



# Virtual Presentation

- Welcome to MDHHS Virtual Presentation
- The presentation will begin momentarily
- You may download documents, including this presentation along with the Adobe user guide, from the File Pod located in the upper right hand corner of the webpage
- Within the Web Link Pod you will find the Provider Relations Training Evaluation
- Within the Chat Pod you are welcome to submit your questions during the presentation OR
- A Q&A will be held at the end of the presentation for questions

*Please note: Audio is via your computer speakers.*



# Facility Settlement Training

December 14, 2017

Federally Qualified Health Center (FQHC) &  
Rural Health Clinic (RHC)

**“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”**

**-Provider Relations**

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  - Prepare Cost Report [Slides 15-38](#)
  - Prepare Medicare Cost Report [Slides 39-56](#)

# Provider Resources

- **MDHHS website:** [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders)
- **We continue to update our Provider Resources, just click on the links below:**
  - [Listserv Instructions](#)
  - [Medicaid Alerts and Biller “B” Aware](#)
  - [Provider Tips](#)
  - [Medicaid Provider Training Sessions](#)
  - [CHAMPS Resources](#)
- **Provider Support:**
  - [ProviderSupport@Michigan.gov](mailto:ProviderSupport@Michigan.gov) or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program

# Provider Enrollment

- **\*\*Please Note: The CHAMPS Provider Enrollment screens will be view only from December 22, 2017 – January 2, 2018\*\***
- **Provider Enrollment website:** [http://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_2945\\_42542\\_42543\\_42546-104293--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546-104293--,00.html)
- **Trainings:**
  - [MILogin](#)
  - [Facility/Agency/Organization Enrollment](#)
  - [Rendering/Servicing Provider Enrollment](#)
  - [Domain Administrator Functions](#)
- **SIGMA:**
  - New FAOs must register with SIGMA
  - Please visit: [Michigan.gov/SIGMAVSS](http://Michigan.gov/SIGMAVSS)
- **Provider Enrollment:**
  - [ProviderEnrollment@Michigan.gov](mailto:ProviderEnrollment@Michigan.gov) or (800) 292-2550

# FQHC and RHC Support

- Kristie Pastor, Manager  
Clinic Settlement Section  
Hospital and Clinic Reimbursement Division  
(517) 335-5334

Tricia Ashley	<a href="mailto:AshleyT2@Michigan.gov">AshleyT2@Michigan.gov</a>	517-373-6316
Angie Bailey	<a href="mailto:BaileyA7@Michigan.gov">BaileyA7@Michigan.gov</a>	517-335-3408
Jessica Fandel	<a href="mailto:FandelJ1@Michigan.gov">FandelJ1@Michigan.gov</a>	517-335-5336
Irina Isenga	<a href="mailto:Isengal@Michigan.gov">Isengal@Michigan.gov</a>	517-335-6608
Nancy Kuhlman	<a href="mailto:KuhlmanN@Michigan.gov">KuhlmanN@Michigan.gov</a>	517-241-5956
Kelly Reynolds	<a href="mailto:ReynoldsK9@Michigan.gov">ReynoldsK9@Michigan.gov</a>	517-241-7296
Adam Wiese	<a href="mailto:WieseA@Michigan.gov">WieseA@Michigan.gov</a>	517-335-5341
Bryan Norrix	<a href="mailto:NorrixB1@Michigan.gov">NorrixB1@Michigan.gov</a>	517-241-7239
Corey Hungerford	<a href="mailto:HungerfordC@Michigan.gov">HungerfordC@Michigan.gov</a>	517-241-7151
Kristie Pastor	<a href="mailto:PastorK@Michigan.gov">PastorK@Michigan.gov</a>	517-335-5334

# Facility Settlement

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General Information

# General Information

- Each Facility is required to submit an annual Medicaid Cost Report. The Medicaid Cost Report was developed to support the prospective payment system (PPS) reimbursement in compliance with Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (BIPA) of 2000. The Medicaid Cost Report will be used to collect data required for the facility to receive the PPS rate for services provided to Medicaid, MICHild, and MOMS recipients.
- FQHCs and RHCs must complete the Medicaid Cost Reports online and submit them to the Hospital and Clinic Reimbursement Division (HCRD) through CHAMPS. If a FQHC or RHC does not complete and return the Medicaid Cost Report to HCRD, then the year end cost settlement for the FQHC or RHC will be negatively impacted.
- FQHCs and RHCs must upload documentation related to the Medicaid Cost Report such as the Trial Balance and Medicaid Health Plan contracts.



# General Information

- The Medicaid Cost Report reflects data related to the fee-for-service primary care services claims that are approved through the claims system. In order for this to occur, all FFS primary care services must be submitted and processed through CHAMPS. Every individual provider or electronic biller (the billing agent) receives a remittance advice(RA) for services that are billed. The RA informs the provider of the action taken on claims. It is the responsibility of the facility to monitor claim activity and take appropriate steps to resolve suspended and rejected claims prior to the final reconciliation.
- The Medicaid Cost Report will also be used to collect data directly from CHAMPS related to services which have been provided to beneficiaries through Medicaid Health Plans, Healthy Kids Dental, and/or Prepaid Inpatient Health Plans.
- All payments made to the facility by HCRD will also be reflected on the Medicaid Cost Report. This includes quarterly payments and settlement.

# Facility Settlement

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- Introduction to CHAMPS and the Facility Settlement system
  - [Slides 11-15](#)
- Prepare Cost Report
  - [Slides 15-38](#)

# MI Login for Third Party

Login to your account

User ID

Password

LOGIN

SIGN UP

[Forgot your User ID?](#)

[Forgot your password?](#)

[Need Help?](#)


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- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter <https://milogintp.Michigan.gov> into the search bar
- Enter your User ID and Password
- Click Login

## MILogin for Third Party

[HOME](#)[REQUEST ACCESS](#)[UPDATE PROFILE](#)[SECURITY OPTIONS](#)[CHANGE PASSWORD](#)[LOGOUT](#)

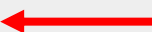
### Home Page

 Your password will expire in **48** days

Access your applications by clicking on the application links below



**Michigan Department of Health & Human Services (MDHHS)**

**CHAMPS** 

- You will be directed to your MILogin home page
- Click the CHAMPS hyperlink

*\*MILogin resource links are listed at the bottom of the page*

**Michigan.gov**

HELP CONTACT US

## Terms & Conditions

### CHAMPS

**Terms & Conditions**

The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type. All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution. By accessing information provided by the Michigan Department of Health & Human Services computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms,

**CANCEL** ✕ **Acknowledge/Agree**

**Michigan.gov**

HOME | HELP | CONTACT US | POLICIES

Copyright 2015-2017 State of Michigan

- Click Acknowledge/Agree to accept the Terms & Conditions to get into CHAMPS



→ Select Domain ▼ \*

→ Select Profile ▼ \*

Select Favorite ▼

- Select the Billing NPI from the Domain dropdown
- Beginning January 2, 2018, providers will be able to choose the applicable FS profile (for example, FS LPHD, FS Clinic, FS LEA, FS ISD, FS THC Clinic, etc.)
- Click Go

**CHAMPS** My Inbox

Quick Find Note Pad **External Links** My Favorites Print Help

MyInbox **Facility Settlement**

### My Reminders

Filter By [ ] And Filter By [ ]

Read Status [ ] Go [ Save Filters ] [ My Filters ]

Alert Type	Alert Message	Alert Date	Due Date	Read	Completed
No Records Found !					

### Notification

- User1 sent you message Yesterday
- User1 sent you message Yesterday
- User1 sent you message Yesterday

### Calendar

09:20 31 October 2017 Tuesday

2017 October

Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

← Today →

### Quick Find

Select [ ] Go

- Once logged in you will be directed to the Provider Portal page
- Click on External Links
- Select Facility Settlement

## MY ACTIVITIES

Prepare Cost Report ☆

Prepare Medicare Cost Report ☆

## SETTLEMENTS

Claims Summary ▸

Settlement Process List ☆

Payments ☆

Provider Portal

## Latest updates

## System Notification

Due to system maintenance, the CHAMPS system will be down between 6:00 PM Saturday, January 9th thru 6:00 PM Sunday, January 10th, 2016. This outage will affect the CHAMPS system access for all functionality

## My Reminders

Filter By ▾

Go

Save Filters

My Filters ▾

Alert Type

Alert Message

Alert Date

Due Date

Read

No Records Found !

## Calendar



11:20

19 October 2017  
Thursday

## 2017 October

Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					
Today						

- Click Facility Settlement
- Select Prepare Cost Report





Close

### Cost Report List

Filter By

And

Filter By

Go

Save Filters

My Filters

Facility ID	Facility Name	Fiscal Year Begin	Fiscal Year End	Cost Report ID	Medicare Cost Report ID	Amend	Version	Due Date	Modified By	Modified Date	Status	Remark	Action
▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
		07/01/2015	06/30/2016			0	0	11/30/2016		09/25/2017	Created		<a href="#">Execute</a>
		07/01/2016	06/30/2017			0	0	11/30/2017		09/25/2017	Created		<a href="#">Execute</a>

View Page: 1

Go

Page Count

SaveToXLS

Viewing Page: 1

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Next

Last

- Click Execute for the most recent fiscal year



Facility ID: Fiscal Year Begin: 07/01/2015  
Facility Name: Fiscal Year End: 06/30/2016  
Cost Report ID: Status: Created

Close Populate Claims Data Calculate Cost Submit Approve Reject

Cost Report Information

### Cost Report WorkSheets

Worksheet Name	Required	Validated	Modified Date	Status
Member Month Counts	No	No	09/25/2017	Created
Primary Eligibility Encounters	Yes	No	09/25/2017	Created
Crossover Encounters	Yes	No	09/25/2017	Created
APM Dental	Yes	No	09/25/2017	Created
Primary Eligibility Payments	Yes	No	09/25/2017	Created
Capitation Payments	No	No	09/25/2017	Created
Crossover Payments	Yes	No	09/25/2017	Created
Other Insurance	Yes	No	09/25/2017	Created
Rates	Yes	No	09/25/2017	Created
Determination Of Liability	Yes	No	09/25/2017	Created

View Page: 1 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

- Click Populate Claims Data

(Please Note: This is only required once prior to making any changes)

**Facility ID:**  
**Fiscal Year Begin:** 07/01/2015  
**Facility Name:**  
**Fiscal Year End:** 06/30/2016  
**Cost Report ID:**  
**Status:** Created

[Close](#)
[Populate Claims Data](#)
[Calculate Cost](#)
[Submit](#)
[Approve](#)
[Reject](#)

[Cost Report Information](#)

## Cost Report WorkSheets

Worksheet Name ▲▼	Required ▲▼	Validated ▲▼	Modified Date ▲▼	Status ▲▼
<a href="#">Member Month Counts</a>	No	No	09/25/2017	Created
<a href="#">Primary Eligibility Encounters</a>			25/2017	Created
<a href="#">Crossover Encounters</a>			25/2017	Created
<a href="#">APM Dental</a>			25/2017	Created
<a href="#">Primary Eligibility Payments</a>			25/2017	Created
<a href="#">Capitation Payments</a>			25/2017	Created
<a href="#">Crossover Payments</a>	Yes	No	09/25/2017	Created
<a href="#">Other Insurance</a>	Yes	No	09/25/2017	Created
<a href="#">Rates</a>	Yes	No	09/25/2017	Created
<a href="#">Determination Of Liability</a>	Yes	No	09/25/2017	Created

Message from webpage  
 Any changes made to the cost report worksheets will be overwritten. Do you want to continue?  
[OK](#) [Cancel](#)

**View Page:** 
[Go](#)
[Page Count](#)
[SaveToXLS](#)

Viewing Page: 1

[First](#)
[Prev](#)
[Next](#)
[Last](#)

- Message will pop-up, "Any changed made to the cost report worksheet will be overwritten. Do you want to continue?"
- Click Ok
- Click Primary Eligibility Encounters

# Definitions:

- **Populate Claims Data** - This will bring up-to-date claim summary details into each cost report. *(Any values previously loaded or overwritten will be replaced)*
- **Calculate Cost** - This will update all the calculated fields across worksheets after any changes have been made.



Facility ID: Fiscal Year Begin: 07/01/2015  
Facility Name: Fiscal Year End: 06/30/2016  
Cost Report ID: Status: In Process

Close Save Validate Validation Errors Comments Complete Review

WorkSheet Information

SaveToXls

Primary Eligibility Encounters

Line	Title	Medicaid	MAGI I	MAGI D	MAGI R	MAGI Q	MAGI P	MiChild	MOMS	Healthy Kids	Comments	Flagged
1	BLUE CROSS COMPLETE MICHILD	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No	No
2	Total	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No	No
3	FFS	77,894.00	9,050.00	312.00	0.00	620.00	2.00	136.00	44.00	68.00	No	No
4	Delta Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No	No

- This worksheet allows providers to manipulate any field not greyed out
- Once the worksheet is complete:
  - Click Save → Validate → Validation Errors

# Definitions:

- **Save** - Updates database and calculates worksheet values.
- **Validate** - Performs validation rules against all saved data.
- **Validation Errors** - Provides a list of errors and warnings. Comments must be added to warnings and errors must be corrected before the cost report can be validated/submitted.
- **Validate and Validation Errors** -  
The Validate button performs the activity, whereas the Validation Error button provides the list to address the variances and errors found.













Facility ID: Fiscal Year Begin: 07/01/2015  
Facility Name: Fiscal Year End: 06/30/2016  
Cost Report ID: Status: In Process

Close View All Errors

### Error List

Filter By And Filter By Go Save Filters My Filters

Worksheet	Line	Description	Field	Value	Prior Year Value	Variance %	Variance Threshold %	Error Type	Error Message	Comments	Flagged	Modified By	Modified Date
▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
Primary Eligibility Encounters	1	BLUE CROSS COMPLETE MICHILD	Medicaid	2	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	Medicaid	77894	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	MAGI I	9050	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	MAGI D	312	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	MAGI Q	620	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	MAGI P	2	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	MiChild	136	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	MOMS	44	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	3	FFS	Healthy Kids	68	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017
Primary Eligibility Encounters	2	Total	Medicaid	2	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017

View Page: 2 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

- After clicking on Validation Errors, the Error List pops-up. Each line represents a variance; two error types;
  - Warning - must be commented upon to explain why the variance is appropriate
  - Error - must be resolved in order for the worksheet to validate
- Click on the Comment Icon to access Comment Detail page

Facility ID:  Fiscal Year Begin: 07/01/2015  
 Facility Name:  Fiscal Year End: 06/30/2016  
 Cost Report ID:  Status: In Process

[Close](#)
[Save](#)
[View History](#)
[View Excluded Health Plans](#)

### Error Detail

**Worksheet:** Primary Eligibility Encounters **Line:** 1  
**Description:** BLUE CROSS COMPLETE MICHILD **Field:** Medicaid  
**Value:** 2 **Prior Year Value:** 0  
**Variance %:** 100 **Variance Threshold %:** 32  
**Error Type:** Warning **Error Message:** Cost exceeds variance threshold

### Comments

**Facility Comments:**   
**Flagged for Rejection:** ☐  
**Auditor Comments:**

### Document List

[Upload Attachment](#)
☒ Inactivate

Filter By  And Filter By  And Operational Flag  Active  Go [Save Filters](#) [My Filters](#)

Document Type	Attachment	Created By	Created Date	Operational Flag
<input type="checkbox"/> ▲▼		▲▼		

No Documents Found !

- Add comments within the Facility Comments sections as to why the variance is appropriate
- Click Save
- Click Upload Attachment



CHAMPS < My Inbox Facility Reference Data Facility Settlement >

https://miloginworker.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

### Upload Attachment

Document Sub-Type: SELECT--\*  
Cost Report Validation

Supporting Document: Browse...

\*(Allowable file extensions - .doc, .docx, .xls, .xlsx, .jpg, .jpeg, .pdf, .tif, .tiff, .gif, .txt, .jpe)

✓ Ok Cancel

- Select Cost Report Validation under Document Sub-Type
- Click Browse; locate the document that will support the Warning Variance
- Click Ok

My Inbox ▾
Facility ▾
Reference Data ▾
Facility Settlement ▾

Provider Portal
Cost Report List
Cost Report WorkSheet
WorkSheet Detail
Error List
Comment Detail

Facility ID:
Facility Name:
Cost Report ID:

Fiscal Year Begin: 07/01/2015
Fiscal Year End: 06/30/2016
Status: In Process

Close
Save
View History
View Excluded Health Plans

Error Detail

Worksheet: Primary Eligibility Encounters
Description: BLUE CROSS COMPLETE MICHILD
Value: 2
Variance %: 100
Error Type: Warning

Line: 1
Field: Medicaid
Prior Year Value: 0
Variance Threshold %: 32
Error Message: Cost exceeds variance threshold

Comments

Facility Comments: Reason why variance is over variance threshold of 32%.
Flagged for Rejection:
Auditor Comments:

Document List

Upload Attachment
Inactivate

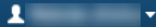
Filter By
And
Filter By
And Operational Flag
Active
Go
Save Filters
My Filters

Document Type	Attachment	Created By	Created Date	Operational Flag
<input type="checkbox"/> Δ ▾	Attachment	▲ ▾		
<input type="checkbox"/> Cost Report	Expenditure Reporting Narrative.docx		11/09/2017	Active

View Page: 1
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First
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Next
Last

- Click Save
- Click Close



Facility ID: Fiscal Year Begin: 07/01/2015  
Facility Name: Fiscal Year End: 06/30/2016  
Cost Report ID: Status: In Process

Close View All Errors

## Error List

Filter By			And		Filter By					Go	Save Filters		My Filters	
Worksheet	Line	Description	Field	Value	Prior Year Value	Variance %	Variance Threshold %	Error Type	Error Message	Comments	Flagged	Modified By	Modified Date	
▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	
Primary Eligibility Encounters	1	BLUE CROSS COMPLETE MICHILD	Medicaid	2	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017	
Primary Eligibility Encounters	3	FFS	Medicaid	77894	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017	
Primary Eligibility Encounters	3	FFS	MAGI I	9050	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017	
Primary Eligibility Encounters	3	FFS	MAGI D	312	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017	
Primary Eligibility Encounters	3	FFS	MAGI Q	620	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017	
Primary Eligibility Encounters	3	FFS	MAGI P	2	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017	
Primary Eligibility Encounters	3	FFS	MICHild	136	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017	
Primary Eligibility Encounters	3	FFS	MOMS	44	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017	
Primary Eligibility Encounters	3	FFS	Healthy Kids	68	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017	
Primary Eligibility Encounters	2	Total	Medicaid	2	0	100	32	Warning	Cost exceeds variance threshold		N		10/30/2017	
View Page: 2		Go	Page Count	SaveToXLS	Viewing Page: 1					First	Prev	Next	Last	

- Click Close



Facility ID: Fiscal Year Begin: 07/01/2015  
Facility Name: Fiscal Year End: 06/30/2016  
Cost Report ID: Status: In Process

Close Save Validate Validation Errors Comments Complete Review

WorkSheet Information

SaveToXls

Primary Eligibility Encounters												
Line	Title	Medicaid	MAGI I	MAGI D	MAGI R	MAGI Q	MAGI P	MiChild	MOMS	Healthy Kids	Comments	Flagged
1	BLUE CROSS COMPLETE MICHILD	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No	No
2	Total	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No	No
3	FFS	77,894.00	9,050.00	312.00	0.00	620.00	2.00	136.00	44.00	68.00	No	No
4	Delta Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No	No

- Some providers might find it helpful to work in Microsoft Excel versus the Facility Settlement (FS) system, in order to do this;
- Click SaveToXls

**Facility ID:** 
**Fiscal Year Begin:** 07/01/2015  
**Facility Name:** 
**Fiscal Year End:** 06/30/2016  
**Cost Report ID:** 
**Status:** In Process

[Close](#)
[Save](#)
[Validate](#)
[Validation Errors](#)
[Comments](#)
[Complete Review](#)

[Worksheet Information](#)

[SaveToXls](#)

### Primary Eligibility

Line	
1	BLUE O COMPL MICHIL
2	Total
3	FFS
4	Delta De

Flagged
No
No
No
No

[Close](#)

[https://miloginworker.michigan.gov](#)

**Internet Explorer**

What do you want to do with  
 Primary\_Eligibility\_Encounters.xlsx?  
 From: miloginworker.michigan.gov

[Open](#)  
 The file won't be saved automatically.

[Save](#)

[Save as](#)

[Cancel](#)

Your request is being processed.

when download is complete.

- Click Open

CNS\ControlServlet [Read-Only] - Excel

Line	Title	Medicaid	MAGI I	MAGI D	MAGI R	MAGI Q	MAGI P	MICHild	MOMS	Healthy Ki	Comment	Flagged
1	BLUE CRO	2	0	0	0	0	0	100	0	0	Yes	No
2	Total	2	0	0	0	0	0	100	0	0	Yes	No
3	FFS	77894	9050	312	0	620	2	136	44	68	Yes	No
4	Delta Den	0	0	0	0	0	0	0	0	0	Yes	No

Primary Eligibility Encounters

- Worksheet opens-up in Microsoft Excel  
(Please Note: providers can only manipulate the fields not greyed out in the Worksheet)
- Providers may choose to copy and paste Microsoft Excel data into the Worksheet



Facility ID: Fiscal Year Begin: 07/01/2015  
Facility Name: Fiscal Year End: 06/30/2016  
Cost Report ID: Status: In Process

Close Save Validate Validation Errors Comments Complete Review

Worksheet Information

SaveToXls

Primary Eligibility

Line	Tr
1	BLUE C COMPL MICHIL
2	Total
3	FFS
4	Delta De

Close

Your request is being processed. Please use Close button to close window when download is complete.

Flagged
No
No
No
No

- Click Close



Facility ID: Fiscal Year Begin: 07/01/2015  
Facility Name: Fiscal Year End: 06/30/2016  
Cost Report ID: Status: In Process

Close Save Validate Validation Errors Comments Complete Review

WorkSheet Information

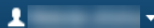
SaveToXls

Primary Eligibility Encounters

Line	Title	Medicaid	MAGI I	MAGI D	MAGI R	MAGI Q	MAGI P	MiChild	MOMS	Healthy Kids	Comments	Flagged
1	BLUE CROSS COMPLETE MICHILD	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No	No
2	Total	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No	No
3	FFS	77,894.00	9,050.00	312.00	0.00	620.00	2.00	136.00	44.00	68.00	No	No
4	Delta Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	No	No

- Click Save
- Click Validate
- Click Close





Facility ID:

Fiscal Year Begin: 07/01/2015

Facility Name:

Fiscal Year End: 06/30/2016

Cost Report ID:

Status: In Process

Close Populate Claims Data Calculate Cost Submit Approve Reject

Cost Report Information

### Cost Report WorkSheets

Worksheet Name ▲▼	Required ▲▼	Validated ▲▼	Modified Date ▲▼	Status ▲▼
Member Month Counts	No	No	09/25/2017	Created
Primary Eligibility Encounters	Yes	Yes	10/30/2017	Validated
Crossover Encounters	Yes	No	10/30/2017	Created
APM Dental	Yes	No	11/08/2017	Created
Primary Eligibility Payments	Yes	No	11/08/2017	Created
Capitation Payments	No	No	09/25/2017	Created
Crossover Payments	Yes	No	11/08/2017	Created
Other Insurance	Yes	No	11/08/2017	Created
Rates	Yes	No	09/25/2017	Created
Determination Of Liability	Yes	No	09/25/2017	Created

View Page: 1 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

- Click Crossover Encounters



Facility ID: Fiscal Year Begin: 07/01/2015  
Facility Name: Fiscal Year End: 06/30/2016  
Cost Report ID: Status: In Process

Close Save Validate Validation Errors Comments Complete Review

Worksheet Information

SaveToXls

### Crossover Encounters

Line	Title	Medicaid	MAGI I	MAGI D	MAGI R	MAGI Q	MAGI P	MIChild	MOMS	Healthy Kids	Comments	Flagged
1	BLUE CROSS COMPLETE MICHILD	0	0	0	0	0	0	0	0	0	No	No
2	Total	0	0	0	0	0	0	0	0	0	No	No
3	FFS	8	0	0	0	0	0	0	0	0	Yes	No
4	Delta Dental	0	0	0	0	0	0	0	0	0	No	No

- This is the Crossover Encounters worksheet
- Follow the same instructions as the Primary Eligibility Encounters worksheet
- Continue to go through each required worksheet until you have reached the Rate worksheet



Facility ID: Fiscal Year Begin: 07/01/2015  
Facility Name: Fiscal Year End: 06/30/2016  
Cost Report ID: Status: In Process

Close Populate Claims Data Calculate Cost Submit Approve Reject

Cost Report Information

### Cost Report WorkSheets

Worksheet Name	Required	Validated	Modified Date	Status
Member Month Counts	No	No	09/25/2017	Created
Primary Eligibility Encounters	Yes	Yes	10/30/2017	Validated
Crossover Encounters	Yes	Yes	10/30/2017	Validated
APM Dental	Yes	Yes	11/08/2017	Validated
Primary Eligibility Payments	Yes	Yes	11/08/2017	Validated
Capitation Payments	No	No	09/25/2017	Created
Crossover Payments	Yes	Yes	11/08/2017	Validated
Other Insurance	Yes	Yes	11/08/2017	Validated
Rates	Yes	No	09/25/2017	Created
Determination Of Liability	Yes	No	09/25/2017	Created

View Page: 1 Go Page Count SaveToXLS

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First Prev Next Last

- Once you get to the Rates worksheet, click Calculate Cost
  - This will validate the Rates worksheet
- Click Determination Of Liability worksheet and validate



Facility ID: Fiscal Year Begin: 07/01/2015  
Facility Name: Fiscal Year End: 06/30/2016  
Cost Report ID: Status: In Process

Close Populate Claims Data Calculate Cost **Submit** Approve Reject

Cost Report Information

### Cost Report Worksheets

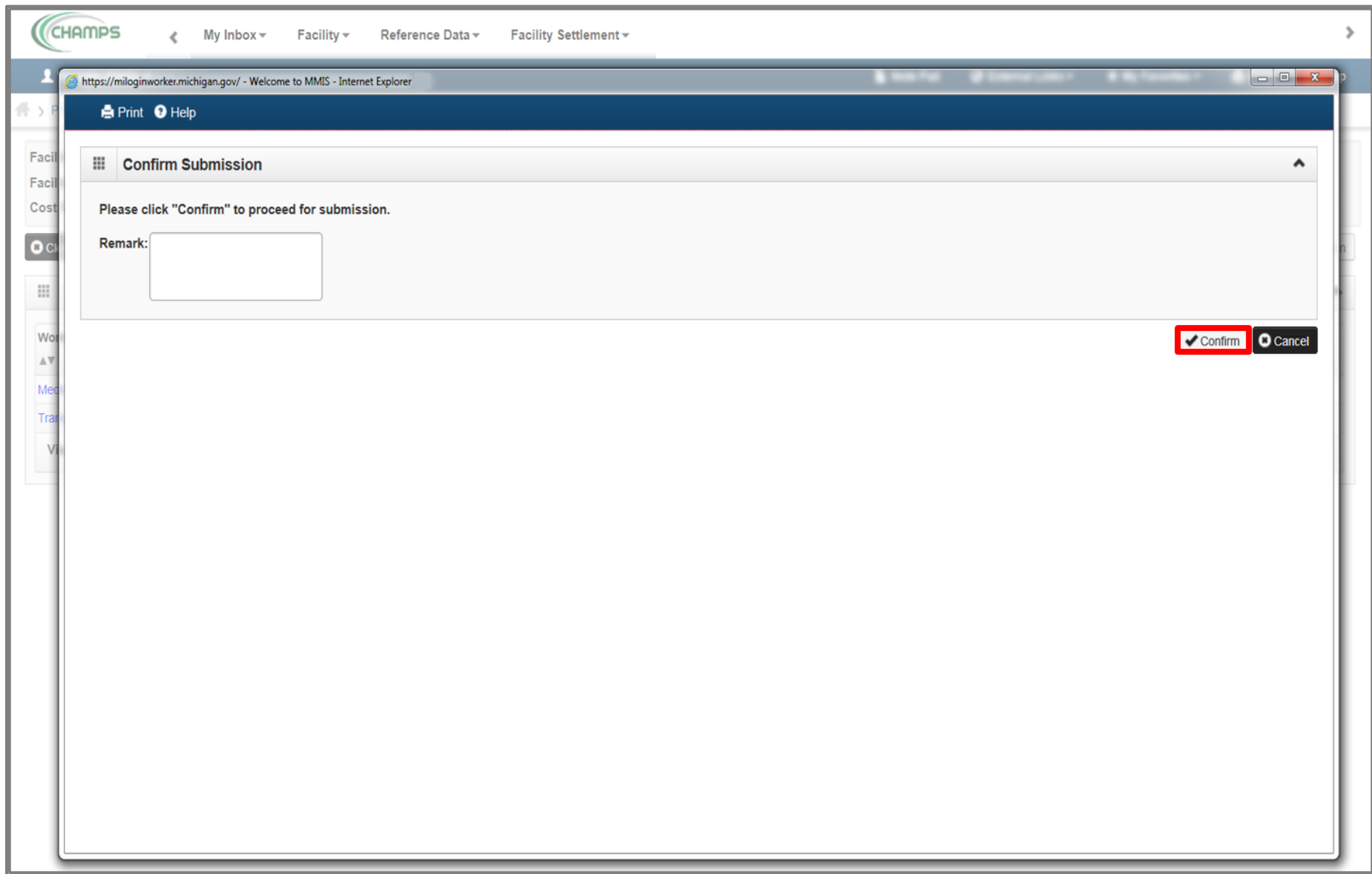
Worksheet Name ▲▼	Required ▲▼	Validated ▲▼	Modified Date ▲▼	Status ▲▼
Member Month Counts	No	No	09/25/2017	Created
Primary Eligibility Encounters	Yes	Yes	10/30/2017	Validated
Crossover Encounters	Yes	Yes	10/30/2017	Validated
APM Dental	Yes	Yes	11/08/2017	Validated
Primary Eligibility Payments	Yes	Yes	11/08/2017	Validated
Capitation Payments	No	No	09/25/2017	Created
Crossover Payments	Yes	Yes	11/08/2017	Validated
Other Insurance	Yes	Yes	11/08/2017	Validated
Rates	Yes	Yes	09/25/2017	Validated
Determination Of Liability	Yes	Yes	09/25/2017	Validated

View Page: 1 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

- Once all required worksheets have a status of validated, click Submit



- Click Confirm to proceed (remarks optional)



Facility ID: Fiscal Year Begin: 07/01/2015  
Facility Name: Fiscal Year End: 06/30/2016  
Cost Report ID: Status: Submitted

Close Populate Claims Data Calculate Cost Submit Approve Reject

Cost Report Information

### Cost Report Worksheets

Worksheet Name ▲▼	Required ▲▼	Validated ▲▼	Modified Date ▲▼	Status ▲▼
Member Month Counts	No	No	09/25/2017	Submitted
Primary Eligibility Encounters	Yes	Yes	10/30/2017	Submitted
Crossover Encounters	Yes	Yes	10/30/2017	Submitted
APM Dental	Yes	Yes	11/08/2017	Submitted
Primary Eligibility Payments	Yes	Yes	11/08/2017	Submitted
Capitation Payments	No	No	09/25/2017	Submitted
Crossover Payments	Yes	Yes	11/08/2017	Submitted
Other Insurance	Yes	Yes	11/08/2017	Submitted
Rates	Yes	Yes	09/25/2017	Submitted
Determination Of Liability	Yes	Yes	09/25/2017	Submitted

View Page: 1 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

- Cost Report Status will show as Submitted
- Click Close

# Facility Settlement

---

- Prepare Medicare Cost Report
  - [Slides 40-56](#)

**CHAMPS** My Inbox Facility Reference Data **Facility Settlement**

Provider Portal

**MY ACTIVITIES**

- Review Medicare Cost Report
- Prepare Cost Report
- Prepare Medicare Cost Report

**SETTLEMENTS**

- Claims Summary
- Settlement Process List
- Payments

**Latest updates**

**System Notification**

**Document Management Portal (DMP)** archival documents function will be unavailable and CHAMPS view will be unavailable from 11/22/2016 at 6:00 PM until 01/24/2016 at 11:59 PM . Other CHAMPS online functionality will be available during this period.

**Calendar**

08:37 13 November 2017 Monday

**2017 November**

Mo	Tu	We	Th	Fr	Sa	Su
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			
←		Today		→		

**My Reminders**

Filter By [ ] [ ] [Go] [Save Filters] [My Filters]

Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼
No Records Found !				

- Click on Facility Settlement
- Select Prepare Medicare Cost Report





Close View Medicare PDF View Medicare Cost Report Data

Medicare Cost Report List														
Filter By		And		Filter By		Go		Save Filters		My Filters				
Facility ID	Facility Name	Fiscal Year Begin	Fiscal Year End	Medicare Cost Report ID	Cost Report ID	Amend	Version	Due Date	Modified By	Modified Date	Status	EC File Status	Remarks	Action
<input type="checkbox"/>														
<input type="checkbox"/>		07/01/2016	06/30/2017			0	0	11/30/2017		11/28/2017	Created	In Process		Execute
View Page: 1		Go		Page Count		SaveToXLS		Viewing Page: 1		First Prev Next Last				

- Click Execute for the most recent fiscal year



Facility ID: Fiscal Year Begin: 07/01/2016  
Facility Name: Fiscal Year End: 06/30/2017  
Medicare Cost Report ID: Status: In Process

Close Add Validate

Medicare Cost Reports

Filter By And Filter By And Operational Flag Active Go Save Filters My Filters

Document Type	Attachment	Created Date	Modified By	Modified Date	Validation Date	Status	Operational Flag	Validation Results
▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼

No Records Found !

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

- Click Add

Facility ID:   
Facility Name:   
Medicare Cost Report ID:

Close Add Validate

## Medicare Cost Report

Filter By

Document Type

View Page: 1

Print Help

## Upload Medicare Cost Report

Facility ID:

Fiscal Year Begin: 07/08/2016

Fiscal Year End: 07/07/2017

☒ Upload New File

☐ Use Prior File

Document Type: Medicare Cost Report

Upload File:  **Browse...**

**Ok** Cancel

- Select Upload New File
- Select Medicare Cost Report from the Document Type drop-down
- Click Browse, locate document
- Click Ok

# Medicare File Naming Requirements

- **FQHC:**
  - FQ Medicare Number. 2 digit year A # of amend level
  - FQXXXXXX.YYa#
- **RHCI:**
  - RFXXXXXX.YYa#



Facility ID: Fiscal Year Begin: 07/01/2016  
Facility Name: Fiscal Year End: 06/30/2017  
Medicare Cost Report ID: Status: In Process

Close Add Validate

### Medicare Cost Reports

Filter By And Filter By And Operational Flag Active Go Save Filters My Filters

Document Type	Attachment	Created Date	Modified By	Modified Date	Validation Date	Status	Operational Flag	Validation Results
<input type="checkbox"/> ▲▼ <input type="checkbox"/> Medicare Cost Report	FQ 17A.txt	11/28/2017		11/28/2017		File Uploaded	Active	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

- Select the Document Type
- Click Validate

Facility ID: [REDACTED]

Fiscal Year Begin: 07/01/2016

Facility Name: [REDACTED]

Fiscal Year End: 06/30/2017

Medicare Cost Report ID: [REDACTED]

Status: In Process

Close Add Validate

## Medicare Cost Reports

Filter By [v] [ ] And Filter By [v] [ ] And Operational Flag Active [v] Go Save Filters My Filters

Document Type	Attachment	Created Date	Status	Operational Flag	Validation Results
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
<input checked="" type="checkbox"/> Medicare Cost Report	FQ [REDACTED] 17A.txt	11/28/2017	File Uploaded	Active	[REDACTED]
View Page: 1	Go	Page Count	SaveToXLS	First	Prev
				Next	Last

Message from webpage

Validation Process Initiated. It may take some time. Please close the application and come back later if the status displays "In Progress".

OK

- Validation Process Initiated
- Click Ok



Facility ID: Fiscal Year Begin: 07/01/2016  
Facility Name: Fiscal Year End: 06/30/2017  
Medicare Cost Report ID: Status: In Process

Close Add Validate

### Medicare Cost Reports

Filter By And Filter By And Operational Flag Active Go Save Filters My Filters

Document Type	Attachment	Created Date	Modified By	Modified Date	Validation Date	Status	Operational Flag	Validation Results
Medicare Cost Report	FQ 17A.txt	11/28/2017		11/28/2017	11/28/2017	Validation Initiated	Active	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

- Validation has been initiated

(Please Note: If the Status does not update to Validation Successful or Validation Failed providers may need to log out and log back in.)



Facility ID: Fiscal Year Begin: 01/01/2016  
Facility Name: Fiscal Year End: 12/31/2016  
Medicare Cost Report ID: Status: In Process

Close Add Validate

Medicare Cost Reports								
Filter By			And	Filter By		And Operational Flag	Active	Go
								Save Filters My Filters
Document Type	Attachment	Created Date	Modified By	Modified Date	Validation Date	Status	Operational Flag	Validation Results
Medicare Cost Report	FQ245134.ec	07/25/2017		07/25/2017		Validation Successful	Active	
View Page: 1		Go	Page Count	SaveToXLS	Viewing Page: 1		First	Prev Next Last

- Screen shot of a successful validation
- Click Close
- If validation had failed;
  - Click on the Validation Results icon





Facility ID: Fiscal Year Begin: 07/01/2016  
Facility Name: Fiscal Year End: 06/30/2017  
Medicare Cost Report ID: Status: In Process

Close

Validation Details

Filter By

And

Filter By

And

Active

Go

Save Filters

My Filters

Run ID	Status	Modified By	Modified Date	Operational Flag	Comments
▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
44	Successful		11/28/2017	Active	

View Page:

1

Go

Page Count

SaveToXLS

Viewing Page: 1

First

Prev

Next

Last

- To view errors, click on each individual run ID  
(Please Note: If the file was successfully validated their will be no errors to view.)



## Error Details



Error Type ▲▼	Error Number ▲▼	Error Description ▲▼
File Validation	10655	The cost center code (positions 21-25)(Type 2 records) must be (*) a code from Table 5, Cost Center Coding, and each cost center code must be unique. The following is invalid: 35 OTHER SPECIAL CARE 03104
Data Validation	90110	The Medicare Number on the Medicare Cost Report uploaded does not match the Medicare Number of the Facility
<div> View Page: <input type="text" value="1"/> <input type="button" value="Go"/> <input type="button" value="Page Count"/> <input type="button" value="SaveToXLS"/> <div>Viewing Page: 1</div> <div> <input type="button" value="« First"/> <input type="button" value="◀ Prev"/> <input type="button" value="Next ▶"/> <input type="button" value="Last »"/> </div> </div>		

- Errors listed for a failed validation report
- Click Ok

**Facility ID:** 
**Fiscal Year Begin:** 07/01/2016  
**Facility Name:** 
**Fiscal Year End:** 06/30/2017  
**Medicare Cost Report ID:** 
**Status:** In Process

Close

Validation Details

Filter By		And	Filter By		And	Active	Go	Save Filters	My Filters
Run ID	Status	Modified By	Modified Date	Operational Flag	Comments				
▲▼	▲▼	▲▼	▲▼	▲▼	▲▼				
44	Successful	<span style="background-color: #cccccc; padding: 2px 10px;"></span>	11/28/2017	Active	<div> </div>				
View Page: 1		Go	Page Count	SaveToXLS	Viewing Page: 1				
					<< First                     < Prev                     Next >                     >> Last				

- For a failed validation report;
- Click on the Comments icon



Facility ID: Fiscal Year Begin: 07/01/2016  
Facility Name: Fiscal Year End: 07/01/2016  
Medicare Cost Report ID: Status: In Process

Close Save Submit

### Comment Detail

Note: Please only submit the errors that cannot be resolved.

Comments: \*

### Comment List

Filter By And Filter By Go Save Filters My Filters

Facility Comments	Auditor Comments	Modified By	Modified Date
▲▼	▲▼	▲▼	▲▼

No Records Found !

- Enter in a comment as it pertains to the error for the Medicare Auditor to review
- Click Save



MyInbox Medicare Cost Report List Medicare Cost Reports Validation Details Comment Details

Facility ID: Fiscal Year Begin: 07/01/2016  
Facility Name: Fiscal Year End: 07/01/2016  
Medicare Cost Report ID: Status: In Process

Close Save Submit

Note: Please only submit the errors that cannot be resolved.

Comments: Testing \*

Comment List

Filter By And Filter By Go Save Filters My Filters

Facility Comments

Auditor Comments

Modified By

Modified Date

<input type="checkbox"/>				
<input checked="" type="checkbox"/>	Testing			11/28/2017

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

- Click on the record you wish to submit to the Medicare Auditor
- Click Submit
- Click Close



Facility ID: Fiscal Year Begin: 07/01/2016  
Facility Name: Fiscal Year End: 06/30/2017  
Medicare Cost Report ID: Status: In Process

Close

Validation Details

Filter By And Filter By And Active Go Save Filters My Filters

Run ID	Status	Modified By	Modified Date	Operational Flag	Comments
44	Successful		11/28/2017	Active	

- Click Close



Facility ID: Fiscal Year Begin: 01/01/2016  
Facility Name: Fiscal Year End: 12/31/2016  
Medicare Cost Report ID: Status: In Process

Close Add Validate

Medicare Cost Reports								
Filter By			And	Filter By		And Operational Flag	Active	Go
								Save Filters My Filters
Document Type	Attachment	Created Date	Modified By	Modified Date	Validation Date	Status	Operational Flag	Validation Results
<input type="checkbox"/> Medicare Cost Report	FQ245134.ec	07/25/2017		07/25/2017		Validation Successful	Active	
View Page: 1		Go	Page Count	SaveToXLS	Viewing Page: 1		First	Prev
							Next	Last

- Click Close

My Inbox
Facility
Reference Data
Facility Settlement

Close
View Medicare PDF
View Medicare Cost Report Data

### Medicare Cost Report List

Filter By
And
Filter By
Go
Save Filters
My Filters

Facility ID	Facility Name	Fiscal Year Begin	Fiscal Year End	Medicare Cost Report ID	Cost Report ID	Amend	Version	Due Date	Modified By	Modified Date	Status	EC File Status	Remarks	Action
		07/01/2016	06/30/2017			0	0	11/30/2017		11/28/2017	File Associated	Validation Successful		Execute

View Page: 1
Go
Page Count
SaveToXLS
Viewing Page: 1
First
Prev
Next
Last

- Medicare Cost Report has been submitted
- Providers can click on View Medicare PDF or View Medicare Cost Report to review Medicare cost report details



# Final Steps

- After the Cost Report is submitted, the status will show submitted ([Slide 38](#)).
- When the auditor begins review, the status will update to 'In Review'.
- After the auditor completes review, the status will update to either Approved or Rejected.
- View the status of a Cost Report via the Settlement Process List under the Facility Settlement tab.
- Providers will receive an email notification with the Approved or Rejected Cost Report status once completed by the auditor.
- Cost Report questions should be directed to your auditor.

# Questions?

