



Virtual Presentation

- ☐ Welcome to MDHHS Virtual Presentation
- ☐ The presentation will begin momentarily
- ☐ You may download documents, including this presentation along with the Adobe user guide, from the File Pod located in the upper right hand corner of the webpage
- ☐ Within the Web Link Pod you will find the Provider Relations Training Evaluation
- ☐ Within the Chat Pod you are welcome to submit your questions during the presentation OR
- ☐ A Q&A will be held at the end of the presentation for questions

Please note: Audio is via your computer speakers.



RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Facility Settlement Training

December 13, 2017

Local Public Health Department (LPHD)

“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

Table of Contents

- ☐ Provider Resources
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- ☐ Facility Settlement
 - ☐ General Information [Slides 7-9](#)
 - ☐ Introduction to CHAMPS and the Facility Settlement system [Slides 10-15](#)
 - ☐ Prepare Cost Report [Slides 15-36](#)

Provider Resources

- ❑ **MDHHS website:** www.michigan.gov/medicaidproviders

- ❑ **We continue to update our Provider Resources, just click on the links below:**
 - ❑ [Listserv Instructions](#)
 - ❑ [Medicaid Alerts and Biller “B” Aware](#)
 - ❑ [Provider Tips](#)
 - ❑ [Medicaid Provider Training Sessions](#)
 - ❑ [CHAMPS Resources](#)

- ❑ **Provider Support:**
 - ❑ ProviderSupport@michigan.gov or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program

Provider Enrollment

- ❑ **Provider Enrollment website:** http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546-104293--,00.html
- ❑ **Trainings:**
 - ❑ MILogin (hyperlink to [MILogin New Look](#))
 - ❑ Facility/Agency/Organization (FAO) Enrollment (hyperlink)
 - ❑ Rendering/Servicing Provider Enrollment (hyperlink)
 - ❑ Domain Administrator Functions (hyperlink)
- ❑ **SIGMA:**
 - ❑ New FAOs must register with SIGMA
 - ❑ Please visit: Michigan.gov/SIGMAVSS
- ❑ **Provider Enrollment:**
 - ❑ ProviderEnrollment@Michigan.gov or (800) 292-2550

LPHD Support

- Tammy Stevens, Auditor
Rate Review Section
Hospital and Clinic Reimbursement Division
(517) 335-5353
- Steve Ireland, Manager
Rate Review Section
Hospital and Clinic Reimbursement Division
(517) 335-5352
- Sherri Gensterblum, Division Director
Hospital and Clinic Reimbursement Division
(517) 335-5345

Facility Settlement

General Information

General Information

- Each Facility is required to submit an annual Medicaid Cost Report. The Medicaid Cost Report was developed to support the prospective payment system (PPS) reimbursement in compliance with Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (BIPA) of 2000. The Medicaid Cost Report will be used to collect data required for the facility to receive the PPS rate for services provided to Medicaid, MIChild, and MOMS recipients.
- LPHDs must complete the Medicaid Cost Reports online and submit them to HCRD through CHAMPS. If a LPHD does not complete and return the Medicaid Cost Report to HCRD, then the year end cost settlement for the LPHD will be negatively impacted.
- LPHDs must upload documentation related to the Medicaid Cost Report such as the Trial Balance and Medicaid Health Plan contracts.

General Information

- The Medicaid Cost Report reflects data related to the fee-for-service primary care services claims that are approved through the claims system. In order for this to occur, all FFS primary care services must be submitted and processed through CHAMPS. Every individual provider or electronic biller (the billing agent) receives a remittance advice(RA) for services that are billed. The RA informs the provider of the action taken on claims. It is the responsibility of the facility to monitor claim activity and take appropriate steps to resolve suspended and rejected claims prior to the final reconciliation.
- The Medicaid Cost Report will also be used to collect data related to services which have been provided to beneficiaries through Medicaid Health Plans, Healthy Kids Dental, and/or Prepaid Inpatient Health Plans.
- All payments made to the facility by HCRD will also be reflected on the Medicaid Cost Report. This includes quarterly payments and settlement.

Facility Settlement

- Introduction to CHAMPS and the Facility Settlement system
 - [Slides 11-15](#)
- Prepare Cost Report
 - [Slides 15-36](#)

MILogin for Third Party

Login to your account

User ID

Password

LOGIN

SIGN UP

Forgot your User ID?

Need Help?

Forgot your password?

Copyright 2015-2017 State of Michigan

- ☐ Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- ☐ Enter <https://milogintp.Michigan.gov> into the search bar
- ☐ Enter your User ID and Password
- ☐ Click Login

MILogin for Third Party

[HOME](#)[REQUEST ACCESS](#)[UPDATE PROFILE](#)[SECURITY OPTIONS](#)[CHANGE PASSWORD](#)[LOGOUT](#)

Home Page

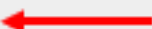
 Your password will expire in **48** days

Access your applications by clicking on the application links below



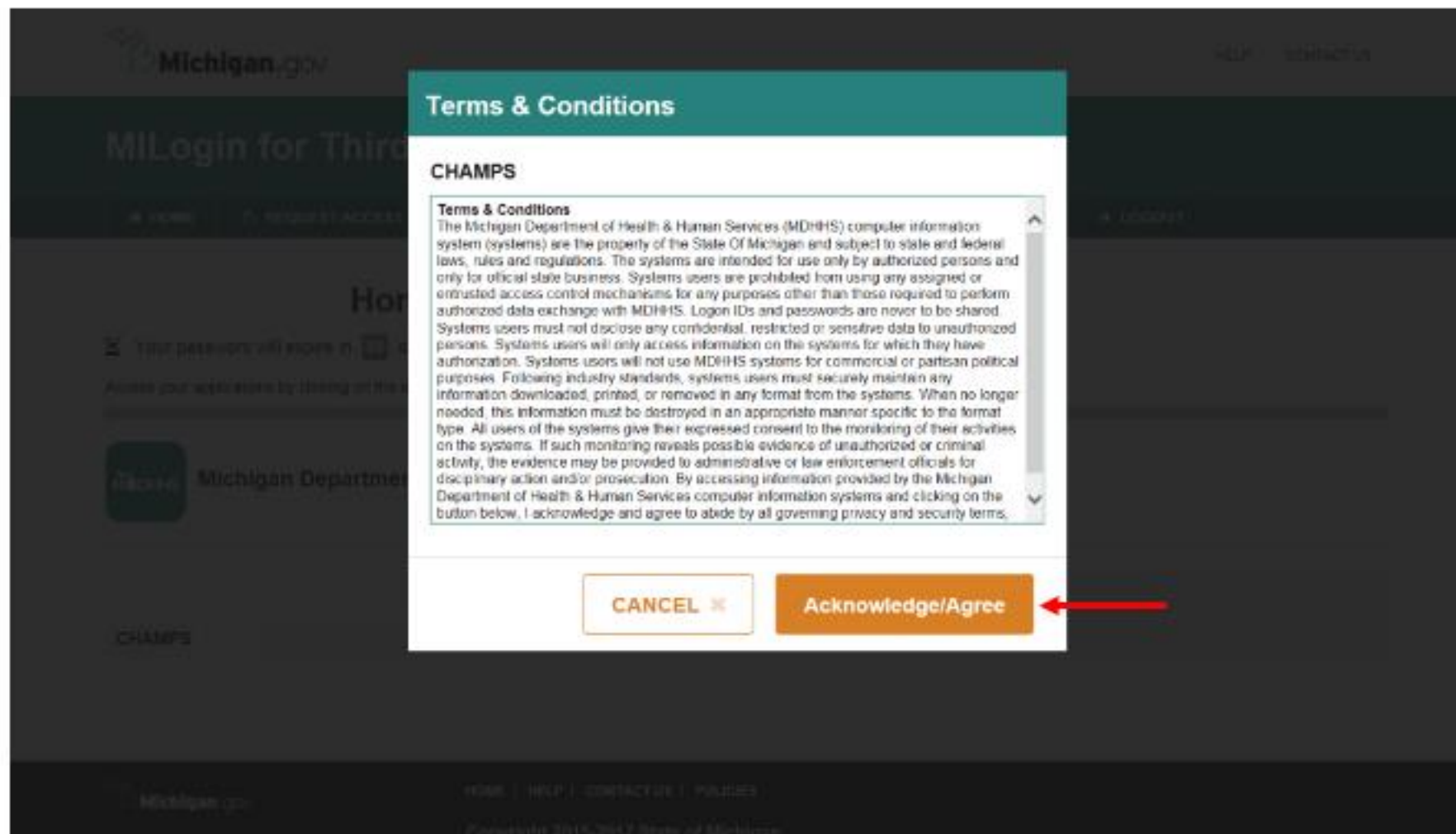
Michigan Department of Health & Human Services (MDHHS)

CHAMPS



- ☐ You will be directed to your MILogin home page
- ☐ Click the CHAMPS hyperlink

**MILogin resource links are listed at the bottom of the page*



- ❑ Click Acknowledge/Agree to accept the Terms & Conditions to get into CHAMPS



→ Select Domain ▼ *

→ Select Profile ▼ *

→ Select Favorite ▼ Go

- ❑ Select the Billing NPI from the Domain dropdown
- ❑ Select the appropriate profile (for example FS LPHD, FS Clinic, FS LEA, FS ISD, FS THC Clinic, etc.)
- ❑ Select a Favorite if one has previously been saved



My Inbox ▾

Quick Find

Note Pad

External Links ▾

My Favorites ▾

Print

Help

MyInbox

Facility Settlement

My Reminders

Filter By ▾ And Filter By ▾
Read Status ▾

Alert Type	Alert Message	Alert Date	Due Date	Read	Completed
☐ A/T	A/T	A/T	A/T	A/T	A/T
No Records Found !					

Notification

User1 sent you message Yesterday
User1 sent you message Yesterday
User1 sent you message Yesterday

Calendar

09:20 31 October 2017
Tuesday

2017 October						
Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					
← Today →						

Quick Find

Select ▾

- ❑ Once logged in you will be directed to the Provider Portal page
- ❑ Click on External Links
- ❑ Select Facility Settlement

MY ACTIVITIES

Prepare Cost Report ☆

SETTLEMENTS

Claims Summary ▸

Settlement Process List ☆

Payments ☆

Provider Portal

Latest updates

System Notification

Due CHAMPS Interim re deployment and monthly maintenance activities, the CHAMPS system will be down between 12:00 PM Saturday, February 13th 2016 and 11:59 AM Sunday, February 14th. This outage will affect the system access for all functionality

My Reminders

Filter By ▾

Go

Save Filters

My Filters ▾

Alert Type

Alert Message

Alert Date

Due Date

Read

No Records Found!

Calendar



11:14

19 October 2017

Thursday

2017 October

Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					



Today



- Click Facility Settlement
- Select Prepare Cost Report



Close

Cost Report List

Filter By And Filter By Go Save Filters My Filters

Facility ID	Facility Name	Fiscal Year Begin	Fiscal Year End	Cost Report ID	Amend	Version	Due Date	Modified By	Modified Date	Status	Remark	Action
▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
		10/01/2016	09/30/2017		0	0	05/25/2018		08/22/2017	Created		Execute
		10/01/2015	09/30/2016		0	0	05/25/2017		08/22/2017	Created		Execute

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Click Execute for the most recent cost report



Facility ID: Fiscal Year Begin: 10/01/2016
Facility Name: Fiscal Year End: 09/30/2017
Cost Report ID: Status: Created

Close Populate Claims Data Calculate Cost Submit Approve Reject

Cost Report Information

Cost Report WorkSheets

Worksheet Name AT	Required AT	Validated AT	Modified Date AT	Status AT
Expenses	Yes	No	10/01/2017	Created
Rate Determination	Yes	No	10/01/2017	Created
Source Of Match Funds	Yes	No	10/01/2017	Created
Reimbursement	Yes	No	10/01/2017	Created
Settlement Reconciliation	Yes	No	10/01/2017	Created

View Page: 1 Go Page Count Save To XLS

Viewing Page: 1

First Prev Next Last

- Click Populate Claims Data
- Click Expenses

Definitions:

- ☐ **Populate Claims Data** - This will bring up-to-date claim summary details into each cost report. *(Any values previously loaded or overwritten will be replaced)*
- ☐ **Calculate Cost** - This will update all the calculated fields across worksheets after any changes have been made.



Facility ID: [REDACTED]

Facility Name: [REDACTED]

Cost Report ID: [REDACTED]

Fiscal Year Begin: 10/01/2016

Fiscal Year End: 09/30/2017

Status: In Process

Close Save Validate Validation Errors Comments Complete Review

Worksheet Information

Save To Disk

Expenses

Line	Description	Group 1: Medical Services	Group 2: Procedure Clinics	Group 3: Vaccines	Group 4: Enhanced Funding	Group 5: Limited Procedure Clinics	Total	Comments	Flagged
1	Salaries and Wages - Direct Medical	\$2,170,419	\$0	\$0	\$596,920	\$0	\$2,767,347	No	No
1.1	Salaries and Wages - Direct Support	\$5,297,537	\$0	\$0	\$0	\$0	\$5,297,537	No	No
2	Fringe Benefits - Direct Medical	\$1,086,737	\$0	\$0	\$266,937	\$0	\$1,353,674	No	No
2.1	Fringe Benefits - Direct Support	\$2,611,424	\$0	\$0	\$0	\$0	\$2,611,424	No	No
3	Capital Expenses	\$0	\$0	\$0	\$0	\$0	\$0	No	No
4	Contractual	\$0	\$0	\$0	\$0	\$0	\$0	No	No
5	Supplies & Materials	\$5,265,606	\$0	\$0	\$0	\$0	\$5,265,606	No	No
6	Travel	\$0	\$0	\$0	\$0	\$0	\$0	No	No
7	Communication	\$0	\$0	\$0	\$0	\$0	\$0	No	No
8	County- City Central Services	\$0	\$0	\$0	\$0	\$0	\$0	No	No
9	Space Costs	\$0	\$0	\$0	\$0	\$0	\$0	No	No
10	All Other Expenses	\$0	\$0	\$0	\$0	\$0	\$0	No	No
11	Indirect	\$0	\$0	\$0	\$0	\$0	\$0	No	No
12	Other Cost Distributions	\$0	\$0	\$0	\$0	\$0	\$0	No	No
13	Total Expenses	\$16,331,723	\$0	\$0	\$863,855	\$0	\$17,195,588	No	No
14	Less: Federal Revenue	\$0	\$0	\$0	\$0	\$0	\$0	No	No
15	Net Expenses For Allocation	\$16,331,723	\$0	\$0	\$863,855	\$0	\$17,195,588	No	No

❑ This worksheet allows providers to manipulate any field not greyed out

❑ Once the worksheet is complete:

❑ Click Save ❑ Validate ❑ Validation Errors

Definitions:

- **Save** - Updates database and calculates worksheet values.
- **Validate** - Performs validation rules against all saved data.
- **Validation Errors** - Provides a list of errors and warnings where comments must be added to warnings and errors must be corrected before cost report can be validated/submitted.
- **Validate and Validation Errors** -
The Validate button performs the activity, whereas the Validation Error button provides the list to address the variances and errors found.

Facility ID: Fiscal Year Begin: 10/01/2016
 Facility Name: Fiscal Year End: 09/30/2017
 Cost Report ID: Status: In Process

Close View All Errors

Error List

Filter By

And

Filter By

Go

Save Filters

My Filters

Worksheet	Line	Description	Field	Value	Prior Year Value	Variance %	Variance Threshold %	Error Type	Error Message	Comments	Flagged	Modified By	Modified Date
ΔΥ	ΔΥ	ΔΥ	ΔΥ	ΔΥ	ΔΥ	ΔΥ	ΔΥ	ΔΥ	ΔΥ	ΔΥ	ΔΥ	ΔΥ	ΔΥ
Expenses	15	Net Expenses For Allocation	Group 1 Medical Services	16324677	23805737	31.42	30	Warning	Cost exceeds variance threshold		N		10/19/2017
Expenses	14	Less: Federal Revenue	Total	6846	0	100	30	Warning	Cost exceeds variance threshold		N		10/19/2017
Expenses	13	Total Expenses	Group 2 Procedure Clinics	0			0	Warning	Expenses worksheet is incomplete		N		10/19/2017
Expenses	14	Less: Federal Revenue	Group 3 Vaccines	0			0	Warning	Federal Revenue Must be Greater Than Zero.		N		10/19/2017
Expenses	13	Total Expenses	Group 3 Vaccines	0			0	Warning	Expenses worksheet is incomplete		N		10/19/2017
Expenses	4	Contractual	Group 1 Medical Services	0	2572049	100	30	Warning	Cost exceeds variance threshold		N		10/19/2017
Expenses	11	Indirect	Group 1 Medical Services	0	4443151	100	30	Warning	Cost exceeds variance threshold		N		10/19/2017
Expenses	14	Less: Federal Revenue	Group 1 Medical Services	6846	0	100	30	Warning	Cost exceeds variance threshold		N		10/19/2017

After clicking on Validation Errors, the Error List pops-up. Each line represents a variance; two error types;

Warning - must be commented upon to explain why the variance is appropriate

Error - must be resolved in order for the worksheet to validate

Click on the Comment icon to access Comment Detail page

CHAMPS < My Inbox > Facility > Facility Settlement >

[Home](#)
[Note Pad](#)
[External Links](#)
[My Favorites](#)
[Print](#)
[Help](#)

[Provider Portal](#) > [Cost Report List](#) > [Cost Report Worksheet](#) > [Worksheet Detail](#) > [Cost Report Worksheet](#) > [Worksheet Detail](#) > [Error List](#) > [Comment Detail](#)

Facility ID: Fiscal Year Begin: 10/01/2016
 Facility Name: Fiscal Year End: 09/30/2017
 Cost Report ID: Status: In Process

[Close](#) [Save](#) [View History](#)

Error Detail

Worksheet: Expenses Line: 15
 Description: Net Expenses For Allocation Field: Group 1 Medical Services
 Value: 18324877 Prior Year Value: 23805737
 Variance %: 31.42 Variance Threshold %: 30
 Error Type: Warning Error Message: Cost exceeds variance threshold

Comments

Facility Comments:
 Flagged for Rejection: ☐
 Auditor Comments:

Document List

[Upload Attachment](#) [Inactivate](#)

Filter By And Filter By And Operational Flag [Go](#)
[Save Filters](#) [My Filters](#)

Document Type	Attachment	Created By	Created Date	Operational Flag
☐				

No Documents Found !

- ☐ Add comments within the Facility Comments section as to why the variance is appropriate
- ☐ Click Save
- ☐ Click Upload Attachment (when is this required)

Upload Attachment

Document Sub-Type:

SELECT---
Cost Report Validation

*

Supporting Document:

Browse...

*

(Allowable file extensions - .doc, .docx, .xls, .xlsx, .jpg, .jpeg, .pdf, .tif, .tiff, .gif, .txt, .jpe)

Ok Cancel

- ❑ Select Cost Report Validation under Document Sub-Type
- ❑ Click Browse; locate the document that will support the Warning Variance
- ❑ Click Ok

Facility ID: Fiscal Year Begin: 10/01/2018
Facility Name: Fiscal Year End: 09/30/2017
Cost Report ID: Status: In Process

Error Detail

Worksheet: Reimbursement Line: 7.1
Description: Medicaid Field: Group 1-Medical Services
Value: 77941.73 Prior Year Value: 4341733.12
Variance %: 98.2 Variance Threshold %: 30
Error Type: Warning Error Message: Cost exceeds variance threshold

Comments

Facility Comments: Reason why variance exceeds variance threshold of 30%

Flagged for Rejection: ☐

Auditor Comments:

Document List

Filter By And Filter By And Operational Flag Active

Document Type	Attachment	Created By	Created Date	Operational Flag
☐ Attachment				
☐ Cost Report	Expenditure Reporting Narrative.docx		11/02/2017	Active

View Page: 1

Viewing Page: 1

- ☐ Click Save
- ☐ Click Close



Facility ID: Fiscal Year Begin: 10/01/2016
Facility Name: Fiscal Year End: 09/30/2017
Cost Report ID: Status: In Process

Close View All Errors

Error List

Filter By And Filter By

Worksheet	Line	Description	Field	Value	Prior Year Value	Variance %	Variance Threshold %	Error Type	Error Message	Comments	Flagged	Modified By	Modified Date
ΔΥ	ΔΥ	ΔΥ	ΔΥ	ΔΥ	ΔΥ	ΔΥ	ΔΥ	ΔΥ	ΔΥ	ΔΥ	ΔΥ	ΔΥ	ΔΥ
Expenses	15	Net Expenses For Allocation	Group 1 Medical Services	16324677	23805737	31.42	30	Warning	Cost exceeds variance threshold		N		10/19/2017
Expenses	14	Less: Federal Revenue	Total	6846	0	100	30	Warning	Cost exceeds variance threshold		N		10/19/2017
Expenses	13	Total Expenses	Group 2 Procedure Clinics	0			0	Warning	Expenses worksheet is incomplete		N		10/19/2017
Expenses	14	Less: Federal Revenue	Group 3 Vaccines	0			0	Warning	Federal Revenue Must be Greater Than Zero.		N		10/19/2017
Expenses	13	Total Expenses	Group 3 Vaccines	0			0	Warning	Expenses worksheet is incomplete		N		10/19/2017
Expenses	4	Contractual	Group 1 Medical Services	0	2572049	100	30	Warning	Cost exceeds variance threshold		N		10/19/2017
Expenses	11	Indirect	Group 1 Medical Services	0	4443151	100	30	Warning	Cost exceeds variance threshold		N		10/19/2017
Expenses	14	Less: Federal Revenue	Group 1 Medical Services	6846	0	100	30	Warning	Cost exceeds variance threshold		N		10/19/2017

Click Close

Facility ID:

Fiscal Year Begin: 10/01/2016

Facility Name:

Fiscal Year End: 09/30/2017

Cost Report ID:

Status: In Process

[Close](#)
[Save](#)
[Validate](#)
[Validation Errors](#)
[Comments](#)
[Complete Review](#)
[Worksheet Information](#)

Expenses

Line	Description	Group 1: Medical Services	Group 2: Procedure Clinics	Group 3: Vaccines	Group 4: Enhanced Funding	Group 5: Limited Procedure Clinics	Total	Comments	Flagged
1	Salaries and Wages - Direct Medical	\$2,170,419	\$0	\$0	\$596,920	\$0	\$2,767,347	No	No
1.1	Salaries and Wages - Direct Support	\$5,297,537	\$0	\$0	\$0	\$0	\$5,297,537	No	No
2	Fringe Benefits - Direct Medical	\$1,086,737	\$0	\$0	\$266,937	\$0	\$1,353,674	No	No
2.1	Fringe Benefits - Direct Support	\$2,611,424	\$0	\$0	\$0	\$0	\$2,611,424	No	No
3	Capital Expenses	\$0	\$0	\$0	\$0	\$0	\$0	No	No
4	Contractual	\$0	\$0	\$0	\$0	\$0	\$0	No	No
5	Supplies & Materials	\$5,265,606	\$0	\$0	\$0	\$0	\$5,265,606	No	No
6	Travel	\$0	\$0	\$0	\$0	\$0	\$0	No	No
7	Communication	\$0	\$0	\$0	\$0	\$0	\$0	No	No
8	County- City Central Services	\$0	\$0	\$0	\$0	\$0	\$0	No	No
9	Space Costs	\$0	\$0	\$0	\$0	\$0	\$0	No	No
10	All Other Expenses	\$0	\$0	\$0	\$0	\$0	\$0	No	No
11	Indirect	\$0	\$0	\$0	\$0	\$0	\$0	No	No
12	Other Cost Distributions	\$0	\$0	\$0	\$0	\$0	\$0	No	No
13	Total Expenses	\$16,331,723	\$0	\$0	\$863,865	\$0	\$17,195,588	No	No
14	Less: Federal Revenue	\$0	\$0	\$0	\$0	\$0	\$0	No	No
15	Net Expenses For Allocation	\$16,331,723	\$0	\$0	\$863,865	\$0	\$17,195,588	No	No

- Some providers might find it helpful to work in Microsoft Excel verses the Facility Settlement (FS) system, in order to do this;
- Click SaveToXls



Facility ID:
Facility Name:
Cost Report ID:

Fiscal Year Begin: 10/01/2016
Fiscal Year End: 09/30/2017
Status: In Process

Close Save Validate Validation Errors Comments Complete Review

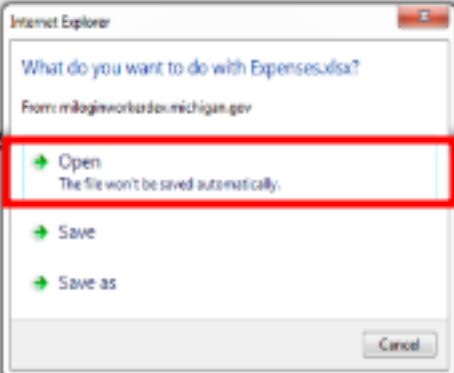
Worksheet Information

SaveToXls

Expenses

Line											
1	Sa										
1.1	Sa										
2	Fr										
2.1	Fr										
3	Ca										
4	Co										
5	Supplies & Materials	\$5,265,606	\$0	\$0	\$0	\$0	\$0	\$5,265,606	Yes	No	
6	Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	No	No	
7	Communication	\$0	\$0	\$0	\$0	\$0	\$0	\$0	No	No	
8	County- City Central Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	No	No	
9	Space Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	No	No	
10	All Other Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	No	No	
11	Bedrock	\$0	\$0	\$0	\$0	\$0	\$0	\$0	No	No	

Your request is being processed. When download is complete.



Click Open

MS Excel - OneCenterProvider (Read-Only) - Excel

FILE HOME INSERT PAGE LAYOUT FORMULAS DATA REVIEW VIEW ACROSS TABS

Clipboard Font Alignment Number Styles Cells Editing

Font: Calibri, Size: 11, Bold, Italic, Underline, Text Color, Background Color, Paragraph Spacing, Orientation, Indentation, Bullets, Numbering, Styles: Normal, Bold, Good, Neutral, Calculation, Check Cell, Conditional Formatting, Table, Insert, Delete, Format, AutoSum, Fill, Clear, Sort & Filter, Find & Select

Formula Bar: A1, fx, Use

Line	Descriptive Group 1:V Group 2:P Group 3:V Group 4:D Group 5:I Total	Comment	Flagged
1	Salaries at 2170419 0 0 596928 0 2767347	No	No
2	Salaries at 5257537 0 0 0 0 5257537	No	No
3	Fringe Ben 1066797 0 0 266937 0 1353574	No	No
4	Fringe Ben 2512424 0 0 0 0 2512424	No	No
5	Capital Ex 0 0 0 0 0 0	No	No
6	Contract 0 0 0 0 0 0	No	No
7	Supplies 5265606 0 0 0 0 5265606	No	No
8	Travel 0 0 0 0 0 0	No	No
9	Communi 0 0 0 0 0 0	No	No
10	County C 0 0 0 0 0 0	No	No
11	Space Cos 0 0 0 0 0 0	No	No
12	All Other 0 0 0 0 0 0	No	No
13	Indirect 0 0 0 0 0 0	No	No
14	Other Cos 0 0 0 0 0 0	No	No
15	Total Exp 16331723 0 0 663865 0 17135588	No	No
16	Less: Fed 6846 0 0 0 0 6846	No	No
17	Net Exp 16324877 0 0 663865 0 17135742	No	No

Expense

☐ Worksheet opens-up in Microsoft Excel

(Please Note: providers can only manipulate the fields not greyed out in the Worksheet)

☐ Providers may choose to copy and paste Microsoft Excel data into the Worksheet

Facility ID:

Fiscal Year Begin: 10/01/2016

Facility Name:

Fiscal Year End: 09/30/2017

Cost Report ID:

Status: In Process

Close Save Validate Validation Errors Comments Complete Review

Worksheet Information

SaveToXls

Expenses

Line

1

1.1

2

2.1

3

4

5 Suppliers & Materials

\$5,265,006

\$0

\$0

\$0

\$0

\$5,265,006

Yes

No

6

Towel

\$0

\$0

\$0

\$0

\$0

\$0

No

No

7

Communication

\$0

\$0

\$0

\$0

\$0

\$0

No

No

8

County City Central Services

\$0

\$0

\$0

\$0

\$0

\$0

No

No

9

Space Costs

\$0

\$0

\$0

\$0

\$0

\$0

No

No

10

All Other Expenses

\$0

\$0

\$0

\$0

\$0

\$0

No

No

Close

Your request is being processed. Please use Close button to close window when download is complete.

Click Close



Facility ID: Fiscal Year Begin: 10/01/2016
Facility Name: Fiscal Year End: 09/30/2017
Cost Report ID: Status: In Process

Close Save Validate Validation Errors Comments Complete Review

Worksheet Information

SaveToGo

Expenses

Line	Description	Group 1:Medical Services	Group 2:Procedure Clinics	Group 3:Vaccines	Group 4:Enhanced Funding	Group 5:Limited Procedure Clinics	Total	Comments	Flagged
1	Salaries and Wages - Direct Medical	\$2,170,419	\$0	\$0	\$690,928	\$0	\$2,767,347	No	No
1.1	Salaries and Wages - Direct Support	\$5,297,537	\$0	\$0	\$0	\$0	\$5,297,537	No	No
2	Fringe Benefits - Direct Medical	\$1,098,737	\$0	\$0	\$298,937	\$0	\$1,353,874	No	No
2.1	Fringe Benefits - Direct Support	\$2,511,424	\$0	\$0	\$0	\$0	\$2,511,424	No	No
3	Capital Expenses	\$0	\$0	\$0	\$0	\$0	\$0	No	No
4	Contractual	\$0	\$0	\$0	\$0	\$0	\$0	No	No
5	Supplies & Materials	\$5,295,808	\$0	\$0	\$0	\$0	\$5,295,808	No	No
6	Travel	\$0	\$0	\$0	\$0	\$0	\$0	No	No
7	Communication	\$0	\$0	\$0	\$0	\$0	\$0	No	No
8	County- City Central Services	\$0	\$0	\$0	\$0	\$0	\$0	No	No
9	Space Costs	\$0	\$0	\$0	\$0	\$0	\$0	No	No
10	All Other Expenses	\$0	\$0	\$0	\$0	\$0	\$0	No	No
11	Indirect	\$0	\$0	\$0	\$0	\$0	\$0	No	No
12	Other Cost Distributions	\$0	\$0	\$0	\$0	\$0	\$0	No	No
13	Total Expenses	\$16,331,723	\$0	\$0	\$893,865	\$0	\$17,195,588	No	No
14	Less: Federal Revenue	\$0	\$0	\$0	\$0	\$0	\$0	No	No
15	Net Expenses For Allocation	\$16,331,723	\$0	\$0	\$893,865	\$0	\$17,195,588	No	No

- Click Save
- Click Validate
- Click Close



Facility ID: Fiscal Year Begin: 10/01/2016
Facility Name: Fiscal Year End: 09/30/2017
Cost Report ID: Status: In Process

Close Populate Claims Data Calculate Cost Submit Approve Reject

Cost Report Information

Cost Report WorkSheets

Worksheet Name ▲▼	Required ▲▼	Validated ▲▼	Modified Date ▲▼	Status ▲▼
Expenses	Yes	Yes	10/23/2017	Validated
Rate Determination	Yes	No	10/23/2017	In Process
Source Of Match Funds	Yes	No	10/23/2017	In Process
Reimbursement	Yes	No	10/23/2017	In Process
Settlement Reconciliation	Yes	No	10/19/2017	In Process

View Page: 1 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

Click Rate Determination



Facility ID: Fiscal Year Begin: 10/01/2016
Facility Name: Fiscal Year End: 09/30/2017
Cost Report ID: Status: In Process

Close Save Validate Validation Errors Comments Complete Review

Worksheet Information

Save To XLS

Rate Determination

Line	Description	Group 1: Medical Services	Group 2: Procedure Clinics	Group 3: Vaccines	Group 4: Enhanced Funding	Group 5: Limited Procedure Clinics	Comments	Flagged
1	Total Services	40,000.00	40,000.00	400.00	5,000.00	3,000.00	Yes	No
2	Total Rate per Service	\$408.12	\$0.00	\$0.00	\$172.77	\$0.00	Yes	No
2.1	Hearing and Vision Direct Billing 3-6		\$400.00				Yes	No
2.2	Hearing and Vision Medicaid Billed Services		300.00				Yes	No
2.3	Hearing and Vision Rate With Add-on		\$1.33				Yes	No

- ❑ This shows what the Rate Determination worksheet looks like
- ❑ Follow the same instructions as the Expenses worksheet
- ❑ Continue to go through each required worksheet until all worksheets have been Validated



Facility ID: Fiscal Year Begin: 10/01/2016
Facility Name: Fiscal Year End: 09/30/2017
Cost Report ID: Status: In Process

Close Populate Claims Data Calculate Cost Submit Approve Reject

Cost Report Information

Cost Report Worksheets

Worksheet Name ▲▼	Required ▲▼	Validated ▲▼	Modified Date ▲▼	Status ▲▼
Expenses	Yes	Yes	10/23/2017	Validated
Rate Determination	Yes	Yes	10/23/2017	Validated
Source Of Match Funds	Yes	Yes	10/23/2017	Validated
Reimbursement	Yes	Yes	10/23/2017	Validated
Settlement Reconciliation	Yes	Yes	10/23/2017	Validated

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First Prev Next Last

- Once all required worksheets have been Validated, click Calculate Cost
- Click Submit

Confirm Submission

Please click "Confirm" to proceed for submission.

Remark:

- ☐ Click Confirm to proceed (remarks optional)



Facility ID: Fiscal Year Begin: 10/01/2016
Facility Name: Fiscal Year End: 09/30/2017
Cost Report ID: Status: Submitted

Close Populate Claims Data Calculate Cost Submit Approve Reject

Cost Report Information

Cost Report WorkSheets

Worksheet Name ▲▼	Required ▲▼	Validated ▲▼	Modified Date ▲▼	Status ▲▼
Expenses	Yes	Yes	10/23/2017	Submitted
Rate Determination	Yes	Yes	10/23/2017	Submitted
Source Of Match Funds	Yes	Yes	10/23/2017	Submitted
Reimbursement	Yes	Yes	10/23/2017	Submitted
Settlement Reconciliation	Yes	Yes	10/23/2017	Submitted

View Page: 1 Go Page Count Save To XLS

Viewing Page: 1

First Prev Next Last

- Cost Report Status will show as Submitted
- Click Close

Final Steps

- ❑ After the Cost Report is submitted, the status will show submitted ([Slide 36](#)).
- ❑ When the auditor begins review, the status will update to 'In Review'.
- ❑ After the auditor completes review, the status will update to either Approved or Rejected.
- ❑ View the status of a Cost Report via the Settlement Process List under the Facility Settlement tab.
- ❑ Providers will receive an email notification with the Approved or Rejected Cost Report status once completed by the auditor.
- ❑ Cost Report questions should be directed to your auditor.