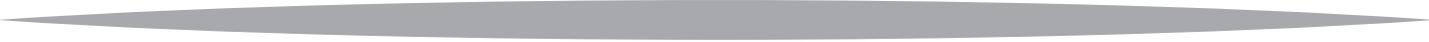


# **SCHOOL HEALTH SERVICES PROGRAM PROGRAM MANUAL**



## **APPENDIX 11 MISCELLANEOUS**



**Colorado Unified School District**  
Medicaid Administrative Claiming (MAC)  
QE:MM/DD/YYYY

**Colorado Unified School District**  
**Medicaid Administrative Claiming (MAC)**  
 QE:MM/DD/YYYY  
 UM04444444 Provider Number  
**MAC Claim Calculation Summary**

	50% FFP	TOTALS
<b>Gross Claim Amount:</b>	\$ 79,925	\$ 79,925
<b>Indirect Costs:</b> <input type="text" value="15.95%"/>	\$ 12,748	\$ 12,748
<b>Total Gross Claim Amount</b>	\$ 92,673	\$ 92,673
<b>FFP Rate:</b>	50%	
<b>TOTAL NET CLAIM AMOUNT</b>	\$ 46,337	\$ 46,337

- 1 **Gross Claim Amount** - Sum of applicable administrative costs associated with each cost pool.
- 2 **Indirect Costs** - calculated by applying the district specific indirect cost rate developed by the Colorado Department of Education (CDE) to the gross claim amount.
- 3 **Total Gross Claim Amount** - Sum of Gross Claim Amount plus Indirect Costs
- 4 **FFP Rate** - Federal Financial Participation Rate (50%)
- 5 **Total Net Claim Amount** - Gross Claim Amount less the applicable FFP Rate

**Colorado Unified School District**  
**Medicaid Administrative Claiming (MAC)**  
**QE:MM/DD/YYYY**

**Key Data Worksheet**

	01	02	03	Total
	\$5,123,549	\$284,157	\$2,897,562	\$ 8,305,268
Time Study Code	Code Indicators			
1A	0.00%	0.00%	0.35%	U
1B	0.04%	0.00%	0.54%	TM/50%
2A	0.08%	0.00%	0.12%	U
2B	0.00%	0.00%	0.43%	TM/50%
3	53.44%	74.45%	59.50%	U
4A	7.33%	2.51%	6.72%	U
4B	20.62%	3.69%	3.69%	U
6A	0.04%	0.00%	1.48%	U
6B	0.00%	0.00%	0.12%	PM/50%
7A	0.00%	0.11%	0.58%	U
7B	0.12%	0.00%	0.35%	PM/50%
8A	0.54%	1.40%	1.55%	U
8B	0.46%	0.26%	0.23%	PM/50%
9A	0.04%	0.18%	1.05%	U
9B	0.79%	0.07%	1.75%	PM/50%
10	16.49%	17.32%	21.53%	R
11	0.00%	0.00%	0.00%	U
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>\$ 8,305,268</b>

**Code Indicator Description**

**U - Unallowable** - refers to an activity that is unallowable under the Medicaid program.

**TM - Total Medicaid** - refers to an activity that is 100 percent allowable under the Medicaid program.

**PM - Proportional Medicaid** - refers to an activity that is allowable, but for which the allocable share of costs must be determined by the application of the IEP Ratio.

**R - Reallocated** - refers to general administrative activities which must be reallocated across the other activity codes on a pro rata basis - reported under General Administration.

01 is Cost Pool 01 (Direct Service Cost Pool)  
 02 is Cost Pool 02 (TCM Cost Pool)  
 03 is Cost Pool 03 (Administrative Cost Pool)

**Top row** - Quarterly allowable costs reported and certified by each district via the web-based Medicaid Cost Reporting and Claiming System (MCRCS)

**Time Study Code** - approved time study codes designed to reflect 100% of the activities performed by district participants included in the Random Moment Time Study (RMTS)  
**Time Study Percentages** - statewide time study results by cost pool

<b>Medicaid Eligibility Factor</b>	<b>23.59%</b>
------------------------------------	---------------

**Medicaid Eligibility Factor** - Medicaid Eligibility Rate (MER) provided by each district annually (number of Medicaid eligible students enrolled at the district / total number of students enrolled at the district on a specific date in time, e.g. 10/1/2010 from the CDE October 1 Count Report)

	01	02	03
Numerator	0.4%	0.1%	1.5%
Denominator	83.5%	82.7%	78.5%
<b>Result</b>	<b>0.44%</b>	<b>0.09%</b>	<b>1.97%</b>

**Reallocation of General Administration (Code 10)**

Numerator = TM Codes + (PM Codes)\*MER Rate  
 Denominator = Total of all codes less Time Study Code 10  
 Result = Numerator/Denominator

**General Admin. Overhead Factors** - refers to those general administrative activities which must be reallocated across other activity codes on a pro rata basis

**Colorado Unified School District**  
**Medicaid Administrative Claiming (MAC)**  
 QE:MM/DD/YYYY

**Quarterly Claim Calculation**

**Job Position Number 01**  
**Cost Pool 1 (Direct Service Providers)**

01	Activity Percentages	Cost Pool \$	Medicaid Eligible Factor	Gen. Admin OH Factor	Gross Claim Amount	FFP Rate	Net Claim Amount
1A	0.00000%	5,123,549	0	1	\$ -	0%	\$ -
1B	0.04165%	5,123,549	1	1	\$ 2,134	50%	\$ 1,067
2A	0.08330%	5,123,549	0	1	\$ -	0%	\$ -
2B	0.00000%	5,123,549	1	1	\$ -	50%	\$ -
3	53.43607%	5,123,549	0	1	\$ -	0%	\$ -
4A	7.33028%	5,123,549	0	1	\$ -	0%	\$ -
4B	20.61641%	5,123,549	0	1	\$ -	0%	\$ -
6A	0.04165%	5,123,549	0	1	\$ -	0%	\$ -
6B	0.00000%	5,123,549	23.59%	1	\$ -	50%	\$ -
7A	0.00000%	5,123,549	0	1	\$ -	0%	\$ -
7B	0.12495%	5,123,549	23.59%	1	\$ 1,510	50%	\$ 755
8A	0.54144%	5,123,549	0	1	\$ -	0%	\$ -
8B	0.45814%	5,123,549	23.59%	1	\$ 5,537	50%	\$ 2,769
9A	0.04165%	5,123,549	0	1	\$ -	0%	\$ -
9B	0.79134%	5,123,549	23.59%	1	\$ 9,564	50%	\$ 4,782
10	16.49313%	5,123,549	1	0.44%	\$ 3,702	50%	\$ 1,851
11	0.00000%	5,123,549	0	0	\$ -	0%	\$ -
<b>Total</b>	<b>100%</b>				<b>\$ 22,448</b>		<b>\$ 11,224</b>

*Job Position Number 01 - number reflects the cost pool*

*01 (Cost Pool 01) - Time Study Codes*

*Activity Percentages - statewide time study results for the stated cost pool*

*Cost Pool \$ - Quarterly allowable costs reported and certified by each district via web-based Medicaid Cost Reporting and Claiming System (MCRCS), this number should match the 01 total at the top of the Key Data Worksheet*

*Medicaid Eligible Factor - Medicaid Eligibility Rate (MER) provided by each district annually (number of Medicaid eligible students at the district / total number of students enrolled at the district). The Code Indicators (U, TM, PM, R) in the Key Data Worksheet define which codes must be discounted by the MER.*

*General Admin OH Factor - reallocation of Code 10 across the other activities on a pro rata basis, see cost pool specific calculation in the General Admin. See Result row in the Overhead Factors section of the Key Data Worksheet*

*Gross Claim Amount - claim amount after applying the Activity Percentages, Medicaid Eligibility Factor and Gen. Admin OH Factor to the Cost Pool \$ amount reported for the specific cost pool*

*FFP Rate - Federal Financial Participation rate to be applied*

*Net Claim Amount - Gross Claim Amount less the applicable FFP Rate*

Colorado Unified School District  
 Medicaid Administrative Claiming (MAC)  
 QE:MM/DD/YYYY

Quarterly Claim Calculation

Job Position Number 02  
 Cost Pool 2 (TCM Providers Only)

02	Activity Percentages	Cost Pool \$	Medicaid Eligible Factor	Gen. Admin OH Factor	Gross Claim Amount	FFP Rate	Net Claim Amount
1A	0.00000%	284,157	0	1	\$ -	0%	\$ -
1B	0.00000%	284,157	1	1	\$ -	50%	\$ -
2A	0.00000%	284,157	0	1	\$ -	0%	\$ -
2B	0.00000%	284,157	1	1	\$ -	50%	\$ -
3	74.44609%	284,157	0	1	\$ -	0%	\$ -
4A	2.51108%	284,157	0	1	\$ -	0%	\$ -
4B	3.69276%	284,157	0	1	\$ -	0%	\$ -
6A	0.00000%	284,157	0	1	\$ -	0%	\$ -
6B	0.00000%	284,157	23.59%	1	\$ -	50%	\$ -
7A	0.11078%	284,157	0	1	\$ -	0%	\$ -
7B	0.00000%	284,157	23.59%	1	\$ -	50%	\$ -
8A	1.40325%	284,157	0	1	\$ -	0%	\$ -
8B	0.25849%	284,157	23.59%	1	\$ 173	50%	\$ 87
9A	0.18464%	284,157	0	1	\$ -	0%	\$ -
9B	0.07386%	284,157	23.59%	1	\$ 50	50%	\$ 25
10	17.31905%	284,157	1	0.09%	\$ 47	50%	\$ 23
11	0.00000%	284,157	0	0	\$ -	0%	\$ -
<b>Total</b>	<b>100%</b>				<b>\$ 269</b>		<b>\$ 135</b>

Job Position Number 02 - number reflects the cost pool

02 (Cost Pool 02) - Time Study Codes

Activity Percentages - statewide time study results for the stated cost pool

Cost Pool \$ - Quarterly allowable costs reported and certified by each district via web-based Medicaid Cost Reporting and Claiming System (MCRCS), this number should match the 02 total at the top of the Key Data Worksheet

Medicaid Eligible Factor - Medicaid Eligibility Rate (MER) provided by each district annually (number of Medicaid eligible students at the district / total number of students enrolled at the district). The Code Indicators (U, TM, PM, R) in the Key Data Worksheet define which codes must be discounted by the MER.

General Admin OH Factor - reallocation of Code 10 across the other activities on a pro rata basis, see cost pool specific calculation in the General Admin. See Result row in the Overhead Factors section of the Key Data Worksheet

Gross Claim Amount - claim amount after applying the Activity Percentages, Medicaid Eligibility Factor and Gen. Admin. OH Factor to the Cost Pool \$ amount reported for the specific cost pool

FFP Rate - Federal Financial Participation rate to be applied

Net Claim Amount - Gross Claim Amount less the applicable FFP Rate

**Colorado Unified School District**  
**Medicaid Administrative Claiming (MAC)**  
**QE:MM/DD/YYYY**

**Quarterly Claim Calculation**

**Job Position Number 03**  
**Cost Pool 3 (MAC Only)**

03	Activity Percentages	Cost Pool \$	Medicaid Eligible Factor	Gen. Admin OH Factor	Gross Claim Amount	FFP Rate	Net Claim Amount
1A	0.34979%	2,897,562	0	1	\$ -	0%	\$ -
1B	0.54411%	2,897,562	1	1	\$ 15,766	50%	\$ 7,883
2A	0.11660%	2,897,562	0	1	\$ -	0%	\$ -
2B	0.42752%	2,897,562	1	1	\$ 12,388	50%	\$ 6,194
3	59.50253%	2,897,562	0	1	\$ -	0%	\$ -
4A	6.72367%	2,897,562	0	1	\$ -	0%	\$ -
4B	3.69219%	2,897,562	0	1	\$ -	0%	\$ -
6A	1.47688%	2,897,562	0	1	\$ -	0%	\$ -
6B	0.11660%	2,897,562	23.59%	1	\$ 797	50%	\$ 398
7A	0.58298%	2,897,562	0	1	\$ -	0%	\$ -
7B	0.34979%	2,897,562	23.59%	1	\$ 2,391	50%	\$ 1,195
8A	1.55461%	2,897,562	0	1	\$ -	0%	\$ -
8B	0.23319%	2,897,562	23.59%	1	\$ 1,594	50%	\$ 797
9A	1.04936%	2,897,562	0	1	\$ -	0%	\$ -
9B	1.74893%	2,897,562	23.59%	1	\$ 11,955	50%	\$ 5,977
10	21.53129%	2,897,562	1	1.97%	\$ 12,317	50%	\$ 6,159
11	0.00000%	2,897,562	0	0	\$ -	0%	\$ -
<b>Total</b>	<b>100%</b>				<b>\$ 57,207</b>		<b>\$ 28,604</b>

**Job Position Number 03 - number reflects the cost pool**

**03 (Cost Pool 03) - Time Study Codes**

**Activity Percentages** - statewide time study results for the stated cost pool

**Cost Pool \$** - Quarterly allowable costs reported and certified by each district via web-based Medicaid Cost Reporting and Claiming System (MCRCS), this number should match the 03 total at the top of the Key Data Worksheet

**Medicaid Eligible Factor** - Medicaid Eligibility Rate (MER) provided by each district annually (number of Medicaid eligible students at the district / total number of students enrolled at the district). The Code Indicators (L, TM, PM, R) in the Key Data Worksheet define which codes must be discounted by the MER

**General Admin OH Factor** - reallocation of Code 10 across the other activities on a pro rata basis, see cost pool specific calculation in the General Admin. See Result row in the Overhead Factors section of the Key Data Worksheet

**FFP Rate** - Federal Financial Participation rate to be applied

**Net Claim Amount** - Gross Claim Amount less the applicable FFP Rate

Colorado Unified School District  
 Medicaid Administrative Claiming (MAC)  
 QE:MM/DD/YYYY

*Gross Claim Summary*

Activity	01	02	03	Total	% Reimbursed
	Gross Amount	Gross Amount	Gross Amount	Gross Amount	
1A	\$ -	\$ -	\$ -	\$ -	0%
1B	\$ 2,134	\$ -	\$ 15,766	\$ 17,900	50%
2A	\$ -	\$ -	\$ -	\$ -	0%
2B	\$ -	\$ -	\$ 12,388	\$ 12,388	50%
3	\$ -	\$ -	\$ -	\$ -	0%
4A	\$ -	\$ -	\$ -	\$ -	0%
4B	\$ -	\$ -	\$ -	\$ -	0%
6A	\$ -	\$ -	\$ -	\$ -	0%
6B	\$ -	\$ -	\$ 797	\$ 797	50%
7A	\$ -	\$ -	\$ -	\$ -	0%
7B	\$ 1,510	\$ -	\$ 2,391	\$ 3,901	50%
8A	\$ -	\$ -	\$ -	\$ -	0%
8B	\$ 5,537	\$ 173	\$ 1,594	\$ 7,305	50%
9A	\$ -	\$ -	\$ -	\$ -	0%
9B	\$ 9,564	\$ 50	\$ 11,955	\$ 21,569	50%
10	\$ 3,702	\$ 47	\$ 12,317	\$ 16,067	50%
11	\$ -	\$ -	\$ -	\$ -	0%
<b>Total</b>	<b>\$ 22,448</b>	<b>\$ 269</b>	<b>\$ 57,207</b>	<b>\$ 79,925</b>	

*Gross Claim Summary* - Results of the calculated claim amounts for each cost pool from the Quarterly Claim Calculation tables

*Key Claim Data Summary*

Gross Claim	Net Claim	01 GAOH	02 GAOH	03 GAOH
\$ 92,673	\$ 46,337	0.44%	0.09%	1.97%

*Summary of all key data calculated for the claim*

**Gross Claim** - Sum of the Total Gross Amount in the Gross Claim Summary table and the Indirect Costs in the MAC Claim Calculation Summary

**Net Claim** - Gross Claim Amount less the applicable FFP(50%)

**01 GAOH** - General administrative overhead percentage for Cost Pool 01, see General Admin. Overhead Factors table

**02 GAOH** - General administrative overhead percentage for Cost Pool 02, see General Admin. Overhead Factors table

**03 GAOH** - General administrative overhead percentage for Cost Pool 03, see General Admin. Overhead Factors table

**Medicaid Administrative Claim Form (MAC)**

**\* This form serves as both the invoice and the certification of public expenditures (CPE) of total computable and non-federal funds.\***

**INSTRUCTIONS: Review items 1 through 7, sign and date below. This form must be submitted with your claim. See back of page for explanations.**

School System Colorado Unified School District  
 Medicaid Provider Number UM0444444 Quarter MM/YY - MM/YY

1. Total Expenditures	<b>\$8,305,268</b>	<i>Quarterly allowable costs reported for each cost pool and certified by each district via web-based Medicaid Cost Reporting and Claiming System (MCRCS), identified in the Key Data Worksheet</i>
2. Total Claimable Medicaid Administrative Expenditures	<b>\$79,925</b>	<i>Total Gross Amount of the calculated claims for all cost pools, identified in the Gross Claim Summary</i>
3. Total Claimable Indirect Costs and Claimable Fixed Fee	<b>\$12,748</b>	<i>Indirect Costs calculated by applying the district specific indirect cost rate developed by the Colorado Department of Education (CDE) to the Total Gross Amount (MAC Claim Calculation Summary) or Total Gross Amount (Gross Claim Summary) as these numbers are identical</i>
4. Total Claimable Costs - CPE (#2 + #3)	<b>\$92,673</b>	<i>See calculation</i>
5. Cost Settlement (#4 x 0.50 FFP)	<b>\$46,337</b>	<i>See calculation</i>
6. State Administration Costs Withheld (#5 x 0.10)	<b>\$4,634</b>	<i>See calculation</i>
7. Amount Owed to Provider (#5 - #6)	<b>\$41,703</b>	<i>See calculation</i>

NON-FEDERAL MATCH FUNDS provided by school. Designate the source and amount of funds in your school budget that you are using to match the federal funds you received from Medicaid. The total amount of state funds that you identify must equal the amount shown in item #5 above.

SOURCE	AMOUNT
_____	_____
_____	_____
<i>SOURCE - identifies the certified non-federal funds used by the district for MAC claiming. The sources identified must clearly illustrate that the funds used for certification have not been used to match other federal funds</i>	<i>AMOUNT - identifies the SOURCE amount of the non-federal funds your district is using as match for the Medicaid reimbursement amount of this claim</i>

VERIFICATION OF FUNDS BY \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of School Fiscal Budget Officer

Name (Please Print) \_\_\_\_\_ Phone: \_\_\_\_\_  
 Title \_\_\_\_\_ Email: \_\_\_\_\_

I certify that (Line 1 above), to the best of my knowledge, the Medicaid Administrative Claiming (MAC) for the Quarter ending QE:MM/DD/YYYY represents actual expenditures accumulated under our provider agreement with the Colorado Department of Health Care Policy & Financing (HCPF). The claim amount is solely related to our provider agreement with HCPF and does not duplicate any federal claims for reimbursement, nor are the funds used to match other federal funds, unless expressly allowed by federal regulations.