LPHD – Medicaid Cost Based Reimbursement

2022 Governmental Administration and Finance Seminar

Reconciling Data

- Claims Reports
- Encounter Reports
- Cash Vendor Reports
- Codes
- Payments
- Other Issues or Questions

Facility Settlement System for Local Public Health Departments

Facility Settlement FFS Claim Summary

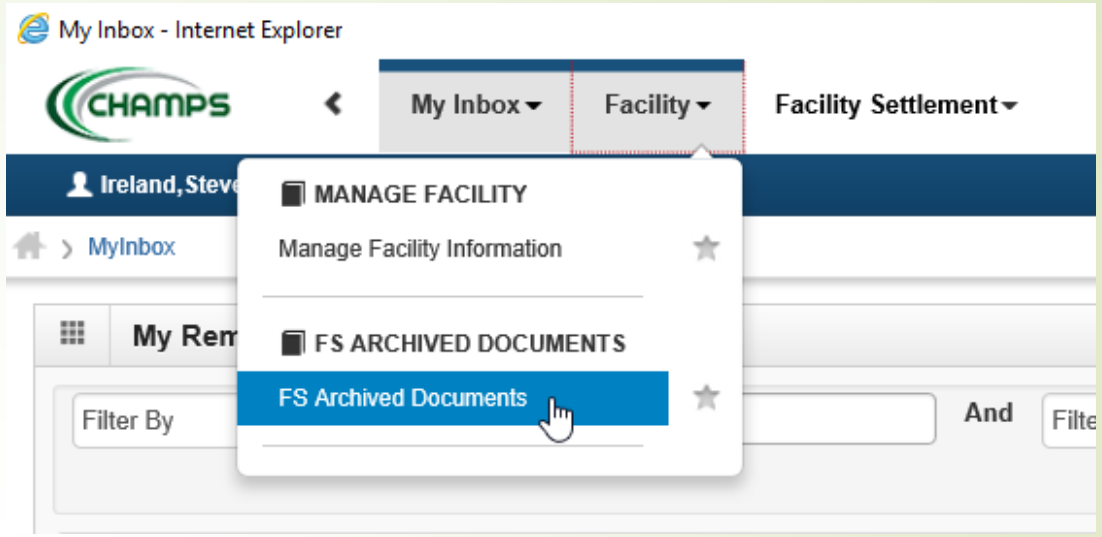
Claim Reports Available

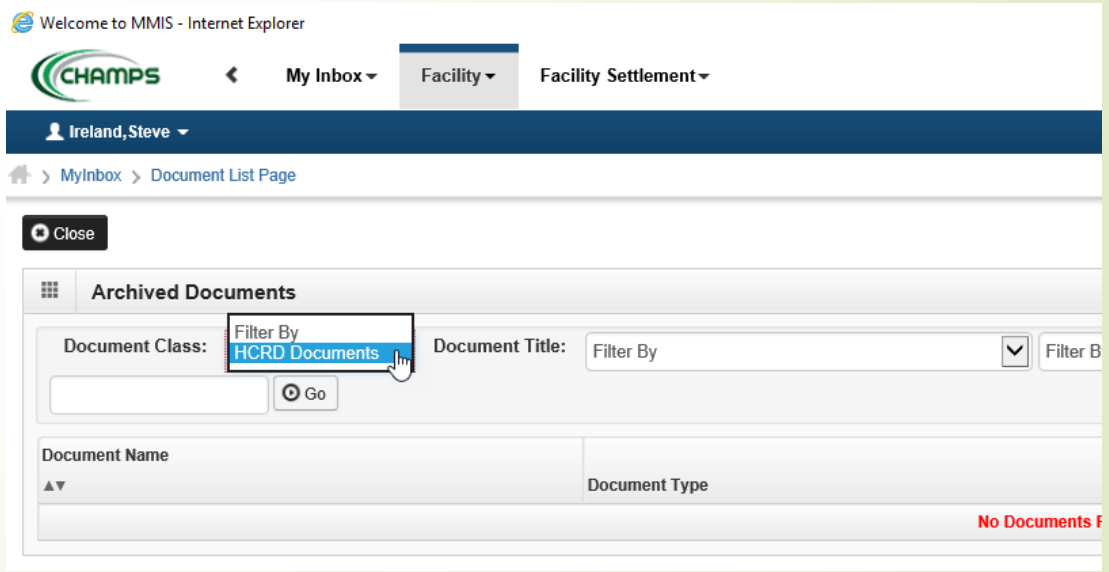
LPHDs through Facility Settlement and CHAMPS

- 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

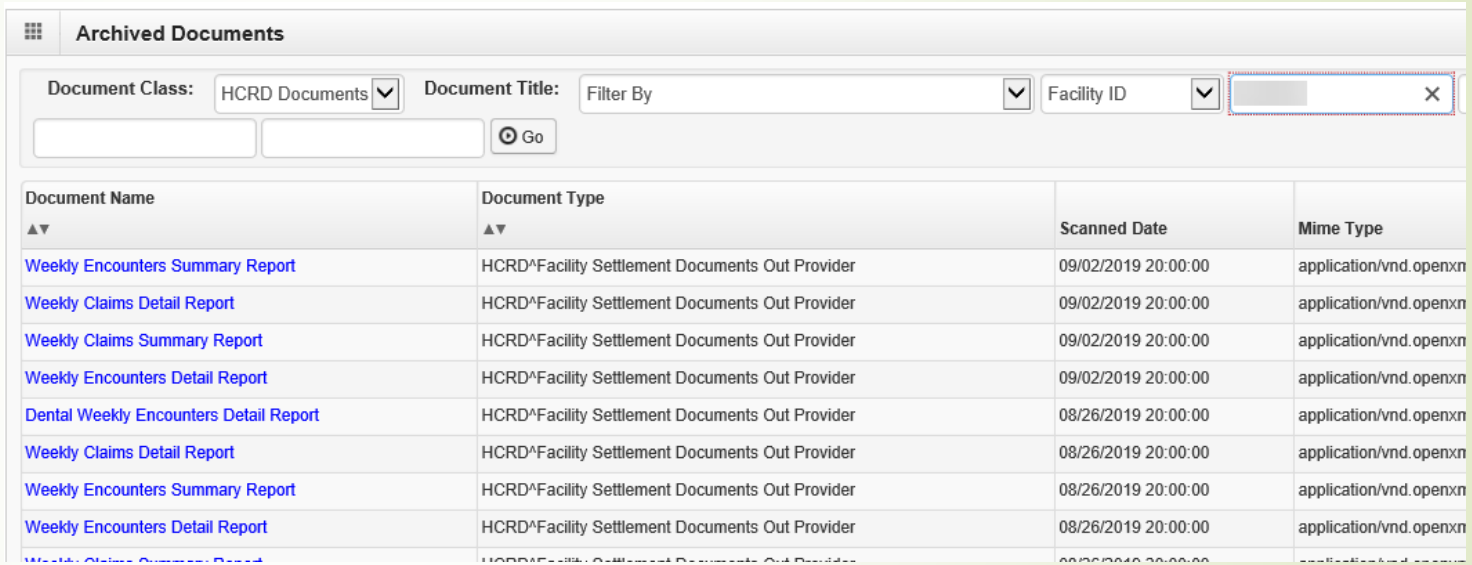
- In facility settlement, select ‘Facility’ menu, and ‘FS Archived Documents’
- When Archived Documents list page appears, the first selection must be set as ‘HCRD Documents’
- Either filter based upon ‘Document Title’or use Wild card ‘%’ can be used to pull more than one report type.
  - Example ‘%claim%’



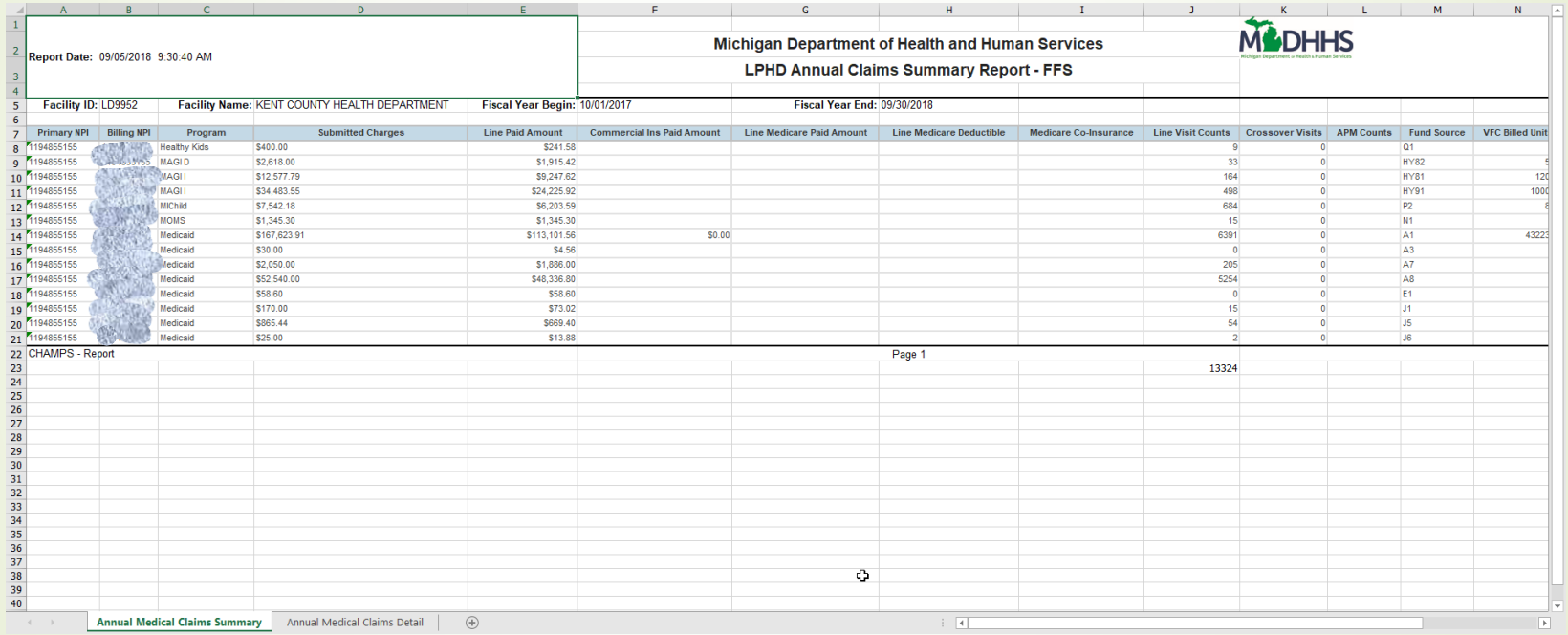


Claim and Encounter Reports

- 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

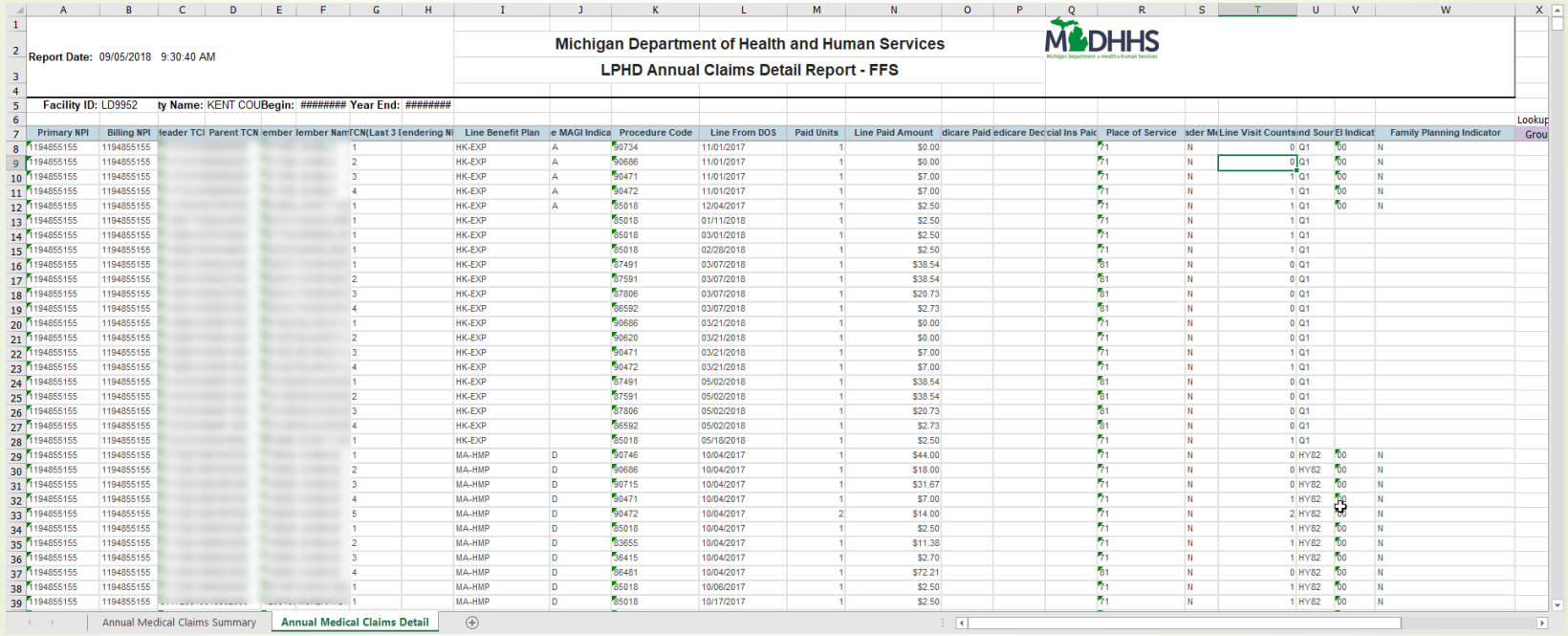
Primary NPI	Billing NPI	Program	Submitted Charges	Line Paid Amount	Commercial Ins Paid Amount	Line Medicare Paid Amount	Line Medicare Deductible	Medicare Co-Insurance	Line Visit Counts	Crossover Visits	APM Counts	Fund Source	VFC Billed Unit
1194855155	[redacted]	Healthy Kids	$400.00	$241.58					9	0	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

CHAMPS - Report Page 1

13324

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	TCN(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	

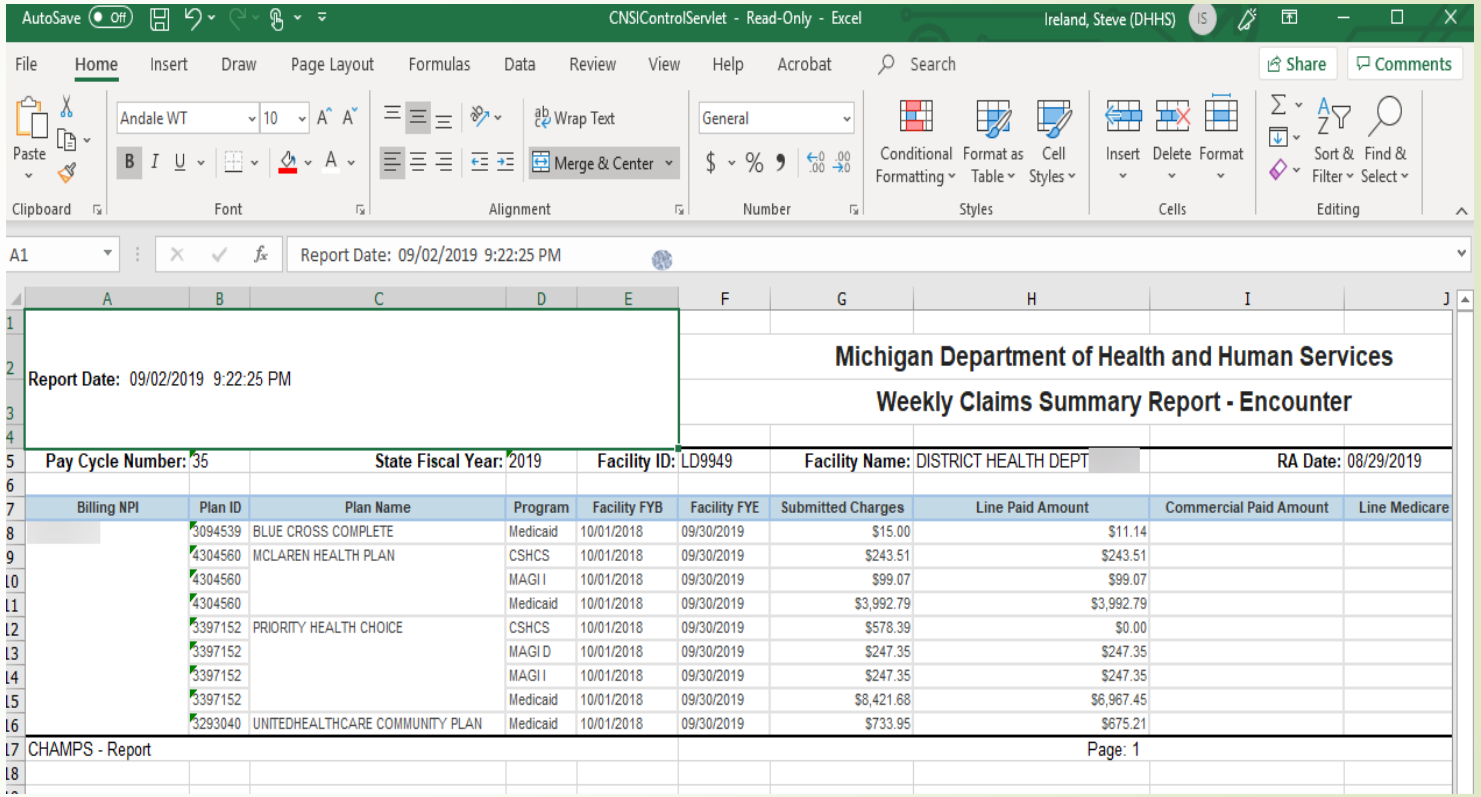
Annual Medical Claims Summary | Annual Medical Claims Detail

Facility Settlement System for Local Public Health Departments

Facility Settlement Encounter Summary

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

Andale WT 10 — Wrap Text — General — Merge & Center — Conditional Formatting — Format as Table — Cell Styles — Insert Delete Format — Sort & Filter — Find & Select

Clipboard Font Alignment Number Styles Cells Editing

A1 — Report Date: 09/02/2019 9:22:25 PM

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		

CHAMPS - Report — Page: 1

Encounter Detail
Detail Tab of Excel File

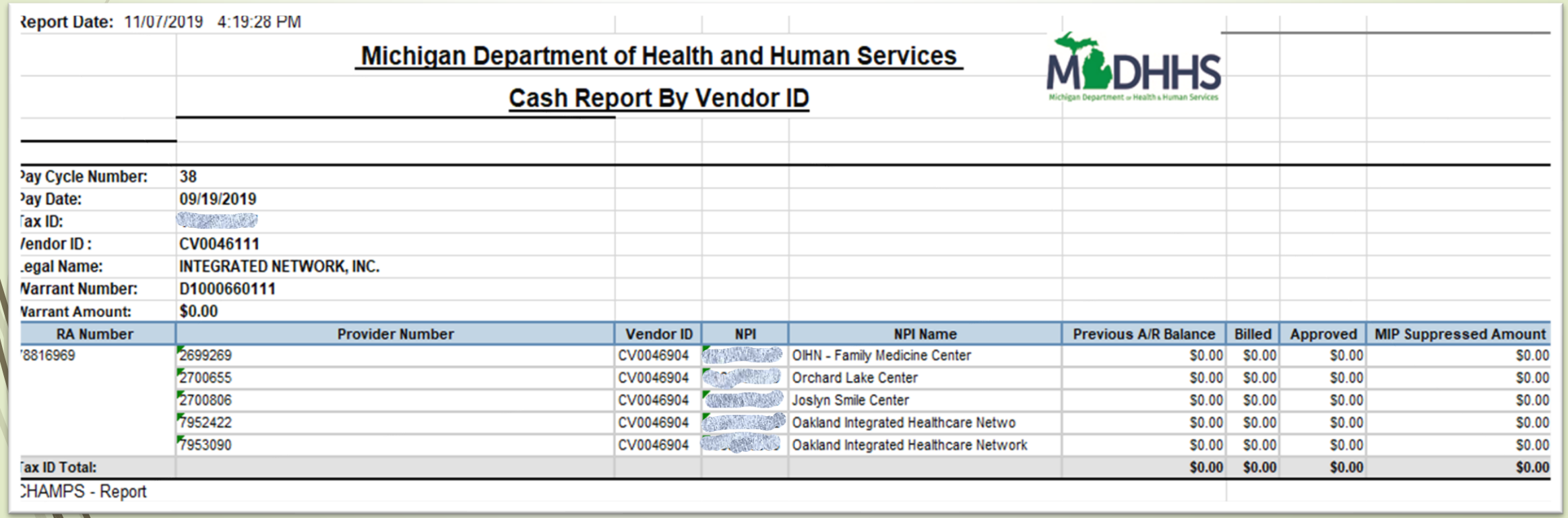
1	Billing NPI		12	Line Benefit Plan
2	Header TCN		13	Line MAGI Indicator
3	Parent TCN		14	Procedure Code
4	Health Plan Encounter Reference Number		15	Line From DOS
5	Plan ID		16	Paid Units
6	Plan Name		17	Line Paid Amount
7	Facility FYE		18	Line Medicare Paid Amount
8	Member ID		19	Line Medicare Deductible
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

Facility Settlement System for Local Public Health Departments

Cash Vendor Report- Archived Documents

Cash Vendor Report

This report is generated in Facility Settlement within Archived Documents using the NPI for LPHDs with current Account Receivable balances



Report Date: 11/07/2019 4:19:28 PM

Michigan Department of Health and Human Services

Cash Report By Vendor ID

MDHHS Michigan Department of Health & Human Services

Pay Cycle Number:	38
Pay Date:	09/19/2019
Tax ID:	[redacted]
Vendor ID :	CV0046111
Legal Name:	INTEGRATED NETWORK, INC.
Warrant Number:	D1000660111
Warrant Amount:	$0.00

RA Number	Provider Number	Vendor ID	NPI	NPI Name	Previous A/R Balance	Billed	Approved	MIP Suppressed Amount
8816969	2699269	CV0046904	[redacted]	OIHN - Family Medicine Center	$0.00	$0.00	$0.00	$0.00
	2700655	CV0046904	[redacted]	Orchard Lake Center	$0.00	$0.00	$0.00	$0.00
	2700806	CV0046904	[redacted]	Joslyn Smile Center	$0.00	$0.00	$0.00	$0.00
	7952422	CV0046904	[redacted]	Oakland Integrated Healthcare Netwo	$0.00	$0.00	$0.00	$0.00
	7953090	CV0046904	[redacted]	Oakland Integrated Healthcare Network	$0.00	$0.00	$0.00	$0.00
Tax ID Total:					**$0.00**	**$0.00**	**$0.00**	**$0.00**

CHAMPS - Report

Facility Settlement System for Local Public Health Departments

LPHD Codes

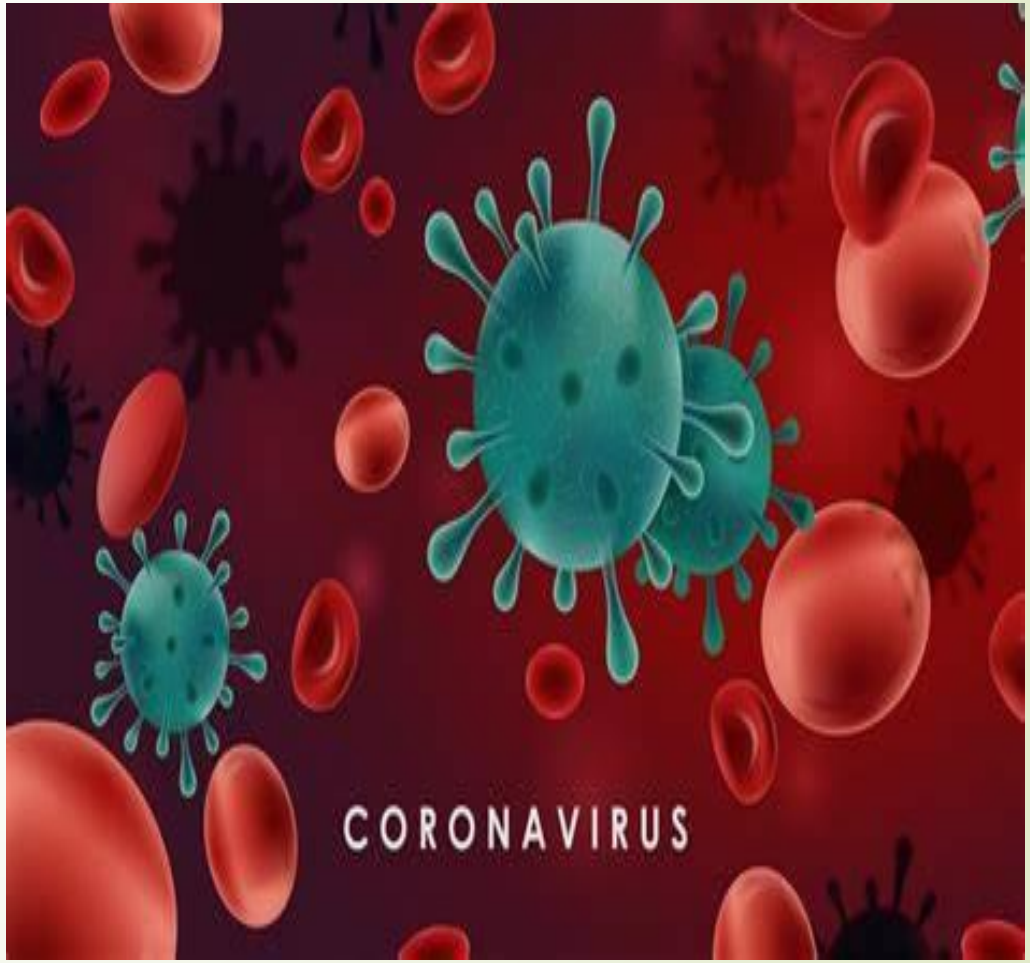
LPHD Procedure Codes

Local Health Department (michigan.gov)

Michigan Department of Health and Human Services
Local Health Department Fee Schedule
July 2022

Code	Short Description	Modifier	Age Range	Rate	Group	Visit	VFC	Effective Date**
0001A*	Adm Sarscov2 30mcg/0.3ml 1st			$37.53	3	1		
0002A*	Adm Sarscov2 30mcg/0.3ml 2nd			$37.53	3	1		
0003A*	Adm Sarscov2 30mcg/0.3ml 3rd			$37.53	3	1		
0004A*	Adm Sarscov2 30mcg/0.3ml Bst			$37.53	3	1		
0011A*	Adm Sarscov2 100mcg/0.5ml1st			$37.53	3	1		
0012A*	Adm Sarscov2 100mcg/0.5ml2nd			$37.53	3	1		
0013A*	Adm Sarscov2 100mcg/0.5ml3rd			$37.53	3	1		
0031A*	Adm Sarscov2 Vac Ad26 .5ml			$37.53	3	1		
0034A*	Adm Sarscov2 Vac Ad26 .5ml B			$37.53	3	1		
0041A*	Adm Sarscov2 5mcg/0.5ml 1st			$37.53	3	1		Rate Effective:07/13/2022
0042A*	Adm Sarscov2 5mcg/0.5ml 2nd			$37.53	3	1		Rate Effective:07/13/2022
0051A*	Adm Sarscv2 30mcg Trs-Sucr 1			$37.53	3	1		
0052A*	Adm Sarscv2 30mcg Trs-Sucr 2			$37.53	3	1		
0053A*	Adm Sarscv2 30mcg Trs-Sucr 3			$37.53	3	1		
0054A*	Adm Sarscv2 30mcg Trs-Sucr B			$37.53	3	1		
0064A*	Adm Sarscov2 50mcg/0.25mlbst			$37.53	3	1		
0071A*	Adm Sarscv2 10mcg Trs-Sucr 1			$37.53	3	1		
0072A*	Adm Sarscv2 10mcg Trs-Sucr 2			$37.53	3	1		
0073A*	Adm Sarscv2 10mcg Trs-Sucr 3			$37.53	3	1		
0074A*	Adm Sarscv2 10mcg Trs-Sucr B			$37.53	3	1		
0081A*	Adm Sarscv2 3mcg Trs-Sucr 1			$37.53	3	1		
0082A*	Adm Sarscv2 3mcg Trs-Sucr 2			$37.53	3	1		
0083A*	Adm Sarscv2 3mcg Trs-Sucr 3			$37.53	3	1		
0094A*	Adm Sarscov2 50mcg/0.5 Mlbst			$37.53	3	1		
0111A*	Adm Sarscov2 25mcg/0.25ml1st			$37.53	3	1		
0112A*	Adm Sarscov2 25mcg/0.25ml2nd			$37.53	3	1		
10004	Fna Bx W/O Img Gdn Ea Addl			$29.91	1	1		
10021	Fna Bx W/O Img Gdn 1st Les			$59.83	1	1		
10040	Acne Surgery			$68.34	1	1		
10060	Drainage Of Skin Abscess			$73.10	1	1		
10061	Drainage Of Skin Abscess			$125.20	1	1		
10120	Remove Foreign Body			$88.35	1	1		
10121	Remove Foreign Body			$156.30	1	1		

COVID Codes



Code	Short Description	Date	Dose	Manufacture r	Age
91300	Sarscov2 vac 30mcg/0.3ml im	12/11/2020		Pfizer	12-124
91301	Sarscov2 vac 100mcg/0.5ml im	12/18/2020		Moderna	12-124
91303	Sarscov2 vac ad26 .5ml im	2/27/2021		Janssen	18-124
91304	SARSCOV2 VAC 5MCG/0.5ML IM	7/13/2022		Novavax	18-124
91305	SARSCOV2 VAC 30 MCG TRS-SUCR	10/29/2021		Pfizer	12-124
91306	SARSCOV2 VAC 50MCG/0.25ML IM	10/20/2021		Moderna	18-124
91307	Sarscov2 Vac 10 Mcg Trs-Sucr	10/29/2021		Pfizer	5-12
91308	SARSCOV2 VAC 3 MCG TRS-SUCR	6/17/2022		Pfizer	6M-5
91309	SARSCOV2 VAC 50MCG/0.5ML IM	3/29/2022		Moderna	6-124
91311	SARSCOV2 VAC 25MCG/0.25ML IM	6/17/2022		Moderna	6M-6
0001A	Adm sarscov2 30mcg/0.3ml 1st	12/11/2020	1st Dose	Pfizer	12-124
0002A	Adm sarscov2 30mcg/0.3ml 2nd	12/11/2020	2nd Dose	Pfizer	12-124
0003A	ADM SARSCOV2 30MCG/0.3ML 3RD	8/12/2021	3rd Dose	Pfizer	12-124
0004A	ADM SARSCOV2 30MCG/0.3ML BST	9/22/2021	Booster	Pfizer	12-124
0011A	Adm sarscov2 100mcg/0.5ml1st	12/18/2020	1st Dose	Moderna	12-124
0012A	Adm sarscov2 100mcg/0.5ml2nd	12/18/2020	2nd Dose	Moderna	12-124
0013A	ADM SARSCOV2 100MCG/0.5ML3RD	8/12/2021	3RD Dose	Moderna	12-124
0031A	Adm sarscov2 vac ad26 .5ml	2/27/2021	Single Dose	Janssen	18-124
0034A	ADM SARSCOV2 VAC AD26 .5ML B	10/20/2021	Booster	Janssen	18-124
0041A	ADM SARSCOV2 5MCG/0.5ML 1ST	7/13/2022	1st Dose	Novavax	18-124
0042A	ADM SARSCOV2 5MCG/0.5ML 2ND	7/13/2022	2nd Dose	Novavax	18-124
0051A	ADM SARSCV2 30MCG TRS-SUCR 1	10/29/2021	1st Dose	Pfizer	12-124
0052A	ADM SARSCV2 30MCG TRS-SUCR 2	10/26/2021	2nd Dose	Pfizer	12-124
0053A	ADM SARSCV2 30MCG TRS-SUCR 3	10/29/2021	3rd Dose	Pfizer	12-124
0054A	ADM SARSCV2 30MCG TRS-SUCR B	10/29/2021	Booster	Pfizer	12-124
0064A	ADM SARSCOV2 50MCG/0.25MLBST	10/20/2021	Booster	Moderna	18-124
0071A	Adm Sarscv2 10mcg Trs-Sucr 1	10/29/2021	1st Dose	Pfizer	5-12

0072A	Adm Sarscv2 10mcg Trs-Sucr 2	10/29/2021	2nd Dose	Pfizer	5-12
0073A	ADM SARSCV2 10MCG TRS-SUCR 3	1/3/2022	3rd Dose	Pfizer	5-12
0074A	ADM SARSCV2 10MCG TRS-SUCR B	5/17/2022	Booster	Pfizer	5-12
0081A	ADM SARSCV2 3MCG TRS-SUCR 1	6/17/2022	1st Dose	Pfizer	6M-5
0082A	ADM SARSCV2 3MCG TRS-SUCR 2	6/17/2022	2nd Dose	Pfizer	6M-5
0083A	ADM SARSCV2 3MCG TRS-SUCR 3	6/17/2022	3rd Dose	Pfizer	6M-5
0091A	ADM SARSCOV2 50 MCG/.5 ML1ST	6/17/2022	1st Dose	Moderna	6-12
0092A	ADM SARSCOV2 50 MCG/.5 ML2ND	6/17/2022	2nd Dose	Moderna	6-12
0093A	ADM SARSCOV2 50 MCG/.5 ML3RD	6/17/2022	3rd Dose	Moderna	6-12
0094A	ADM SARSCOV2 50MCG/0.5 MLBST	3/29/2022	Booster	Moderna	18-124
0111A	ADM SARSCOV2 25MCG/0.25ML1ST	6/17/2022	1st Dose	Moderna	6M-6
0112A	ADM SARSCOV2 25MCG/0.25ML2ND	6/17/2022	2nd Dose	Moderna	6M-6
0113A	ADM SARSCOV2 25MCG/0.25ML3RD	6/17/2022	3rd Dose	Moderna	6M-6
M0201	COVID-19 vaccine home admin	6/8/2021			
91312	SARSCOV2 VAC BVL 30MCG/0.3ML	8/31/2022			
91313	SARSCOV2 VAC BVL 50MCG/0.5ML	8/31/2022			
0124A	ADM SARSCV2 BVL 30MCG/.3ML B	8/31/2022			
0134A	ADM SARSCV2 BVL 50MCG/.5ML B	8/31/2022			

Department of Health and Human Services
Hospital and Clinic Reimbursement Division
P.O. Box 30815
Lansing MI 48909

MDHHS
Michigan Department of Health & Human Services
GRETCHEN WHITMER, GOVERNOR | ROBERT GORDON, DIRECTOR

March 22, 2022

Local Public Health Departments
Cost Reporting during the Public Health Emergency (PHE)

Dear Medicaid Provider,

The Michigan Department of Health and Human Services (MDHHS) is issuing this letter to provide cost reporting guidance related to the federal Coronavirus Relief Fund (CRF) established by the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020. As part of the CRF, LHDs received designated federal funds to support PHE expenditures, including the COVID-19 vaccines and administration. More information can be found at https://www.hrsa.gov/provider-relief/faq/general

The Centers for Medicare and Medicaid Services (CMS) advised MDHHS that the state can exclude all CRF amounts from its cost reporting as these costs do not need to be offset in Medicaid cost reporting. Refer to the COVID-19 Frequently Asked Questions document for State Medicaid and Children's Health Insurance Program Agencies at https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf. Based on this guidance, MDHHS will update the Facility Settlement system to exclude COVID-19 vaccine and administration counts, expenses, and reimbursements from the cost reports.

Questions about this letter can be directed to Steve Ireland at IrelandS@Michigan.gov or call at (517) 335-5352. Thank you for your continued service to Medicaid beneficiaries.

Sincerely,

Steve Ireland, Manager
Rate Review Section
Hospital and Clinic Reimbursement Division
Financial Operations Administration
Michigan Department of Health and Human Services

MIHP Services
Procedure code: 99402

- The procedure code 99402 has existed for MIHP services but has since been added to the other PACs, including LPHDs. The result is that systems do not have an appropriate trigger to identify the code reported as MIHP and are paying the lower fee schedule rate. To further complicate this issue Health Plans are required to report on MIHP services, and when services such as 99402 can not be separately identified, the MIHP reporting suffers (can never pay higher rate in tie breaker situation).
- Health Departments should be including the MIHP services on the local health department cost settlement cost report and receiving "full cost" for providing those MIHP services - the rate paid by the health plan, or FFS, should not impact final reimbursement through settlement.
- Procedure code 99402 billed to health plans and along with recent requests which require rendering be the billing NPI.

Michigan Department of Health and Human Services
Local Health Department Fee Schedule
July 2022

Code	Short Description	Modifier	Age Range	Rate	Group	Visit	VFC	Effective Date**
99212	Office O/P Est Sf 10-19 Min			$32.88	1	1		
99213	Office O/P Est Low 20-29 Min			$52.69	1	1		
99214	Office O/P Est Mod 30-39 Min			$74.29	1	1		
99215	Office O/P Est Hi 40-54 Min			$104.79	1	1		
99341	Home Visit New Patient			$30.90	1	1		
99342	Home Visit New Patient			$43.98	1	1		
99343	Home Visit New Patient			$71.51	1	1		
99344	Home Visit New Patient			$103.01	1	1		
99345	Home Visit New Patient			$124.80	1	1		
99347	Home Visit Est Patient			$31.30	1	1		
99348	Home Visit Est Patient			$47.54	1	1		
99349	Home Visit Est Patient			$73.30	1	1		
99350	Home Visit Est Patient			$101.63	1	1		
99354	Prolng Svc O/P 1st Hour			$73.50	1	0		
99355	Prolng Svc O/P Ea Addl 30			$53.09	1	0		
99381	Init Pm E/M New Pat Infant			$86.72	1	1		
99382	Init Pm E/M New Pat 1-4 Yrs			$93.36	1	1		
99383	Prev Visit New Age 5-11			$91.46	1	1		
99384	Prev Visit New Age 12-17			$99.37	1	1		
99385	Prev Visit New Age 18-39			$99.37	1	1		
99386	Prev Visit New Age 40-64			$117.10	1	1		
99387	Init Pm E/M New Pat 65+ Yrs			$126.92	1	1		
99391	Per Pm Reeval Est Pat Infant			$65.83	1	1		
99392	Prev Visit Est Age 1-4			$73.74	1	1		
99393	Prev Visit Est Age 5-11			$72.79	1	1		
99394	Prev Visit Est Age 12-17			$80.39	1	1		
99395	Prev Visit Est Age 18-39			$81.34	1	1		
99396	Prev Visit Est Age 40-64			$89.89	1	1		
99397	Per Pm Reeval Est Pat 65+ Yr			$99.06	1	1		
99401	Preventive Counseling Indiv			$22.58	1	1		
99402	Preventive Counseling Indiv			$37.44	1	1		
99403	Preventive Counseling Indiv			$50.91	1	1		
99404	Preventive Counseling Indiv			$65.57	1	1		

Facility Settlement System for Local Public Health Departments

Payments

LPHD Total Payments by Year

2019- $64,133,885

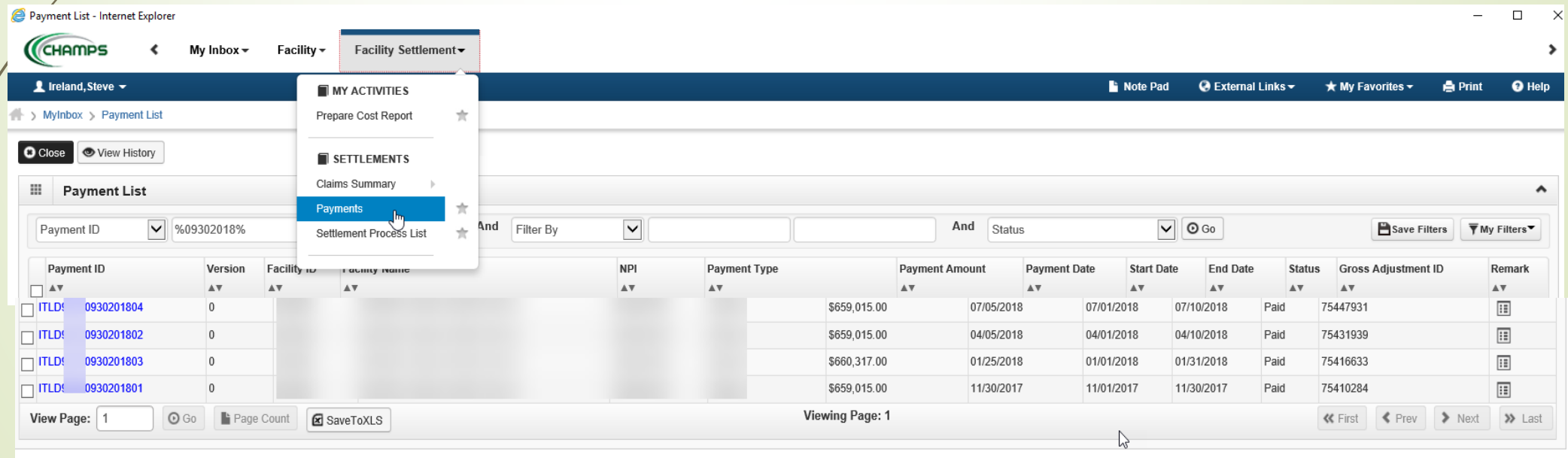
2020- $59,321,167

2021- $50,364,673

Payments

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.



Questions

Contact Information

- Tammy Stevens, Senior Auditor, Rate Review Section
  StevensT10@michigan.gov

- Steve Ireland, Manager Rate Review Section
  IrelandS@michigan.gov

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