1.0 General Report Overview

Effective October 1, 2017, the Michigan Department of Health and Human Services (MDHHS) has modified the functionality of the Financial Status Report (FSR) bundle. The modification to the FSR bundle is designed to increase reporting efficiency for the Community Mental Health Services Programs (CMHSP) and the Prepaid Inpatient Health Plans (PIHPs). The FSR bundle will now allow FSR reporting specific to the needs of the reporting board. There are three FSR report types; CMHSP (Non-Medicaid reporting), PIHP (Medicaid/Affiliate CMHSP reporting) and Stand Alone (Detroit-Wayne, Oakland, Macomb). The selected FSR will only display the applicable report tabs, columns and rows.

Please note that the report tabs, columns and rows that are not applicable are hidden or relabeled to condense the FSR bundle. Additionally, the financial reporting instructions for each form within the FSR bundle have not been modified. All column, row, cell and formula references remain intact and should only be considered if applicable to the selected FSR.

The Financial Status Report (FSR) – MI Health Link is utilized by the CMHSP that is a PIHP or the Regional Entity that holds the Medicaid Managed Specialty Supports and Services Concurrent 1115 and 1915(c)/(i) Waiver Program Contract (Medicaid Contract) with the Michigan Department of Health and Human Services (MDHHS) to report all activity associated to the MEDICARE consumers enrolled in MI Health Link. The FSR – MI Health Link summarizes the revenues and expenditures related to the provision of services to Medicare consumers who have enrolled in the MI Health Link. The FSR – MI Health Link will identify whether there is a net surplus or deficit prior to any redirection of funding. The FSR – MI Health Link will also identify any funding redirected to provide supplement to other programs for services to Medicare consumers or redirected to address a deficit in funding.

The FSR – MI Health Link will be utilized by the MDHHS as a tool to monitor the fiscal operations of the PIHP/CMHSP. In addition, this report in conjunction with the other FSRs within the FSR Bundle will provide the basis for the annual contract reconciliation and cash settlement of the Medicaid Contract.

The PIHP/CMHSP shall comply with Generally Accepted Accounting Principles, along with any other federal and state regulations as defined in the Medicaid Contract. With the exception of the GF Contract - Special Fund Account – Section 226(a) of the Mental Health Code (MHC), all revenue and expenditures are required to be reported on an accrual basis of accounting, unless otherwise directed by MDHHS policy. As such, the revenue and expenditure amounts reported must include all earned reimbursements and/or obligations regardless of whether they have been billed or collected. Additionally, any adjustments for uncollectible amounts or write-offs should be included. The FSR – MI Health must reconcile to the PIHP/CMHSP's general ledger.

The PIHPs with affiliate CMHSPs contracts for the provision of the Medicaid benefit will report summary level revenue and expenditure information in separate columns for each contract. The amounts reported by the PIHP on the FSR – MI Health Link should reconcile

to the FSR – All Non-Medicaid – Section ID – PIHP to Affiliate MI Health Link Contracts for each affiliate CMHSP. The MDHHS may request, for select PIHPs, the reporting of prime sub-contractors in the separate columns.

The PIHP/CMHSP must certify the accuracy and completeness of the FSR – MI Health Link and identify a contact person, phone number and email address that questions regarding the submission should be directed to. Please refer to the Electronic Report Submission Guidance and Report Certification Form.

2.0 Report - Due Dates

Refer to the reporting grid incorporated in Schedule E of the Contract for identification of report due dates. Reporting requirements can be found on the MDHHS website: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html

3.0 Report Submission

3.1 Report Submitted via US Mail

This is no longer applicable. Electronic report submission required.

3.2 Report Submission – Electronic

The report should be submitted electronically to the department by the due date identified in 2.0 above at MDHHS-BHDDA-Contracts-MGMT@michigan.gov.

The report's file name must identify the reporting fiscal year, period covered (submission type), agency name, report title and date of submission. Example: For the FY XX Year End Interim submitted from network180 for the Medicaid FSR, the file name should read **FYXX Year End Interim Northcare FSR Bundle MM-DD-YYYY.**

Note: The FSR– MI Health Link is included in the FSR Bundle. It is not a stand-alone report.

Refer to the Electronic Report Submission Guidelines for report submission specifications.

4.0 Report Specific Navigation or Terminology

Within this document the terms used in these instructions shall be construed and interpreted as defined below:

Medicaid Contract: The Medicaid Managed Specialty Supports and Services Concurrent 1115 and 1915(c)(i) Waiver Program Contract with selected PIHPs to manage the Concurrent 1115 and 1915(c)/(i) waiver and Healthy Michigan Plan Programs in a designated service area and to provide a comprehensive array of specialty mental health and substance abuse services and supports.

Healthy Michigan Plan: The Healthy Michigan Plan is a new category of eligibility authorized under the Patient Protection and Affordable Care Act and Michigan Public Act 107 of 2013 that began April 1, 2014.

GF Contract: MDHHS/CMHSP Managed Mental Health Supports and Services Contract.

PIHP: A CMHSP or Regional Authority that holds the Medicaid Managed Specialty Supports and Services Concurrent 1115 and 1915(c)/(i) Waiver Program Contract with MDHHS and acts as the Prepaid Inpatient Health Plan.

CMHSP: Community Mental Health Services Program that holds the GF Contract with MDHHS

Regional Authority: An entity, jointly governed by the sponsoring CMHSPs, that has met the MDHHS requirements for selection to be certified to the Center for Medicare and Medicaid Services as a PIHP.

Medicaid Consumer: A Medicaid beneficiary who requires the Medicaid services included under the 1115 and 1915(c)/(i) waivers or who is eligible for the Healthy Michigan Plan.

IPA: Insurance Provider Assessment Act. Public Act 175 of 2018 created the Insurance Provider Assessment Act. The legislation mandates that effective October 1, 2018, certain insurance providers are required to pay an assessment on certain paid health care revenue.

Integrated Care Organization (ICO): The ICO is a managed care entity contractually responsible and accountable for providing integrated care to people eligible for both Medicare and Medicaid (dual eligible). The ICO holds the contract with the PIHP for Medicare Parts A, B, and D.

MI Health Link: MI Health Link is a new demonstration health care option authorized under Section 2602 of the Patient Protection and Affordable Care Act for Michigan adults, age 21 or older, who are enrolled in both Medicare and Medicaid (dual eligible).

Certified Community Behavioral Health Clinic (CCBHC): A new demonstration health care option authorized under Section 223 of the federal Protecting Access to Medicare Act of 2014 (PAMA) and the federal Cares Act of 2020 for all persons with any mental illness or substance use disorder diagnosis.

The Financial Status Report – MI Health Link includes cell shading to assist the end user with completion of the form.

Report headers are shaded in light green.
Cells requiring data entry are shaded in yellow.

Cells that are formula driven and should not have data entered are shaded peach or light turquoise. The cells shaded in light turquoise represent sub-totals or totals.

Select cells have conditional formatting applied so that if an erroneous entry is made the cell will turn orange.

Worksheet protection has been enabled.

Precision as displayed functionality has been enabled. As such, Excel will utilize the displayed value instead of the stored value when it recalculates formulas.

The term “Submission Type” on the worksheet refers to the reporting period, i.e. Projection, Interim, Final.

The following numbering / sequencing have been utilized in the FSR MI Health Link:

1	Row for entry of the name of the PIHP or CMHSP for each column
100	Title row for revenue
101-189	Detail rows for reporting revenue. May include sub-totals.
190	Total row for revenue
200	Title row for expenditures
201-289	Detail rows for reporting expenditures. May include sub-totals.
290	Total row for expenditures
295	Sub-total row identifying net surplus (deficit) prior to any redirection
300	Title row for redirection of funds (TO) and FROM
301-389	Detail rows for reporting redirection. May include sub-totals.
390	Total row for redirection of funds (TO) and FROM
400	Total row identifying the remaining balance. The balance is calculated by taking into consideration available revenue less expenditures and adjusting for any redirections (TO) or FROM. This row will indicate whether there is a remaining balance impacts fund balance, savings or lapse.

The FSR MI Health Link – Column A through I

Column A is to be used by the reporting PIHP for the revenues, expenditures incurred by the PIHP. Additionally, the PIHP will use Column A to report all redirection of funds.

Column B through H – Page 1: Column B through H will be used by the PIHP to report summary level information of their contracts with affiliate CMHSPs for the provision of the Medicare services to consumers enrolled in the MI Health Link. The amounts reported by the PIHP should reconcile to the revenues, expenditures, redirection of funds, sub-totals and totals for the affiliate CMHSPs.

Column I: Column I is formula driven and represents the total of revenues, expenditures and redirections entered in Columns A through H – Page 1 and Columns J through R – Page 2.

Column J through R – Page 2: With the formation of Regional Authorities the number of affiliate CMHSPs contracts has increased. To facilitate reporting, a second page has been added to the FSR – MI Health Link. Columns J through R, found on the second page of the FSR – MI Health Link, will be used by the PIHP to report summary level information of their contracts with affiliate CMHSPs for the provision of the Medicare services to consumers enrolled in the MI Health Link. The amounts reported by the PIHP should reconcile to the revenues, expenditures, redirection of funds, sub-totals and totals of the affiliate CMHSPs.

The FSR – MI Health Link – Row Layout: For the most part, all rows contain an alpha reference, a numeric reference, a description, and then the amount associated to the listed elements. The alpha reference refers to the Section of the FSR (MI Health Link). The number reference refers to the character of the line (revenue, expenditures, etc.). The description could be a label (revenue, expenditure, etc.) or a more detailed description of the item. The redirection rows include at the end of the description a reference to the partner row.

For example – AK 301 (TO) CHMSP to CMHSP Earned Contracts – J 304.3, the “AK” refers to MI Health Link, the 301 indicates that this row represents a redirection to another row, the “(TO) CMHSP to CMHSP Earned Contracts” describes that MI Health Link Medicare funds are being redirected to CMHSP to CMHSP Earned Contracts, the “J 304.3” indicates that the partner row (FROM row) is in Section J – CMHSP to CMHSP Earned Contracts, row 304.3 on the FSR – All Non-Medicaid. Note: This was provided as an example of how the redirects work. If this row is used, the PIHP would need to provide narrative supporting the use of Medicare MI Health Link funds being redirected to CMSHP to CMHSP Earned Contracts.

REDIRECTS – (TO) FROM – Each PIHP/CMHSP is expected to maintain a balanced budget. However, it is acknowledged that funding and expenditures, by category may not always be equal. The “Redirected Funds (To) From” section will be the mechanism in which the PIHP/CMHSP will identify how any funding surplus or deficit was resolved. The “redirects” will identify how surplus funds are used by other programs or how deficits were covered by other funding sources. In either case, the funding source must be a legitimate source of funding for the program the funding is being redirected to cover. The redirection of GF to MI Health Link requires prior approval of the MDHHS.

Every "TO" redirection will have an offsetting "FROM" transaction. The converse is also true, for every "FROM" redirection there will be a "TO" transaction. The "TO" and "From" amounts will be equal; thus, all redirections will sum to zero. Following is an example:

AK 332 (FROM) Local – M 301.5 $100,000

This line is within the FSR – MI Health Link and indicates that $100,000 is being transferred "FROM" the FSR – All Non-Medicaid – Local Section to fund the PIHP share of a funding deficit.

M 301.5 (TO) MI Health Link– AK 332 ($100,000)

This line is within the FSR – All Non-Medicaid – Local Section and indicates that $100,000 is being redirected "(TO)" the FSR – MI Health Link to fund the PIHP share of a funding deficit.

Redirection amounts are entered in the FROM redirects and automatically linked to the TO redirects as the opposite or converse amount.

5.0 Instructions for Completion of the Report

The PIHP name, Fiscal Year, Submission Type and Submission Date have been brought forward from the FSR-Medicaid.

Row 1 – PIHP OR CMHSP

The name of the Regional Authority / Reporting Board (column A) and the name of any affiliate CMHSP (columns B through J) will auto populate based on what was entered on the FSR - Medicaid. As previously mentioned, the MDHHS may request, for select PIHPs, the reporting of prime sub-contractors.

Row AK – MI HEALTH LINK SERVICES – PIHP USE ONLY

This row is the label MI Health Link Services – PIHP Use Only. The rows immediately following will represent the revenues, expenditures and redirection of funding related to the provision of the services to Medicare consumers enrolled in the MI Health Link.

Row AK-100 – REVENUE

This row is the label REVENUE. The rows immediately following will represent the revenues available to fund current year expenditures.

Row AK-101 – MI Health Link

Enter, in Column A, the amount of funding from the ICO for the provision of services to Medicare consumers enrolled in the MI Health Link. The amount reported should include any open accruals.

Note:

- Do not include ICO risk financing or ICO shared savings. These amounts will be reported in row AK 102.
- Do not include amounts related to CCBHC (T1040 service code in conjunction with a CCBHC service encounter code) consumer services. These amounts should be reported in the FSR – CCBHC.

Row AK-102 – ICO Risk Financing / (ICO Shard Savings)
This row will be utilized if the contract between the ICO and the PIHP contains a Risk / Shared Savings provision.

If the ICO owes the PIHP funding associated to risk financing, enter, in Column A, the amount of risk financing due from the ICO. This amount should be entered as a positive amount.

If the PIHP owes the ICO funding associated to a shared savings provision in the PIHP / ICO contract, enter, in Column A, the amount of shared savings due to the ICO. This amount should be entered as a *negative* amount.

Row AK-115 –MI Health Link - AFFILIATE CONTRACTS – COLUMN A
This cell is formula driven and will offset the revenue distributed to each of the affiliates recognized in columns B through H – Page 1 and columns J through R – Page 2.
The formula is *less the amounts reported in Columns B through H – Page 1 and columns J through R – Page 2.*

Row AK-115 –MI Health Link – AFFILIATE CONTRACTS – COLUMN B THROUGH H – PAGE 1 AND COLUMN J THROUGH R – PAGE 2
Enter the amount of funding distributed to each of the affiliate CMHSPs of the PIHP.

Note: Risk for the MI Health Link Contract remains with the PIHP. Contingent on the actual contract between the PIHP and the CMHSP, the amounts reported as distribution to the affiliate CMHSPs should fully fund the contract obligation between the PIHP and the CMHSP. The exception would be if the contract allows or mandates the affiliate to redirect funds. Affiliate redirects are reported on Row AK 325.

Row AK-120 - SUBTOTAL - CURRENT PERIOD MI HEALTH LINK SERVICES REVENUE
These cells represent the total of the MI Health Link revenue and/or distribution of revenue to the affiliate CMHSPs. The cells are formula driven. The formula is *the sum of MI Health Link (AK 101), ICO Risk Financing / (ICO Shared Savings) (AK 102), and MI Health Link – Affiliate Contracts (AK 115).*
Row AK-121 - 1ST & 3RD PARTY COLLECTIONS – MI HEALTH LINK CONSUMERS REPORTING BOARD

The PIHP/CMHSP is the payer of last resort and has the responsibility to identify and seek recovery from all other parties for services provided to recipients. Enter, in Column A, the funding available to the Reporting Board from 1st and 3rd party collections that are not included in the Special Fund Account authorized in Section 226a (PA423) of the Mental Health Code (MHC). The amount entered in this cell is for 1st and 3rd party collections associated to the cost of a person's 100% funded daily care or services.

Note:

- There will not be any co-payments of deductibles for in-network services including medications. Nursing Home patient pay amounts still apply.
- Do not include amounts related to CCBHC (T1040 service code in conjunction with a CCBHC service encounter code) consumer services. These amounts should be reported in the FSR – CCBHC.

Row AK-122 - 1st & 3rd Party Collections – MI Health Link Consumers – AFFILIATE

The PIHP/CMHSP is the payer of last resort and has the responsibility to identify and seek recovery from all other parties for services provided to recipients.
Enter, in columns B through H - Page 1 and columns J through R – Page 2, the funding available to the affiliate CMHSP from 1st and 3rd party collections that are not included in the Special Fund Account authorized in Section 226a (PA423) of the Mental Health Code (MHC). The amount entered in this cell is for 1st and 3rd party collections associated to the cost of a person's 100% funded daily care or services.

Note:

- There will not be any co-payments of deductibles for in-network services including medications. Nursing Home patient pay amounts still apply.
- The amounts reported for affiliate 1st and 3rd party are for reporting purposes only and will not be included in the general ledger of the PIHP/CMHSP. These amounts will not be taken into consideration of the contract reconciliation and cash settlement.
- Do not include amounts related to CCBHC (T1040 service code in conjunction with a CCBHC service encounter code) consumer services. These amounts should be reported in the FSR – CCBHC.

Row AK-140 - Subtotal - Other MI Health Link Revenue

These cells represent the total Other MI Health Link Revenue available to fund current year expenditures. This cell is formula driven. The formula is the *sum of 1st & 3rd Party Collections – MI Health Link Consumers – Reporting Board (AK 121) and 1st & 3rd Party Collections – MI Health Link Consumers – Affiliate (AK 122).*

Row AK-190 - Total Revenue

These cells represent the total MI Health Link revenue available to fund current year expenditures. These cells are formula driven. The formula is the *sum of Subtotal – Current Period MI Health Link Services Revenue (AK 120) and Subtotal – Other MI Health Link Revenue (AK 140).*

Row AK-200 – EXPENDITURE
This row is the label EXPENDITURE. The rows immediately following will represent the expenditures for providing the services described in the Mental Health/Substance Abuse Chapter of the Michigan Medicaid Provider Manual for Medicare consumers who have enrolled in the MI Health Link.

Row AK-202 – MI HEALTH LINK SERVICES
Enter the amount of expenditures related to the provision of services for Medicare consumers enrolled in the MI Health Link as authorized in the Contract.

> Note: Do not include amounts related to CCBHC (T1040 service code in conjunction with a CCBHC service encounter code) consumer services. These amounts will be reported in the FSR – CCBHC.

Row AK-290 - TOTAL EXPENDITURE
These cells represent the total MI Health Link expenditures prior to any redirects. These cells are formula driven. The formula is the *sum of MI Health Link Services (AK 202).*

Row AK-295 - Subtotal Net MI Health Link SERVICES SURPLUS (DEFICIT)
These cells represent the net MI Health Link surplus or deficit before any redirection of funds. These cells are formula driven. The formula is *Total Revenue (AK 190) less Total Expenditure (AK 290).*

Row AK-300 - REDIRECTED FUNDS (TO) FROM
This row is the label Redirected Funds (TO) FROM. The rows immediately following will identify how surplus funds were used by other funding programs or how deficits were covered by other funding sources. In either case, the funding source must be a legitimate source of funding for the program the funding is being redirected to cover.

Row AK-301 - (TO) CMHSP TO CMHSP EARNED CONTRACTS - J304.3
This cell represents the amount of MI Health Link funds that are being redirected to cover the cost of services provided within the CMHSP to CMHSP Earned Contracts. The cell is formula driven. The formula is *less FSR – All Non-Medicaid – Section J – CMHSP to CMHSP Earned Contracts – FROM MI Health Link Services (J 304.3)*.

> Note: If this row is utilized, a brief explanation should be entered in Section AL – Remarks.

Row AK-302 - FROM CMHSP TO CMHSP EARNED CONTRACTS - J301.3
Enter, in Column A, the amount of any surplus funding in CMHSP to CMHSP Earned Contracts that is being redirected to cover the costs associated to the provision of services to the Medicare consumers enrolled in the MI Health Link.

Note: A brief explanation should be included in Section AL identifying the rationale of this transaction.

Row AK-303 - FROM NON-MDHHS EARNED CONTRACTS - K301.3
Enter, in Column A, the amount of any surplus Non-MDHHS Earned Contract funding that is being redirected to cover the costs associated to the provision of services to the Medicare consumers enrolled in the MI Health Link.

Row AK-310 - FROM MEDICAID - A301C
Enter, in Column A, the amount of any current year Medicaid funding being redirected to cover the costs associated to the provision of services to Medicare consumers enrolled in the MI Health Link.

Row AK-315 - FROM RESTRICTED FUND BALANCE – RES 1.h
This cell represents the amount of restricted fund balance being redirected to cover the costs associated to the provision of services to Medicare consumers enrolled in the MI Health Link. This cell is formula driven. The formula is *less RES Fund Bal - Current Period Financing MI Health Link (1.h) Columns: PA2 and Performance Bonus Incentive Pool (PBIP).*

Row AK-325 – INFO ONLY – AFFILIATE TOTAL REDIRECTED FUNDS – ID390
This data is being collected for informational purposes only and will assist in identifying the overall funding associated to the cost of providing services to Medicare consumers enrolled thru MI Health Link. Enter the amount of redirected funds, at the affiliate level, being utilized to fund all or a portion of the net MI Health Link Services deficit.

Row AK-330 - SUBTOTAL REDIRECTED FUNDS – ROWS 301 – 325
This cell represents the subtotal of redirected funds prior to any redirections for an overall funding deficit. The cell if formula driven. The formula is the *sum of (TO) CMHSP to CMSHP Earned Contracts (AK 301), FROM CMHSP to CMHSP Earned Contracts (AK 302), FROM Non-MDHHS Earned Contracts (AK 303), FROM Medicaid (AK 310), FROM Restricted Fund Balance (AK 315) and Info Only – Affiliate Total Redirected Funds (AK 325).*

Row AK-331 - FROM GENERAL FUND - REDIRECTED TO UNFUNDED MI HEALTH LINK COSTS - B301.5
Enter, in Column A, the amount of redirected general funds (GF) being utilized to fund all or a portion of the net MI Health Link Services deficit. This amount must have prior approval from the MDHHS as part of the PIHP's risk management plan.

Row AK-332 - FROM LOCAL FUNDS - M301.5
Enter, in Column A, the amount of Local funds being utilized to fund all or a portion of the net MI Health Link deficit.

Row AK-333 - Intentionally Left Blank

Row AK-334 – Intentionally Left Blank

Row AK-335 - FROM RESTRICTED LOCAL FUND BALANCE – RISK FINANCING – RES 1.h
This cell represents the amount of restricted fund balance utilized to fund the net MI Health Link deficit. This cell is formula driven. The formula is *less RES Fund Bal - Current Period Financing MI Health Link (1.h) Columns: PA2 - (Risk Financing) and Performance Bonus Incentive Pool (PBIP) – (Risk Financing).*

Row AK-336 – (TO) LOCAL FUNDS – M313.3
This cell represents the amount of MI Health Link funds that are being transferred to Local Funds as a result of a Shared Savings provision in the ICO / PIHP contract. The cell is formula driven. The formula is *less FSR – All Non-Medicaid FROM MI Health Link (Medicare) (M 313.3).*

Row AK-390 - TOTAL REDIRECTED FUNDS
These cells represent the total of redirected funds associated to MI Health Link. These cells are formula driven. The formula is the *sum of Subtotal Redirected Funds (AK 330), FROM General Fund – Redirected to Unfunded MI Health Link Costs (AK 331), FROM Local Funds (AK 332), Intentionally Left Blank (AK 333), Intentionally Left Blank (AK 334), FROM Restricted Fund Balance – Risk Financing (AK 335) and (TO) Local Funds (AK 336).*

Row AK-400 - BALANCE MI HEALTH LINK SERVICES
These cells represent the net MI Health Link surplus or deficit after redirection of funds. There should never be a deficit, as the PIHP identifies how the deficit was resolved utilizing the redirect section of the FSR. Additionally, there should never be a surplus, as the PIHP would transfer any Shared Savings by utilizing AK 336 and ICO – Risk Financing / ICO Shared Savings AK 102. The cell is formula driven. The formula is *Subtotal Net MI Health Services Surplus (Deficit) (AK 295) plus Total Redirected Funds (AK 390).*

> Note: Column A – Reporting Board and Column I – PIHP Total are the only rows that should have amounts greater than zero. All other columns should equal zero.

ROW AL – REMARKS
This section has been provided for the PIHP to provide narrative descriptions as necessary. If this space is insufficient, please utilize the “Additional Narrative” tab within the FSR Bundle.