

**FY'19 Mid-Year PIHP HEALTHY MICHIGAN UTILIZATION AND NET COST
REPORT
October 1, 2018 – March 31, 2019**

This report provides the total service data necessary for MDHHS management of PIHP contracts. The PIHP must report this information as an aggregation of all Healthy Michigan services provided in the service area by the CMHSPs and other contracted providers, including substance use disorder providers. The data set reflects and describes the support activity provided to or on behalf of Healthy Michigan beneficiaries, except Children's Waiver, and Children's Serious Emotional Disturbance Waiver. 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 DHHS web site for a crosswalk between services and the appropriate codes.

RULES FOR REPORTING ON THE HEALTHY MICHIGAN REPORT

Background:

MUNC

PIHPs report Medicaid managed care expenditures on the Medicaid Utilization and Aggregate Net Cost report (MUNC) as well as Medicaid benefit plan management. (Services covered under the MICHild and autism programs are also included on the FY19 MUNC). 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.

Mid Year Instructions:

The Mid Year MUNC report follows the same instructions and the Year End MUNC with the following exceptions.

- I. The reporting period is limited to dates of service from October 1 to March 31.
- II. HRA and IBNR cost rows are not required.
- III. Reporting for Expected Change in Cost per Unit:

- a. Column R – Report the total net benefit cost per unit as calculated on the FY2018 HMP-UNC.
- b. Column S – The expected percent increase/(decrease) of the cost per unit for FY2019 will automatically calculate.
- c. Column T – Provide a short (500 character limit) explanation for the reason for the increase/decrease (i.e. program redesign, negotiated provider rates, etc.)
 - 1. Increases of less than 5% do not require an explanation as it would typically represent typical increases for wage scale adjustments, health care benefits, and small contractual rate increases.
- d. For new services not provided during FY18
 - 1. enter the FY19 cost per unit in the column for FY18 cost per unit (Column R)
 - 2. put “NEW SERVICE” in the explanation column (Column T).

IV. Submission Requirement – Each regional entity must provide a report **for each CMHSP in the region plus an aggregated report for the PIHP**. These reports may be submitted in a single excel workbook with separate worksheets for the PIHP and each CMHSP.

Year End and Mid-Year Instructions:

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

- A. Enter the number of **units** per procedure code that were provided during the period of this report for Healthy Michigan beneficiaries with mental illness, serious emotional disturbance, developmental disabilities or substance use disorders served by the PIHP (see exclusions). 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 MDHHS warehouse for all consumers. Follow the same rules for reporting units in this report that are followed for reporting encounters. Refer to the Behavioral Health HCPCS and Revenue Code Chart on the MDHHS web site, the Behavioral Health and Substance Abuse Chapter of the Medicaid Provider Manual (also on the MDHHS web site).
- B. For this Healthy Michigan report, PIHPs are to report services provided under the mental health/IDD benefit (Columns G through J) separately from those services provided under the substance use disorder benefit (Columns K through N). PIHPs are to report the cases, units and costs for services provided by a provider agency licensed and

accredited as a substance abuse treatment program under the columns for HMP-PIHP Substance Use Disorder Benefit. Examples of such services are substance abuse individual assessment, substance abuse outpatient care, and substance abuse residential services.

In addition, the Health Michigan plan introduced many new services to the substance use disorder service array. Examples of such services and supports include community living support, personal care, support and service coordination and skill building. The cases, units and costs for these services provided to an individual with a substance use disorder are also to be reported under the columns for HMP-PIHP Substance Use Disorder Benefit.

- C. For FY18 inpatient costs for IMD and community psychiatric inpatient hospitals are separated out to distinguish between costs with **bundled per diems and those with the physician costs excluded**. Under each of these rows, there are rows added to distinguish between level of payment responsibility:
- a row for inpatient costs and units for which the PIHP/CMHSP makes 100% HMP payment for the inpatient encounter
 - a second row for which the PIHP/CMHSP makes partial payment with HMP dollars for an inpatient encounter.
- D. Rows 12 and 13 have been intentionally left blank.
- E. 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 251 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.
- F. Several codes have rows without modifiers as well as rows with modifiers: 90849 (HS modifier used to distinguish when a beneficiary is not present), H0031 (HW modifier used to determine whether the assessment is a Supports Intensity Scale (SIS) assessment). 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.
- G. Enter the **unique number of Healthy Michigan cases** per procedure code in Column G for those receiving services under mental health benefit and in column K for those receiving services under the substance use disorder benefit. These number should reflect for each benefit the unduplicated number of Healthy Michigan beneficiaries who were provided the service during the reporting period.
- H. Enter the **total Healthy Michigan expenditures** per procedure code (see exclusions below) separately for the mental health benefit (column I) and the substance use disorder

benefit (column M). The sum of the Healthy Michigan expenditures will automatically calculate in Column P.

- I. The net cost per unit for each service will be automatically calculated separately for the mental health benefit (Column J) and the substance use disorder benefit (Column N).

II. Total Healthy Michigan MH/IDD Service Costs

The sums of the HMP MH/IDD costs in Columns I will be automatically calculated.

III. Healthy Michigan 6-Month Managed Care Administration MH/IDD

Enter the cost of managed care administration for the Healthy Michigan benefit performed by the PIHP (including administrative functions delegated to CMHSPs and/or provider networks) for the HMP MH/IDD benefit. Refer to the Administration's "CMHSP/PIHP Administration Cost Reporting Instructions" for determining the Healthy Michigan administrative costs to be entered in row III, Column I. The document can be found on the MDHHS web site at:

https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html

IV. Total 6-month Healthy Michigan MH/IDD Costs

The service costs from row II, column I and the administrative costs from row III, column I will automatically total in row IV, column I and column P.

V. Total 6-month Healthy Michigan Substance Abuse Benefit Services Costs

The sum of the costs for Healthy Michigan SUD benefit services will be automatically calculated in Column M.

VI. HMP 6-Month Benefit Plan Administration SUD Benefit

Enter the 6-month cost of Healthy Michigan managed care administration performed by the PIHP for the Substance Use Disorder benefit in Column M.

VII. Total 6-Month Healthy Michigan SUD Costs

The sum of the total SUD service costs and the Healthy Michigan managed care administrative costs in Column M will automatically calculate.

VIII. Total Healthy Michigan MH/IDD/SUD Cases

In **Column F** enter the total unduplicated MH/IDD cases served during the period. *This total should not be the sum of the rows above, but rather a unique count of all Healthy Michigan beneficiaries who have received services under the MH/IDD benefit.*

In **Column I**, enter the total unduplicated Healthy Michigan cases served under the substance use disorder benefit during the period. *This total should not be the sum of the rows above, but rather a unique count of all Healthy Michigan beneficiaries who received at least one service under the HMP substance abuse benefit.*

In **Column M**, enter the total unduplicated Healthy Michigan beneficiaries served during the period. *This total should not be the sum of the number of MH/IDD and SUD cases as some beneficiaries might have been served under both benefits during the period. Rather enter a unique count of all Healthy Michigan beneficiaries who received at least one service under the Healthy Michigan benefit during the period.*

IX. Total 6-Month Healthy Michigan MH/IDD/SUD Service and Administrative Costs

The sum of the service and administrative costs will automatically calculate in Column P.

X. Reconciling items to the Financial Status Report (FSR) Projection

Enter the following in Column P:

- A. FSR Projection 6-month ISF contributions (deposits) to ISF FSR Row AI203
- B. FSR Projection 6-month HICA Tax from FSR Row AI201
- C. Other. Adjustments needed to reconcile costs on the Healthy Michigan report to the Health Michigan costs on the FSR. For each amount reported also provide a short description of the type of cost/adjustment, such as dental services not on the Healthy Michigan report and IBNR included in the FSR. If more than three rows are needed, please attach a detailed listing for amounts included on row D.

XI. Adjusted 6-Month HMP-UNC Expenditures

Total reconciling items to Financial Status Report Projection will automatically calculate the sum of IX and X.d.

XII. Annualized HMP-UNC Expenditures. The amount in XI will be automatically annualized (multiplied times 2).

XIII. Enter the Healthy Michigan Plan expenditures amount from line AI290 column I in the FSR Projection.

Exclusions:

The following expenditures **MUST BE EXCLUDED** from the Healthy Michigan report.

1. Local contribution to Healthy Michigan.
2. Room and board
3. Cases, costs and units for Children's Waiver and Children with Serious Emotional Disturbance Waiver
4. Payments made into internal service funds (ISFs) or risk pools. These payments must **not** be incorporated into allowable amounts either. The actuary will use the ISF reports submitted with the final FSR to identify use of fiscal year Healthy Michigan revenues for funding of ISF.
5. Provider of administrative service organization (ASO) services to other entities, including PIHP/hub ASO activities provided to CMHSP affiliates/spokes for non-Healthy Michigan services.
6. Write-offs for prior years.
7. Workshop production costs (these costs should be offset by income for the products).
8. Services provided in the state hospitals and Center for Forensic Psychiatry.
9. Mental health services delivered by CMHSP but paid for by health plan (MHP) contracts.

Additional Issues:

1. Report services and costs that match the accrual assumptions for fee-for-service activities where an end-of-year financial accrual is made for services incurred but where a claim has not been processed. (ie. report cases, units, and costs for services rendered, but those whose claims have not been adjudicated by the time of report).
2. The COFR PIHP should report services that are provided by another CMHSP/PIHP through an earned contract.