

Webinar Q & As for the 2016 AHCF Cost Report

	Question	Response
1	Will we be given the slides / presentation?	The day of the presentation, the slides were emailed to all individuals that have access to the AHCF cost report on the HCS. The presentation has been posted to the public website also for future access.
2	Are you saying that if we are a County, we may not always have to choose County Sponsored?	It was recommended during the presentation that providers review Part 86-4.13 of the Commissioner of Health's Rules and Regulations. This describes the grouping based on principal mission. As it is possible that a County may not always choose County Sponsored, however, it is also not expected that a facility will fluctuate their principal mission each year causing a cost reporting selection change each year.
3	If you are an FQHC and are reporting a dental clinic for the first time, do you select both 01 and 16?	It depends on what is actually occurring: (1) If adding a <u>dental service</u> within the existing FQHC, the data is then added to the FQHC data under "01." (2) If it is a new <u>dental site</u> and the new dental site <u>is FQHC designated</u> , the data would be included in the FQHC data under "01." (3) If adding a new <u>dental site</u> that is <u>not FQHC designated</u> , the data for the non-FQHC dental site is reported under "16" and the FQHC data reported under "01."
4	What does SBHC Vaccines mean?	Vaccine services that are provided in School Based Health Centers and billed using rate codes 1381,1382 & 1383.
5	Who can I speak with about specific questions? I'm with Saratoga County Public Health Services.	Email your question to dtcffsunit@health.ny.gov

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6	Can we get the eMedNY claims # from somewhere to be sure we are correct? On Emedny, is there a way we can run a report to show us the number of claims so we can verify we have the right number on IC and 1D?	For claims questions please contact 1-800-343-9000. The Department will review this request, however, the Department did not intend on supplying this data nor was it expected that eMedNY would supply the claims. It is expected that providers would have their own records of their Medicaid claims.
7	When is the projected release of the software for 2016?	The Department was waiting for CMS to confirm whether the Department could use a survey to collect 2015 visit data to complete a 2017 UPL. Due to this, the release of the 2016 software was on hold. Since CMS has responded to the Department and did not approve the use of the survey, the 2016 software is now being released vs having providers complete the 2015 data survey. The software was released on January 11, 2018 with a due date of March 14, 2018.
8	Question about type of payment (revenue): If the payment is both Medicare and Medicaid, how do I report it? Do I have choice of 'dual' payment for Medicare and Medicaid? Thanks.☺	Claims are not reported as dual claims on the AHCF but are reported based on the primary payer. Since Medicaid is the "payer of last resort", dual claims would not be reported as Medicaid. These claims are reported based on the primary payer of the claim. Please refer to the AHCF instructions for the by payer reporting.
9	How do I know what rate codes do not pay capital?	Refer to Attachment A posted with the Q&As.
10	We are an FQHC with Art 28 and OASAS services including MMTP. Can we report all services under Comprehensive? The OASAS services are under are FQHC scope.	No, <u>if a provider is dually licensed</u> , on the configuration screen☺ select 01 (FQHC Comprehensive), 18 (OASAS) & 11 (MMTP) to separate the dually licensed costs. MMTP is reported under 11 to separate MMTP from the other OASAS services. When looking at the configuration screen, if it does not say "Article 16", "Article 31" or "Article 32" in the description, the selection is for Article 28 costs only.

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11	Does a Mental Health Clinic need to complete this and an audited CFR?	If the facility does not have an Article 28 certification, they do not need to file an AHCF cost report. Only providers with an Article 28 certification are required to complete an AHCF cost report. Therefore, if the only certification that the provider has is an Article 31 OMH certification, then the provider only completes the CFR and does not complete an AHCF cost report.
12	What happens when an FQHC has Article 28 and 31 sites? Do we select box 01 and 17 of the configuration page? Are visits and users reported together?	Select 01 and 17 and report the data separating the users and visits. Please also refer to #11 for further information.
13	We were approved as an FQHC in August 2016. Do we need to configure the AHCF as Comprehensive 01 and 04 (DD) to break out the partial periods?-	Yes, report the DD and comprehensive primary care data separately. FQHCs are excluded from the UPL calculation and non-FQHCs are included. By separating the data between comprehensive and DD, the non-FQHC DD costs will be picked up in the UPL calculation to line up with the non-FQHC payments the provider received during the non-FQHC time period. As stated in the presentation, there currently isn't the ability to separate FQHC comprehensive and non-FQHC comprehensive in the software however, a provider can separate FQHC comprehensive and non-FQHC if the principal mission of the non-FQHC is something other than comprehensive. (In this example the primary mission is DD.)
14	There has been significant turnover here resulting in a new group of people responsible for completing this year's AHCF. Is there a completion guide that can assist in ensuring this cost report is done properly?	There are AHCF cost report instructions that will be released with the software release. If after reviewing the instructions you still have questions, please email them to the following: dtcffsunit@health.ny.gov

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15	Does NYSDOH compile Medicaid HMO procedures/Visits in EMEDNY?	Managed care encounter data is not compiled in eMedNY since eMedNY is a fee-for-service claims submission payment system. There is a separate intake system for encounter claims.
16	If I have claim (visit) that is not getting paid, do I report this visit?	Please refer to the AHCF instructions for reporting the visit. It will depend on if they are self-insured, free, etc.
17	What about the government facilities that are exempt from a CPA certification?	Please refer to Part 86-4.4 of the Commissioner of Health's Rules and Regulations. If a facility is operated by units of the NYS Government and their total operating costs are less than \$100,000, they are not required to have their AHCF cost report CPA certified.
18	Should lines Exhibit 1D lines 78 - 80 be reported cash or accrual based?	The entire AHCF cost report is reported on the accrual basis of accounting.
19	What do you mean by "Visits are not included as threshold visits"? Is this a major change from last year or are you just reiterating the definition of a threshold visit?	The attempt during the webinar was to separate the visits between what will be used to develop a capital rate and what will not. There has been no change to the definition of a threshold visit. We do apologize if this caused any confusion.
20	Are you saying that all costs are included not just patient care costs?	All costs which are related to providing patient care (such as administrative, facility maintenance, patient transportation, medical, mental, ancillaries, therapies, employee benefits and capital costs) should be reported. Please refer to Part 86-4.21 for further information. The reference to "all costs (total costs)" was regarding including not only Article 28 costs but also Article 16, Article 31 and Article 32 costs.

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21	Total DSRIP payments should be entered under revenue regardless of what the payment was for (i.e., completion of questionnaire) or is there specific items that would be reported?	Total payments received by the facility should be reported.