

**WISCONSIN MEDICAID
COMMUNITY HEALTH CENTER INTERIM REPORT INSTRUCTIONS**

Wisconsin Medicaid requires certain information to enable the programs to authorize and pay for medical services provided to eligible members. Although these instructions refer to Wisconsin Medicaid, they also apply to the BadgerCare Plus Standard Plan.

Personally identifiable information about providers is used for purposes directly related to program administration, such as determining the certification of providers or processing provider claims for reimbursement. The Community Health Center Interim Report, F-11130B, may be used to submit partial cost report information to Wisconsin Medicaid to receive interim payments and streamline cash flow. Interim reports may be submitted to Wisconsin Medicaid on a quarterly basis or more frequently as needed.

The use of this form is voluntary, but providers are required to submit the information required on the form for a settlement determination and payment to take place.

INSTRUCTIONS

Wisconsin Medicaid CHCs interested in receiving a partial cost settlement for services rendered to Wisconsin Medicaid members for a given fiscal year may submit an interim report to Wisconsin Medicaid. Interim reports may be submitted at any time within the current fiscal year for activity occurring within that time period. Providers may submit an interim report by fax to Wisconsin Medicaid at 608-267-3380 or by mail to the following address:

Wisconsin Medicaid
Bureau of Fiscal Management
CHC Analyst
PO Box 309
Madison WI 53701-0309

The CHC is responsible for assuring that the interim report is signed before it is submitted and that the Wisconsin Medicaid CHC Analyst receives the interim report after it is submitted.

Interim payments made by Wisconsin Medicaid to CHCs are also subject to recoupment at the time of annual cost settlement calculation if the sum of payments exceeds the annual cost settlement calculation. CHCs are encouraged to make conservative estimates when submitting interim requests.

SECTION I – PROVIDER INFORMATION

This section requires the following information from the provider:

- Facility name
- CHC provider's National Provider Identifier (NPI) or Wisconsin Medicaid provider number
- Date span of interim reporting period

SECTION II – DATES

This section requires the following information from the provider:

- The beginning and ending dates of the interim reporting period
- The CHC fiscal year-end date

SECTION III – ENCOUNTERS AND CHARGES

The CHC may separate the information for dates of service occurring in the interim reporting period (Columns A-D) and the fiscal year to date (Columns E-H) in this section. The following instructions should be used to report information in both sets of columns.

Line 1 – Professional Encounters Actual

Enter the actual number of encounters for non-Medicaid patients (Columns A and E) and members enrolled in Medicaid (Columns B and F). Next, enter the total actual encounters (Columns C and G), and then calculate the percentage of these that are actual Medicaid encounters (Columns D and H). The encounters for members enrolled in Medicaid should be paid encounters or those that the provider reasonably expects to receive payment.

SECTION IV – PAYMENTS AND EXPENSES

The CHC is required to complete the “Actual” column for all lines in this section for the interim reporting period.

Line 2 – Prospective Payment System (PPS) Rate

Enter the PPS rate from the most recently audited Medicaid CHC cost report.

Line 3 – 100 Percent of Reasonable Costs – Preliminary

Enter the product of the actual Medicaid encounters from Line 1a, Column B and the encounter rate from Line 3.

Lines 4a-f – Less Medicaid-Related Amounts Received or Receivable from

Enter the amounts that the CHC based on per encounter amounts determined by the Department for Medicaid, Medicare, Medicaid HMOs, third party/insurance, and member copayments for services provided. If the figure indicated on Line 1, Column B, includes encounters the provider reasonably expects to be paid for, the figures entered in Lines 4a-e should contain payments reasonably expected to be received for those encounters.

Line 5 – Total Interim Payment to be Made to CHC

Enter the sum of Line 3 less Line 4f.

SECTION V – SIGNATURES

SIGNATURE and Title – Person Preparing Report

The person preparing the interim report is required to sign the report and state his or her title.

Telephone Number – Person Preparing Report

Enter the telephone number of the person preparing the interim report.

Date Signed – Person Preparing Report

Enter the date the person preparing the interim report signed the report.

SIGNATURE – CHC Officer or Administrator

The CHC Officer or Administrator is required to sign the interim report.

Name – CHC Officer or Administrator

Print the name of the FQHC Officer or Administrator.

Date Signed – CHC Officer or Administrator

Enter the date the CHC Officer or Administrator signed the interim report.