



Federally Qualified Health Center Managed Care Accuracy Audit Report MCE Instructions

Beginning with encounters on July 1, 2014, Managed Care Entities (MCEs) are required to submit a Managed Care Accuracy Audit Report - complete with the MCE Data Section form and Attestation Statement - to the Department of Health Care Policy and Financing (Department) on a no less than quarterly basis. This process will help ensure that Federally Qualified Health Centers (FQHCs) are receiving the full amount due them, based on their Medicaid encounter rates.

Please note that FQHCs are also being asked to provide similar data. Should a FQHC's data and a MCE's data be different for the same time period in question, the Department will notify both of the FQHC and MCE contacts who attested to the data, asking them to reconcile those differences. The FQHC and the MCE will then have thirty (30) days to send updated Managed Care Accuracy Audit Reports that include the reconciled data. Should the data not be reconciled, the Department will accept 1) the lower of the number of valid visits in Column B of the Data Section form; 2) the higher of the amount paid by the MCE to the FQHC in Column E of the Data Section form; 3) the higher of the amount of "other payments received" by the FQHC in Column F of the Data Section form; and 4) the FQHC's Medicaid encounter rate that is on file with the Department.

In the case that a MCE has a contractual obligation with the Department to reimburse FQHCs at their full Medicaid encounter rates, and a Managed Care Accuracy Audit Report finds that a FQHC is due additional reimbursement, the Department will notify both the subject FQHC and the subject MCE. It is then the responsibility of the subject MCE to pay that additional amount to the subject FQHC within ninety (90) days of the Department's notification.

Managed Care Accuracy Audit Reports must be filed within one year from the end of the time period under review in the report. For example, a report that reviews January through March, 2015 will be due at the end of March 2016. Late submissions will not be accepted. Managed Care Accuracy Audit Reports must be filed electronically via email. The submission packet must include the following:

- Completed MCE Data Section form – This must be submitted as an Excel spreadsheet, and in the original format of the blank Data Section form. The Department will not accept Data Section forms with altered formats, including additional tabs. Should the data require additional space, submit the data on two separate Data Section forms.
- Completed MCE Attestation Statement – This may be signed digitally, with a digital signature that includes a certificate of authority, and submitted to the Department in its original format. Alternatively, this may be signed physically, with a "wet" signature. In the latter case, the Attestation Statement must then be scanned and submitted to the Department in PDF format.



Electronic submissions should be sent to: Zabrina.Perry@state.co.us

For questions or assistance on completing these forms, please contact Zabrina Perry at Zabrina.Perry@state.co.us or 303-866-4370.

Instructions for the MCE Data Section:

MCE Information:

- Fill out the name of the MCE, as well as the MCE's Medicaid ID number.
- Select the months and year for which this accuracy audit report is relevant.

Column A – Name, Provider Number(s) of the Federally Qualified Health Center:

- Insert the name and FQHC number(s) (separated by a comma) of the Federally Qualified Health Center. Each line on the Data Section form should contain all of the data for all of the FQHC sites that are subject to the FQHC's Medicaid encounter rate. Do not break down the data by individual FQHC sites.

Column B – Number of Valid Visits:

- Insert the number of valid visits that occurred during the time period in question. Valid visits are visits that have been adjudicated to paid status by the MCE, as well as conform to the following rules:
 1. One visit should generate one and only one encounter. A medical visit, a dental visit, and a mental health visit on the same day and at a single location shall count as three separate encounters. However, multiple services with one or more health professionals that take place on the same day and at a single location - as well as fall under the same category of medical, dental, or mental health - constitute a single visit. See 10 CCR 2505-10 8.700.6.B.
 2. The services provided must be those allowed at a certified FQHC. See 10 CCR 2505-10 8.700.3.

Column C – Medicaid Encounter Rate:

- Insert the FQHC-specific Medicaid encounter rate for the time period in question. If multiple encounter rates are valid for the time period in question, split the data into multiple rows, including all of the relevant data for each rate on the appropriate row.

Column D – Total Payments FQHC Should Have Received:

- Multiply Column B by Column C and insert the amount.

Column E – Payments Sent to FQHC:

- Insert the total payments that the FQHC has received from the MCE as reimbursement for the visits claimed in Column B.

Column F – Other Payments Received by FQHC:

- Insert the total payments that the FQHC has received from other payers (e.g. the Department, co-pays, commercial insurance, etc.) relating to the visits claimed in Column B.



Column G – Amount Due FQHC:

- Subtract Columns E and F from Column D. If the result is \$0.00 or less, insert -0-. If the result is greater than \$0.00, insert that amount. This is the amount is due the FQHC. In the case that the subject MCE has a contractual obligation with the Department to reimburse FQHCs at their full Medicaid encounter rates, it is the responsibility of the subject MCE to pay the amount in Column G to the subject FQHC.

Instructions for the MCE Attestation Statement:

MCE Information:

- Fill out the name of the MCE, as well as the MCE’s Medicaid ID number.
- Select the months and year for which this accuracy audit report is relevant.

Attestation by Officer or Administrator of the MCE:

- A duly appointed official or administrator of the MCE must read and sign the attestation statement.
- Fill in the official’s or administrator’s name, position/title, email address, and phone number, as well as the date he/she signed the attestation statement.