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 Service Programs (CMHSP) and the Prepaid Inpatient Health Plan (PIHP) Regional Entities. 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 Medicaid & HMP Contract Reconciliation and Cash Settlement (CRCS) worksheet provides a mechanism to close out the financial components of the Medicaid Managed Specialty Supports and Services Concurrent 1115 and 1915(c)/(i) Waiver Contract (contract). The worksheet will be used in evaluating any remaining financial obligations due to the Prepaid Inpatient Health Plan (PIHP) or the Michigan Department of Health and Human Services (MDHHS). The financial information reflected in the report should represent revenue and expenditures on an accrual basis of accounting through the fiscal year (FY) ending September 30th and recorded as specified in the contract.

The CRCS worksheet will be utilized in tandem with the Medicaid Contract Settlement Worksheet. The Medicaid Contract Settlement Worksheet will be utilized to identify the specialty managed care capitation payments (1115, Healthy Michigan and 1915(c)/(i)) received by the PIHP, if a forced lapse exists, the maximum Medicaid savings / Medicaid lapse and verification that prior year Medicaid savings has been utilized or has approval from the MDHHS to utilize in a future fiscal year.

Please refer to the instructions for the Medicaid Contract Settlement Worksheet for further details.

The CRCS worksheet summarizes the resources and expenditures associated to the contract, the disposition of funding (surplus/deficit) and the cash settlement of the contract.

2.0 Report - Due Dates

Refer to the reporting grid incorporated in Attachment 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 CRCS, the file name should read **FY XX Year End Interim Northcare FSR Bundle MM-DD-YYYY.**

Note: The Medicaid CRCS 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

The CRCS worksheet includes cell shading to assist the end user with completion of the form.

Worksheet 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 not shaded.

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., Interim, Final, Projection.

Column headings are specific to each section of the worksheet and may change from section to section. The column headings are shaded to assist in identification.

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 Contract Settlement Worksheet.

5.1 Section 1 – Medicaid Services – Available Resources

This section represents the available resources for the services provided and authorized in the contract.

Section 1.a – Total Managed Care Capitation (Medicaid & Healthy Michigan Plan) incl CCBHC Supplemental Admin less CCBHC PPS-1 Base Capitation
The amount in this cell represents the total Managed Care Capitation being settled on the Medicaid & HMP CRCS. It is inclusive of Medicaid, Healthy Michigan, Children's Waiver, SED, HSW, DHIP, and CCBHC Supplemental administration revenue. The amount does not include revenue associated with the CCBHC PPS-1 base funding. The cell is formula driven. The formula is *plus Medicaid Contract Settlement Worksheet – Total Medicaid Revenue – Current Year Settlement – Total column (1.i), FSR – Medicaid - CCBHC Specialty Managed Care Medicaid Revenue (A 102), FSR – Medicaid - CCBHC Medicaid Admin Revenue (A 103), FSR – Healthy Michigan - CCBHC Healthy Michigan Plan (AI 102), and FSR – Healthy Michigan - CCBHC Medicaid Admin Revenue (AI 103).*

Section 1.b – 1st & 3rd Party Collections – Medicaid (FSR A 121)
The 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. This cell represents the funding available from 1st and 3rd party collections that are not included in the Special Fund Account authorized in Section 226a (PA 423) of the Mental Health Code (MHC) that was utilized to fund specialty managed care services at the PIHP. The cell is formula driven. The formula is *plus FSR Medicaid row A 121*.

Section 1.c – 1st & 3rd Party Collections – Healthy Michigan (FSR AI 121)
The 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. This cell represents the funding available from 1st and 3rd party collections that are not included in the Special Fund Account authorized in Section 226a (PA 423) of the Mental Health Code (MHC) that was utilized to fund specialty managed care services at the PIHP. The cell is formula driven. The formula is *plus FSR Healthy Michigan row AI 121*.

Section 1.d – Prior Year Medicaid Savings (FSR A 123 & FSR AI 123)
This cell represents the amount of earned Medicaid savings from prior FY(s) that is being utilized to fund current FY expenditures. The cell is formula driven. The formula is *plus FSR Medicaid row A 123 and FSR Healthy Michigan row A123.*

Section 1.e – ISF Abatement – Medicaid / HMP (FSR A 124 & FSR AI 124)
This cell represents the amount of ISF abatement that is being utilized in support of current year specialty managed care service expenditures due to over funding of the Internal Service Fund. The cell is formula driven. The formula is *plus FSR Medicaid row A 124 and FSR Healthy Michigan row AI 124.*

Section 1.f – Psych Hospital HRA Revenue (FSR A 125 & FSR AI 125)

This cell represents the amount of psychiatric inpatient hospital rate adjustment (HRA) revenue received by the PIHP. The cell is formula driven. The formula is *plus FSR A 125 and FSR AI 125.*

Section 1.g – Redirected from CMHSP to CMHSP Contracts (FSR A 302 & FSR AI 302)
This cell represents the amount of funding available from the CMHSP to CMHSP Contracts utilized in support of current year specialty managed care service (1915(c)/(i), 1115 and Healthy Michigan) expenditures. Any surplus funding from CMHSP to CMHSP contracts entered here must be associated to consumers who are Medicaid eligible. The cell is formula driven. The formula is *plus FSR Medicaid row A 302 and FSR Healthy Michigan row AI 302).*

Section 1.h – Redirected from Non-MDHHS Earned Contracts (FSR A 303 & FSR AI 303)
This cell represents the amount of funding available from the Non-MDHHS Earned Contracts utilized in support of current year specialty managed care service (1915(c)/(i), 1115 and Healthy Michigan) expenditures. Any surplus funding from Non-MDHHS Earned Contracts entered here must be associated to consumers who are Medicaid eligible. The cell is formula driven. The formula is *plus FSR Medicaid row A 303 and FSR Healthy Michigan row AI 303.*

Section 1.i – Redirected from Restricted Fund Balance (FSR A 315 & AI 315 + AK 315)
This cell represents the amount of restricted fund balance being utilized in support of current year specialty managed care service (1915(c/(i), 1115, Healthy Michigan and MI Health Link) expenditures. Any funding from the restricted fund balance entered here must be associated to consumers who are Medicaid eligible. The cell is formula driven. The formula is *plus FSR Medicaid row A 315, FSR Healthy Michigan row AI 315 and FSR MI Health Link row AK 315.*

Section 1.j – Sub-Total Other Medicaid Services - Resources
This cell represents the sub-total of other Medicaid services resources available to fund current year expenditures. This cell is formula driven. The formula is the *sum of 1st & 3rd Party Collections - Medicaid (1.b), 1st & 3rd Party Collections - HMP (1.c), Prior Year Medicaid Savings (1.d), ISF Abatement – Medicaid/HMP (1.e), Psych Hospital HRA (1.f), Redirected CMHSP to CMHSP Contracts (1.g), Redirected Non-MDHHS Earned Contracts (1.h) and Redirected Restricted Fund Balance (1.i)*.

Section 1.k – Total Medicaid Services – Available Resources
This cell represents the total Medicaid services resources available to fund current year expenditures. This cell is formula driven. The formula is plus T*otal Managed Care Capitation (1.a) plus Sub-Total Other Medicaid Services - Resources (1.j)*.

5.2 Section 2 – Medicaid Services – Expenditures

This section represents the expenditures for services provided and authorized in the contract for the fiscal year being settled.

Section 2.a – PIHP Insurance Provider Assessment (IPA) Tax (FSR A 201 & FSR AI 201) This cell represents the amount of Insurance Provider Assessment tax expenditures. The cell is formula driven. The formula is *plus FSR Medicaid row A 201 and FSR Healthy Michigan row AI 201*.

Section 2.b – Medicaid Services (FSR A 202 - A 122 – A 325)
This cell represents the amount of expenditures, including CCBHC Demonstration administration, related to Medicaid consumers as authorized in Part II (A), Section 2.0 - Supports and Services of the contract. The cell is formula driven. The formula is *plus FSR Medicaid row A 202 Medicaid Services less A 122 – 1st & 3rd Party Collections – Medicare/Medicaid Consumers – Affilate less A 325 Info Only – Affiliate Total Redirected Funds.*

Basically, the calculation removes affiliate costs from the total Medicaid Services costs. The result leaves, for Contract Reconciliation and Cash Settlement, only those costs contained in the PIHP general ledger.

> Note: The amount of expenditures reported here are related to the provision of services to Medicaid as authorized in the Contract.

Section 2.b.1 – Healthy Michigan Plan Services (FSR AI 202 - AI 122 – AI 325)
This cell represents the amount of expenditures, including CCBHC Demonstration administration, related to Healthy Michigan Plan consumers as authorized in Part II (A), Section 2.0 - Supports and Services of the contract. The cell is formula driven. The formula is *plus FSR Healthy Michigan row AI 202 – Healthy Michigan Plan Services less AI 122 – 1st & 3rd Party Collections – HMP Consumers – Affiliate less AI 325 Info Only – Affiliate Total Redirected Funds.*
Basically, the calculation removes affiliate costs from the total Healthy Michigan Plan Services costs. The result leaves, for Contract Reconciliation and Cash Settlement, only those costs contained in the PIHP general ledger.

> Note: The amount of expenditures reported here are related to the provision of services to the Healthy Michigan population as authorized in the Contract.

Section 2.b.2 – MI Health Link – Medicaid Services (FSR A 205)
This cell represents the amount of expenditures related to Medicaid consumers enrolled in MI Health Link. The cell is formula driven. The formula is *plus FSR Medicaid – row A 205 – MI Health Link – Medicaid Services.*

Section 2.c – Deposits into Medicaid / HMP ISF (FSR A 203 & FSR AI 203)

This cell represents the amount of expenditures related to a contribution (deposit) to the Medicaid ISF. All deposits into the ISF must meet the criteria established in the ISF Technical Requirement of the contract. The cell is formula driven. The formula is *plus FSR Medicaid row A 203 plus FSR Healthy Michigan row AI 203.*

Section 2.d – Psych Hospital HRA (FSR A 204 & FSR AI 204)
This cell represents the amount of expenditures related to the Psychiatric HRA payment. The cell is formula driven. The formula is *plus FSR Medicaid row A 204 and FSR Healthy Michigan row AI 204.*

Section 2.e – Sub-Total Medicaid Services – Expenditures
This cell represents the total non-redirected Medicaid / Healthy Michigan Plan specialty managed care services expenditures. This cell is formula driven. The formula is the *sum of PIHP Insurance Provider Assessment (IPA) Tax (2.a), Medicaid Services (2.b), Healthy Michigan Plan Services (2.b.1), MI Health Link – Medicaid Services (2.b.2), Deposits - ISF Medicaid/HMP (2.c) and Psych Hospital HRA (2.d)*.

Section 2.f – Redirected CMHSP to CMHSP Contracts (FSR A 301 & FSR AI 301)
This cell represents the amount of expenditures where Medicaid / Healthy Michigan funds are being utilized to supplement the cost of services under CMHSP to CMHSP contracts. All expenditures entered here must be associated to consumers who are Medicaid eligible. The cell is formula driven. The formula is *less FSR Medicaid row A 301 less FSR Healthy Michigan (AI 301).*

Section 2.g – Intentionally Left Blank

Section 2.h – Redirected to MI Health Link – Medicare Services (FSR A 301.c)
This cell represents the amount of expenditures where Medicaid funds are being utilized to supplement the cost of Medicare services provided to consumers enrolled in the MI Health Link. The cell is formula driven. The formula is *less FSR Medicaid row A 301.c.*

Section 2.i – Sub-Total Medicaid Services – Redirected Expenditures
This cell represents the sub-total of Medicaid redirected. This cell is formula driven. The formula is the *sum of Redirected CMHSP TO CMHSP Contracts (2.f), Intentionally Left Blank (2.g), and Redirected to MI Health Link (2.h).*

Section 2.j – Total Medicaid Services - Expenditures
This cell represents the total Medicaid / Healthy Michigan Plan specialty managed care services expenditures. This cell is formula driven. The formula is the *Sub-Total Medicaid Services – Expenditures (2.e) plus Sub-Total Medicaid Services - Redirected Expenditures (2.i).*

5.3 Section 3 – Net Medicaid Services Surplus (Deficit)

This section calculates the variance between the Total Medicaid Services – Available Resources and the Total Medicaid Services – Expenditures to determine whether there is a contract surplus / deficit.

Section 3.a – Medicaid Funding Surplus (Deficit)
This cell represents the difference between available resources and expenditures. The result indicates whether there is a funding surplus or deficit. The cell is formula driven. The formula is *plus Total Medicaid Services – Available Resources (1.k) less Total Medicaid Services – Expenditures (2.j).*

Section 3.b – Intentionally Left Blank

Section 3.c – Net Medicaid Services Surplus / (Deficit)
This cell represents the net Medicaid surplus or deficit after taking into consideration the available resources and expenditures. The cell is formula driven. The formula is the sum of *Medicaid Funding Surplus / (Deficit) (3.a) less Intentionally Left Blank (3.b).*

5.4 Section 4 – Disposition

This section represents the disposition of the contract surplus or contract deficit. For any contract surplus, the section will identify whether a Medicaid savings was earned and/or whether there was lapse to the MDHHS. For any contract deficit, this section will identify whether the deficit was funded with general funds (requires prior approval from the MDHHS), local, Stop/Loss Insurance and/or ISF funding for the PIHP portion of the risk corridor or from the MDHHS for the State portion of the risk corridor as calculated on the Shared Risk Calculation & Risk Financing worksheet. The Shared Risk Calculation & Risk Financing worksheet assists in the determination of the PIHP and MDHHS risk responsibility and financing of that risk.

Section 4.a – Surplus
This row is the label SURPLUS.

Section 4.a.1 – Transfer to Fund Balance – Medicaid Savings Earned
This cell represents the earned Medicaid savings for the current contract. The cell is formula driven. The formula is *less Medicaid Contract Settlement Worksheet, Section 3.c.6, Total Earned Savings column*.

The amount of the transfer to fund balance will be displayed as a negative; thus, showing how the PIHP is disposing of the "positive" surplus identified on 3.c – Net Medicaid Services Surplus / (Deficit).

Section 4.a.2 – Lapse to MDHHS – Contract Settlement
This cell represents the contract settlement lapse to the MDHHS. The cell is formula driven. The formula is *less Medicaid Contract Settlement Worksheet, Section 3.c.6, Total Lapse column*. The amount of the lapse to the MDHHS will be displayed as a negative; thus, showing how the CMHSP is disposing of the "positive" surplus identified in Section 3.c – Net Medicaid Services Surplus / (Deficit).

Section 4.a.3 – Total Disposition – Surplus
This cell is formula driven. The result indicates the total amount of Medicaid surplus that the PIHP had to account for. The amount will be displayed as a negative; thus, showing how the PIHP is disposing of the "positive" surplus identified in Section 3.c – Net Medicaid Services Surplus / (Deficit). The Net Medicaid Surplus identified in Section 3.c should be offset by the amount displayed in this cell. The formula is *plus Transfer to Fund Balance – Medicaid Savings Earned (4.a.1) plus Lapse to MDHHS – Contract Settlement (4.a.2).*

Section 4.b – Deficit
This row is the label Deficit.

Section 4.b.1 – Redirected from General Fund (FSR A 331, AI 331 & AK 331))
This cell represents the amount of redirected General Funds (GF) expenditures to fund all or a portion of the Net Medicaid Services Deficit identified in Section 3.c. This amount must have prior approval from the MDHHS as part of the PIHP's risk management plan. The cell is formula driven. The formula is *plus FSR Medicaid row A 331 plus FSR Healthy Michigan row AI 331, plus FSR – MI Health Link row AK 331.*

The amount of funds redirected from GF should be entered as a positive number; thus, showing how the PIHP is disposing of the "negative" deficit identified in Section 3.c – Net Medicaid Services Surplus / (Deficit).

Section 4.b.2 – Redirected from Local (FSR A 332, FSR AI 332 & AK 332))
This cell represents the amount of local funds being utilized to fund all or a portion of the Net Medicaid Services Deficit identified in Section 3.c. The cell is formula driven. The formula is *plus FSR Medicaid row A 332 plus FSR Healthy Michigan row AI 332, plus FSR MI Health Link AK 332).*

The amount of funds redirected from local should be entered as a positive number; thus, showing how the CMHSP is disposing of the "negative" deficit identified in Section 3.c – Net Medicaid Services Surplus / (Deficit).

Section 4.b.3 – Redirected Risk Corridor – PIHP Share (FSR A 333, FSR AI 333)
This cell represents the amount of Stop/Loss Insurance and/or ISF funds being utilized to fund all or a portion of the Net Medicaid Services Deficit identified in Section 3.c. The cell is formula driven. The formula is *plus FSR Medicaid row A 333 plus FSR Healthy Michigan AI 333.*

The amount of ISF funds utilized should be entered as a positive number; thus, showing how the PIHP is disposing of the "negative" deficit identified in Section 3.c – Net Medicaid Services Surplus / (Deficit).

Section 4.b.4 – Redirected Risk Corridor – MDHHS Share (FSR A 334, FSR AI 334)
This cell represents the amount of MDHHS funds being utilized to fund the MDHHS share of the Net Medicaid Services Deficit identified in Section 3.c. The cell is formula driven. The formula is *plus FSR Medicaid row A 334 plus FSR Healthy Michigan row AI 334.*

The amount of the MDHHS risk corridor funds utilized should be entered as a positive number, thus showing how the PIHP is disposing of the "negative" deficit identified in Section 3.c – Net Medicaid Services Surplus / (Deficit).

Section 4.b.5 – Redirected from Restricted Fund Balance (FSR A 335, FSR AI 335, & AK 335)
This cell represents the amount of restricted fund balance being utilized to fund all or a portion of the Net Medicaid Services Deficit identified in Section 3.c. The cell is formula driven. The formula is *plus FSR Medicaid row A 335 plus FSR Healthy Michigan row AI 335, plus FSR MI Health Link AK 335.*

The amount of funds redirected from the restricted fund balance should be entered as a positive number, thus showing how the PIHP is disposing of the "negative" deficit identified in Section 3.c – Net Medicaid Services Surplus / (Deficit).

Section 4.b.6 – Total Disposition – Deficit
This cell is formula driven. The result indicates the total amount of Medicaid deficit that the PIHP had to account for. The amount will be displayed as a positive; thus, showing how the PIHP is disposing of the "negative" deficit identified in Section 3.c – Net Medicaid Services Surplus / (Deficit).

The Net Medicaid Deficit identified in Section 3.c should be offset by the amount displayed in this cell. The formula is the *sum of Redirected from General Fund (4.b.1), Redirected from Local (4.b.2), Redirected Risk Corridor – PIHP Share (4.b.3), Redirected Risk Corridor – MDHHS Share (4.b.4), Redirected from Restricted Fund Balance (4.b.5).*

5.4.1 Section 4.1 Intentionally Left Blank

5.5 Section 5 – Cash Settlement: (Due MDHHS) / Due PIHP

This section identifies cash due the MDHHS or the PIHP.

Section 5.a – Forced Lapse to MDHHS
The amount in this cell represents the amount that must be lapsed back to the MDHHS. Typically, forced lapse represents unspent funding provided to the PIHP by the MDHHS for a specific purpose, project, and/or target population. These funds shall continue to be expended for the purpose that they were earmarked for and may

not be re-directed for any other use without prior written approval from the MDHHS. Any unspent special purpose funding shall lapse back to the MDHHS.

Enter the amount of special purpose funds that must be lapsed back to the MDHHS. The amount of forced lapse must be entered as a negative amount.

Section 5.b – Lapse to MDHHS – Contract Settlement
The amount in this cell represents the lapse to the MDHHS based on the contract settlement. This cell is formula driven. The formula is plus *Lapse to MDHHS – Contract Settlement (Section 4.a.2).*

Section 5.c – Risk Corridor – MDHHS Share
The amount in this cell represents the funds due the PIHP for the MDHHS share of the risk corridor. The cell if formula driven. The formula is *plus Redirected Risk Corridor – MDHHS Share (4.b.4)*.

Section 5.d – Return of Prior Year Medicaid Savings
The Medicaid contract outlines the contractual provisions regarding Medicaid savings. Any earned Medicaid Savings from the prior FY unexpended at the end of the fiscal year must be returned to the MDHHS. However, if a final MDHHS audit report creates new Medicaid savings, the PIHP will have one year following the date of the final audit report to expend the additional Medicaid savings.
If for any reason the earned Medicaid savings was not utilized and the PIHP does not have the MDHHS approval to retain, enter the amount of Medicaid savings that must be returned to the MDHHS. This amount should be entered as a negative amount.

Section 5.e – Misc.: (please explain)
This row should reflect any amounts due the MDHHS or the PIHP that have not been specifically addressed elsewhere in the CRCS. Enter any amount due the MDHHS as a negative. Enter any amount due the PIHP as a positive.

If the narrative space available on this line is insufficient, please utilize the space available in Section 5 on the Medicaid Contract Settlement Worksheet.

Section 5.f – Misc.: (please explain)
This row should reflect any amounts due the MDHHS or the PIHP that have not been specifically addressed elsewhere in the CRCS. Enter any amount due the MDHHS as a negative. Enter any amount due the PIHP as a positive.

If the narrative space available on this line is insufficient, please utilize the space available in Section 5 on the Medicaid Contract Settlement Worksheet.

Section 5.g – Total Cash Settlement: (Due MDHHS) / Due PIHP
This section represents the total amount due the MDHHS or the PIHP. The cell is formula driven. The formula is the *sum of Forced Lapse to MDHHS (5.a), Lapse to*

MDHHS – Contract Settlement (5.b), Risk Corridor – MDHHS Share (5.c), Return of Prior Year Medicaid Savings (5.d) and Misc. (5.e and 5.f).

5.6 Section 6 – Medicaid MDHHS Commitment

This section of the report recaps the amount of funding committed by the MDHHS for the FY being settled.

Section 6.a – MDHHS / PIHP Medicaid Funded Expenditures
This section recaps the MDHHS funding commitment for Medicaid / Healthy Michigan expenditures based on the total Managed Care (1915(c)/(i), 1115 and Healthy Michigan) capitation. This section is formula driven. The formula is *plus Total Managed Care Capitation (1.a), plus the negative representation of Transfer to Fund Balance – Medicaid Savings Earned (4.a.1), plus the negative representation of Lapse to MDHHS – Contract Settlement (4.a.2).*

Section 6.b – Earned Medicaid Savings
This section recaps the Medicaid Savings earned. This section is formula driven. The formula *is less the negative representation of Transfer to Fund Balance – Medicaid Savings Earned (4.a.1).*

Section 6.c – Sub-Total MDHHS Commitment
This section recaps the MDHHS commitment based on the total Managed Care capitation. This section is formula driven. The formula is the sum of *MDHHS /PIHP Medicaid Funded Expenditures (6.a) and Earned Medicaid Savings (6.b).*

Section 6.d – Risk Corridor – MDHHS Share
This section recaps the MDHHS share of the Risk Corridor. This section is formula driven. The formula is *plus Redirected from Risk Corridor – MDHHS Share (4.b.4).*

Section 6.e – Total MDHHS Medicaid Commitment
This section recaps the total MDHHS Medicaid commitment. This section is formula driven. The formula is *plus Sub-Total MDHHS Commitment (6.c) plus Risk Corridor – MDHHS Share (6.d).*

Section 6.f – General Fund Supplement for Unfunded Medicaid
This section recaps the amount of GF supplementing unfunded Medicaid. This section is formula driven. The formula is *plus Redirected from General Fund (4.b.1).*

5.7 Section 7 – Report Certification

The certification of the CRCS should be completed utilizing the Report Certification form. Please refer to the Report Certification & Electronic Report Submission Guidelines.