Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

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.

Facility Settlement Training

December 14, 2017

Federally Qualified Health Center (FQHC) &
Rural Health Clinic (RHC)

"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
- Provider Enrollment
- FQHC and RHC Support
- Facility Settlement
  - General Information Slides 7-9
  - Introduction to CHAMPS and the Facility Settlement system Slides 10-15
  - Prepare Cost Report Slides 15-38
  - Prepare Medicare Cost Report Slides 39-56

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

MDHHS

Provider Enrollment

- ****Please Note: The CHAMPS Provider Enrollment screens will be view only from December 22, 2017 – January 2, 2018****

- **Provider Enrollment website:** http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546-104293--,00.html

- **Trainings:**
  - MILogin
  - Facility/Agency/Organization Enrollment
  - Rendering/Servicing Provider Enrollment
  - Domain Administrator Functions

- **SIGMA:**
  - New FAOs must register with SIGMA
  - Please visit: Michigan.gov/SIGMAVSS

- **Provider Enrollment:**
  - ProviderEnrollment@Michigan.gov or (800) 292-2550

FQHC and RHC Support

- Kristie Pastor, Manager
  Clinic Settlement Section
  Hospital and Clinic Reimbursement Division
  (517) 335-5334

Tricia Ashley	AshleyT2@Michigan.gov	517-373-6316
Angie Bailey	BaileyA7@Michigan.gov	517-335-3408
Jessica Fandel	FandelJ1@Michigan.gov	517-335-5336
Irina Isenga	IsengaI@Michigan.gov	517-335-6608
Nancy Kuhlman	KuhlmanN@Michigan.gov	517-241-5956
Kelly Reynolds	ReynoldsK9@Michigan.gov	517-241-7296
Adam Wiese	WieseA@Michigan.gov	517-335-5341
Bryan Norrix	NorrixB1@Michigan.gov	517-241-7239
Corey Hungerford	HungerfordC@Michigan.gov	517-241-7151
Kristie Pastor	PastorK@Michigan.gov	517-335-5334

MDHHS

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.
- FQHCs and RHCs must complete the Medicaid Cost Reports online and submit them to the Hospital and Clinic Reimbursement Division (HCRD) through CHAMPS. If a FQHC or RHC does not complete and return the Medicaid Cost Report to HCRD, then the year end cost settlement for the FQHC or RHC will be negatively impacted.
- FQHCs and RHCs must upload documentation related to the Medicaid Cost Report such as the Trial Balance and Medicaid Health Plan contracts.

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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 directly from CHAMPS 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.

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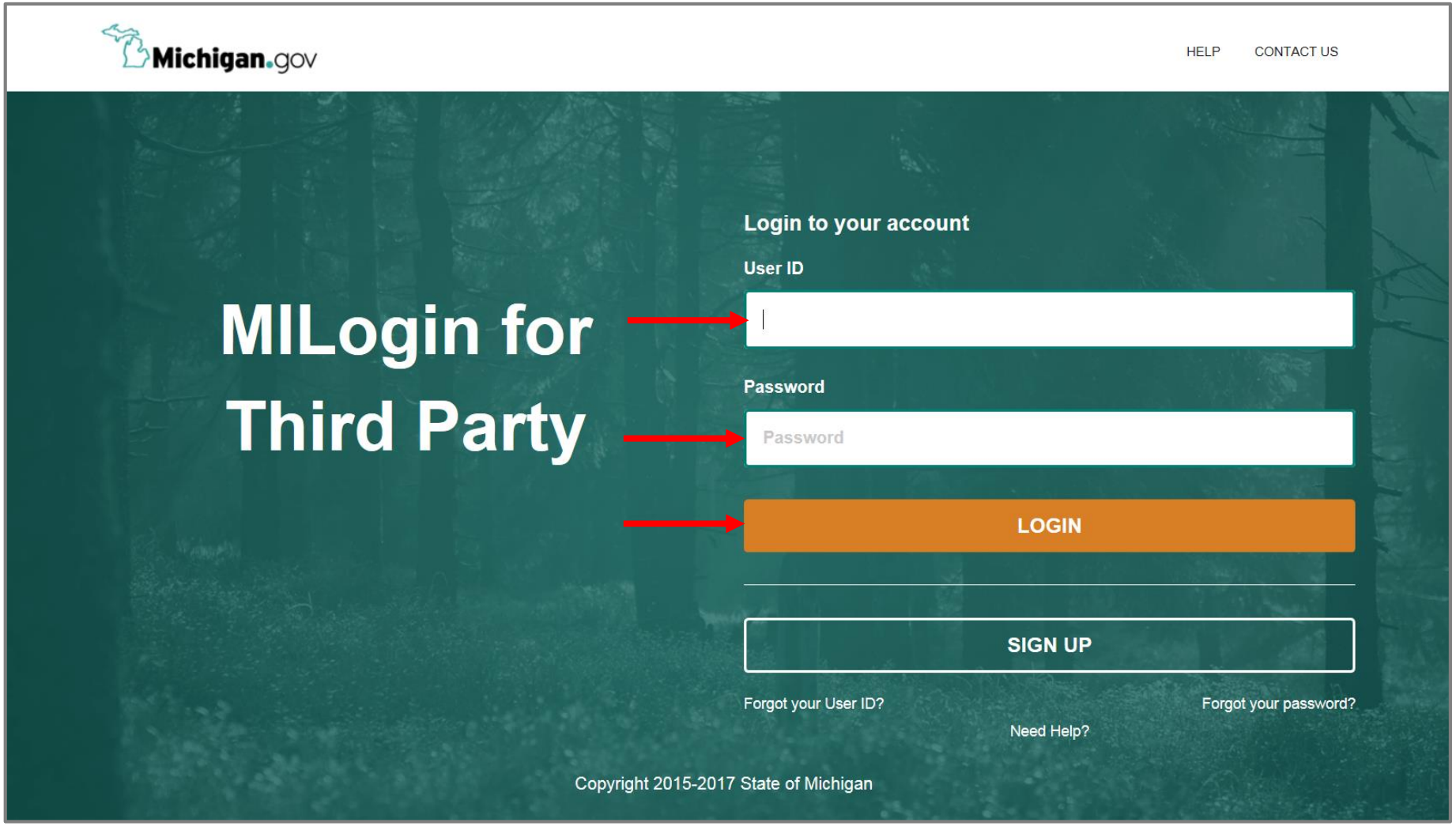
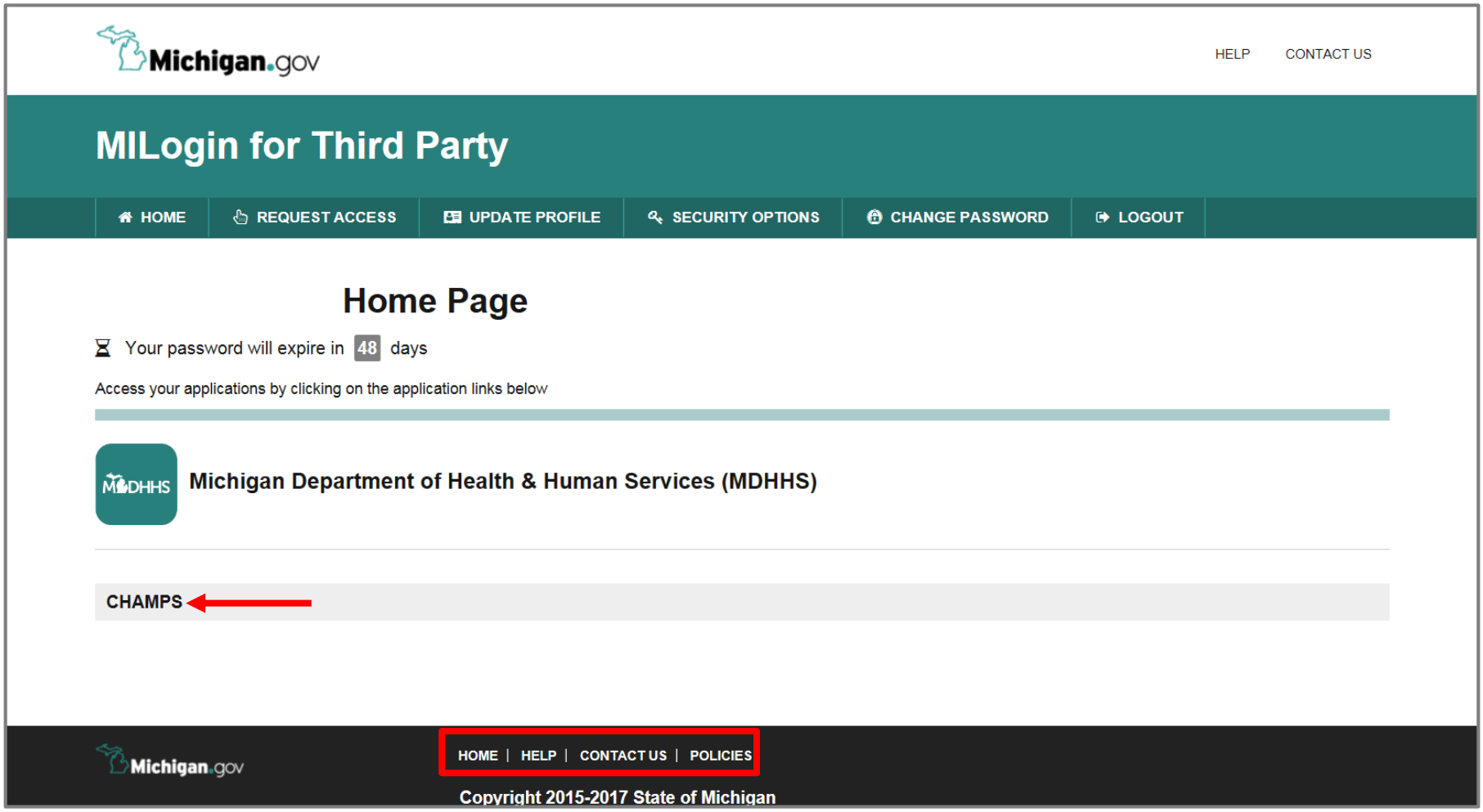
Facility Settlement

- Introduction to CHAMPS and the Facility Settlement system
  - Slides 11-15
- Prepare Cost Report
  - Slides 15-38

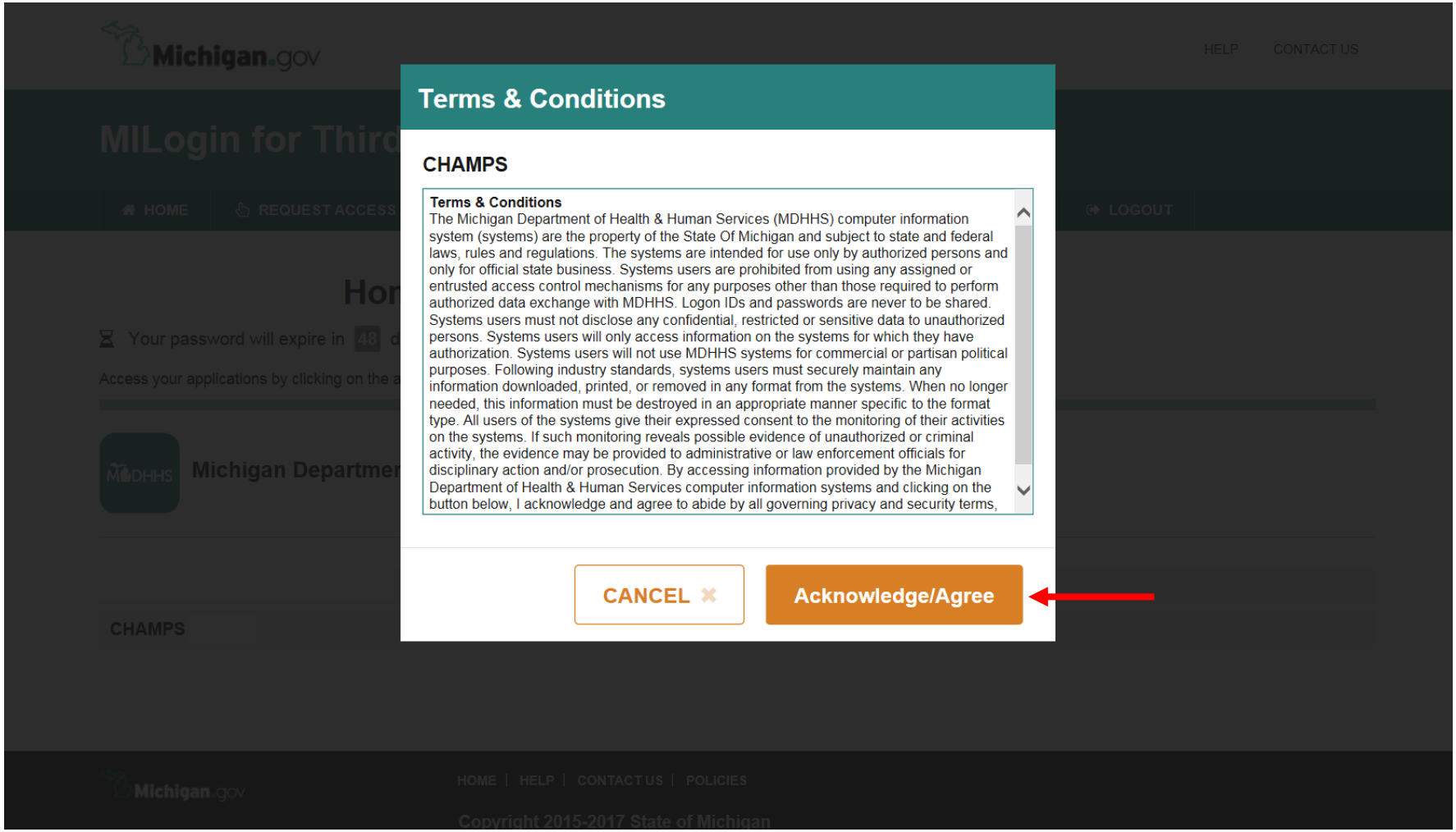


- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter https://milogintp.Michigan.gov into the search bar
- Enter your User ID and Password
- Click Login



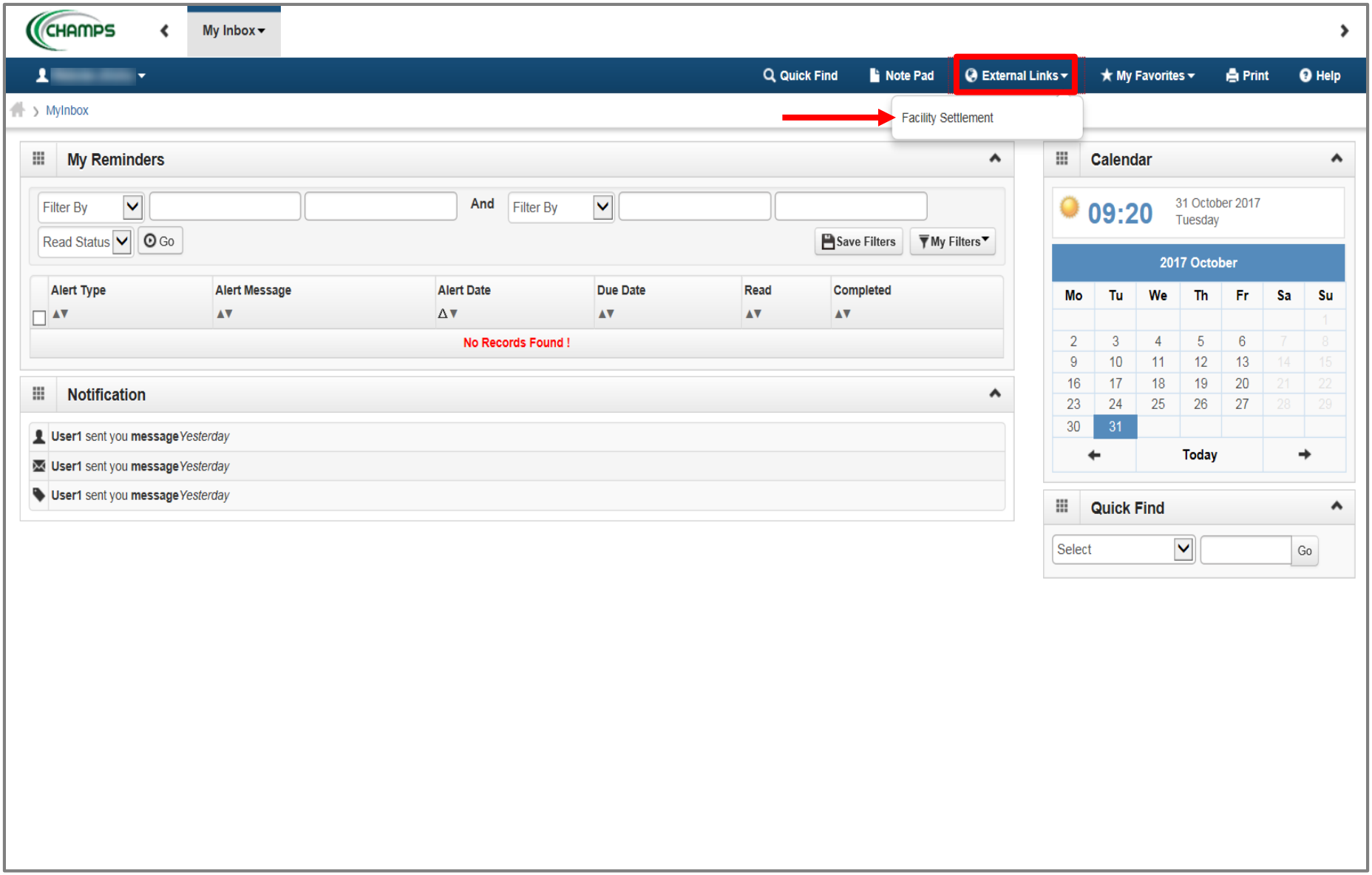
- You will be directed to your MILogin home page
- Click the CHAMPS hyperlink

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



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

- Select the Billing NPI from the Domain dropdown
- Beginning January 2, 2018, providers will be able to choose the applicable FS profile (for example, FS LPHD, FS Clinic, FS LEA, FS ISD, FS THC Clinic, etc.)
- Click Go



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

CHAMPS | My Inbox | Facility | Reference Data | Facility Settlement

Note Pad | External Links | My Favorites | Print | Help

Provider Portal

MY ACTIVITIES
- Prepare Cost Report
- Prepare Medicare Cost Report

SETTLEMENTS
- Claims Summary
- Settlement Process List
- Payments

Latest updates

System Notification

Due to system maintenance, the ill be down between 6:00 PM Saturday, January 9th thru 6:00 y 10th, 2016. This outage will affect the CHAMPS system access for all functionality

Calendar

11:20 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

My Reminders

Filter By | Go | Save Filters | My Filters

Alert Type	Alert Message	Alert Date	Due Date	Read

No Records Found !

- Click Facility Settlement
- Select Prepare Cost Report

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Note Pad | External Links | My Favorites | Print | Help

Provider Portal > Cost Report List

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	Medicare Cost Report ID	Amend	Version	Due Date	Modified By	Modified Date	Status	Remark	Action
		07/01/2015	06/30/2016			0	0	11/30/2016		09/25/2017	Created		Execute
		07/01/2016	06/30/2017			0	0	11/30/2017		09/25/2017	Created		Execute

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

- Click Execute for the most recent fiscal year

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Provider Portal › Cost Report List › Cost Report WorkSheet

Facility ID:
Facility Name:
Cost Report ID:

Fiscal Year Begin: 07/01/2015
Fiscal Year End: 06/30/2016
Status: Created

Close | Populate Claims Data | Calculate Cost | Submit | Approve | Reject | Cost Report Information

Cost Report WorkSheets

Worksheet Name	Required	Validated	Modified Date	Status
Member Month Counts	No	No	09/25/2017	Created
Primary Eligibility Encounters	Yes	No	09/25/2017	Created
Crossover Encounters	Yes	No	09/25/2017	Created
APM Dental	Yes	No	09/25/2017	Created
Primary Eligibility Payments	Yes	No	09/25/2017	Created
Capitation Payments	No	No	09/25/2017	Created
Crossover Payments	Yes	No	09/25/2017	Created
Other Insurance	Yes	No	09/25/2017	Created
Rates	Yes	No	09/25/2017	Created
Determination Of Liability	Yes	No	09/25/2017	Created

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

- Click Populate Claims Data

(Please Note: This is only required once prior to making any changes)

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Provider Portal > Cost Report List > Cost Report WorkSheet

Facility ID:
Facility Name:
Cost Report ID:

Fiscal Year Begin: 07/01/2015
Fiscal Year End: 06/30/2016
Status: Created

Close | Populate Claims Data | Calculate Cost | Submit | Approve | Reject | Cost Report Information

Cost Report WorkSheets

Worksheet Name	Required	Validated	Modified Date	Status
Member Month Counts	No	No	09/25/2017	Created
Primary Eligibility Encounters			25/2017	Created
Crossover Encounters			25/2017	Created
APM Dental			25/2017	Created
Primary Eligibility Payments			25/2017	Created
Capitation Payments			25/2017	Created
Crossover Payments	Yes	No	09/25/2017	Created
Other Insurance	Yes	No	09/25/2017	Created
Rates	Yes	No	09/25/2017	Created
Determination Of Liability	Yes	No	09/25/2017	Created

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

Message from webpage

Any changes made to the cost report worksheets will be overwritten.Do you want to continue?

OK | Cancel

- Message will pop-up, “Any changed made to the cost report worksheet will be overwritten. Do you want to continue?”
- Click Ok
- Click Primary Eligibility Encounters

MDHHS

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.

CHAMPS | My Inbox | Facility | Reference Data | Facility Settlement

Note Pad | External Links | My Favorites | Print | Help

Provider Portal › Cost Report List › Cost Report WorkSheet › WorkSheet Detail

Facility ID:
Facility Name:
Cost Report ID:

Fiscal Year Begin: 07/01/2015
Fiscal Year End: 06/30/2016
Status: In Process

Close | Save | Validate | Validation Errors | Comments | Complete Review | WorkSheet Information

SaveToXls

Primary Eligibility Encounters

Line	Title	Medicaid	MAGI I	MAGI D	MAGI R	MAGI Q	MAGI P	MIChild	MOMS	Healthy Kids	Comments	Flagged
1	BLUE CROSS COMPLETE MICHILD	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No	No
2	Total	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No	No
3	FFS	77,894.00	9,050.00	312.00	0.00	620.00	2.00	136.00	44.00	68.00	No	No
4	Delta Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No	No

- This worksheet allows providers to manipulate any field not greyed out
- Once the worksheet is complete:
  - Click Save → Validate → Validation Errors

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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. Comments must be added to warnings and errors must be corrected before the 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.

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Note Pad | External Links | My Favorites | Print | Help

Provider Portal > Cost Report List > Cost Report WorkSheet > WorkSheet Detail > Error List

Facility ID:
Facility Name:
Cost Report ID:

Fiscal Year Begin: 07/01/2015
Fiscal Year End: 06/30/2016
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
Primary Eligibility Encounters	1	BLUE CROSS COMPLETE MICHILD	Medicaid	2	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	Medicaid	77894	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	MAGI I	9050	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	MAGI D	312	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	MAGI Q	620	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	MAGI P	2	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	MIChild	136	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	MOMS	44	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	Healthy Kids	68	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	2	Total	Medicaid	2	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017

View Page: 2 | Go | Page Count | SaveToXLS | Viewing Page: 1 | First | Prev | Next | Last

- 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

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Provider Portal > Cost Report List > Cost Report WorkSheet > WorkSheet Detail > Error List > Comment Detail

Facility ID:
Facility Name:
Cost Report ID:

Fiscal Year Begin: 07/01/2015
Fiscal Year End: 06/30/2016
Status: In Process

Close | Save | View History | View Excluded Health Plans

Error Detail

Worksheet:	Primary Eligibility Encounters	**Line:**	1
Description:	BLUE CROSS COMPLETE MICHILD	**Field:**	Medicaid
Value:	2	**Prior Year Value:**	0
Variance %:	100	**Variance Threshold %:**	32
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 | Active | Go

Save Filters | My Filters

Document Type	Attachment	Created By	Created Date	Operational Flag
No Documents Found !				

- Add comments within the Facility Comments sections as to why the variance is appropriate
- Click Save
- Click Upload Attachment

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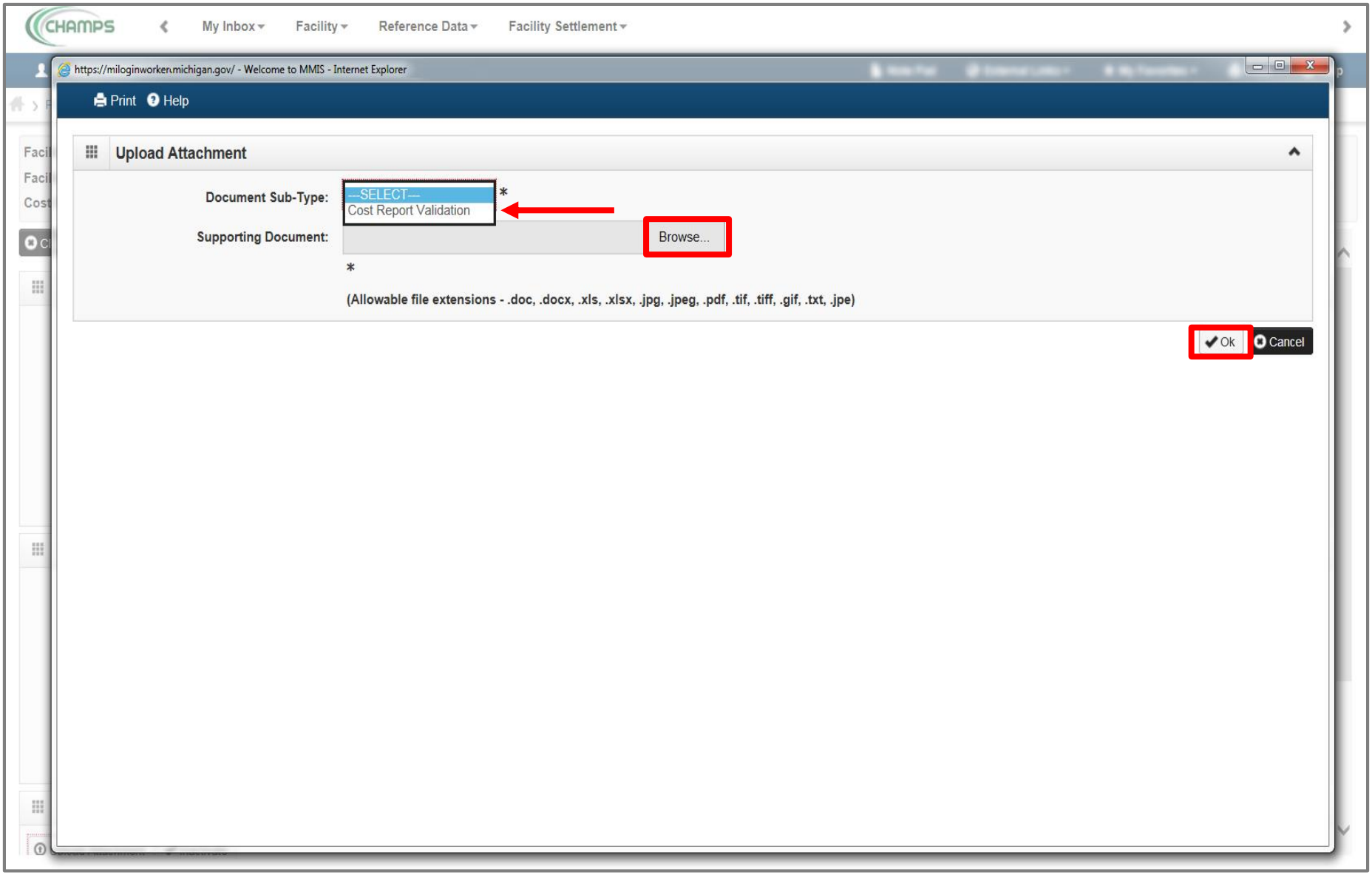

- Select Cost Report Validation under Document Sub-Type
- Click Browse; locate the document that will support the Warning Variance
- Click Ok

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Note Pad | External Links | My Favorites | Print | Help

Provider Portal > Cost Report List > Cost Report WorkSheet > WorkSheet Detail > Error List > Comment Detail

Facility ID:
Facility Name:
Cost Report ID:

Fiscal Year Begin: 07/01/2015
Fiscal Year End: 06/30/2016
Status: In Process

Close | Save | View History | View Excluded Health Plans

Error Detail

Worksheet:	Primary Eligibility Encounters	**Line:**	1
Description:	BLUE CROSS COMPLETE MICHILD	**Field:**	Medicaid
Value:	2	**Prior Year Value:**	0
Variance %:	100	**Variance Threshold %:**	32
Error Type:	Warning	**Error Message:**	Cost exceeds variance threshold

Comments

Facility Comments: Reason why variance is over variance threshold of 32%.

Flagged for Rejection: ☐

Auditor Comments:

Document List

Upload Attachment | Inactivate

Filter By | And | Filter By | And Operational Flag | Active | Go

Save Filters | My Filters

Document Type	Attachment	Created By	Created Date	Operational Flag
Cost Report	Expenditure Reporting Narrative.docx		11/09/2017	Active

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- Click Save
- Click Close

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Provider Portal > Cost Report List > Cost Report WorkSheet > WorkSheet Detail > Error List

Facility ID:
Facility Name:
Cost Report ID:

Fiscal Year Begin: 07/01/2015
Fiscal Year End: 06/30/2016
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
Primary Eligibility Encounters	1	BLUE CROSS COMPLETE MICHILD	Medicaid	2	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	Medicaid	77894	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	MAGI I	9050	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	MAGI D	312	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	MAGI Q	620	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	MAGI P	2	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	MIChild	136	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	MOMS	44	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	Healthy Kids	68	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	2	Total	Medicaid	2	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017

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- Click Close

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Note Pad | External Links | My Favorites | Print | Help

Provider Portal › Cost Report List › Cost Report WorkSheet › WorkSheet Detail

Facility ID: [redacted]
Facility Name: [redacted]
Cost Report ID: [redacted]

Fiscal Year Begin: 07/01/2015
Fiscal Year End: 06/30/2016
Status: In Process

Close | Save | Validate | Validation Errors | Comments | Complete Review | WorkSheet Information

SaveToXls

Primary Eligibility Encounters

Line	Title	Medicaid	MAGI I	MAGI D	MAGI R	MAGI Q	MAGI P	MIChild	MOMS	Healthy Kids	Comments	Flagged
1	BLUE CROSS COMPLETE MICHILD	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No	No
2	Total	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No	No
3	FFS	77,894.00	9,050.00	312.00	0.00	620.00	2.00	136.00	44.00	68.00	No	No
4	Delta Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No	No

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

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CHAMPS | My Inbox | Facility | Reference Data | Facility Settlement

Note Pad | External Links | My Favorites | Print | Help

Provider Portal > Cost Report List > Cost Report WorkSheet > WorkSheet Detail

Facility ID:
Facility Name:
Cost Report ID:

Fiscal Year Begin: 07/01/2015
Fiscal Year End: 06/30/2016
Status: In Process

Close | Save | Validate | Validation Errors | Comments | Complete Review | WorkSheet Information

SaveToXls

Primary Eligibility

Line	Ti	Flagged
1	BLUE C COMPL MICHIL	No
2	Total	No
3	FFS	No
4	Delta De	No

https://miloginworker.michigan.gov/

Close

Your request is being pr when download is complete.

Internet Explorer

What do you want to do with Primary_Eligibility_Encounters.xlsx?

From: miloginworker.michigan.gov

Open
The file won't be saved automatically.

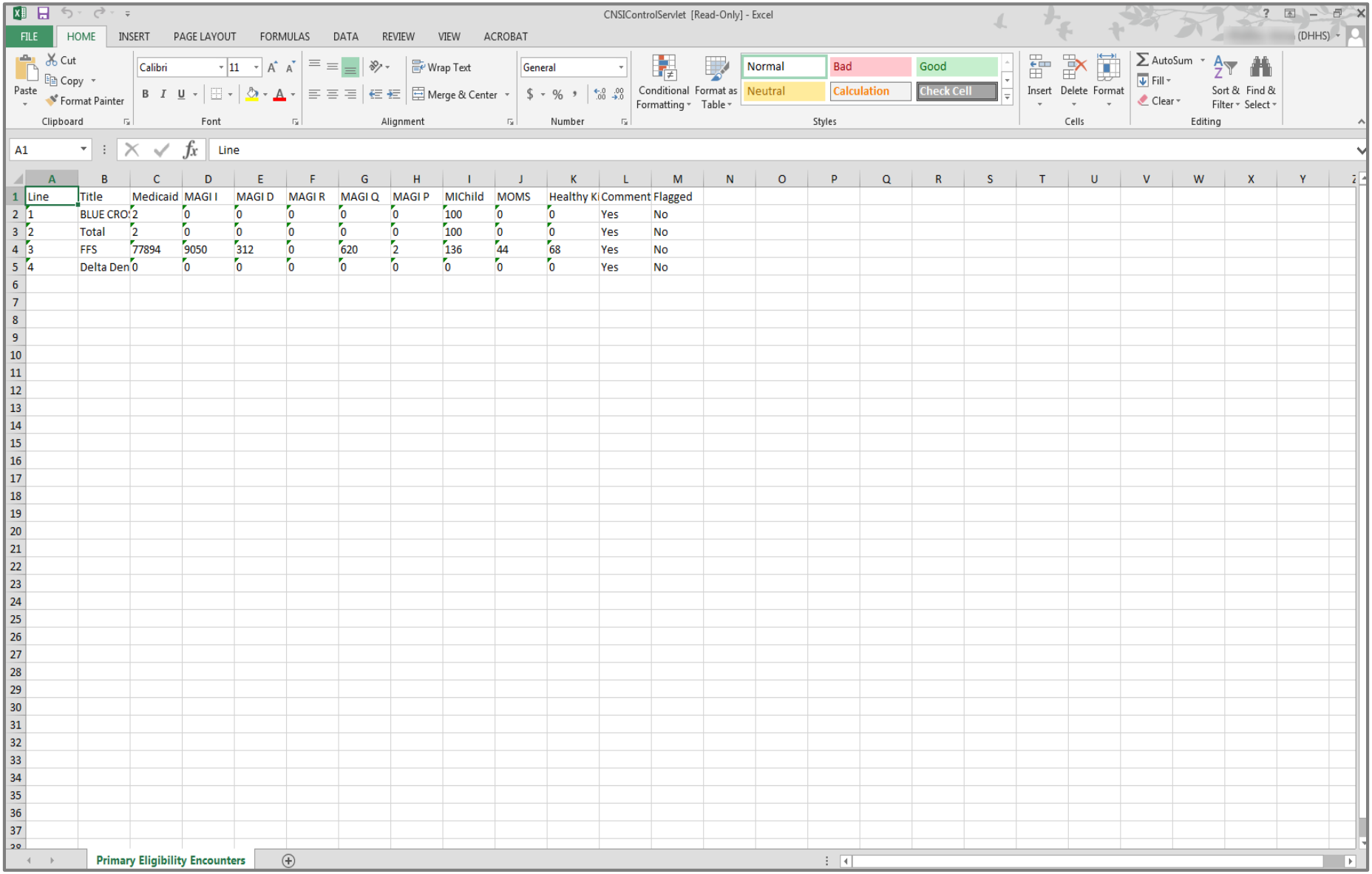
Save

Save as

Cancel

- Click Open

MDHHS



Line	Title	Medicaid	MAGI I	MAGI D	MAGI R	MAGI Q	MAGI P	MIChild	MOMS	Healthy Ki	Comment	Flagged
1	BLUE CRO	2	0	0	0	0	0	100	0	0	Yes	No
2	Total	2	0	0	0	0	0	100	0	0	Yes	No
3	FFS	77894	9050	312	0	620	2	136	44	68	Yes	No
4	Delta Den	0	0	0	0	0	0	0	0	0	Yes	No

- 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

CHAMPS | My Inbox | Facility | Reference Data | Facility Settlement

Note Pad | External Links | My Favorites | Print | Help

Provider Portal > Cost Report List > Cost Report WorkSheet > WorkSheet Detail

Facility ID:
Facility Name:
Cost Report ID:

Fiscal Year Begin: 07/01/2015
Fiscal Year End: 06/30/2016
Status: In Process

Close | Save | Validate | Validation Errors | Comments | Complete Review | WorkSheet Information

SaveToXls

Primary Eligibility

Line	Ti	Flagged
1	BLUE C COMPL MICHIL	No
2	Total	No
3	FFS	No
4	Delta De	No

https://miloginworker.michigan.gov,

Close

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

- Click Close

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Provider Portal > Cost Report List > Cost Report WorkSheet > WorkSheet Detail

Facility ID:
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Fiscal Year Begin: 07/01/2015
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SaveToXls

Primary Eligibility Encounters

Line	Title	Medicaid	MAGI I	MAGI D	MAGI R	MAGI Q	MAGI P	MIChild	MOMS	Healthy Kids	Comments	Flagged
1	BLUE CROSS COMPLETE MICHILD	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No	No
2	Total	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No	No
3	FFS	77,894.00	9,050.00	312.00	0.00	620.00	2.00	136.00	44.00	68.00	No	No
4	Delta Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No	No

- Click Save
- Click Validate
- Click Close

MDHHS

CHAMPS | My Inbox | Facility | Reference Data | Facility Settlement

Note Pad | External Links | My Favorites | Print | Help

Provider Portal › Cost Report List › Cost Report WorkSheet

Facility ID:
Facility Name:
Cost Report ID:

Fiscal Year Begin: 07/01/2015
Fiscal Year End: 06/30/2016
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
Member Month Counts	No	No	09/25/2017	Created
Primary Eligibility Encounters	Yes	Yes	10/30/2017	Validated
Crossover Encounters	Yes	No	10/30/2017	Created
APM Dental	Yes	No	11/08/2017	Created
Primary Eligibility Payments	Yes	No	11/08/2017	Created
Capitation Payments	No	No	09/25/2017	Created
Crossover Payments	Yes	No	11/08/2017	Created
Other Insurance	Yes	No	11/08/2017	Created
Rates	Yes	No	09/25/2017	Created
Determination Of Liability	Yes	No	09/25/2017	Created

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

- Click Crossover Encounters

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Provider Portal > Cost Report List > Cost Report WorkSheet > WorkSheet Detail

Facility ID:
Facility Name:
Cost Report ID:

Fiscal Year Begin: 07/01/2015
Fiscal Year End: 06/30/2016
Status: In Process

Close | Save | Validate | Validation Errors | Comments | Complete Review | WorkSheet Information

SaveToXls

Crossover Encounters

Line	Title	Medicaid	MAGI I	MAGI D	MAGI R	MAGI Q	MAGI P	MIChild	MOMS	Healthy Kids	Comments	Flagged
1	BLUE CROSS COMPLETE MICHILD	0	0	0	0	0	0	0	0	0	No	No
2	Total	0	0	0	0	0	0	0	0	0	No	No
3	FFS	8	0	0	0	0	0	0	0	0	Yes	No
4	Delta Dental	0	0	0	0	0	0	0	0	0	No	No

- This is the Crossover Encounters worksheet
- Follow the same instructions as the Primary Eligibility Encounters worksheet
- Continue to go through each required worksheet until you have reached the Rate worksheet

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Provider Portal › Cost Report List › Cost Report WorkSheet

Facility ID:
Facility Name:
Cost Report ID:

Fiscal Year Begin: 07/01/2015
Fiscal Year End: 06/30/2016
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
Member Month Counts	No	No	09/25/2017	Created
Primary Eligibility Encounters	Yes	Yes	10/30/2017	Validated
Crossover Encounters	Yes	Yes	10/30/2017	Validated
APM Dental	Yes	Yes	11/08/2017	Validated
Primary Eligibility Payments	Yes	Yes	11/08/2017	Validated
Capitation Payments	No	No	09/25/2017	Created
Crossover Payments	Yes	Yes	11/08/2017	Validated
Other Insurance	Yes	Yes	11/08/2017	Validated
Rates	Yes	No	09/25/2017	Created
Determination Of Liability	Yes	No	09/25/2017	Created

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

- Once you get to the Rates worksheet, click Calculate Cost
  - This will validate the Rates worksheet
- Click Determination Of Liability worksheet and validate

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Provider Portal › Cost Report List › Cost Report WorkSheet

Facility ID:
Facility Name:
Cost Report ID:

Fiscal Year Begin: 07/01/2015
Fiscal Year End: 06/30/2016
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
Member Month Counts	No	No	09/25/2017	Created
Primary Eligibility Encounters	Yes	Yes	10/30/2017	Validated
Crossover Encounters	Yes	Yes	10/30/2017	Validated
APM Dental	Yes	Yes	11/08/2017	Validated
Primary Eligibility Payments	Yes	Yes	11/08/2017	Validated
Capitation Payments	No	No	09/25/2017	Created
Crossover Payments	Yes	Yes	11/08/2017	Validated
Other Insurance	Yes	Yes	11/08/2017	Validated
Rates	Yes	Yes	09/25/2017	Validated
Determination Of Liability	Yes	Yes	09/25/2017	Validated

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

- Once all required worksheets have a status of validated, click Submit

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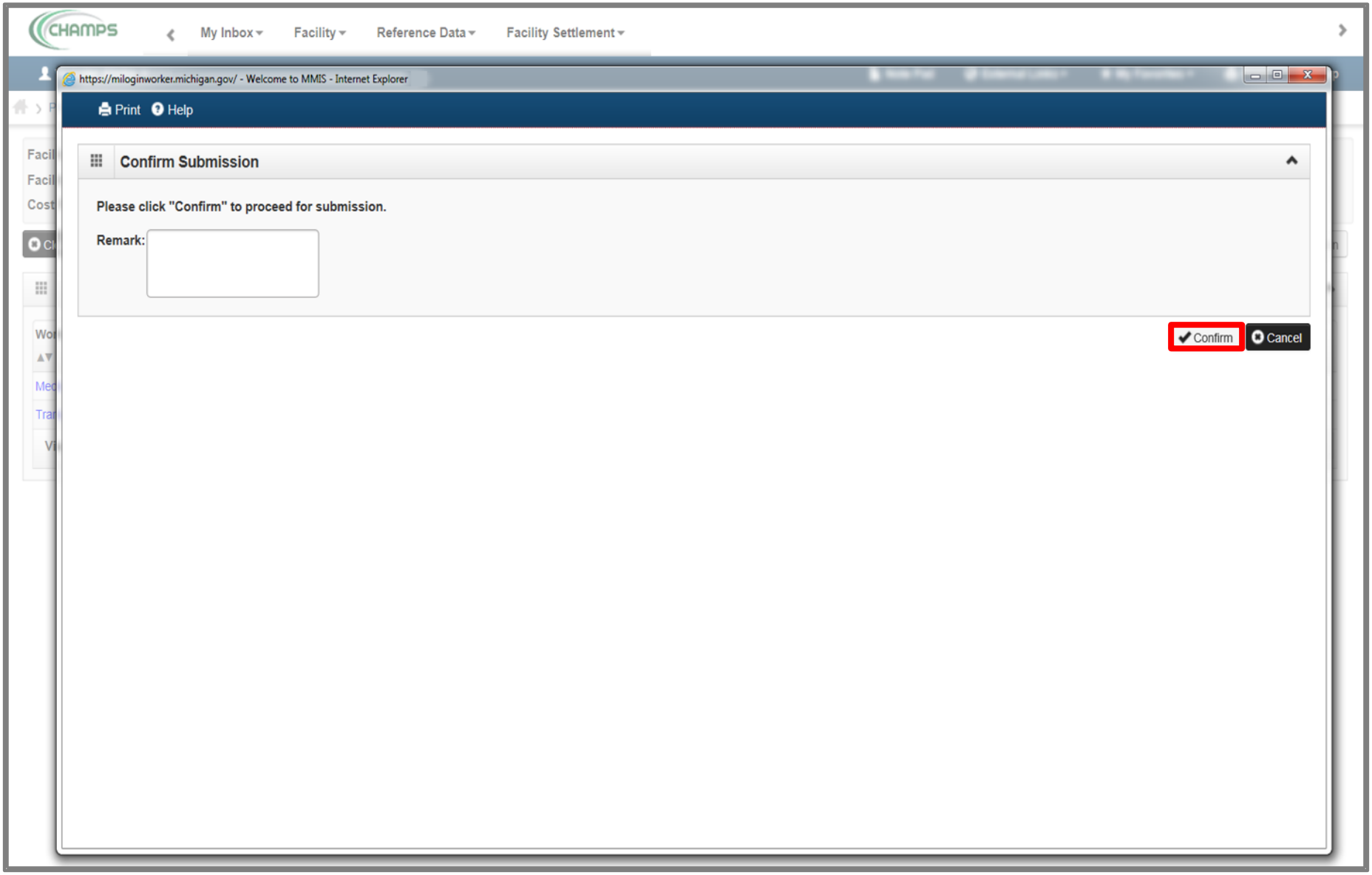

- Click Confirm to proceed (remarks optional)

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Provider Portal › Cost Report List › Cost Report WorkSheet

Facility ID:
Facility Name:
Cost Report ID:

Fiscal Year Begin: 07/01/2015
Fiscal Year End: 06/30/2016
Status: Submitted

Close | Populate Claims Data | Calculate Cost | Submit | Approve | Reject | Cost Report Information

Cost Report WorkSheets

Worksheet Name	Required	Validated	Modified Date	Status
Member Month Counts	No	No	09/25/2017	Submitted
Primary Eligibility Encounters	Yes	Yes	10/30/2017	Submitted
Crossover Encounters	Yes	Yes	10/30/2017	Submitted
APM Dental	Yes	Yes	11/08/2017	Submitted
Primary Eligibility Payments	Yes	Yes	11/08/2017	Submitted
Capitation Payments	No	No	09/25/2017	Submitted
Crossover Payments	Yes	Yes	11/08/2017	Submitted
Other Insurance	Yes	Yes	11/08/2017	Submitted
Rates	Yes	Yes	09/25/2017	Submitted
Determination Of Liability	Yes	Yes	09/25/2017	Submitted

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- Cost Report Status will show as Submitted
- Click Close

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Facility Settlement

- Prepare Medicare Cost Report
  - Slides 40-56

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Provider Portal

MY ACTIVITIES
- Review Medicare Cost Report
- Prepare Cost Report
- Prepare Medicare Cost Report

SETTLEMENTS
- Claims Summary
- Settlement Process List
- Payments

Latest updates

System Notification

Document Management Portal (D lable and CHAMPS view archival documents function wil 01/22/2016 at 6:00 PM until 01/24/2016 at 11:59 PM . Other CHAMPS online functionality will be available during this period.

Calendar

08:37 13 November 2017 Monday

2017 November

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			

Today

My Reminders

Filter By | Go | Save Filters | My Filters

Alert Type	Alert Message	Alert Date	Due Date	Read

No Records Found !

- Click on Facility Settlement
- Select Prepare Medicare Cost Report

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CHAMPS | My Inbox | Facility | Reference Data | Facility Settlement

Note Pad | External Links | My Favorites | Print | Help

MyInbox > Medicare Cost Report List

Close | View Medicare PDF | View Medicare Cost Report Data

Medicare Cost Report List

Filter By | And | Filter By | Go | Save Filters | My Filters

Facility ID	Facility Name	Fiscal Year Begin	Fiscal Year End	Medicare Cost Report ID	Cost Report ID	Amend	Version	Due Date	Modified By	Modified Date	Status	EC File Status	Remarks	Action
		07/01/2016	06/30/2017			0	0	11/30/2017		11/28/2017	Created	In Process		Execute

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

- Click Execute for the most recent fiscal year

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MyInbox > Medicare Cost Report List > Medicare Cost Reports

Facility ID:
Facility Name:
Medicare Cost Report ID:

Fiscal Year Begin: 07/01/2016
Fiscal Year End: 06/30/2017
Status: In Process

Close | Add | Validate

Medicare Cost Reports

Filter By | And | Filter By | And Operational Flag | Active | Go

Save Filters | My Filters

Document Type	Attachment	Created Date	Modified By	Modified Date	Validation Date	Status	Operational Flag	Validation Results
No Records Found !								

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

- Click Add

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CHAMPS | My Inbox | Facility | Reference Data | Facility Settlement

Note Pad | External Links | My Favorites | Print | Help

MyInbox > Medicare Cost Report

Facility ID:
Facility Name:
Medicare Cost Report ID:

Close | Add | Validate

Medicare Cost Report

Filter By | Go | Save Filters | My Filters

Document Type | Validation Results

View Page: 1 | Prev | Next | Last

Print | Help

Upload Medicare Cost Report

Facility ID:

Fiscal Year Begin: 07/08/2016

Fiscal Year End: 07/07/2017

Upload New File

Use Prior File

Document Type: Medicare Cost Report

Upload File: Browse...

Ok | Cancel

- Select Upload New File
- Select Medicare Cost Report from the Document Type drop-down
- Click Browse, locate document
- Click Ok

Medicare File Naming Requirements

- **FQHC:**
  - FQ Medicare Number. 2 digit year A # of amend level
  - FQXXXXXX.YYa#
- **RHCI:**
  - RFXXXXXX.YYa#

MDHHS
Michigan Department of Health & Human Services

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MyInbox > Medicare Cost Report List > Medicare Cost Reports

Facility ID:
Facility Name:
Medicare Cost Report ID:

Fiscal Year Begin: 07/01/2016
Fiscal Year End: 06/30/2017
Status: In Process

Close | Add | Validate

Medicare Cost Reports

Filter By | And | Filter By | And Operational Flag | Active | Go

Save Filters | My Filters

Document Type	Attachment	Created Date	Modified By	Modified Date	Validation Date	Status	Operational Flag	Validation Results
Medicare Cost Report	FQ 17A.txt	11/28/2017		11/28/2017		File Uploaded	Active	

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

- Select the Document Type
- Click Validate

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MyInbox > Medicare Cost Report List > Medicare Cost Reports

Facility ID:
Facility Name:
Medicare Cost Report ID:

Fiscal Year Begin: 07/01/2016
Fiscal Year End: 06/30/2017
Status: In Process

Close | Add | Validate

Medicare Cost Reports

Filter By | And | Filter By | And Operational Flag | Active | Go

Save Filters | My Filters

Document Type	Attachment	Created Date	Status	Operational Flag	Validation Results
Medicare Cost Report	FQ 17A.txt	11/28/2017	File Uploaded	Active	

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

Message from webpage

Validation Process Initiated. It may take some time. Please close the application and come back later if the status displays "In Progress".

OK

- Validation Process Initiated
- Click Ok

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MyInbox > Medicare Cost Report List > Medicare Cost Reports

Facility ID: [redacted]
Facility Name: [redacted]
Medicare Cost Report ID: [redacted]

Fiscal Year Begin: 07/01/2016
Fiscal Year End: 06/30/2017
Status: In Process

Close | Add | Validate

Medicare Cost Reports

Filter By | And | Filter By | And Operational Flag | Active | Go

Save Filters | My Filters

Document Type	Attachment	Created Date	Modified By	Modified Date	Validation Date	Status	Operational Flag	Validation Results
Medicare Cost Report	FQ[redacted]17A.txt	11/28/2017	[redacted]	11/28/2017	11/28/2017	Validation Initiated	Active	

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

- Validation has been initiated

(Please Note: If the Status does not update to Validation Successful or Validation Failed providers may need to log out and log back in.)

CHAMPS | My Inbox | Facility | Reference Data | Facility Settlement

Note Pad | External Links | My Favorites | Print | Help

Provider Portal > Medicare Cost Report List > Medicare Cost Reports

Facility ID:
Facility Name:
Medicare Cost Report ID:

Fiscal Year Begin: 01/01/2016
Fiscal Year End: 12/31/2016
Status: In Process

Close | Add | Validate

Medicare Cost Reports

Filter By | And | Filter By | And Operational Flag | Active | Go

Save Filters | My Filters

Document Type	Attachment	Created Date	Modified By	Modified Date	Validation Date	Status	Operational Flag	Validation Results
Medicare Cost Report	FQ245134.ec	07/25/2017		07/25/2017		Validation Successful	Active	

View Page: 1 | Go | Page Count | SaveToXLS

Viewing Page: 1

First | Prev | Next | Last

- Screen shot of a successful validation
- Click Close
- If validation had failed;
  - Click on the Validation Results icon

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MyInbox › Medicare Cost Report List › Medicare Cost Reports › Validation Details

Facility ID:
Facility Name:
Medicare Cost Report ID:

Fiscal Year Begin: 07/01/2016
Fiscal Year End: 06/30/2017
Status: In Process

Close

Validation Details

Filter By | And | Filter By | And | Active | Go | Save Filters | My Filters

Run ID	Status	Modified By	Modified Date	Operational Flag	Comments
44	Successful		11/28/2017	Active	

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

- To view errors, click on each individual run ID

(Please Note: If the file was successfully validated their will be no errors to view.)

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Print Help

Error Details

Error Type	Error Number	Error Description
File Validation	10655	The cost center code (positions 21-25)(Type 2 records) must be (*) a code from Table 5, Cost Center Coding, and each cost center code must be unique. The following is invalid: 35 OTHER SPECIAL CARE 03104
Data Validation	90110	The Medicare Number on the Medicare Cost Report uploaded does not match the Medicare Number of the Facility

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

Ok Cancel

- Errors listed for a failed validation report
- Click Ok

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MyInbox > Medicare Cost Report List > Medicare Cost Reports > Validation Details

Facility ID:
Facility Name:
Medicare Cost Report ID:

Fiscal Year Begin: 07/01/2016
Fiscal Year End: 06/30/2017
Status: In Process

Close

Validation Details

Filter By | And | Filter By | And | Active | Go | Save Filters | My Filters

Run ID	Status	Modified By	Modified Date	Operational Flag	Comments
44	Successful		11/28/2017	Active	

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

- For a failed validation report;
- Click on the Comments icon

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MyInbox > Medicare Cost Report List > Medicare Cost Reports > Validation Details > Comment Details

Facility ID:
Facility Name:
Medicare Cost Report ID:

Fiscal Year Begin: 07/01/2016
Fiscal Year End: 07/01/2016
Status: In Process

Close | Save | Submit

Comment Detail

Note: Please only submit the errors that cannot be resolved.

Comments: *

Comment List

Filter By | And | Filter By | Go | Save Filters | My Filters

Facility Comments	Auditor Comments	Modified By	Modified Date
No Records Found !			

- Enter in a comment as it pertains to the error for the Medicare Auditor to review
- Click Save

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MyInbox > Medicare Cost Report List > Medicare Cost Reports > Validation Details > Comment Details

Facility ID:
Facility Name:
Medicare Cost Report ID:

Fiscal Year Begin: 07/01/2016
Fiscal Year End: 07/01/2016
Status: In Process

Close | Save | Submit

Comment Detail

Note: Please only submit the errors that cannot be resolved.

Comments: Testing *

Comment List

Filter By | And | Filter By | Go | Save Filters | My Filters

Facility Comments	Auditor Comments	Modified By	Modified Date
Testing			11/28/2017

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

- Click on the record you wish to submit to the Medicare Auditor
- Click Submit
- Click Close

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MyInbox > Medicare Cost Report List > Medicare Cost Reports > Validation Details

Facility ID:
Facility Name:
Medicare Cost Report ID:

Fiscal Year Begin: 07/01/2016
Fiscal Year End: 06/30/2017
Status: In Process

Close

Validation Details

Filter By | And | Filter By | And | Active | Go | Save Filters | My Filters

Run ID	Status	Modified By	Modified Date	Operational Flag	Comments
44	Successful		11/28/2017	Active	

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

- Click Close

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Provider Portal > Medicare Cost Report List > Medicare Cost Reports

Facility ID:
Facility Name:
Medicare Cost Report ID:

Fiscal Year Begin: 01/01/2016
Fiscal Year End: 12/31/2016
Status: In Process

Close | Add | Validate

Medicare Cost Reports

Filter By | And | Filter By | And Operational Flag | Active | Go

Save Filters | My Filters

Document Type	Attachment	Created Date	Modified By	Modified Date	Validation Date	Status	Operational Flag	Validation Results
Medicare Cost Report	FQ245134.ec	07/25/2017		07/25/2017		Validation Successful	Active	

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

- Click Close

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MyInbox > Medicare Cost Report List

Close | View Medicare PDF | View Medicare Cost Report Data

Medicare Cost Report List

Filter By | And | Filter By | Go | Save Filters | My Filters

Facility ID	Facility Name	Fiscal Year Begin	Fiscal Year End	Medicare Cost Report ID	Cost Report ID	Amend	Version	Due Date	Modified By	Modified Date	Status	EC File Status	Remarks	Action
		07/01/2016	06/30/2017			0	0	11/30/2017		11/28/2017	File Associated	Validation Successful		Execute

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

- Medicare Cost Report has been submitted
- Providers can click on View Medicare PDF or View Medicare Cost Report to review Medicare cost report details

Final Steps

- After the Cost Report is submitted, the status will show submitted (Slide 38).
- 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.

Questions?