



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 20, 2017

Tribal Health Center (THC)

“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

Table of Contents

- Provider Resources
- Provider Enrollment
- THC Support
- Facility Settlement
 - General Information [Slides 7-8](#)
 - Introduction to CHAMPS and the Facility Settlement system [Slides 9-14](#)
 - Prepare Cost Report [Slides 14-37](#)

Provider Resources

- **MDHHS website:** 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 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
- **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
- **Provider Enrollment:**
 - ProviderEnrollment@Michigan.gov or (800) 292-2550

THC Support

- Jessica Fandel, Senior Auditor
Clinic Settlement Section
Hospital and Clinic Reimbursement Division
(517) 335-5336
- Kristie Pastor, Manager
Clinic Settlement Section
Hospital and Clinic Reimbursement Division
(517) 335-5334

Facility Settlement

General Information

General Information

- Each Facility is required to file 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.
- **THCs are not required to submit a Cost Report;** however, the Facility Settlement system will automatically submit a cost report once the due date has elapsed.
- The Facility Settlement system is meant to be a tool for THCs to use. In the case that a facility does choose to use the Facility Settlement system for cost settlement purposes please follow the succeeding slides.

Facility Settlement

- Introduction to CHAMPS and the Facility Settlement system
 - [Slides 10-14](#)
- Prepare Cost Report
 - [Slides 14-35](#)

MILogin 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

MILogin for Third Parties

HOME REQUEST ACCESS

Your password will expire in 30 days

Access your applications by clicking on the application icon

MDHHS Michigan Department of Health & Human Services

CHAMPS

Terms & Conditions

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CANCEL X Acknowledge/Agree

Michigan.gov

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- 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

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

Provider Portal

MY ACTIVITIES

- Prepare Cost Report

SETTLEMENTS

- Claims Summary
- Settlement Process List
- Payments

System Notification

Document Management Portal (DMP) will be unavailable and CHAMPS view archival documents function 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.

My Reminders

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

Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼

No Records Found !

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		→		

- 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		Execute
		07/01/2016	06/30/2017			0	0	11/30/2017		09/25/2017	Created		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: 07/01/2015
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

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First Prev Next Last

- Click Populate Claims Data

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

Facility ID: XXXXXXXXXX
Fiscal Year Begin: 07/01/2015
Facility Name: XXXXXXXXXX
Fiscal Year End: 06/30/2016
Cost Report ID: XXXXXXXXXX
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			25/2017	Created
Crossover Encounters			25/2017	Created
APM Dental			25/2017	Created
Primary Eligibility Payments			25/2017	Created
Capitation Payments			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

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

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

- Message will pop-up, “Any changes 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 return 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

CHAMPS < My Inbox ▾ Facility ▾ Reference Data ▾ Facility Settlement ▾ >

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

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

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

 ☒ Inactivate

Filter By ▾ And Filter By ▾ And Operational Flag Active ▾

 ▾ 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 ▾		▲ ▾		
<input type="checkbox"/> Cost Report	Expenditure Reporting Narrative.docx		11/09/2017	Active

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- 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

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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

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

Flagged
No
No
No
No

Close

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

- 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

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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

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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](#)
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[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

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

Confirm Submission

Please click "Confirm" to proceed for submission.

Remark:

- 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
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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

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- Cost Report Status will show as Submitted
- Click Close

Final Steps

- After the Cost Report is submitted, the status will show submitted ([Slide 37](#)).
- When the MDHHS 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?

