

Print

DEPARTMENT OF PUBLIC WELFARE
COMMUNITY-BASED MEDICAID INITIATIVES
COST SETTLEMENT REPORT (CSR)

HEADER DATA:

INTERIM _____
FINAL _____

COUNTY/JOINDER: _____ OPERATED BY: FISCAL YEAR: 2003-04
PROVIDER NAME: _____ COUNTY: PROGRAM: _____
PROVIDER TYPE: _____ SERVICE ACTIVITY: _____
PROVIDER ID # (MPI): _____ PROVIDER: REVISION #: _____
PROV SVC LOC #: _____

1. Service Delivery Analysis

	Actual Units	Budgeted Units	Budgeted Expenditures \$0
a. MA (FFP) Eligible Units	0	0	Approved Billable Rate(s) \$0.00
b. Non-MA (Non-FFP) Units	0	0	
c. Combined Units	0	0	

2. Expenditures

a. Total Program Expenditures \$0
 b. Less: Retained Revenue Allowance - \$0
 c. Less: Other Expenses Not Allowable for Federal Reimbursement - \$0
 d. Expenditures Eligible for DPW State/Fed Participation \$0

3. Revenues

(1) PROMISE Federal Revenue \$0
 (2) Match Funds for 3(1) \$0
 (3) Revenues Supporting Non-FFP Units \$0
 a. Net Program Revenues (1+2+3) \$0
 b. Revenues Supporting Expenditures from 2b & 2c + \$0
 c. Total Program Revenues \$0

4. Expenditures Minus Revenues (2d-3a) Underpayment / (Overpayment) \$0

5. Service Delivery

	Actual Units	Actual Rate	Reconciled Revenues
a. MA (FFP) Eligible Units	0	x \$0.0000	= <u>\$0</u>
b. Non-MA (Non-FFP) Units	0	x (2d/5c Units)	= <u>\$0</u>
c. Combined Units	0	x (round to 4 dec.)	= <u>\$0</u>

6. Reconciliation

a. FFP \$0 - \$0 = \$0
 (5a) 3(1) + 3(2)
 b. Non-FFP \$0 - \$0 = \$0
 (5b) 3(3)

7. State/Federal Split of Difference:

a. FFP \$0 x .5771 = \$0
 (6a) Federal - Underpayment (Overpayment)
 b. FFP \$0 x .4229 = \$0
 (6a) State - Underpayment (Overpayment)
 c. Non-FFP \$0 x 1.00 = \$0
 (6b) State - Underpayment (Overpayment)

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8. Reconciliation Recap

Overpayment			
a.	_____	PROMISe Gross Adjustment Requested	_____ \$0
Underpayment			
b.	_____	PROMISe Gross Adjustment Requested to Initiate Payment Complete State Match Verification	_____
c.	_____	No PROMISe Gross Adjustment Requested; State match unavailable in current fiscal year	

STATE MATCH VERIFICATION		
<u>PROVIDER INFORMATION</u>		
Provider Name:		
Provider MA ID Number:		
Provider Location Number:		
Service Activity:		
Service Dates:	July 1, 2003 through June 30, 2004	
State Match Paid:		
Signature	Title	Date

Signature and Title of Person Completing CSR	Name of Provider	Date
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Signature and Title of Person Reviewing and Accepting CSR	Name of County/Joinder	Date
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I certify that the interim reconciliation of the rate negotiated for this Medicaid Initiative for the period shown is true and correct to the best of my knowledge, and is reflective of accrued Medicaid revenues, and minimal service delivery requirement as prescribed by the Department.

County MH/MR Administrator Signature	Date
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CSR SUMMARY

A. Total Program Expenditures (2a)		_____	\$0
B1. PROMISe Federal Revenue Reported on line 3(1)		_____	\$0
B2. PROMISe gross adjustment requested (section 8)		_____	\$0
B. Total Adjusted MA revenue (B1 + B2)		_____	\$0
C. Other revenue (A minus B)		_____	\$0

COST SETTLEMENT REPORT (CSR) INSTRUCTIONS

SELECT INTERIM OR FINAL.
SELECT COUNTY OR PROVIDER OPERATED.

HEADER DATA:

ENTER COUNTY/JOINDER NAME
ENTER PROVIDER NAME; ENTER "SAME" IF COUNTY-OPERATED
ENTER PROVIDER TYPE
ENTER PROVIDER ID# (MPI)
ENTER PROVIDER SERVICE LOCATION (Prov Svc Loc)
ENTER FISCAL YEAR 03-04 IF NOT ALREADY ENTERED
ENTER PROGRAM: OMH OR OMR
ENTER REVISION # IF THIS IS A REVISED FORM
ENTER SERVICE ACTIVITY; ONE OF THE FOLLOWING CODES:

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PROGRAM</u>
IC	INTENSIVE CASE MANAGEMENT	(OMHSAS ONLY)
FB	FAMILY BASED MH SERVICES	(OMHSAS ONLY)
CI	MH CRISIS INTERVENTION SERVICES	(OMHSAS ONLY)
RC	RESOURCE COORDINATION	(OMHSAS ONLY)
TSM	TARGETED SERVICES MANAGEMENT	(OMR ONLY)

NOTE: All amounts and percentages reported should be rounded to the nearest whole dollar, except for Item 5, Actual Rate computation based on cost which will be rounded to 4 decimals (ex: \$24.6837).

1. Service Delivery Analysis

- a. Enter Actual and Budgeted Units provided for MA (FFP) eligible services.
- b. Enter Actual and Budgeted Units provided for Non-MA (Non-FFP) eligible services.
- c. Combined Total of Actual and Budgeted Units is calculated for you.
- d. Enter Budgeted Expenditures and approved Billable Rates. Budget information is representative of the service entities rate setting process.

2. Expenditures

- a. Enter total program expenditures. **Do not include expenditures associated with a Managed Care Organization (MCO).** Do not include program funded expenditures or startup costs unless included in the rate setting package.
- b. Enter retained revenue allowance.
- c. Enter expenditures not reimbursable according to Federal regulations. For OMHSAS programs, this would include only the State Reimbursable Costs listed in the rate-setting package for each service activity.
- d. The difference of (2a - 2b - 2c) to determine net expenditures eligible for DPW State/Federal participation (total Federally allowable costs) is calculated for you.

3. Revenues

- (1) PROMISe Federal Revenue: Enter the amount of received, invoiced, and accrued Federal Medicaid revenues.
- (2) Match Funds: Enter the amount of match funds supporting MA eligible service units. Match funds may be representative of allocated State grant funds, contracted CHIPF funds, county match, interest or a combination thereof.

Supporting Calculation: Federal revenues divided by the applicable Federal Medical Assistance Percentage (FMAP) equals total State and Federal participation. This result minus the amount of Federal revenues equals the match portion. The match portion is identified on the State Match Verification (SMV) documents.

Example:

	<u>7/1/03 - 9/30/03</u>	<u>10/1/04 - 6/30/04</u>
Federal revenues earned	\$ 60,000	\$ 80,000
Divided by FMAP	÷ .5764	÷ .5771
Total St./Fed. Participation	\$104,094	\$138,624
Minus Federal revenues	- 60,000	- 80,000
Match Requirements	<u>\$ 44,094</u>	<u>\$ 58,624</u>

- (3) Revenues Supporting Non-FFP Unit: Enter the amount of revenue supporting federal allowable costs for MA ineligible (Non-FFP) service units. The revenues may be a representative of allocated State grant funds, contracted CHIPF funds, county match, interest or a combination thereof.
- The total of net program revenues (1+2+3) supporting Federally allowable costs, subject to reconciliation, will be calculated for you.
 - The amount of Other Revenue sources supporting non-Federally allowable costs reported on lines 2b and 2c will be calculated for you. Other Revenue sources may be representative of State funds, county match, interest, VA income, restricted grants, and retained revenue.
 - Total Program Revenues will be calculated for you. This is the total of 3a + 3b. **Do not include revenues associated with an MCO.**

4. Expenditures Minus Revenues

The difference of (2d - 3a) to determine underpayment/overpayment will be calculated for you.

5. Service Delivery

Actual Units (the same as Item 1) will be entered for you.

Actual Rate will be entered for you (2d divided by Combined Units, Item 5c) rounded to four decimal places.

Reconciled Revenues (Actual Units times Actual Rate for 5a, 5b, and 5c) will be entered for you.

6. Reconciliation

- a. MA (FFP) Eligible: The Reconciled Revenues from **Item 5a** and Actual Revenues from **Items 3(1) + 3(2)** will be entered for you to compute the difference.
- b. Non-MA (Non-FFP): The Reconciled Revenues from **Item 5b** and Actual Revenues from **Item 3(3)** will be entered for you to compute the difference.

If Reconciled Revenues are greater than Actual Revenues, the result represents underpayment "**Due to Provider**" status.

If Reconciled Revenues are less than Actual Revenues, the result represents (overpayment) "**Due from Provider**" status.

7. State/Federal Split of Difference

FFP: Federal

- a. The result from Item 6a times the FMAP to determine Federal portion of difference will be entered for you.

FFP: State

- b. The result from item 6a times the percentage to determine State portion of difference will be entered for you.

Non-FFP: State

- c. The result from Item 6b to determine Non-FFP State portion of difference will be entered for you.

8. Reconciliation Recap

Complete the action required unless it is an overpayment. Overpayments are entered for you.

Overpayment

- a. This amount of Total FFP Federal difference as calculated in the reconciliation will automatically be entered for you (result from Item 7a).

Underpayment

- b. **Enter** the total or a portion of the FFP Federal as calculated in the reconciliation (Item 7a) to initiate payment, supported by a **SMV** representing the availability of State match funds.

Enter the **State Match** applicable to the amount of FFP requested in 8b. If 8b is selected, the **SMV** must be completed. The Provider Name, ID number and type of services will be entered for you.

Provide the appropriate signature, title and date on the form.

- c. Enter "x" to indicate that no PROMISE adjustment is required; State match funds are unavailable for payment.

Provide the appropriate signature and title of the person completing the **CSR** and the name of the provider organization (if applicable).

Provide the appropriate signature and title of the person reviewing and accepting the **CSR** at the County/Joinder. Enter the name of the County/Joinder and the date.

All **CSRs** require the County MH/MR Administrator's signature.

CSR Summary (Page 2 of the Cost Settlement Report)

- A - The Total Expenditures reported on line 2a will calculate for you.
- B1 - The amount of PROMISE Federal Revenue reported on line 3(1) will calculate for you.
- B2 - The adjustment to PROMISE Federal Revenues requested in Section 8, Reconciliation Recap, will calculate for you.
- B - The result of B1 plus B2 will calculate for you.
- C - The result of line A minus line B will calculate for you. This is reflective of all other revenue sources, Department allocated funds, as well as Costs Over Allocation.

NOTE: MR Targeted Services Management Rate Setting does not contain a Non-MA (Non-FFP) component. Therefore, TSM Costs, not overall Case Management Costs, should be utilized for Cost Settlement. The following line items are not applicable to MR-TSM and zero "0" should be entered.

Item 1b	Non-MA (Non-FFP) Units
Item 3(3)	Revenues Supporting Non-FFP Unit
Item 5b	Non-MA (Non-FFP) Units and Reconciled Revenues
Item 6b	Non-FFP Reconciliation
Item 7c	Non-FFP State Difference

Upon county program review and approval of **CSRs**, please forward **CSRs**, accompanied by an approved **Cost Settlement Summary** for each service activity to the Mental Health and Mental Retardation Unit as follows:

Mental Health and Mental Retardation Unit
Department of Public Welfare
Bureau of Financial Operations
Bertolino Building, Third Floor
P.O. Box 2675
Harrisburg, PA 17105-2675