHD Annual Claims Detail Report - FFS

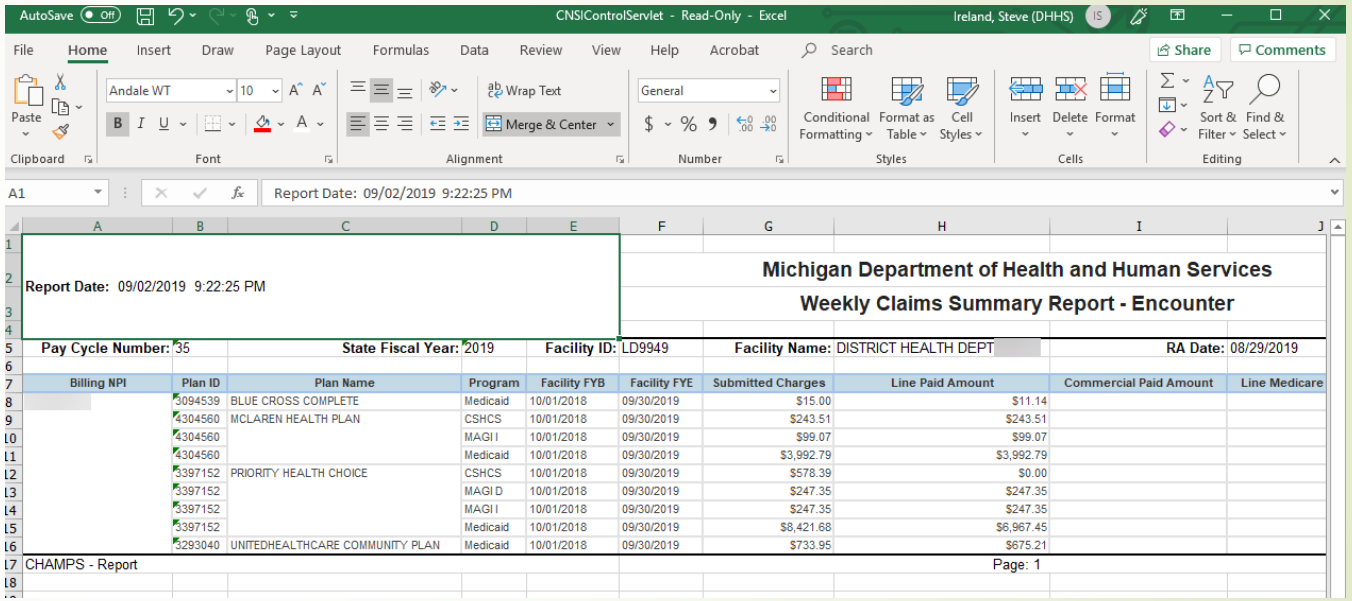
Facility ID: LD9952 ty Name: KENT COU Begin: ######## Year End: ########

Primary NPI	Billing NPI	eader TCI	Parent TCN	ember	ember Nam	CN(Last 3	endering NI	Line Benefit Plan	e MAGI Indica	Procedure Code	Line From DOS	Paid Units	Line Paid Amount	dicare Paid	edicare Dec	cial Ins Paic	Place of Service	ader Mc	Line Visit Counts	ind Sour	EI Indicat	Family Planning Indicator	Lookup Grou
1194855155	1194855155					1		HK-EXP	A	90734	11/01/2017	1	$0.00				71	N	0	Q1	00	N	
1194855155	1194855155					2		HK-EXP	A	90686	11/01/2017	1	$0.00				71	N	0	Q1	00	N	
1194855155	1194855155					3		HK-EXP	A	90471	11/01/2017	1	$7.00				71	N	1	Q1	00	N	
1194855155	1194855155					4		HK-EXP	A	90472	11/01/2017	1	$7.00				71	N	1	Q1	00	N	
1194855155	1194855155					1		HK-EXP	A	95018	12/04/2017	1	$2.50				71	N	1	Q1	00	N	
1194855155	1194855155					1		HK-EXP		95018	01/11/2018	1	$2.50				71	N	1	Q1			
1194855155	1194855155					1		HK-EXP		95018	03/01/2018	1	$2.50				71	N	1	Q1			
1194855155	1194855155					1		HK-EXP		95018	02/28/2018	1	$2.50				71	N	1	Q1			
1194855155	1194855155					1		HK-EXP		97491	03/07/2018	1	$38.54				81	N	0	Q1			
1194855155	1194855155					2		HK-EXP		97591	03/07/2018	1	$38.54				81	N	0	Q1			
1194855155	1194855155					3		HK-EXP		97806	03/07/2018	1	$20.73				81	N	0	Q1			
1194855155	1194855155					4		HK-EXP		96592	03/07/2018	1	$2.73				81	N	0	Q1			
1194855155	1194855155					1		HK-EXP		90686	03/21/2018	1	$0.00				71	N	0	Q1			
1194855155	1194855155					2		HK-EXP		90620	03/21/2018	1	$0.00				71	N	0	Q1			
1194855155	1194855155					3		HK-EXP		90471	03/21/2018	1	$7.00				71	N	1	Q1			
1194855155	1194855155					4		HK-EXP		90472	03/21/2018	1	$7.00				71	N	1	Q1			
1194855155	1194855155					1		HK-EXP		97491	05/02/2018	1	$38.54				81	N	0	Q1			
1194855155	1194855155					2		HK-EXP		97591	05/02/2018	1	$38.54				81	N	0	Q1			
1194855155	1194855155					3		HK-EXP		97806	05/02/2018	1	$20.73				81	N	0	Q1			
1194855155	1194855155					4		HK-EXP		96592	05/02/2018	1	$2.73				81	N	0	Q1			
1194855155	1194855155					1		HK-EXP		95018	05/18/2018	1	$2.50				71	N	1	Q1			
1194855155	1194855155					1		MA-HMP	D	90746	10/04/2017	1	$44.00				71	N	0	HY82	00	N	
1194855155	1194855155					2		MA-HMP	D	90686	10/04/2017	1	$18.00				71	N	0	HY82	00	N	
1194855155	1194855155					3		MA-HMP	D	90715	10/04/2017	1	$31.67				71	N	0	HY82	00	N	
1194855155	1194855155					4		MA-HMP	D	90471	10/04/2017	1	$7.00				71	N	1	HY82	00	N	
1194855155	1194855155					5		MA-HMP	D	90472	10/04/2017	2	$14.00				71	N	2	HY82	00	N	
1194855155	1194855155					1		MA-HMP	D	95018	10/04/2017	1	$2.50				71	N	1	HY82	00	N	
1194855155	1194855155					2		MA-HMP	D	93655	10/04/2017	1	$11.38				71	N	1	HY82	00	N	
1194855155	1194855155					3		MA-HMP	D	96415	10/04/2017	1	$2.70				71	N	1	HY82	00	N	
1194855155	1194855155					4		MA-HMP	D	96481	10/04/2017	1	$72.21				81	N	0	HY82	00	N	
1194855155	1194855155					1		MA-HMP	D	95018	10/06/2017	1	$2.50				71	N	1	HY82	00	N	
1194855155	1194855155					1		MA-HMP	D	95018	10/17/2017	1	$2.50				71	N	1	HY82	00	N	

Annual Medical Claims Summary | Annual Medical Claims Detail

Encounter Detail

- Report is in an Excel file format.
- First of two tabs is rolled up to three levels
  - Billing NPI
  - Plan Name
  - Program
  - Fields: Billing NPI, Plan ID, Plan Name, Program, Facility FYB, Facility FYE, Submitted Charges, Line Paid Amount, Commercial Paid Amount, Line Medicare Paid Amount, Line Medicare Deductible, Medicare Co-Insurance, Line Visit Counts, Crossover Visits, APM Counts



AutoSave Off — CNSiControlServlet - Read-Only - Excel — Ireland, Steve (DHHS)

File Home Insert Draw Page Layout Formulas Data Review View Help Acrobat Search Share Comments

Paste Clipboard Andale WT 10 Font Wrap Text Merge & Center Alignment General Number Conditional Formatting Format as Table Cell Styles Styles Insert Delete Format Cells Sort & Filter Find & Select Editing

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Report Date: 09/02/2019 9:22:25 PM

Michigan Department of Health and Human Services

Weekly Claims Summary Report - Encounter

Pay Cycle Number: 35 **State Fiscal Year:** 2019 **Facility ID:** LD9949 **Facility Name:** DISTRICT HEALTH DEPT **RA Date:** 08/29/2019

Billing NPI	Plan ID	Plan Name	Program	Facility FYB	Facility FYE	Submitted Charges	Line Paid Amount	Commercial Paid Amount	Line Medicare
	3094539	BLUE CROSS COMPLETE	Medicaid	10/01/2018	09/30/2019	$15.00	$11.14		
	4304560	MCLAREN HEALTH PLAN	CSHCS	10/01/2018	09/30/2019	$243.51	$243.51		
	4304560		MAGI I	10/01/2018	09/30/2019	$99.07	$99.07		
	4304560		Medicaid	10/01/2018	09/30/2019	$3,992.79	$3,992.79		
	3397152	PRIORITY HEALTH CHOICE	CSHCS	10/01/2018	09/30/2019	$578.39	$0.00		
	3397152		MAGI D	10/01/2018	09/30/2019	$247.35	$247.35		
	3397152		MAGI I	10/01/2018	09/30/2019	$247.35	$247.35		
	3397152		Medicaid	10/01/2018	09/30/2019	$8,421.68	$6,967.45		
	3293040	UNITEDHEALTHCARE COMMUNITY PLAN	Medicaid	10/01/2018	09/30/2019	$733.95	$675.21		

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Encounter Detail
Detail Tab of Excel File

1	Billing NPI		12	Line Benefit Plan
2	Header TCN		13	Line MAGI Indicator
3	Parent TCN		14	Procedure Code
4	Health Plan Encounter Reference Number		15	Line From DOS
5	Plan ID		16	Paid Units
6	Plan Name		17	Line Paid Amount
7	Facility FYE		18	Line Medicare Paid Amount
8	Member ID		19	Line Medicare Deductible
9	Member Name		20	Commercial Ins Paid Amount
10	Line TCN(Last 3 Digits)		21	Place of Service
11	Rendering NPI		22	Derived Header
			23	Line Visit Counts

Common Questions

Inquiries on Cost Report Completion

- Total Services: Discussed earlier in PPT.
- How are claims summary and encounter reports reconciled to the Settlement Reconciliation worksheet.
- Interim payments are captured by the system and are not provider entered.
- Reimbursement worksheet: This worksheet is prepopulated from ‘Settlement Reconciliation’ worksheet, and the numbers for that are drawn directly from claim and encounter summary screens.

Questions?
Contact Information

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  IrelandS@michigan.gov

- Hospital and Clinic Reimbursement Division
  Michigan Department of Health and Human Services