## **SENATE BILL No. 1038**

May 30, 2018, Introduced by Senators STAMAS, MACGREGOR and HANSEN and referred to the Committee on Oversight.

A bill to amend 1939 PA 280, entitled "The social welfare act,"

(MCL 400.1 to 400.119b) by adding section 111m.

## THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- 1 SEC. 111M. (1) AS USED IN THIS SECTION AND SECTION 111N:
- 2 (A) "AUDIT" MEANS A REVIEW OF THE FINANCIAL RECORDS USED TO
- 3 COMPLETE A MEDICAID COST REPORT FOR COMPLIANCE WITH ALLOWABLE COST
- 4 PRINCIPLES AND OTHER POLICY CONTAINED IN THE MEDICAID PROVIDER
- 5 MANUAL. AUDIT INCLUDES, BUT IS NOT LIMITED TO, A LIMITED-SCOPE
- 6 AUDIT OR A FULL-SCOPE AUDIT. AN AUDIT CAN BE OF LIMITED OR FULL
- 7 SCOPE.
- 8 (B) "MEDICAID COST REPORT" OR "COST REPORT" MEANS THE COST OF
- 9 CARE REPORTS SUBMITTED ANNUALLY BY A NURSING FACILITY THAT IS

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- 1 PARTICIPATING IN THE MEDICAID PROGRAM, ON DEPARTMENT COST REPORTING
- 2 FORMS.
- 3 (C) "SETTLEMENT" MEANS THE PROCESS OF RECONCILING A NURSING
- 4 FACILITY'S INTERIM PAYMENTS BASED ON FILED COST REPORT DATA TO
- 5 AUDITED COST REPORT DATA. A FINAL SETTLEMENT IS COMPUTED AFTER THE
- 6 COST REPORT HAS BEEN AUDITED.
- 7 (2) THE DEPARTMENT SHALL ACCEPT A MEDICAID COST REPORT FILED
- 8 BY A NURSING FACILITY NOT MORE THAN 45 DAYS AFTER THAT NURSING
- 9 FACILITY HAS FILED THE COST REPORT.
- 10 (3) THE DEPARTMENT SHALL ENSURE THAT AN AUDIT OF A MEDICAID
- 11 COST REPORT FILED BY A NURSING FACILITY AND THE RELATED SETTLEMENT
- 12 PERFORMED BY THE DEPARTMENT ARE COMPLETED NOT MORE THAN 18 MONTHS
- 13 AFTER THE INITIAL FILING OF THE COST REPORT.
- 14 (4) THE DEPARTMENT SHALL PERFORM A FULL-SCOPE AUDIT OF A
- 15 NURSING FACILITY ONCE EVERY 4 YEARS. A FULL-SCOPE AUDIT SHALL NOT
- 16 LAST MORE THAN 30 DAYS PER COST REPORT YEAR FOR AN INDIVIDUAL
- 17 NURSING FACILITY AND NOT MORE THAN 180 DAYS PER COST REPORT YEAR
- 18 FOR MORE THAN 6 COMMONLY OWNED OR CONTROLLED NURSING FACILITIES. A
- 19 LIMITED-SCOPE AUDIT SHALL BE PERFORMED IN THE YEARS A FULL-SCOPE
- 20 AUDIT IS NOT PERFORMED.
- 21 (5) A CUSTOMER SATISFACTION SURVEY SHALL BE PROVIDED TO THE
- 22 NURSING FACILITY AND THE AUDITOR UPON COMPLETION OF A FULL-SCOPE
- 23 AUDIT.
- 24 (6) A NURSING FACILITY SHALL MAKE AVAILABLE TO AN AUDITOR
- 25 DOCUMENTATION REQUIRED IN ACCORDANCE WITH THE MEDICAID STATE PLAN,
- 26 THE MEDICAID PROVIDER MANUAL, THE MEDICARE PRINCIPLES OF
- 27 REIMBURSEMENT AS DESCRIBED IN THE PROVIDER REIMBURSEMENT MANUAL,

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- 1 THE CODE OF FEDERAL REGULATIONS RELATING TO MEDICARE, AND THE
- 2 PROVIDER REIMBURSEMENT MANUAL. A NURSING FACILITY SHALL ENHANCE
- 3 UTILIZATION OF ELECTRONIC DOCUMENTS AND CORRESPONDENCE TO EXCHANGE
- 4 INFORMATION TO REDUCE TIME AND TRAVEL REQUIRED FOR NURSING FACILITY
- 5 AUDITS.
- 6 (7) IF AN AUDIT OR SETTLEMENT IS NOT COMPLETED WITHIN 18
- 7 MONTHS AS DESCRIBED IN SUBSECTION (3), THE DEPARTMENT SHALL ACCEPT
- 8 THE COST REPORT AS FILED BY THE NURSING FACILITY AND ISSUE A
- 9 SETTLEMENT NOT MORE THAN 30 DAYS AFTER THE END OF THE EIGHTEENTH
- 10 MONTH DESCRIBED IN SUBSECTION (3).
- 11 (8) THE DEPARTMENT SHALL PROVIDE AUDITOR EDUCATION TO ENSURE
- 12 CONSISTENCY IN APPLICATION OF DEPARTMENT POLICY. THE DEPARTMENT
- 13 SHALL ESTABLISH AN ONGOING REVIEW OF ALL AUDIT ADJUSTMENTS FOR
- 14 CONSISTENCY IN APPLYING DEPARTMENT POLICY AND SHALL IDENTIFY AND
- 15 ELIMINATE ANY INCONSISTENCIES BETWEEN AUDITS.
- 16 (9) NOT LATER THAN 1 YEAR AFTER THE EFFECTIVE DATE OF THE
- 17 AMENDATORY ACT THAT ADDED THIS SECTION, AN EXTERNAL REVIEW BY A
- 18 THIRD PARTY OF THE OFFICE OF AUDIT'S PRACTICES RELATED TO NURSING
- 19 FACILITY PROVIDERS' FILING OF MEDICAID COST REPORTS AND AUDITS AND
- 20 SETTLEMENTS SHALL BE COMPLETED. THE PURPOSE OF THE EXTERNAL REVIEW
- 21 SHALL BE TO COMPARE THE EFFICIENCY AND COST-BENEFIT EFFECTIVENESS
- 22 OF EXISTING DEPARTMENT AUDIT PRACTICES WITH CONTRACTING FUNCTIONS
- 23 OF AUDITS OR SETTLEMENTS TO AN OUTSIDE ENTITY. THE DEPARTMENT IS
- 24 RESPONSIBLE FOR OBTAINING THE EXTERNAL REVIEW AND SHALL PROVIDE THE
- 25 COMPLETED REVIEW TO THE LEGISLATURE.
- 26 (10) NOT LATER THAN 2 YEARS AFTER THE EFFECTIVE DATE OF THE
- 27 AMENDATORY ACT THAT ADDED THIS SECTION, THE DEPARTMENT MUST

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- 1 FINALIZE ALL AUDITS AND SETTLEMENTS FOR COST REPORTS THAT HAVE BEEN
- 2 FILED SINCE BEFORE THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT
- 3 ADDED THIS SECTION. A COST REPORT DESCRIBED UNDER THIS SUBSECTION
- 4 THAT HAS NOT BEEN COMPLETED BY THE DEPARTMENT WITHIN 2 YEARS OF THE
- 5 EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED THIS SECTION MUST
- 6 BE ACCEPTED BY THE DEPARTMENT AS FILED BY THE NURSING FACILITY, AND
- 7 A COST REPORT SETTLEMENT MUST BE ISSUED WITHIN 30 DAYS AFTER
- 8 ACCEPTANCE.
- 9 (11) BEGINNING 2 YEARS AFTER THE EFFECTIVE DATE OF THE
- 10 AMENDATORY ACT THAT ADDED THIS SECTION, THE DEPARTMENT SHALL
- 11 PROVIDE AN ANNUAL REPORT TO THE LEGISLATURE ON THE IMPLEMENTATION
- 12 AND RESULTS OF THE COST REPORT AUDIT AND SETTLEMENT PROCESS
- 13 ESTABLISHED UNDER THIS SECTION. THE REPORT SHALL INCLUDE, BUT IS
- 14 NOT LIMITED TO, ALL OF THE FOLLOWING:
- 15 (A) THE NUMBER OF LIMITED-SCOPE AUDITS, FULL-SCOPE AUDITS, AND
- 16 ANY OTHER TYPE OF AUDIT PERFORMED DURING THE REPORTING PERIOD.
- 17 (B) HOW THE DEPARTMENT HAS COMPLIED WITH THE 1-TIME-EVERY-4-
- 18 YEARS FULL-SCOPE AUDIT REQUIREMENT.
- 19 (C) RESULTS OF THE AUDIT SATISFACTION SURVEYS AND HOW THE
- 20 DEPARTMENT HAS RESPONDED TO THOSE SURVEYS.
- 21 Enacting section 1. This amendatory act takes effect 90 days
- 22 after the date it is enacted into law.