FY'15 PIHP EXPENDITURES FOR THE MICHILD AUTISM BENEFIT

This report provides the service detail necessary for MDCH to reconcile the cash settlement amount reported by the PIHP or MIChild autism services. In the case of an affiliation, the PIHP must report this information as an aggregation of all MIChild autism services provided in the service area by the affiliates. The format is presented by procedure code and all 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 MDCH web site for a crosswalk between services and the appropriate codes.

For this report, 'PIHP' is defined as a Regional Authority that holds the 1915(i) Contract with MDCH and acts as the Prepaid Inpatient Health Plan. As detailed below, the PIHP's FY15 MIChild autism worksheet must balance to their FY14 Financial Status Report for MIChild autism.

RULES FOR REPORTING ON MICHILD AUTISM EXPENDITURES REPORT

Background:

   Starting FY13, PIHPs were to report cases, units and costs for services covered under the 1915(i) state plan amendment for the MIChild autism benefit. PIHPs are to use this worksheet to document those services included in the cost settlement process for MIChild autism services. The information will also be used by the state's actuary in the analysis of expenditures for the 1915(i) state plan amendment.

   The expenditures reported in this worksheet should NOT be included in the Medicaid Utilization and Net Cost Report (MUNC) or the General Fund Cost Reports. The expenditures reported in the MIChild autism worksheet should be consistent with the expenditures reported in the Financial Status Report (FSR) and with the units and cases reported via the encounter data system to the MDCH data warehouse.

   This worksheet should only include expenditures for services authorized under the 1915(i) MIChild autism benefit. This worksheet should NOT include costs or units for additional services provided to children receiving services under 1915(i).

Instructions:

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

      A. In column G, enter the number of **units** per procedure code that were provided during the fiscal year to children ages 18 months through 5 years served by the PIHP under the authority of the 1915(i) MIChild autism benefit. For each procedure code, 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 these consumers. Follow the same rules for reporting units on this worksheet that

are followed for reporting encounters. Refer to the PIHP/CMHSP Encounter Reporting Costing per Code and Code Chart on the MDCH web site and the Mental Health and Substance Abuse Chapter of the Medicaid Provider Manual (also on the MDCH web site).

B. The worksheet includes rows for the same HCPCS procedure code with various modifiers. For example, H2019 can be reported with various modifiers to indicate the provider level (AH, AJ, HN, HO, HP) as well as the intensity (TG). 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.

C. Enter the **unique number of MIChild autism cases** per procedure code in Column F. This number should reflect the unduplicated number of MIChild beneficiaries who were provided the service during the reporting period.

D. Enter the **total MIChild autism expenditures** per procedure code in column H.

E. In Column I, the cost per unit will be automatically calculated by dividing the total expenditures in Column H by the total units in Column G.

II. **Total MIChild Autism Cases and Costs**

In Column F enter the total unduplicated cases served during the period. *This total should not be the sum of the rows above, but rather a unique count of all MIChild autism beneficiaries who received the 1915(i) services reported above.* MDCH is using cost/case as a metric and it is critical that you report accurate, unduplicated counts of cases served. The sum of the service costs reported in Column H will be automatically calculated.

III. **MIChild Autism Managed Care Administration**

Enter the cost of MIChild managed care administration performed by the PIHP (including administrative functions delegated to CMHSP affiliates and/or provider networks) for the 1915(i) MIChild autism benefit. Refer to the document entitled "Michigan Department of Community Health CMHSP/PIHP Administration Cost Reporting Instructions" for determining the MIChild administrative costs to be entered in row III, Column H. The document can be found on the MDCH web site at:

http://www.michigan.gov/documents/mdch/FY12_CMHSP-PIHP_Admin_Exp_Rptg_Instr_final_2-7-13_411752_7.pdf

IV. **Total MIChild Autism Benefit**

The sum of the total MIChild autism benefit costs and the MIChild autism managed care administrative costs will automatically calculate in column H.

V.   Reconciling items to the Financial Status Report (FSR)

Enter the following in Column H

A. HICA Tax from FSR Row AE 231

B. Other. Adjustments needed to reconcile costs on the MIChild autism worksheet to the MIChild Autism costs on the FSR. For each amount reported also provide a short description of the type of cost/adjustment. If more than three rows are needed, please attach a detailed listing for amounts included on row b.

C. Total reconciling items to Financial Status Report. Sum of V. a and b.

VI.   Adjusted MIChild autism report costs: This is the sum of rows IV and Vc.

VII.   Financial Status Report (FSR): MIChild Autism expenses from FSR row AE240.