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
- 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 6, 2017

Local Education Agency (LEA) &
Intermediate School District (ISD)

"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
- LEA and ISD Support
- PCG Training
- Facility Settlement
  - Introduction to CHAMPS and the Facility Settlement system Slides 8-12
  - Prepare LEA Cost Report Slides 13-33
  - ISD review of LEA Cost Report Slides 34-51
    - Correction of LEA Cost Report Slides 52-62
  - ISD Cost Report - Summary Slides 63-72

Provider Resources

- **MDHHS website:** www.michigan.gov/medicaidproviders
- **School Based Services website:** http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42551-151025--,00.html

- **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 New Look
  - Facility/Agency/Organization Enrollment
  - Atypical Enrollment
  - Rendering/Servicing Provider Enrollment
  - Domain Administrator Functions

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

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

LEA and ISD Support

- Amy Kanter, Auditor
  Rate Review Section
  Hospital and Clinic Reimbursement Division
  (517) 373-4522
- Steve Ireland, Manager
  Rate Review Section
  Hospital and Clinic Reimbursement Division
  (517) 335-5352

MDHHS
Michigan Department of Health & Human Services

PCG Training

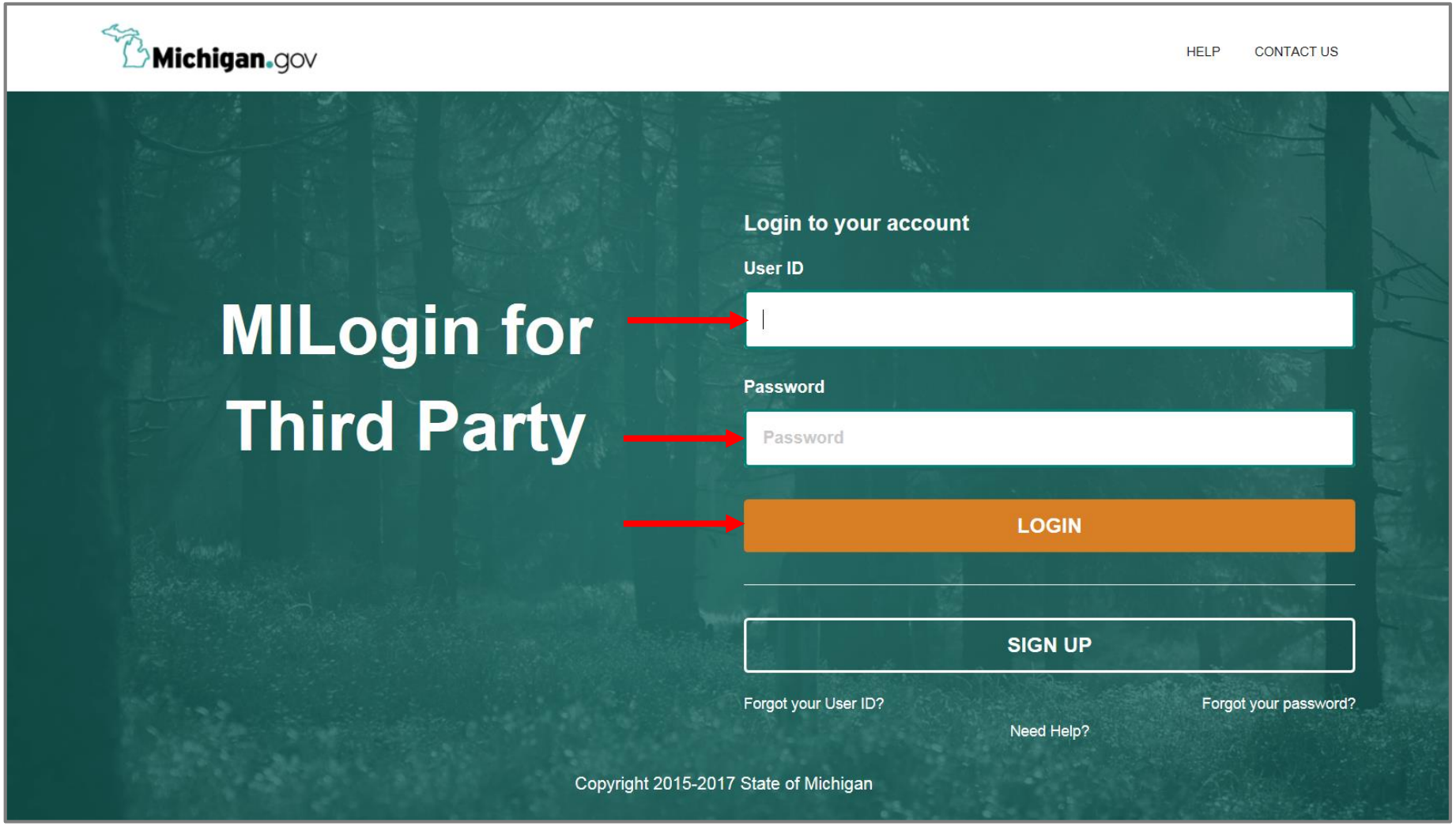
- PCG's training will focus on how to use the Staff Pool List and the Quarterly Financials within the new CHAMPS Facility Settlement system in order to complete the Medicaid Administrative Expenditure Report (MAER).
  - Providers will receive an email notification requesting their registration for these trainings.
  - Training registration can also be found on the PCG website.

- Training Dates:
  - January 8, 2018 from 2:00 - 4:00 PM EST
  - January 9, 2018 from 10:00 AM - 12:00 PM EST

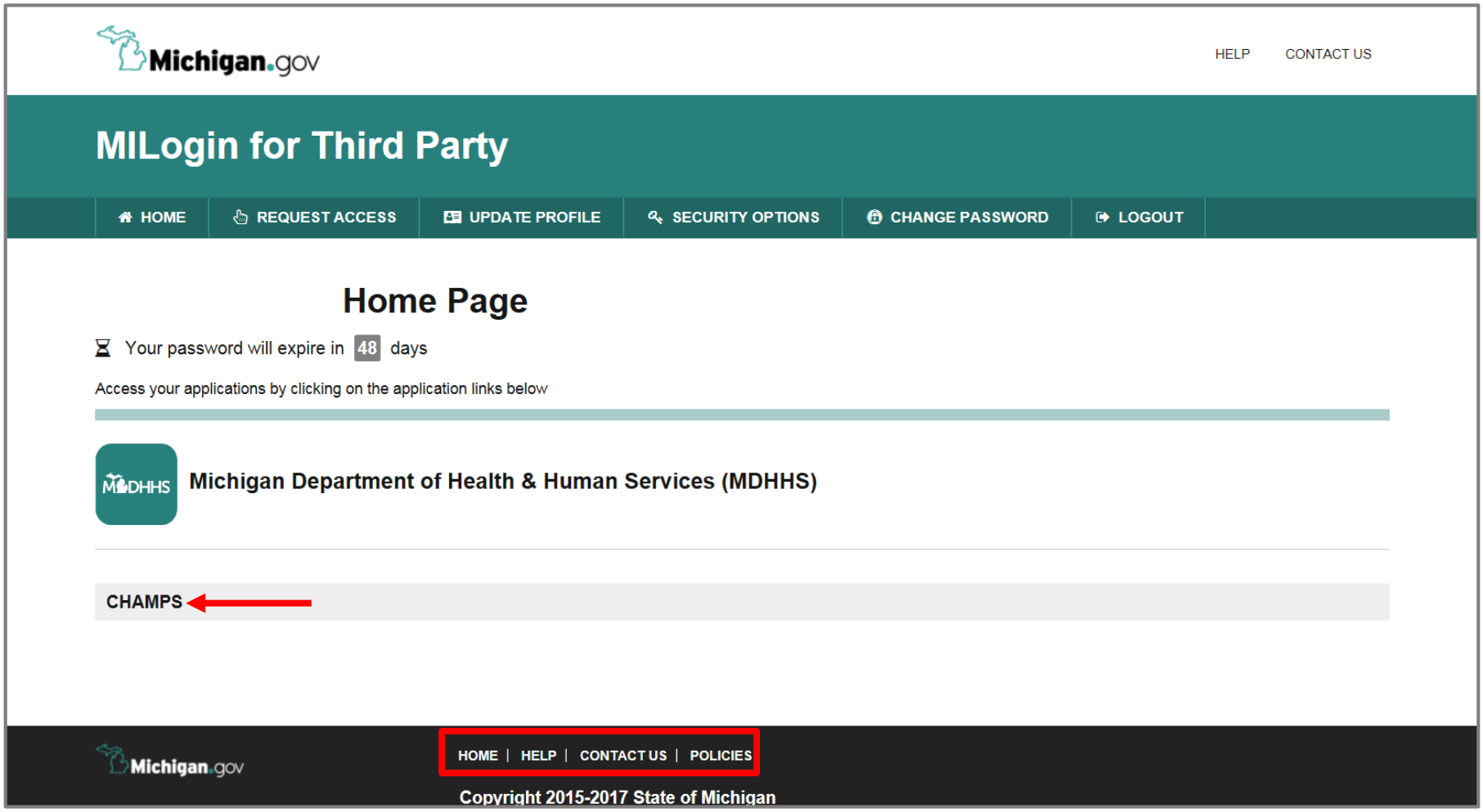
MDHHS
Michigan Department of Health & Human Services

Facility Settlement

- Introduction to CHAMPS and the Facility Settlement system
  - Slides 9-12
- Prepare LEA Cost Report
  - Slides 13-33

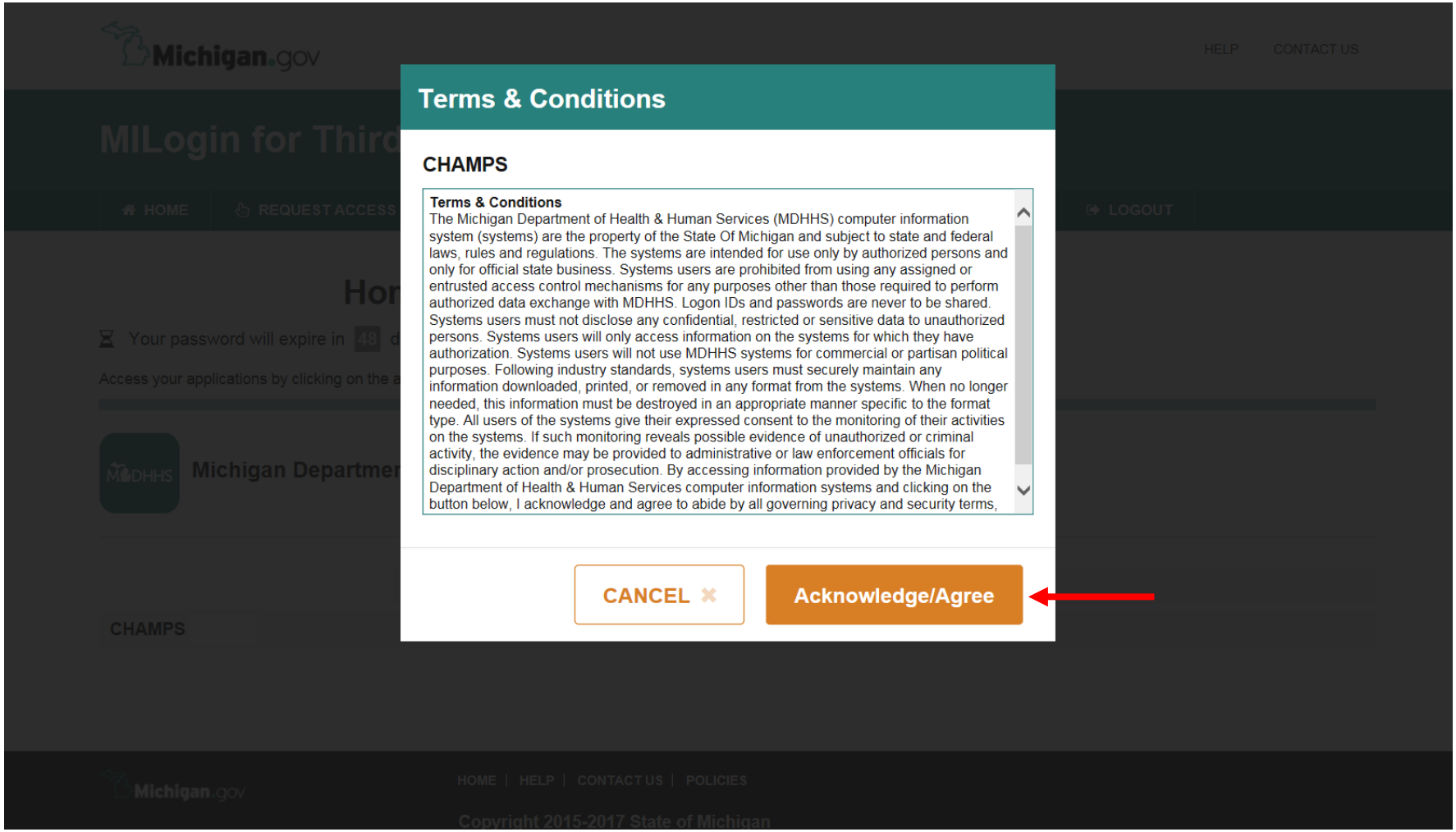


- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter https://milogintp.Michigan.gov into the search bar
- Enter your User ID and Password
- Click Login



- 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

CHAMPS

My Inbox

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

MyInbox

Facility Settlement

My Reminders

Filter By | And | Filter By

Read Status | Go | Save Filters | My Filters

Alert Type	Alert Message	Alert Date	Due Date	Read	Completed

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					

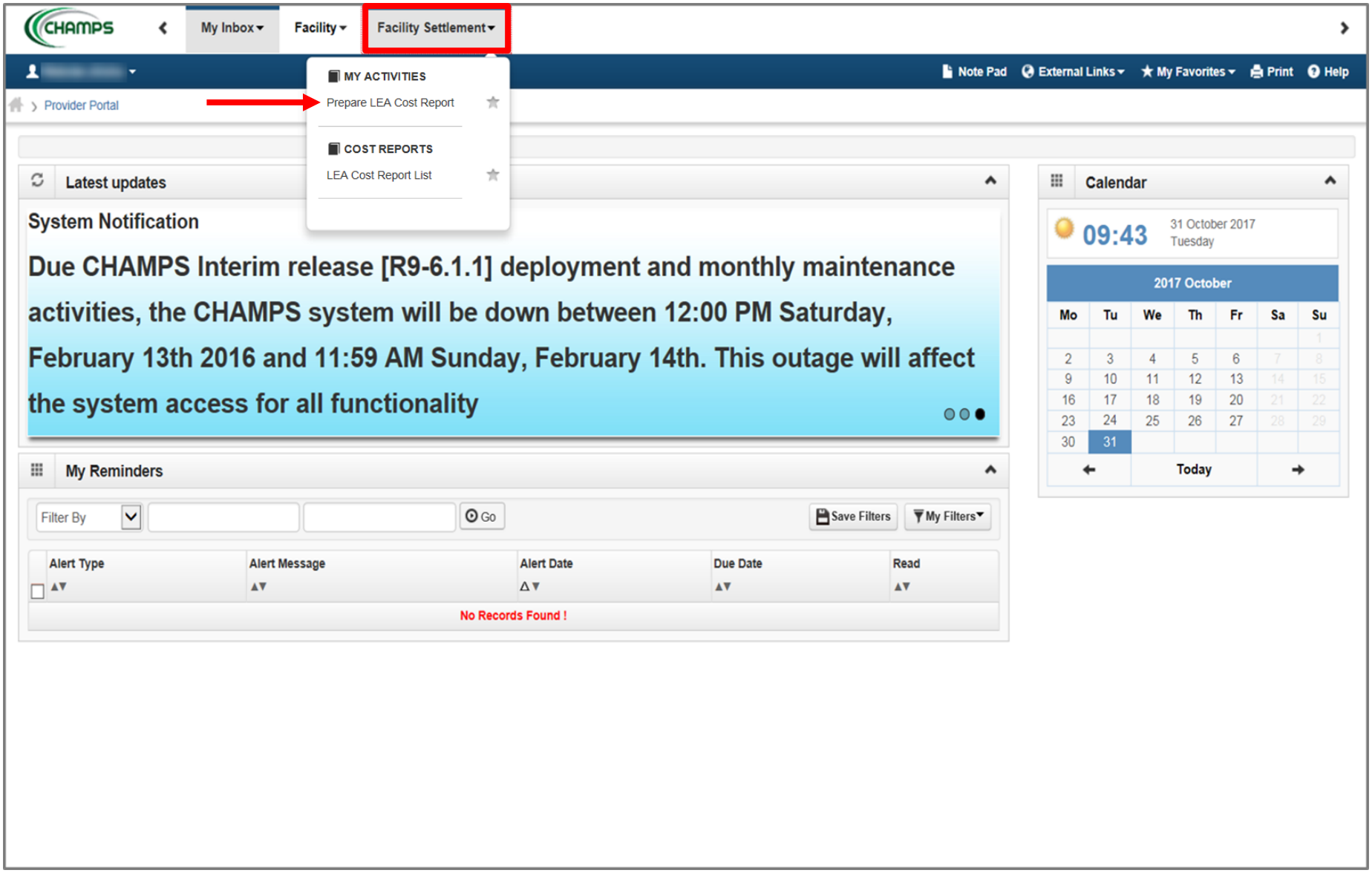
Today

Quick Find

Select | Go

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

MDHHS



- Click Facility Settlement
- Select Prepare LEA Cost Report

CHAMPS | My Inbox | Facility | Facility Settlement

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

Provider Portal › LEA Cost Report List

Close

LEA 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
		07/01/2016	06/30/2017		0	0	11/30/2017		08/01/2017	Created		Execute

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

- Click Execute for the most recent fiscal report

CHAMPS | My Inbox | Facility | Facility Settlement

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

Provider Portal > LEA Cost Report List > Cost Report WorkSheet

Facility ID:
Facility Name:
Cost Report ID:

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

Close | Submit | Approve | Reject | Cost Report Information

Cost Report WorkSheets

Worksheet Name	Required	Validated	Modified Date	Status
Medical Staff Cost	Yes	No	08/01/2017	Created
Transportation Cost	No	No	08/01/2017	Created

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

- Click Medical Staff Cost

MDHHS

CHAMPS | My Inbox | Facility | Facility Settlement

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

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

Facility ID:
Facility Name:
Cost Report ID:

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

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

SaveToXls

Medical Staff Cost

Line	Function Code	Description	Staff FTE Count	Salaries	Benefits	Purchased Services	Other Expenditure	Total Direct Cost	Comments	Flagged
1	213	Physician	0.00	$0	$0	$0	$0	$0	No	No
2	213	RN/LPN	0.00	$0	$0	$0	$0	$0	No	No
3	213	PT/PTA	0.00	$0	$0	$0	$0	$0	No	No
4	213	OT/COTA	0.00	$0	$0	$0	$0	$0	No	No
5	214	Psychologist/Psych	0.00	$0	$0	$0	$0	$0	No	No
6	215	Speech Therapist	0.00	$0	$0	$0	$0	$0	No	No
7	215	Audiologist	0.00	$0	$0	$0	$0	$0	No	No
8	215	Supervised TSLIs	0.00	$0	$0	$0	$0	$0	No	No
9	216	Social Worker	0.00	$0	$0	$0	$0	$0	No	No
10	217	O&M Specialist	0.00	$0	$0	$0	$0	$0	No	No
11		PCS	0.00	$0	$0	$0	$0	$0	No	No
12		TCM	0.00	$0	$0	$0	$0	$0	No	No
90		Total	0.00	$0	$0	$0	$0	$0	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.

CHAMPS | My Inbox | Facility | Facility Settlement

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

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

Facility ID:
Facility Name:
Cost Report ID:

Fiscal Year Begin: 07/01/2016
Fiscal Year End: 06/30/2017
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
Medical Staff Cost	6	Speech Therapist	Staff FTE Count	0	4.7	100	20	Warning	Cost exceeds variance threshold		N		11/02/2017
Medical Staff Cost	6	Speech Therapist	Salaries	0	385480	100	20	Warning	Cost exceeds variance threshold		N		11/02/2017
Medical Staff Cost	6	Speech Therapist	Benefits	0	237818	100	20	Warning	Cost exceeds variance threshold		N		11/02/2017
Medical Staff Cost	6	Speech Therapist	Purchased Services	0	1662	100	20	Warning	Cost exceeds variance threshold		N		11/02/2017
Medical Staff Cost	6	Speech Therapist	Total Direct Cost	0	624960	100	20	Warning	Cost exceeds variance threshold		N		11/02/2017
Medical Staff Cost	5	Psychologist/Psych	Staff FTE Count	0	2.2	100	20	Warning	Cost exceeds variance threshold		N		11/02/2017
Medical Staff Cost	5	Psychologist/Psych	Salaries	0	163073	100	20	Warning	Cost exceeds variance threshold		N		11/02/2017
Medical Staff Cost	5	Psychologist/Psych	Benefits	0	95956	100	20	Warning	Cost exceeds variance threshold		N		11/02/2017
Medical Staff Cost	5	Psychologist/Psych	Total Direct Cost	0	259029	100	20	Warning	Cost exceeds variance threshold		N		11/02/2017
Medical Staff Cost	4	OT/COTA	Staff FTE Count	0	1	100	20	Warning	Cost exceeds variance threshold		N		11/02/2017

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

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

Facility ID:
Facility Name:
Cost Report ID:

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

Close | Save | View History

Error Detail

Worksheet:	Medical Staff Cost	**Line:**	6
Description:	Speech Therapist	**Field:**	Staff FTE Count
Value:	0	**Prior Year Value:**	4.7
Error Type:	Warning	**Error Message:**	Cost exceeds variance threshold

Comments

LEA Comments:

Flagged for Rejection: ☐

ISD 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 LEA Comments sections as to why the variance is appropriate
- Click Save
- Click Upload Attachment

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CHAMPS My Inbox Facility Facility Settlement

https://miloginworker.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

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

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

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

Facility ID:
Facility Name:
Cost Report ID:

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

Close | Save | View History

Error Detail

Worksheet:	Medical Staff Cost	**Line:**	6
Description:	Speech Therapist	**Field:**	Staff FTE Count
Value:	0	**Prior Year Value:**	4.7
Variance %:	100	**Variance Threshold %:**	20
Error Type:	Warning	**Error Message:**	Cost exceeds variance threshold

Comments

LEA Comments: Reason why Variance exceeds Variance Threshold of 20%.

Flagged for Rejection: ☐

ISD 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		11/02/2017	Active

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

- Click Save
- Click Close

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

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

Facility ID:
Facility Name:
Cost Report ID:

Fiscal Year Begin: 07/01/2016
Fiscal Year End: 06/30/2017
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
Medical Staff Cost	6	Speech Therapist	Staff FTE Count	0	4.7	100	20	Warning	Cost exceeds variance threshold		N		11/02/2017
Medical Staff Cost	6	Speech Therapist	Salaries	0	385480	100	20	Warning	Cost exceeds variance threshold		N		11/02/2017
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Medical Staff Cost	6	Speech Therapist	Purchased Services	0	1662	100	20	Warning	Cost exceeds variance threshold		N		11/02/2017
Medical Staff Cost	6	Speech Therapist	Total Direct Cost	0	624960	100	20	Warning	Cost exceeds variance threshold		N		11/02/2017
Medical Staff Cost	5	Psychologist/Psych	Staff FTE Count	0	2.2	100	20	Warning	Cost exceeds variance threshold		N		11/02/2017
Medical Staff Cost	5	Psychologist/Psych	Salaries	0	163073	100	20	Warning	Cost exceeds variance threshold		N		11/02/2017
Medical Staff Cost	5	Psychologist/Psych	Benefits	0	95956	100	20	Warning	Cost exceeds variance threshold		N		11/02/2017
Medical Staff Cost	5	Psychologist/Psych	Total Direct Cost	0	259029	100	20	Warning	Cost exceeds variance threshold		N		11/02/2017
Medical Staff Cost	4	OT/COTA	Staff FTE Count	0	1	100	20	Warning	Cost exceeds variance threshold		N		11/02/2017

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

- Click Close

MDHHS

CHAMPS | My Inbox | Facility | Facility Settlement

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

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

Facility ID:
Facility Name:
Cost Report ID:

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

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

SaveToXls

Medical Staff Cost

Line	Function Code	Description	Staff FTE Count	Salaries	Benefits	Purchased Services	Other Expenditure	Total Direct Cost	Comments	Flagged
1	213	Physician	0.00	$0	$0	$0	$0	$0	No	No
2	213	RN/LPN	0.00	$0	$0	$0	$0	$0	No	No
3	213	PT/PTA	0.00	$0	$0	$0	$0	$0	No	No
4	213	OT/COTA	0.00	$0	$0	$0	$0	$0	No	No
5	214	Psychologist/Psych	0.00	$0	$0	$0	$0	$0	No	No
6	215	Speech Therapist	0.00	$0	$0	$0	$0	$0	No	No
7	215	Audiologist	0.00	$0	$0	$0	$0	$0	No	No
8	215	Supervised TSLIs	0.00	$0	$0	$0	$0	$0	No	No
9	216	Social Worker	0.00	$0	$0	$0	$0	$0	No	No
10	217	O&M Specialist	0.00	$0	$0	$0	$0	$0	No	No
11		PCS	0.00	$0	$0	$0	$0	$0	No	No
12		TCM	0.00	$0	$0	$0	$0	$0	No	No
90		Total	0.00	$0	$0	$0	$0	$0	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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Note Pad | External Links | My Favorites | Print | Help

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

Facility ID:
Facility Name:
Cost Report ID:

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

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

SaveToXls

Medical Staff Cos

https://miloginworker.michigan.gov/

Close

Your request is being processe download is complete.

Internet Explorer

What do you want to do with Medical_Staff_Cost.xlsx?

From: miloginworkerdev.michigan.gov

Open
The file won't be saved automatically.

Save

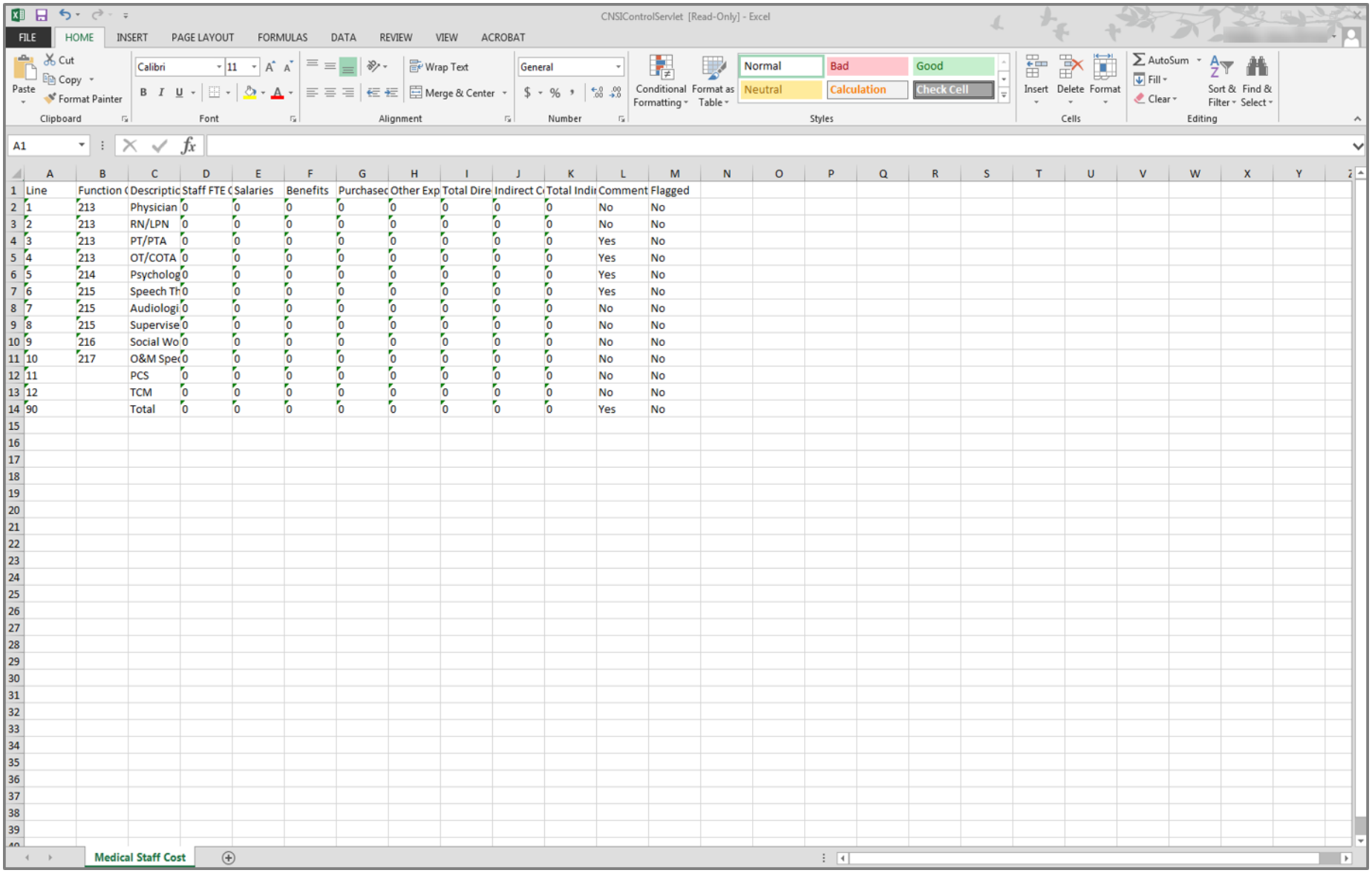
Save as

Cancel

Line	Functio											Flagged
1	213											No
2	213											No
3	213											No
4	213											No
5	214											No
6	215											No
7	215											No
8	215	TSLIs										No
9	216	Social Worker	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
10	217	O&M Specialist	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
11		PCS	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
12		TCM	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
90		Total	0.00	$0	$0	$0	$0	$0	0%	$0	No	No

- Click Open

MDHHS



Line	Function (	Descriptic	Staff FTE (	Salaries	Benefits	Purchasec	Other Exp	Total Dire	Indirect C	Total Indi	Comment	Flagged
1	213	Physician	0	0	0	0	0	0	0	0	No	No
2	213	RN/LPN	0	0	0	0	0	0	0	0	No	No
3	213	PT/PTA	0	0	0	0	0	0	0	0	Yes	No
4	213	OT/COTA	0	0	0	0	0	0	0	0	Yes	No
5	214	Psycholog	0	0	0	0	0	0	0	0	Yes	No
6	215	Speech Th	0	0	0	0	0	0	0	0	Yes	No
7	215	Audiologi	0	0	0	0	0	0	0	0	No	No
8	215	Supervise	0	0	0	0	0	0	0	0	No	No
9	216	Social Wo	0	0	0	0	0	0	0	0	No	No
10	217	O&M Spec	0	0	0	0	0	0	0	0	No	No
11		PCS	0	0	0	0	0	0	0	0	No	No
12		TCM	0	0	0	0	0	0	0	0	No	No
90		Total	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 | Facility Settlement

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

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

Facility ID:
Facility Name:
Cost Report ID:

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

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

SaveToXls

https://miloginworker.michigan.gov/

Close

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

Medical Staff Cos

Line	Functio											Flagged
1	213											No
2	213											No
3	213											No
4	213											No
5	214											No
6	215											No
7	215											No
8	215	TSLIs										No
9	216	Social Worker	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
10	217	O&M Specialist	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
11		PCS	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
12		TCM	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
90		Total	0.00	$0	$0	$0	$0	$0	0%	$0	Yes	No

- Click Close

MDHHS

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

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

Facility ID:
Facility Name:
Cost Report ID:

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

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

SaveToXls

Medical Staff Cost

Line	Function Code	Description	Staff FTE Count	Salaries	Benefits	Purchased Services	Other Expenditure	Total Direct Cost	Comments	Flagged
1	213	Physician	0.00	$0	$0	$0	$0	$0	No	No
2	213	RN/LPN	0.00	$0	$0	$0	$0	$0	No	No
3	213	PT/PTA	0.00	$0	$0	$0	$0	$0	No	No
4	213	OT/COTA	0.00	$0	$0	$0	$0	$0	No	No
5	214	Psychologist/Psych	0.00	$0	$0	$0	$0	$0	No	No
6	215	Speech Therapist	0.00	$0	$0	$0	$0	$0	No	No
7	215	Audiologist	0.00	$0	$0	$0	$0	$0	No	No
8	215	Supervised TSLIs	0.00	$0	$0	$0	$0	$0	No	No
9	216	Social Worker	0.00	$0	$0	$0	$0	$0	No	No
10	217	O&M Specialist	0.00	$0	$0	$0	$0	$0	No	No
11		PCS	0.00	$0	$0	$0	$0	$0	No	No
12		TCM	0.00	$0	$0	$0	$0	$0	No	No
90		Total	0.00	$0	$0	$0	$0	$0	No	No

- Click Save
- Click Validate
- Click Close

MDHHS

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

Facility ID:
Facility Name:
Cost Report ID:

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

Close | Submit | Approve | Reject | Cost Report Information

Cost Report WorkSheets

Worksheet Name	Required	Validated	Modified Date	Status
Medical Staff Cost	Yes	Yes	11/02/2017	Validated
Transportation Cost	No	No	08/01/2017	Created

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

- Click Transportation Cost

(Please Note: this is not a required worksheet unless you click into it)

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

Facility ID:
Facility Name:
Cost Report ID:

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

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

Total No of One Way Trips:

Estimated Medicaid Billable Trips:

SaveToXls

Transportation Cost

Line	Object Code	Description	FTE	Section 52 Expenditure	Section 53 Expenditure	Total Direct Cost	Indirect Cost Rate	Total Indirect Costs	Comments	Flagged
1	1610	Bus Driver	0.00	$0	$0	$0	0%	$0	No	No
2	1630	Aides	0.00	$0	$0	$0	0%	$0	No	No
3	2000	Employee Benefits	0.00	$0	$0	$0	0%	$0	No	No
4	3310	Pupil Trans Common Carrier	0.00	$0	$0	$0	0%	$0	No	No
4.50	3310	Pupil Trans Common Carrier (Black/Yellow)	0.00	$0	$0	$0	0%	$0	No	No
5	3330	Pupil Trans Family Veh Cost	0.00	$0	$0	$0	0%	$0	No	No
6	3310	Contracted Taxis	0.00	$0	$0	$0	0%	$0	No	No
7	3930	Pupil Trans.Fleet Insurance	0.00	$0	$0	$0	0%	$0	No	No
8	4230	Contracted/Leased Buses	0.00	$0	$0	$0	0%	$0	No	No
9	4XXX	Other Vehicle Related Costs	0.00	$0	$0	$0	0%	$0	No	No
10	5710	Gasoline	0.00	$0	$0	$0	0%	$0	No	No
11	5710	Oil/Grease	0.00	$0	$0	$0	0%	$0	No	No
12	5720	Tires/Batteries	0.00	$0	$0	$0	0%	$0	No	No
13	57XX	Other Supplies/Repair Parts	0.00	$0	$0	$0	0%	$0	No	No
15	7000	Other Expenses/Adjustment	0.00	$0	$0	$0	0%	$0	No	No
16		Bus Amortization	0.00	$0	$0	$0	0%	$0	No	No
17		Total Expenditure	0.00	$0	$0	$0	0%	$0	No	No

- This shows what the Transportation Cost worksheet looks like
- Follow the same instructions as the Medical Staff Cost worksheet

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

Facility ID:
Facility Name:
Cost Report ID:

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

Close | Submit | Approve | Reject | Cost Report Information

Cost Report WorkSheets

Worksheet Name	Required	Validated	Modified Date	Status
Medical Staff Cost	Yes	Yes	11/02/2017	Validated
Transportation Cost	No	Yes	11/02/2017	Validated

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

- Once both worksheets have been validated, click Submit

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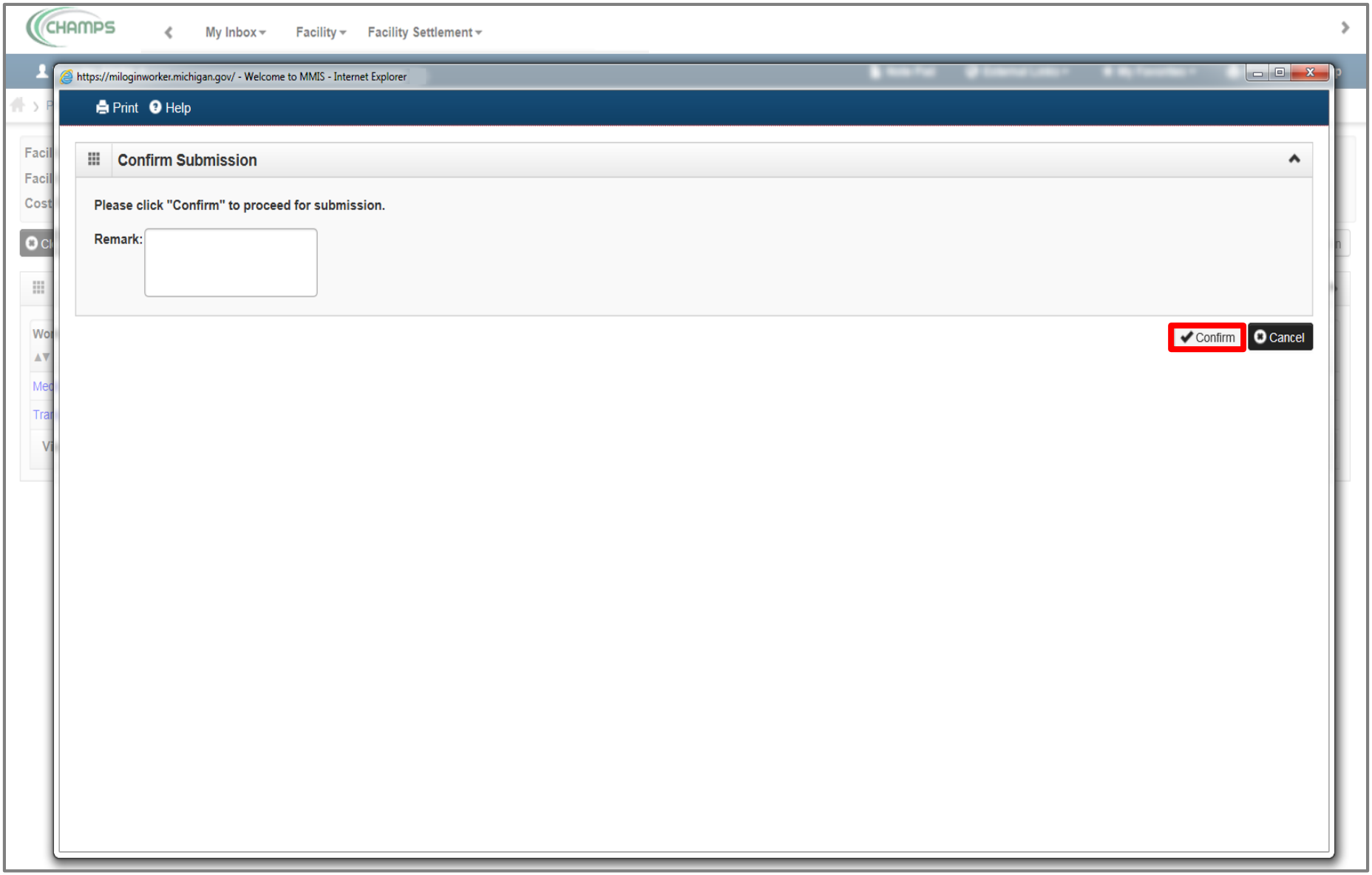

- Click Confirm to proceed (remarks optional)

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

Facility ID:
Facility Name:
Cost Report ID:

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

Close | Submit | Approve | Reject | Cost Report Information

Cost Report WorkSheets

Worksheet Name	Required	Validated	Modified Date	Status
Medical Staff Cost	Yes	No	11/02/2017	Submitted
Transportation Cost	No	No	11/02/2017	Submitted

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

- Once the Status for each Worksheet shows Submitted, LEAs are done at this point
- ISDs will need to review the LEA cost report

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Facility Settlement

- ISD review of LEA Cost Report
  - Slides 35-51

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Provider Portal

MY ACTIVITIES
- Prepare LEA Cost Report
- Prepare Cost Report
- Review LEA Cost Report

SETTLEMENTS
- Monthly Claims Comparison
- Payments
- Settlement Process List
- Claims Summary List

Latest updates

System Notification

Document Management Portal (D lable and CHAMPS view archival documents function will 1/22/2016 at 6:00 PM until 01/24/2016 at 11:59 PM . Other CH tionality will be available during this period.

Calendar

11:17 2 November 2017 Thursday

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 !

- ISD View: Click Facility Settlement
- Select Review LEA Cost Report

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Provider Portal › LEA Cost Report List

Close

LEA 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
		07/01/2016	06/30/2017		0	0	11/30/2017		11/02/2017	Submitted		Execute

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

- Click Execute for the most recent fiscal report

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Provider Portal > LEA Cost Report List > Cost Report WorkSheet

Facility ID:
Facility Name:
Cost Report ID:

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

Close | Submit | Approve | Reject | Cost Report Information

Cost Report WorkSheets

Worksheet Name	Required	Validated	Modified Date	Status
Medical Staff Cost	Yes	No	11/02/2017	In Review
Transportation Cost	No	No	11/02/2017	In Review

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

- Review LEA worksheets
- Click Medical Staff Cost

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

Facility ID:
Facility Name:
Cost Report ID:

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

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

SaveToXls

Medical Staff Cost

Line	Function Code	Description	Staff FTE Count	Salaries	Benefits	Purchased Services	Other Expenditure	Total Direct Cost	Indirect Cost Rate	Total Indirect Costs	Comments	Flagged
1	213	Physician	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
2	213	RN/LPN	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
3	213	PT/PTA	0.00	$0	$0	$0	$0	$0	0%	$0	Yes	No
4	213	OT/COTA	0.00	$0	$0	$0	$0	$0	0%	$0	Yes	No
5	214	Psychologist/Psych	0.00	$0	$0	$0	$0	$0	0%	$0	Yes	No
6	215	Speech Therapist	0.00	$0	$0	$0	$0	$0	0%	$0	Yes	No
7	215	Audiologist	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
8	215	Supervised TSLIs	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
9	216	Social Worker	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
10	217	O&M Specialist	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
11		PCS	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
12		TCM	0.00	$0	$0	$0	$0	$391,268	0%	$0	No	No
90		Total	0.00	$0	$0	$0	$0	$391,268	0%	$0	Yes	No

- Click Validation Errors

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

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

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

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

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
Medical Staff Cost	6	Speech Therapist	Staff FTE Count	0	4.7	100	20	Warning	Cost exceeds variance threshold		N	[redacted]	11/02/2017
Medical Staff Cost	6	Speech Therapist	Salaries	0	385480	100	20	Warning	Cost exceeds variance threshold		N	[redacted]	11/02/2017
Medical Staff Cost	6	Speech Therapist	Benefits	0	237818	100	20	Warning	Cost exceeds variance threshold		N	[redacted]	11/02/2017
Medical Staff Cost	6	Speech Therapist	Purchased Services	0	1662	100	20	Warning	Cost exceeds variance threshold		N	[redacted]	11/02/2017
Medical Staff Cost	6	Speech Therapist	Total Direct Cost	0	624960	100	20	Warning	Cost exceeds variance threshold		N	[redacted]	11/02/2017
Medical Staff Cost	5	Psychologist/Psych	Staff FTE Count	0	2.2	100	20	Warning	Cost exceeds variance threshold		N	[redacted]	11/02/2017
Medical Staff Cost	5	Psychologist/Psych	Salaries	0	163073	100	20	Warning	Cost exceeds variance threshold		N	[redacted]	11/02/2017
Medical Staff Cost	5	Psychologist/Psych	Benefits	0	95956	100	20	Warning	Cost exceeds variance threshold		N	[redacted]	11/02/2017
Medical Staff Cost	5	Psychologist/Psych	Total Direct Cost	0	259029	100	20	Warning	Cost exceeds variance threshold		N	[redacted]	11/02/2017
Medical Staff Cost	4	OT/COTA	Staff FTE Count	0	1	100	20	Warning	Cost exceeds variance threshold		N	[redacted]	11/02/2017

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

- Each line represents a variance; two error types (Warning & Error)
- Click on the Comment Icon to review the Comment Detail page

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

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

Facility ID:
Facility Name:
Cost Report ID:

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

Close | Save | View History

Error Detail

Worksheet:	Medical Staff Cost	**Line:**	6
Description:	Speech Therapist	**Field:**	Staff FTE Count
Value:	0	**Prior Year Value:**	4.7
Variance %:	100	**Variance Threshold %:**	20
Error Type:	Warning	**Error Message:**	Cost exceeds variance threshold

Comments

LEA Comments: Reason variance exceeds variance threshold of 20%

Flagged for Rejection: ☐

ISD 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	webstera1	11/02/2017	Active

- Review comment and attachment(s)
- Add comments within the ISD Comments box; flag for rejection if necessary
- Click Save

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

Facility ID:
Facility Name:
Cost Report ID:

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

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
Medical Staff Cost	90	Total	Total Direct Cost	0	1865028	100	20	Warning	Cost exceeds variance threshold		Y		11/02/2017

View Page: 2 | Go | Page Count | SaveToXLS | Viewing Page: 3 | First | Prev | Next | Last

- Example of when a warning variance is flagged for rejection
- Click Close

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

Facility ID:
Facility Name:
Cost Report ID:

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

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

SaveToXls

Medical Staff Cost

Line	Function Code	Description	Staff FTE Count	Salaries	Benefits	Purchased Services	Other Expenditure	Total Direct Cost	Indirect Cost Rate	Total Indirect Costs	Comments	Flagged
1	213	Physician	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
2	213	RN/LPN	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
3	213	PT/PTA	0.00	$0	$0	$0	$0	$0	0%	$0	Yes	No
4	213	OT/COTA	0.00	$0	$0	$0	$0	$0	0%	$0	Yes	No
5	214	Psychologist/Psych	0.00	$0	$0	$0	$0	$0	0%	$0	Yes	No
6	215	Speech Therapist	0.00	$0	$0	$0	$0	$0	0%	$0	Yes	No
7	215	Audiologist	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
8	215	Supervised TSLIs	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
9	216	Social Worker	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
10	217	O&M Specialist	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
11		PCS	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
12		TCM	0.00	$0	$0	$0	$0	$391,268	0%	$0	No	No
90		Total	0.00	$0	$0	$0	$0	$391,268	0%	$0	Yes	No

- Click Comments

  (Please Note: Comments are needed due to the warning variance flagged. You do not have to add comments for an approved worksheet)

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

Facility ID:
Facility Name:
Cost Report ID:

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

Close | Add | Inactivate | View All Comments

Comments List

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

Save Filters | My Filters

Worksheet	Line	Description	Field	Value	Comments	Flagged	Modified By	Modified Date	Operational Flag

No Records Found !

- Click Add

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Print Help

Add Comments

Worksheet: Medical Staff Cost

Line Number: 90 - Total *

Cost Field: Total Direct Cost *

Flagged For Rejection: ☑

Comment: Reason for Rejection *

Ok Close

- Fill in all fields marked with an asterisk (*)
- Click Ok

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

Facility ID:
Facility Name:
Cost Report ID:

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

Close | Add | Inactivate | View All Comments

Comments List

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

Save Filters | My Filters

Worksheet	Line	Description	Field	Value	Comments	Flagged	Modified By	Modified Date	Operational Flag
Medical Staff Cost	90	Total	Total Direct Cost	391267.72		Yes		11/02/2017	Active

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

- Results of comments entered for warning variance flagged
- Click Close

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

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

Facility ID:
Facility Name:
Cost Report ID:

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

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

SaveToXls

Medical Staff Cost

Line	Function Code	Description	Staff FTE Count	Salaries	Benefits	Purchased Services	Other Expenditure	Total Direct Cost	Indirect Cost Rate	Total Indirect Costs	Comments	Flagged
1	213	Physician	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
2	213	RN/LPN	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
3	213	PT/PTA	0.00	$0	$0	$0	$0	$0	0%	$0	Yes	No
4	213	OT/COTA	0.00	$0	$0	$0	$0	$0	0%	$0	Yes	No
5	214	Psychologist/Psych	0.00	$0	$0	$0	$0	$0	0%	$0	Yes	No
6	215	Speech Therapist	0.00	$0	$0	$0	$0	$0	0%	$0	Yes	No
7	215	Audiologist	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
8	215	Supervised TSLIs	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
9	216	Social Worker	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
10	217	O&M Specialist	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
11		PCS	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
12		TCM	0.00	$0	$0	$0	$0	$391,268	0%	$0	No	No
90		Total	0.00	$0	$0	$0	$0	$391,268	0%	$0	Yes	No

- Click Complete Review
- Click Close

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

Provider Portal > LEA Cost Report List > Cost Report WorkSheet

Facility ID:
Facility Name:
Cost Report ID:

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

Close | Submit | Approve | Reject | Cost Report Information

Cost Report WorkSheets

Worksheet Name	Required	Validated	Modified Date	Status
Medical Staff Cost	Yes	No	11/02/2017	Rejected
Transportation Cost	No	No	11/02/2017	In Review

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

- Review remaining worksheets following the previous steps
- Once complete Approve or Reject as appropriate

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Print Help

Update Status

Status: Rejected

Reason: ---SELECT--- Appeal Appears Unreasonable Data Incorrect Error Correction Policy Change *

Remarks: *

Ok Cancel

- If providers choose to Reject the Cost Settlement, *(warning variance flagged)*, they must enter one last Reason and Remark
- Click Ok

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Provider Portal › LEA Cost Report List › Cost Report WorkSheet

Facility ID:
Facility Name:
Cost Report ID:

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

Close | Submit | Approve | Reject | Cost Report Information

Cost Report WorkSheets

Worksheet Name	Required	Validated	Modified Date	Status
Medical Staff Cost	Yes	No	11/02/2017	Rejected
Transportation Cost	No	No	11/02/2017	Approved

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

- Status shows overall LEA Cost Settlement Rejected *(warning variance flagged)*
- A Notification will be sent back to the LEA to let them know the status of their Cost Settlement

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Update Status

Status: Approved

Reason: None

Remarks:

Ok Cancel

- If the Cost Settlement was approved rather than rejected, meaning no warning variances were flagged, add remarks if necessary
- Click Ok

(Please Note: A provider cannot approve the Cost Settlement with a warning variance flagged for rejection)

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

Provider Portal > LEA Cost Report List > Cost Report WorkSheet > LEA Cost Report List > Cost Report WorkSheet

Facility ID:
Facility Name:
Cost Report ID:

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

Close | Submit | Approve | Reject | Cost Report Information

Cost Report WorkSheets

Worksheet Name	Required	Validated	Modified Date	Status
Medical Staff Cost	Yes	No	11/07/2017	Approved
Transportation Cost	No	No	11/07/2017	Approved

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

- LEA Cost Report Status will show as Approved
- Click Close

Facility Settlement

- Correction of LEA Cost Report
  - Slides 53-62

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Provider Portal > LEA Cost Report List > Cost Report WorkSheet

Facility ID:
Facility Name:
Cost Report ID:

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

Close | Submit | Approve | Reject | Cost Report Information

Cost Report WorkSheets

Worksheet Name	Required	Validated	Modified Date	Status
Medical Staff Cost	Yes	No	11/02/2017	In Process
Transportation Cost	No	No	11/02/2017	In Process

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

- An LEA can log back into CHAMPS using the beginning instructions (Slide 9)
- Notice: the Status for the LEA Cost Settlement will show In Process
- Click Medical Staff Cost

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

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

Facility ID:
Facility Name:
Cost Report ID:

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

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

SaveToXls

Medical Staff Cost

Line	Function Code	Description	Staff FTE Count	Salaries	Benefits	Purchased Services	Other Expenditure	Total Direct Cost	Indirect Cost Rate	Total Indirect Costs	Comments	Flagged
1	213	Physician	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
2	213	RN/LPN	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
3	213	PT/PTA	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
4	213	OT/COTA	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
5	214	Psychologist/Psych	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
6	215	Speech Therapist	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
7	215	Audiologist	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
8	215	Supervised TSLIs	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
9	216	Social Worker	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
10	217	O&M Specialist	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
11		PCS	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
12		TCM	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
90		Total	0.00	$0	$0	$0	$0	$0	0%	$0	No	No

- Click Comments; this will show the comments made by the ISD reviewer

MDHHS

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

Facility ID:
Facility Name:
Cost Report ID:

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

Close | Add | Inactivate | View All Comments

Comments List

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

Save Filters | My Filters

Worksheet	Line	Description	Field	Value	Comments	Flagged	Modified By	Modified Date	Operational Flag
No Records Found !									

- Click View All Comments

MDHHS

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https://miloginworker.michigan.gov/ - View All Comments - Internet Explorer

Print Help

View All Comments

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

Save Filters | My Filters

Worksheet	Line	Description	Field	Value	Amend	Version	LEA Comments	ISD Comments	Flagged	Modified By	Modified Date	Operational Flag
Medical Staff Cost	90	Total	Total Direct Cost	391267.72	0	0		Reason	Yes		11/02/2017	Active

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

Cancel

- The notes from the ISD will be listed as to why the worksheet was rejected
- Click Cancel

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

Facility ID:
Facility Name:
Cost Report ID:

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

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

SaveToXls

Medical Staff Cost

Line	Function Code	Description	Staff FTE Count	Salaries	Benefits	Purchased Services	Other Expenditure	Total Direct Cost	Indirect Cost Rate	Total Indirect Costs	Comments	Flagged
1	213	Physician	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
2	213	RN/LPN	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
3	213	PT/PTA	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
4	213	OT/COTA	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
5	214	Psychologist/Psych	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
6	215	Speech Therapist	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
7	215	Audiologist	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
8	215	Supervised TSLIs	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
9	216	Social Worker	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
10	217	O&M Specialist	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
11		PCS	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
12		TCM	0.00	$0	$0	$0	$0	$0	0%	$0	No	No
90		Total	0.00	$0	$0	$0	$0	$0	0%	$0	No	No

- Make corrections to worksheet
- Follow instructions from beginning to validate worksheet after corrections have been made (Slide 28)
- Click Close

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Provider Portal › LEA Cost Report List › Cost Report WorkSheet

Facility ID:
Facility Name:
Cost Report ID:

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

Close | Submit | Approve | Reject | Cost Report Information

Cost Report WorkSheets

Worksheet Name	Required	Validated	Modified Date	Status
Medical Staff Cost	Yes	Yes	11/07/2017	Validated
Transportation Cost	No	No	11/02/2017	In Process

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

- Click Transportation Cost

(Please Note: If you did not go into this worksheet previously then you do not need to click into this worksheet and can skip to slide 60)

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

Facility ID:
Facility Name:
Cost Report ID:

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

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

Total No of One Way Trips:

Estimated Medicaid Billable Trips:

SaveToXls

Transportation Cost

Line	Object Code	Description	FTE	Section 52 Expenditure	Section 53 Expenditure	Total Direct Cost	Indirect Cost Rate	Total Indirect Costs	Comments	Flagged
1	1610	Bus Driver	0.00	$0	$0	$0	0%	$0	No	No
2	1630	Aides	0.00	$0	$0	$0	0%	$0	No	No
3	2000	Employee Benefits	0.00	$0	$0	$0	0%	$0	No	No
4	3310	Pupil Trans Common Carrier	0.00	$0	$0	$0	0%	$0	Yes	No
4.50	3310	Pupil Trans Common Carrier (Black/Yellow)	0.00	$0	$0	$0	0%	$0	No	No
5	3330	Pupil Trans Family Veh Cost	0.00	$0	$0	$0	0%	$0	Yes	No
6	3310	Contracted Taxis	0.00	$0	$0	$0	0%	$0	No	No
7	3930	Pupil Trans.Fleet Insurance	0.00	$0	$0	$0	0%	$0	No	No
8	4230	Contracted/Leased Buses	0.00	$0	$0	$0	0%	$0	No	No

- Confirm if any corrections need to be made
- Follow instructions from beginning to validate worksheet after corrections have been made (Slide 28)
- Click Close

MDHHS

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Provider Portal › Cost Report List › Cost Report WorkSheet

Facility ID:
Facility Name:
Cost Report ID:

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

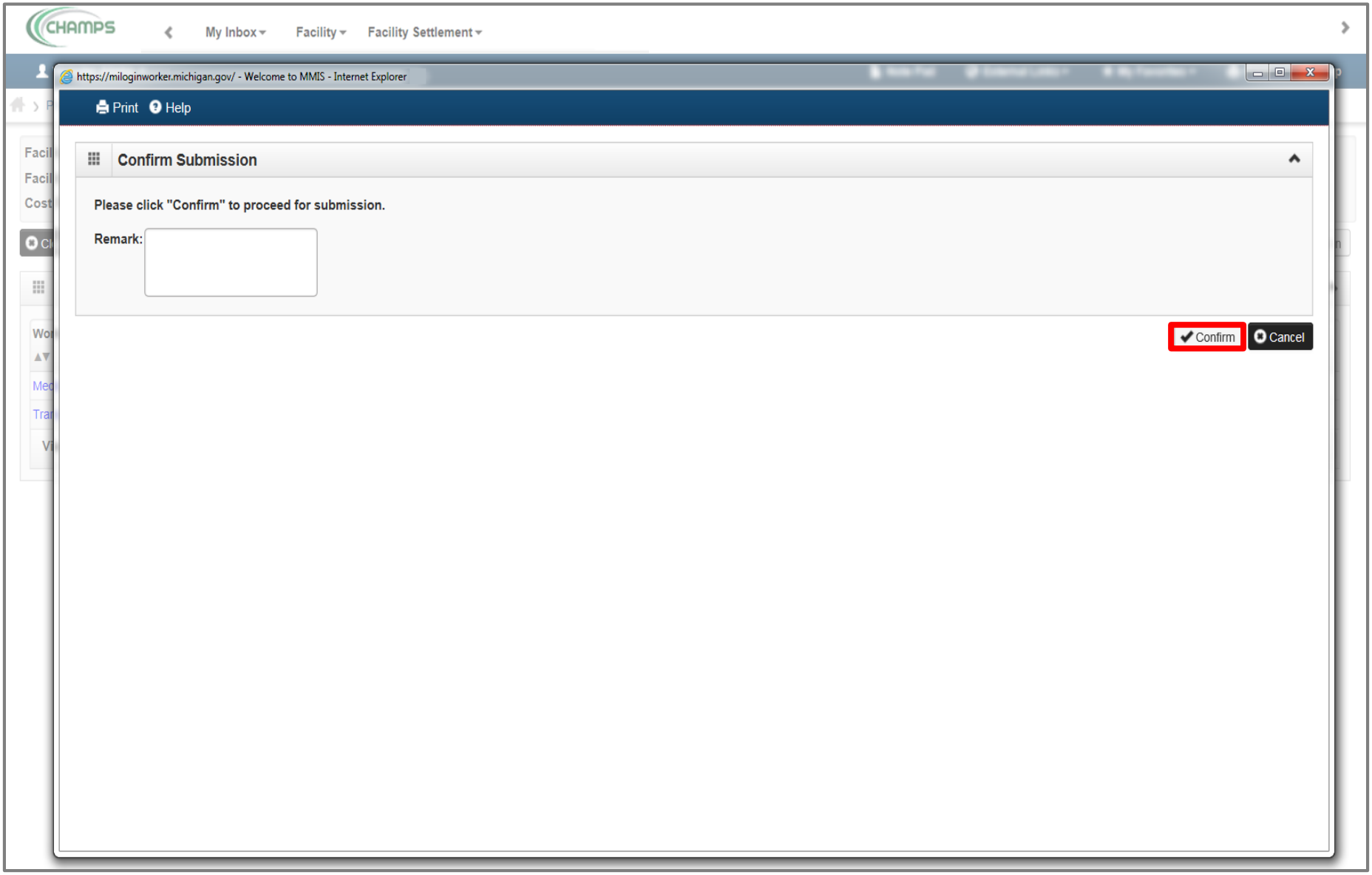
Close | Calculate Cost | Submit | MDE Validation Errors | View LEA Cost Reports | Approve | Reject | Cost Report Information

Cost Report WorkSheets

Worksheet Name	Required	Validated	Modified Date	Status
Medical Staff Cost	Yes	Yes	11/07/2017	Validated
Transportation Cost	Yes	Yes	11/07/2017	Validated

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

- Once both worksheets have been re-validated
- Click Submit



- Click Confirm to proceed (remarks optional)

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Provider Portal > LEA Cost Report List > Cost Report WorkSheet

Facility ID:
Facility Name:
Cost Report ID:

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

Close | Submit | Approve | Reject | Cost Report Information

Cost Report WorkSheets

Worksheet Name	Required	Validated	Modified Date	Status
Medical Staff Cost	Yes	No	11/07/2017	Submitted
Transportation Cost	No	No	11/07/2017	Submitted

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

- Worksheets will show as submitted
- ISD will get notification LEA Cost Report has been submitted

MDHHS

Facility Settlement

- ISD Cost Report - Summary
  - Slides 64-72

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Provider Portal

MY ACTIVITIES
- Prepare LEA Cost Report
- Prepare Cost Report
- Review LEA Cost Report

SETTLEMENTS
- Monthly Claims Comparison
- Payments
- Settlement Process List
- Claims Summary List

Latest updates

System Notification

Document Management Portal (D lable and CHAMPS view archival documents function will 1/22/2016 at 6:00 PM until 01/24/2016 at 11:59 PM . Other CH tionality will be available during this period.

Calendar

11:17 2 November 2017 Thursday

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 !

- ISD View: Click Facility Settlement
- Select Prepare Cost Report

MDHHS

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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	Amend	Version	Due Date	Modified By	Modified Date	Status	MDE Validation Status	Remark	Action
		07/01/2016	06/30/2017		0	0	12/31/2017		08/01/2017	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 report

MDHHS

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Provider Portal > Cost Report List > Cost Report WorkSheet

Facility ID:
Facility Name:
Cost Report ID:

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

Close | Calculate Cost | Submit | MDE Validation Errors | View LEA Cost Reports | Approve | Reject | Cost Report Information

Cost Report WorkSheets

Worksheet Name	Required	Validated	Modified Date	Status
Medical Staff Cost	Yes	No	08/01/2017	Created
Transportation Cost	Yes	No	08/01/2017	Created

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

- Click Medical Staff Cost
- Follow same instructions as an LEA to complete worksheets (Slide 17)

(Please Note: Worksheets will be summaries of costs; however, will still need to be validated)

MDHHS

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Provider Portal > Cost Report List > Cost Report WorkSheet

Facility ID:
Facility Name:
Cost Report ID:

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

Close | Calculate Cost | Submit | MDE Validation Errors | View LEA Cost Reports | Approve | Reject | Cost Report Information

Cost Report WorkSheets

Worksheet Name	Required	Validated	Modified Date	Status
Medical Staff Cost	Yes	Yes	11/07/2017	Validated
Transportation Cost	Yes	Yes	11/07/2017	Validated

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

- Once both worksheets have been validated
- Click Calculate Cost
- Click Submit

MDHHS

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Provider Portal › Cost Report List › Cost Report WorkSheet

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

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

Close | Calculate Cost | Submit | MDE Validation Errors | View LEA Cost Reports | Approve | Reject | Cost Report Information

Cost Report WorkSheets

Worksheet Name	Required	Validated	Modified Date	Status
Medical Staff Cost	Yes	Yes	11/07/2017	Validated
Transportation Cost	Yes	[redacted]	[redacted]	Validated

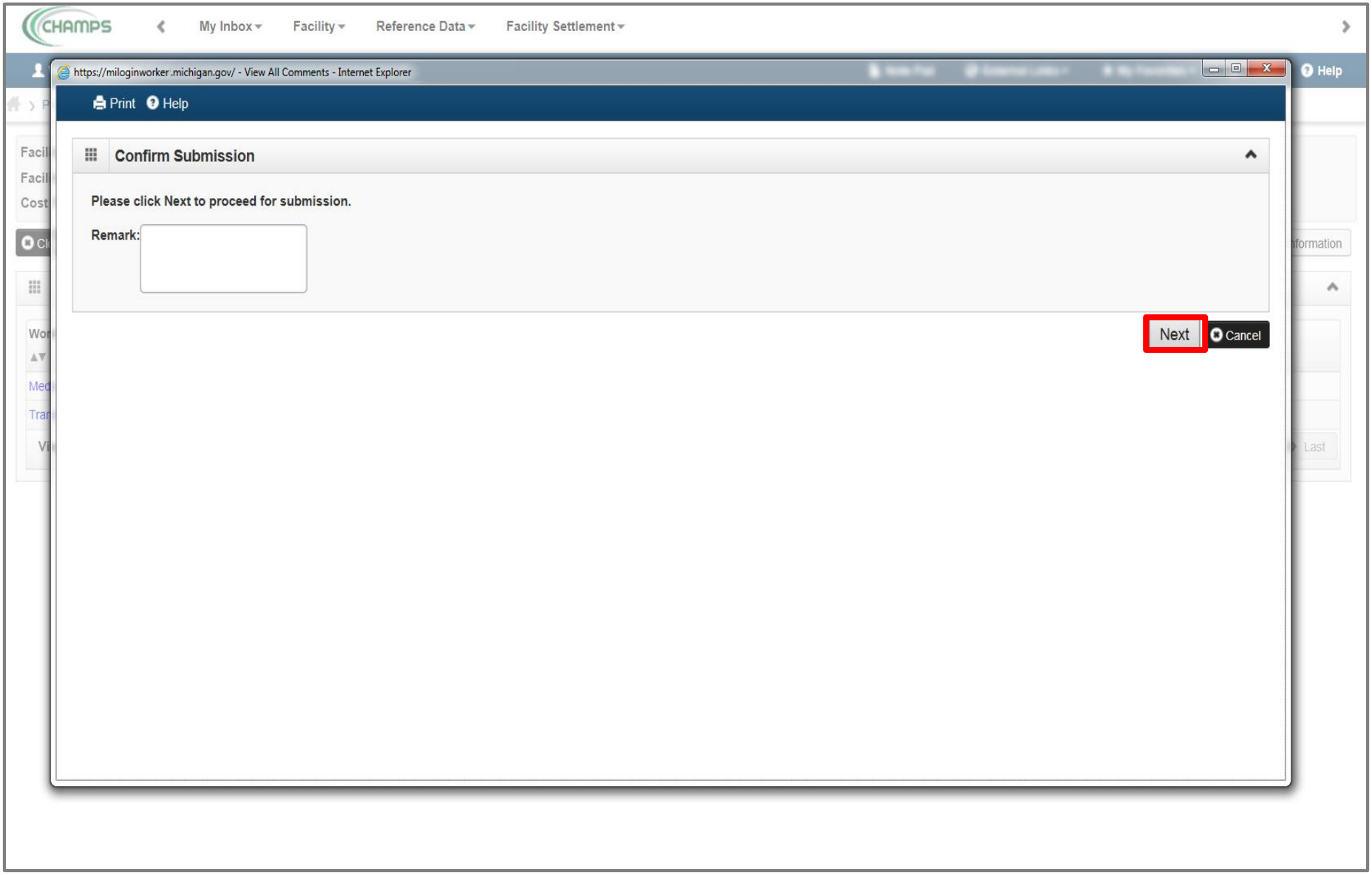
View Page: 1 | Go | Page Count | SaveToXLS | First | Prev | Next | Last

Message from webpage

A LEA has not yet submitted its LEA cost report. Are you sure you want to proceed with Summary MAER submission?

OK | Cancel

- Not all LEAs have costs; therefore, cost reports are not needed
- The system recognizes LEAs associated to this ISD have not completed their cost reports
- Click Ok to proceed



- Add Remarks if necessary
- Click Next

Print Help

CERTIFICATION BY OFFICER OR ADMINISTRATOR

ISD:

NPI:

Fiscal Year Begin: 07/01/2016

Fiscal Year End: 06/30/2017

Street:

Claimed Expenditures: This statement is of expenditures that the undersigned certifies are allocable and allowable to the State Medicaid program under Title XIX of the Social Security Act, in accordance with all procedures, instructions and guidance issued by the single state agency and in effect during the fiscal year noted above.

I certify that I have examined this cost report and accompanying worksheets for the cost report period identified above. To the best of my knowledge and belief, it is a true, correct and complete statement from the books and records in accordance with applicable instructions.

The expenditures included in this statement are based on the actual cost of recorded expenditures.

The required amount of state and/or local funds were available and used to pay for total computable allowable expenditures included in this statement, and such state and/or local funds were in accordance with all applicable federal requirements for the non-federal share match of expenditures -- including that the funds were not Federal funds in origin, or are Federal funds authorized by Federal law to be used to match other Federal funds, and that the claimed expenditures were not used to meet matching requirements under other Federally funded programs.

Federal matching funds are being claimed on this report in accordance with the Cost Report instructions provided by MDHHS effective for the above reporting period.

I understand that this information will be used as basis for claims for federal funds, and possibly state funds, and that falsification and concealment of a material fact may be prosecuted under federal or state civil or criminal law.

Signature: *

Declaration: The officer or Administrator entering their name above is certifying this report via electronic signature in accordance with the five standards listed above.

INTENTIONAL MISREPRESTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED HEREIN MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW

Title: *

Phone: - - *

Email: *

Date: 11/07/2017

Submit Cancel

- Confirm information is correct
- Read through Certification information
- Electronically Sign and fill out contact information
- Click Submit

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

Facility ID:
Facility Name:
Cost Report ID:

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

Close | Calculate Cost | Submit | MDE Validation Errors | View LEA Cost Reports | Approve | Reject | Cost Report Information

Cost Report WorkSheets

Worksheet Name	Required	Validated	Modified Date	Status
Medical Staff Cost	Yes	No	11/02/2017	Submitted
Transportation Cost	No	No	11/02/2017	Submitted

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

- ISD Cost Report will have a Status of Submitted

Final Steps

- After the Cost Report is submitted, the status will show submitted (Slide 71).
- When the MDHHS 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 directed to your auditor.

Questions?