Michigan BH Provider Expense Template Training

JULY 28, 2022

Agenda

Background and Introduction

Questions and Answers

Next Steps

Background and Introduction

Survey Purpose and Reporting Timeframes

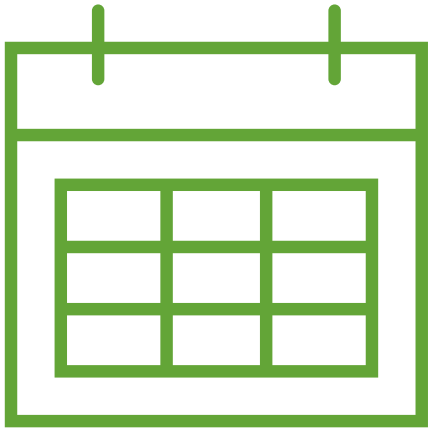
Background Policy 21-39: *"Beginning December 1, 2021 and required annually thereafter, CMHSP/PIHP network behavioral health service providers (providers who contract with PIHPs and CMHSPs) must provide all relevant information for the provision of covered services delivered to Medicaid beneficiaries to MDHHS using standard reporting templates that are provided by MDHHS…all providers who meet a specific expenditure threshold established by MDHHS must submit more detailed information…"*

Survey Purpose: Collect information on contracted behavioral health providers costs at a service level (cost center), to understand the utilization of services, and to capture the direct care hours for licensed residential providers. Costs include those related to direct care and supervisor staffing, employee-related expenses, transportation and administration.

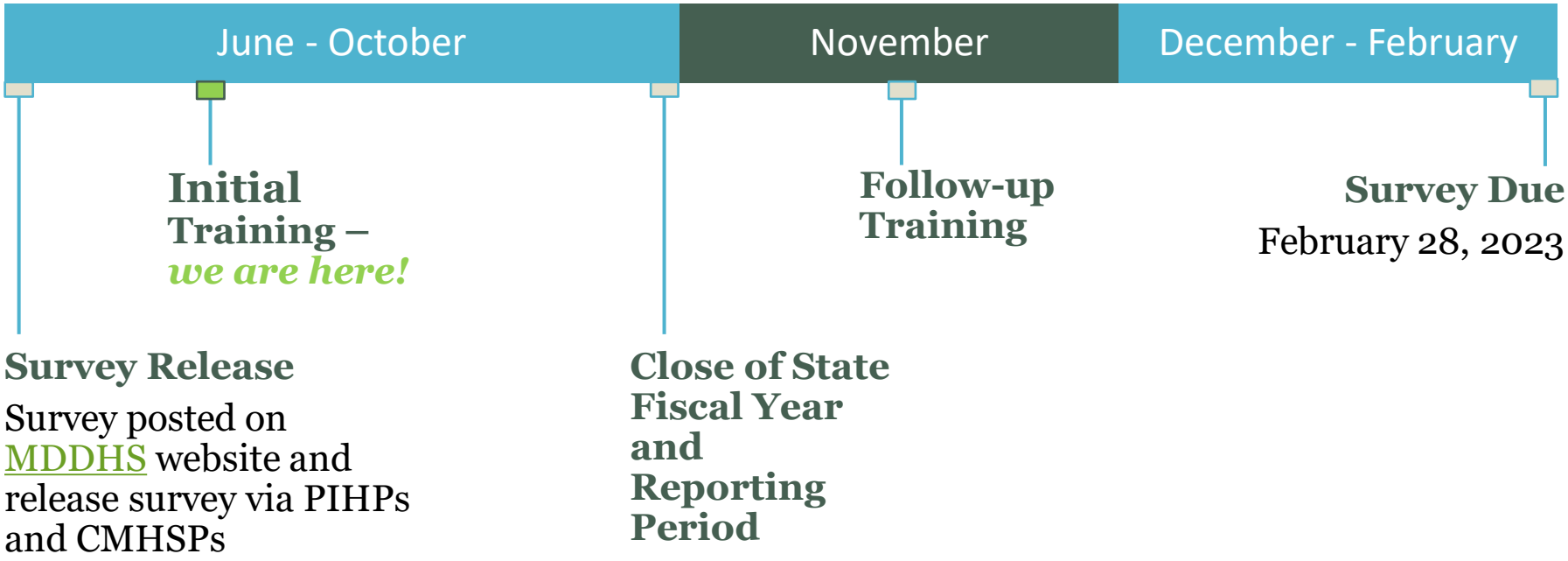
Timeframe for Reporting: October 1, 2021 to September 30, 2022 (SFY 2022)

Respondents: All contracted behavioral health providers with over $1 million in Medicaid expenditures in SFY 2021 (excludes CMHSPs, hospitals, and FQHCs)

Due Date: February 28, 2023



Timeline for the Provider Expense Template



Monthly Question and Answer files will be posted to the MDHHS website and additional training will be added as needed

Provider Support and Training

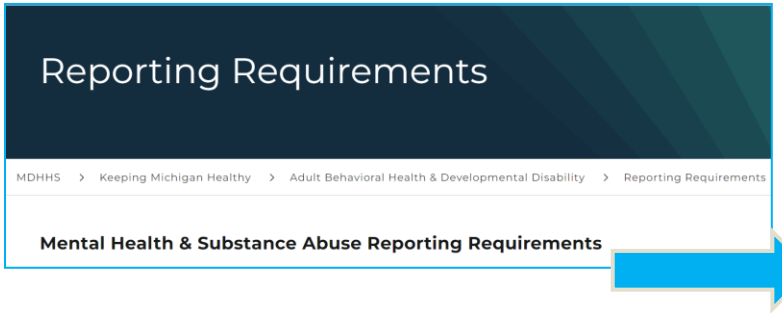
This **training** and presentation is being **recorded** and will be posted on MDHHS' website

Dedicated email for questions (BH.Provider.Survey@milliman.com)

Monthly **FAQs** posted on MDHHS website

Accessing the Provider Expense Template

The Provider Expense Template can be accessed from: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting



Policy 21-39 Reporting Requirements

Overview of BH Fee Schedule Reporting Requirements (updated 03/03/22)

Standard Cost Allocation Model SFY2022

- Standard Cost Allocation Model SFY 2022 Version 1.0 (updated 2/5/22)
- Standard Cost Allocation Model SFY 2022 Version 1.0 w Example Data (updated 2/5/22)
- CMHSP Standard Cost Allocation Model Instructions SFY2022 Version 1.0 (updated 2/5/22)
- PIHP-CMHSP Standard Cost Methodology SFY2022 Version 1.0 (updated 2/5/22)
- Appendix 1 and 2 SFY 2022 Version 1.0 (updated 2/5/22)
- Questions and Answers (updated 3/11/2022)

Contracted Behavioral Health Provider Service Expense Template

- Instructions for Provider Service Expense Survey – *(Updated June 1, 2022)*
- BH Provider Service Expense Survey – *(Updated June 1, 2022)*

FY21 Provider Expense Template Results

Expenditures by Provider

Organizational Crosswalk

Worksheets for Completion, by Medicaid Expenditure Level

MEDICAID EXPENDITURES FROM SFY 2022	WORKSHEET 1 Costs and Attestation	WORKSHEET 2 Service to Utilization and Direct Minutes	WORKSHEET 3 Summary of Provider Costs, >$5 Million	WORKSHEET 4 Summary of Provider Costs, <$5 Million	WORKSHEET 5 Licensed Residential HRS	WORKSHEET 6 Notes
Less than $1 million	*NOT REQUIRED TO COMPLETE THE TEMPLATE*					
Less than $5 million	X			X	X[1]	X
$5 million or more	X	X	X		X[1]	X

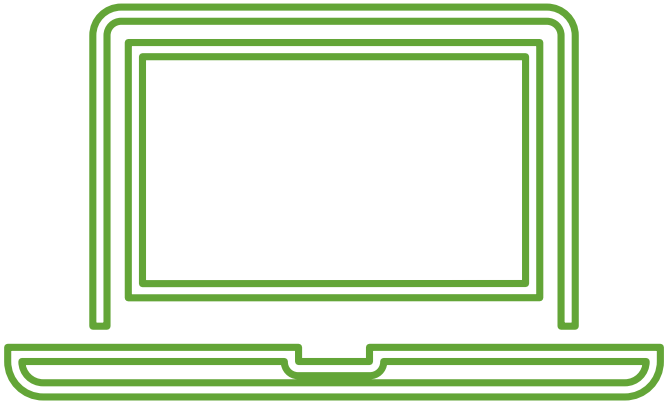
1. Only Providers with more than $1 million Medicaid expenditures who also provide Licensed Residential services are required to completed worksheet 5.

If SFY 2022 Medicaid expenditures are unknown, providers are permitted to base this determination using SFY 2021 reported data. *SFY 2021 Medicaid expenditures by Provider* can be found at this link on MDHHS' website, under Policy 21-39 Report Requirement, FY21 Provider Expense Template Results.

Survey Worksheets Overview

Worksheet	Description
Revenue and Attestation	Includes questions regarding **overall Provider expenditures** and is designed to help the Provider identify if they are required to complete the Template and, if so, which worksheets the Provider should complete. The worksheet also includes an **attestation that the information submitted in the Template is current, complete, accurate, and in compliance with 42 CFR § 438.8 and 2 CFR § 200.**
Service Units & Direct Mins.	Collects the number of **service units** and the **corresponding direct minutes** associated with each service rendered by the Provider. These services are automatically associated with a line of business.
Cost Summary > 5M	Must be completed by a Provider with $**5 million or more in Medicaid expenditures** and collects provider costs by line of business with administrative and program support costs reported separately.
Cost Summary < 5M	Must be completed by a Provider with **$1 million or more in Medicaid expenditures but less than $5 million** and collects Provider costs by major cost category.
Licensed Residential Hours	**Must be completed a Licensed Residential Provider (i.e., delivers H2016/T1020 services) with $1 million or more** in Medicaid expenditures (including expenditures from self-directed arrangements), and collects billed days and staff hours by LARA ID.
Notes	Included for the Provider to document **additional notes or information that may help** MDHHS better understand the reported data.

Provider Expense Template Walk Through



Questions and Answers

Questions and Answers

Q: What is the initial time period for which the Provider Expense Template has to be completed?

A: The time period reported in the current template is for SFY22 (October 1, 2021 – September 30, 2022). MDHHS understands that this is a new report and it may take time for providers to adapt to the reporting requirements. We will solicit feedback at the conclusion of the reporting period on the reporting requirements and how they can be improved in future years.

Q: Where can I find the Provider Expense Template?

A: The final version is posted under the Policy 21-39 section at Reporting Requirements (MDHHS website). A direct link to the Provider Expense Template is here: https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/BH-DD/Reporting-Requirements/BH_Provider_Service_Expense_Survey.xlsx?rev=844e3e172b28447f99f40042ff8b55b1&hash=7315C69F7C26B7180320CAC3BF77DA0E

Q: What is meant by direct minutes?

A: Direct care and/or clinical time spent providing services excluding indirect paperwork time.

Questions and Answers (Continued)

Q: Do the reporting requirements apply to providers supporting individuals in self-determination arrangements with self-directed budgets and fiscal intermediaries?

A: The report requirement is limited to providers with over $1 million in Medicaid expenditures. We do not anticipate a self-directed provider to meet the expenditures threshold; however, if they are over $1 million in Medicaid expenditures, they should complete the Provider Expense Template.

Q: The calculation of direct minutes will be challenging for vocational providers and non-licensed residential providers. Many of the non-licensed residential providers provide supports to individuals on a 24-hour basis.

A: The direct minutes will only be captured for providers with over $5 million in Medicaid revenue. MDHHS expects that most large providers have the technology to report direct minutes for these services.

Q: In numerous settings receiving Medicaid funding in the behavioral health system, individuals are supported through shared staffing. Are the calculations indicated on the expense template provided for each individual supported or in the aggregate?

A: The information reported will be in the aggregate.

Questions and Answers (Continued)

Q: I am reviewing the Expenditures by Provider and Organizational Crosswalk files, and my name is incorrect. What should I do?

A: There are multiple providers with similar names (e.g., *Provider XYC Inc.* and *Provider XYC Inc – UP).* If you believe your name is incorrect, please notify all CMHSPs you are contracted with of your correct organizational name and the corresponding Tax ID(s) (in a protected manner). We will publish an updated organizational crosswalk and expenditures file, closer to the end of SFY 2022, with any updates we are made aware of from providers, CMHSPs, or PIHPs.

Q: My organization had over $1 million in Medicaid expenditures but closed. Do I need to complete the Provider Expense Template?

A: Providers who are no longer providing Medicaid services as of the due date of the Provider Expense Template are not bound by the requirements of Policy 21-39, and therefore do not need to submit the Provider Expense Template.

Q: What worksheets am I required to complete?

A: Please reference Slide 8 and the instructions.

Questions and Answers (Continued)

Q: What are non-allowable costs?
A: **Allowable** costs are based on federal Medicaid regulations are the reasonable costs necessary to provide services to individuals eligible for Medicaid services. Determinations of allowable costs must be consistent with 2 CFR § 200, and in principle, the term "reasonable" relates to the prudent and cost-conscious buyer concept that purchasers of services will seek to economize and minimize costs whenever possible. The term "necessary" relates to the necessity of the service. To be "necessary", it must be a required element for providing care to individuals as specified by the relevant Medicaid authorities. The following are examples of **non-allowable** costs:

- Room and board (including all client-related facility and facility maintenance costs, food, and personal expenses) ·
- Bad debts
- Charitable contributions
- Entertainment costs, including costs of alcoholic beverages
- Federal, state, or local sanctions or fines
- Fund-raising costs

- Q: How do I receive technical assistance?
- A: You can email the Milliman inbox at BH.Provider.Survery@milliman.com and you are also encouraged to check the MDHHS website for updated Question and Answer files, which will be updated monthly.

Next Steps

Next Steps

- Review the instructions and Provider Expense Template
- Submit support questions to BH.Provider.Survey@milliman.com
- Check the MDHHS website for monthly question and answer updates
- Attend the November 2023 follow-up training

Additional Questions

Thank you

Limitations

The services provided for this project were performed under the signed Consulting Services Agreement between Milliman and State of Michigan, Department of Health and Human Services (MDHHS) dated September 13, 2019. The information contained in this presentation has been prepared for the MDHHS to provide documentation and training on the Contracted Behavioral Health Provider Service Expense Template.

The information contained in this presentation has been prepared for MDHHS. It is our understanding that the information contained in this presentation will be shared with providers, CMHSPs, and PIHPs participating in Michigan's Behavioral Health Program. Any distribution of the information should be in its entirety.

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In performing this analysis, we relied on data and other information provided by MDHHS. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. Jeremy Cunningham is a member of the American Academy of Actuaries and meets the qualification standards for performing the analyses in this report.