

PIHP Medicaid Community Inpatient Hospital Expenditure Report

Instructions and Submission Requirements

General Information

This information is necessary for implementation of the Hospital Reimbursement Adjustment (HRA) program. The purpose of this report is to provide community hospital specific Medicaid expenditures which are the basis for determining HRA payments. Expenditure for the prior year will be used as the basis for determining subsequent year HRA payments. For example, the FY12 expenditures will be the basis for determining the FY14 HRA payments.

Note the following general guidance for completion of this report:

- This report provides additional detail to the MUNC on hospital specific Medicaid costs
- This report is to separately include expenditures accrued for services rendered in the fiscal year. **These accruals should only be for services provided during FY 12.**
- This report also includes details on payments made to hospitals in FY12 for the FY12 HRA
- This report is expected to reconcile to the MUNC. Provide reconciling information as necessary with this report
- **The expenditures on this report should not include any PIHP/CMHSP administrative costs**
- **The expenditures on this report should not include any adjustments or write offs of related to services performed prior to FY 12.**

Because the MUNC and this report are required to reconcile, if the PIHP submits an amendment or revision to the MUNC report that includes a change in community inpatient services or costs, then a revised PIHP Medicaid Community Inpatient Hospital Expenditure Report is also required for submission.

Description of the Form

Rows

A row is provided for each identified Michigan hospital with licensed inpatient psychiatric beds. Additionally, due to the similarity of hospital names and that these change over time, the Medicare ID number is also provided as well as address. Hospitals are grouped as to those ones that DCH has identified as free-standing psychiatric hospitals (FSP PT68) and those that are psychiatric units within a community hospital (PT73). PIHPs are not to delete, add, or transfer rows.

It is understood that PIHPs do not contract with all of the listed hospitals; correspondingly, the PIHP submission will include some rows with no reported expenditures. The form is locked to facilitate state aggregation of the information.

Then, reconciling items to the MUNC report, including any other hospitals the PIHP has paid for the provision of inpatient psychiatric services should be listed. In general, the use of other hospitals not listed would be for out-of-state hospitals. PIHPs may have different names for hospitals used in Michigan, so make sure that you check all hospitals listed before using the “Other Hospitals” section.

Aggregate accrual information, by program type is also required. The accrual for costs of services provided in the fiscal year should reconcile to what was included in MUNC. **The reported accruals should not include any write offs or adjustments for services provided prior to FY 12.**

Summary rows based on formulas for cost information in earlier sections are included, by PT68, PT73 and Total

FY12 MUNC information by provider type are included. This should match the MUNC as submitted, and as amended. Discrepancies between MUNC costs and costs in this report are to be explained either in the comments section, or as a footnote to the report.

Columns

The first eight columns provide a listing of each hospital, categorized alphabetically in two sections—first by FSP/IMD (PT68) and then all other Michigan hospitals (PT73).

The columns required for PIHP completion include:

FY12 Medicaid HRA payments: By hospital indicate the amount of HRA paid in total for FY12.

FY12 Medicaid Service Payments:

FY12 Per Diem: Enter the contracted per diem rate

Physician Fees: enter “yes” if physician fees are included in the rate reported in the previous column: “no” if these are not included.

Medicaid Non-Dual Eligible Expenses: Enter in this column PIHP Medicaid expenditures for which the individual receiving services was not dual eligible (Medicare/Medicaid)

Medicaid Dual Eligible Expenses: Use this column to enter PIHP Medicaid expenditures for those individuals that were dual eligible (Medicare/Medicaid)

Total Medicaid Expenditures (Formula): This is the sum of the previous two columns. This will be created by formula from the two previous columns

Comments: Use this column as necessary to further explain or describe the information reported in the previous columns. This column may also be used to describe or provide reconciling information to the MUNC.