

FY'15 PIHP MI CHILD COST REPORT

This report provides the MI Child cost and service data necessary for MDHHS management of PIHP contracts. The data set of cases, units and costs reflects and describes the support activity provided to or on behalf of all consumers receiving services from the PIHP paid with MI Child funds. The format is presented by procedure code, beginning with facility services reported by revenue code. Most of the activity reported here will also have been reported in the encounter data system. Refer to the PIHP/CMHSP Encounter Reporting Costing per Code and Code Chart on the MDHHS web site for a crosswalk between services and the appropriate codes.

RULES FOR REPORTING ON PIHP MI CHILD COST REPORT

Background:

PIHPs report Medicaid managed care expenditures on the Medicaid Utilization and Aggregate Net Cost report (MUNC) as well as Medicaid benefit plan management. It is used by the state's actuary as a PIHP Financial Statement as well as in the analysis of the encounter data and costs. The report is also used to compare the volume of units reported with the encounter data.

Healthy Michigan

PIHPs report Healthy Michigan managed care expenditures on the HMP Utilization and Aggregate Net Cost report (HMPUNC) as well as HMP benefit plan management. It is used by the state's actuary as a PIHP Financial Statement as well as in the analysis of the encounter data and costs. The report is also used to compare the volume of units reported with the encounter data.

Autism (Medicaid and MI Child)

Starting FY13, PIHPs report cases, units and costs for services covered under the state plan amendment for the Medicaid/MI Child autism benefit, as well as Autism benefit plan management. PIHPs are to use this sheet to document those services included in the cost settlement process for Medicaid/MI Child autism services.

Sub-Element Cost Report

CMHSPs report expenditures for all funding streams on the Sub-Element Cost Report. It is used by MDHHS to comply with the MDHHS Appropriations Act Section 404 boilerplate requirements.

General Fund Utilization and Net Cost Report (GFUNC)

CMHSPs report their expenditures for general fund only on the General Fund Cost Report. This report enables MDHHS to know the services, cases, units and costs, and indirect activity and subsidies attributed to CMH general funds. It is used by MDHHS to respond to MDHHS Appropriations Act Section 1006.

MI Child

Starting in FY15, PIHPs report MI Child managed care expenditures only on this MI Child Utilization and Aggregate Net Cost report (MI ChildUNC), as well as MI Child benefit plan management. It is used by the state's actuary as a PIHP Financial Statement as well as in the analysis of the encounter data and costs. The report is also used to compare the volume of units reported with the encounter data.

Instructions:

I. Total units, cases, and costs per procedure code:

- A. Enter the number of **units** that were provided per procedure code. For most of the procedure codes, the total number of units should be consistent with the number of units for that procedure code that were reported to the MDCH warehouse for MI Child consumers. Follow the same rules for reporting units in this report that are followed for reporting encounters. Refer to the PIHP/CMHSP Encounter Reporting Costing per Code and Code Chart on the MDCH web site,
- B. Peer-support specialist services (H0038), Substance Abuse Peer Services (H0038 with HF), Developmental Disabilities Peer Mentor (H0046), and Drop-in centers (H0023), each have a row to report cases, units and costs for those services reported as encounters. In addition, there is a row for peer-delivered expenditures and drop-in center activities that were **not** captured by encounter data. It is important that the appropriate numbers are entered into the correct rows for these procedures. **Do not** aggregate the units, cases and costs into one row.
- C. Several codes have rows without modifiers as well as rows with modifiers: 90849 (HS modifier used to distinguish when a beneficiary is not present), H2016 and T1020 (TF and TG modifiers used to distinguish between the levels of service). It is important that the appropriate number of units, cases and costs are entered into the correct rows for these procedures. **Do not** aggregate the units, cases and costs for the modified procedures into one row.
- D. A row for pharmacy is included to report drugs, including injectibles, and other biologicals. Do not report "enhanced pharmacy" cases and costs in this row.
- E. Enter the **unique number of cases** per procedure code. This number should reflect the unduplicated number of MI Child consumers who were provided the service during the reporting period.
- F. Enter the **total expenditures** per procedure code. Enter the amount of expenditures related to providing each service, as defined in the Medicaid Provider Manual.

G. Rows for Substance Abuse procedure codes using MI Child are included. If the PIHP is providing these services or contracting with a provider for these services then the unique number of cases, number of units, and total costs should be entered into these lines.

II. Total Mental Health (MI) , Intellectual Developmental Disability (IDD), and Substance Use Disorder (SUD) MI Child Cases and Costs:

Enter the unduplicated number of all MI Child cases served in Column G. The costs will tally automatically in column I.

III. Mental Health, and Intellectual Developmental Disability MI Child Cases and Costs:

Enter the unduplicated number of MI and IDD MI Child cases served in Column G. The costs will tallying automatically in column I.

IV. MI Child Benefit Plan Administration MH/IDD

Enter cost of managed care administration for the MI Child benefit performed by the PIHP (including administrative functions delegated to CMHSP affiliates and/or provider networks) for the MI Child MH/IDD benefit. Refer to the document entitled “MDCH CMHSP/PIHP Administration Cost Reporting Instructions” for determining the MI Child administrative costs to be entered in row IV, Column I.

V. Total MI Child MH/IDD Costs

These costs will tally automatically.

VI. Substance Use Disorder (SUD) MI Child Cases and Costs:

Enter the unduplicated number of MI Child cases served under the PIHP SUD function in Column G. The costs will tally automatically.

Note: MI Child consumers who received mental health services as well as services for SUD will appear in both rows III and VI, but should only be counted once in Row II.

VII. MI Child Benefit Plan Administration SUD Function

Enter cost of managed care administration for the MI Child benefit performed by the PIHP (including administrative functions delegated to CMHSP affiliates and/or provider networks) for the MI Child SUD benefit. Refer to the document entitled “MDCH CMHSP/PIHP Administration Cost Reporting Instructions” for determining the MI Child administrative costs to be entered in row VII, Column I.

VIII. Total MI Child SUD Function Costs

These costs will tally automatically.

IX. Grand Total Expenditures:

Formula in cell will automatically calculate the sum of all costs included in this report.

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The values from this MI Child report will automatically transferred to rows in the MUNC.
The final values from the MUNC (which will include the MI Child expenditures will be reconciled to the Medicaid FSR.)