

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

INTERIM _____
FINAL _____

HEADER DATA:

COUNTY/JOINDER: _____ OPERATED BY: _____ FISCAL YEAR: 1999-00
 PROVIDER NAME: _____ COUNTY _____ PROGRAM: _____
 PROVIDER TYPE: _____ SERVICE ACTIVITY: _____
 PROVIDER MA ID#: _____ PROVIDER _____ REVISION #: _____

1. Service Delivery Analysis

| Actual Units | Budgeted Units | Budgeted Expenditures |
|----------------------------|----------------|-----------------------|
| a. MA (FFP) Eligible Units | _____ | _____ |
| b. Non-MA (Non-FFP) Units | _____ | _____ |
| c. Combined Units | <u>0</u> | _____ |
| | <u>0</u> | _____ |

Approved Billable Rate(s)

2. Expenditures

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

3. Revenues

(1) MAMIS Federal Revenue _____
 (2) Match Funds for 3(1) _____
 (3) Revenues Supporting Non-FFP Units _____
 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 | _____ x _____ ERR = | _____ ERR |
| b. Non-MA (Non-FFP) Units | _____ x (2d/5c Units) = | _____ ERR |
| c. Combined Units | <u>0</u> x (round to 4 dec. = | _____ ERR |

6. Reconciliation

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

7. State/Federal Split of Difference:

a. FFP _____ ERR x .5382 = _____ ERR
 (6a) Federal - Underpayment (Overpayment)
 b. FFP _____ ERR x .4618 = _____ ERR
 (6a) State - Underpayment (Overpayment)
 c. Non-FFP _____ ERR x 1.00 = _____ ERR
 (6b) State - Underpayment (Overpayment)

BFO/CSR
6/00

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8. Reconciliation Recap

Overpayment
a. _____ ERR MAMIS Gross Adjustment Requested _____ ERR

Underpayment
b. _____ MAMIS Gross Adjustment Requested to Initiate Payment
Complete State Match Verification _____

STATE MATCH VERIFICATION

PROVIDER INFORMATION

Provider Name _____

Provider MA ID Number _____ Service Activity _____

Service Dates

| Begin | End | Units of Service | State Match Paid |
|--------|---------|------------------|------------------|
| 7/1/99 | 6/30/00 | Gross Adjustment | |

Signature _____ Title _____ Date _____

c. _____ No MAMIS Gross Adjustment Requested; State match unavailable
in Fiscal Year 1999-2000.

Signature and Title of Person Completing CSR _____ Name of Provider _____ Date _____

Signature and Title of Person Reviewing and Accepting CSR _____ Name of County/Joinder _____ Date _____

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 _____

CSR SUMMARY

A. Total Program Expenditures (2a) _____

B1. MAMIS Federal Revenue Reported on line 3(1) _____

B2. MAMIS gross adjustment requested (section 8) _____ ERR _____

B. Total Adjustment MA revenue (B1+B2) _____ ERR _____

C. Other revenue (A minus B) _____ ERR _____

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 MA ID#
ENTER FISCAL YEAR 99-00 IF NOT ALREADY ENTERED
ENTER PROGRAM: MHSAS OR MR
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 | - (MHSAS ONLY) |
| FB | FAMILY BASED SERVICES | - (MHSAS ONLY) |
| RC | RESOURCE COORDINATION | - (MHSAS ONLY) |
| TSM | TARGETED SERVICES MANAGEMENT | - (MR 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 Health Maintenance Organization (HMO).** 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) MAMIS 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 CHIPP 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 documents.

Example:

| | <u>7/1/99 - 9/30/99</u> | <u>10/1/99 - 6/30/00</u> |
|------------------------------|-------------------------|--------------------------|
| Federal revenues earned | \$60,000 | \$ 80,000 |
| Divided by FMAP | <u>:.5377</u> | <u>:.5382</u> |
| Total St./Fed. Participation | \$111,586 | \$148,643 |
| Minus Federal revenues | <u>- 60,000</u> | <u>- 80,000</u> |
| Match Requirements | <u>\$ 51,586</u> | <u>\$ 68,644</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 CHIPP funds, county match, interest or a combination thereof.
- a. The total of net program revenues (1+2+3) supporting Federally allowable costs, subject to reconciliation, will be calculated for you.
 - b. 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.
 - c. Total Program Revenues will be calculated for you. This is the total of 3a + 3b. **Do not include revenues associated with an HMO.**

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 3c(3)** will be entered for you to compute the difference.

If Reconciled Revenues are greater than Actual Revenues, the result presents underpayment “**Due to Provider**” status.

If Reconciled Revenues are less than Actual Revenues, the result presents (overpayment) “**Due from Provider**” status.

7. State/Federal Split of Difference

FFP: Federal

- a. The result from Item 6a times the Federal Medical Assistance Percentage (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 State Match Verification 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 MAMIS 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

A - The Total Expenditures reported on line 2A will calculate for you.

B1 - The amount of MAMIS Federal Revenue reported on line 3(1) will calculate for you.

B2 - The adjustment to MAMIS 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 currently 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 3c | 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 Report Review and Compliance Unit as follows:

Report Review and Compliance Unit
Department of Public Welfare
Bureau of Financial Operations
Bertolino Building, Third Floor
P.O. Box 2675
Harrisburg, PA 17105-2675