

Bulletin Number: MSA 12-22

Distribution: Nursing Facilities

Issued: June 1, 2012

Subject: Reconciliation of QAS Payments to Nursing Facilities

Effective: July 1, 2012

Programs Affected: Medicaid

The purpose of this bulletin is to clarify Medicaid policy for the reconciliation of Quality Assurance Supplement (QAS) payments to nursing facilities. Information in this bulletin will be applied to policy found in the Nursing Facility Cost Reporting & Reimbursement Appendix of the Medicaid Provider Manual.

POLICY CHANGES

The process for the reconciliation of QAS payments to nursing facilities will be added to existing policy as shown below:

Annual Reconciliation

The reconciliation of approved Medicaid days, changes to the variable rate from filed to audited cost report data, and QAS payments is completed on an annual basis within 90 calendar days after the end of the State's fiscal year.

The Reimbursement and Rate Setting Section (RARSS) will reconcile the QAS payments to the provider against the provider's approved Medicaid days and filed and audited cost report data. If RARSS determines that an underpayment has been made, the provider will receive a gross adjustment payment. If RARSS determines that an overpayment has been made, recovery will be made by gross adjustment recovery against future payments. The gross adjustment process follows the Initial and Final Settlement practices in the Settlement section of the chapter. A provider may submit a written request to RARSS for an extended repayment schedule to repay the Program. The request must include a written justification of the need for extended payment.

The provider will be given advance notice of the actions taken on QAS payments and has 30 calendar days from the date of the advance notice to request a review of the determination with RARSS. The provider's request for a review must cite specific concerns with the determination.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Stephen Fitton, Director
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