COLORADO
Department of Health Care Policy & Financing

November 1, 2016

The Honorable Millie Hamner, Chair
Joint Budget Committee
200 East 14th Avenue, Third Floor
Denver, CO 80203

Dear Representative Hamner:

Enclosed please find the Department of Health Care Policy and Financing's response to the Joint Budget Committee's Request for Information #5 regarding Public School Health Services.

Legislative Request for Information #5 states:

The Department is requested to submit a report by November 1 of each year to the Joint Budget Committee on the services that receive reimbursement from the federal government under the Senate Bill 97-101 public school health services program. The report is requested to include information on the type of services, how those services meet the definition of medical necessity, and the total amount of federal dollars that were distributed to each school under the program. The report should also include information on how many children were served by the program.

The report includes information on the type of services, how those services meet the definition of medical necessity, and the total amount of federal dollars distributed to each school under the program. The report also includes information on how many children were served by the program.

There are two programs under the Department's purview that provide funds for health services provided to students: The School-Based Center Program and the School Health Services Program. The School Health Services Program provides health services as required in a child's Individualized Education Program or Individualized Family Service Plan and the School Based Health Center Program provides primary care and mental health services. This report pertains to the School Health Services Program.

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Zach Lynkiewicz, at Zach.Lynkiewicz@state.co.us or 720-854-9882.

Sincerely,

Susan E. Birch, MBA, BSN, RN
Executive Director

SEB/slh

Enclosure(s): Health Care Policy and Financing FY 2016-17 RFI #5

Cc: Senator Kent Lambert, Vice-chair, Joint Budget Committee
Representative Bob Rankin, Joint Budget Committee
Representative Dave Young, Joint Budget Committee
Senator Kevin Grantham, Joint Budget Committee
Senator Pat Steadman, Joint Budget Committee
John Ziegler, Staff Director, JBC
Eric Kurtz, JBC Analyst
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Jed Ziegenhagen, Community Living Office Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF
Zach Lynkiewicz, Legislative Liaison, HCPF

Legislative Request for Information 5 states:

> *Department of Health Care Policy and Financing, Other Medical Services, Public School Health Services -- The Department is requested to submit a report by November 1 of each year to the Joint Budget Committee on the services that receive reimbursement from the federal government under the S.B. 97-101 public school health services program. The report is requested to include information on the type of services, how those services meet the definition of medical necessity, and the total amount of federal dollars that were distributed to each school under the program. The report should also include information on how many children were served by the program.*

EXECUTIVE SUMMARY

This report is presented to the Joint Budget Committee (JBC) of the Colorado General Assembly in response to Legislative Request for Information 5. Under the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act of 1973, and Title 22, C.R.S., public school districts are required to provide certain medical services for public school children. Additionally, school districts provide some level of health screening, nursing services and other medical support services for students. When delivered to a Medicaid eligible student, some of these services qualify for Medicaid reimbursement. The School Health Services Program administered by the Department of Health Care Policy and Financing (the Department) allows Colorado public school districts, Boards of Cooperative Education Services (BOCES), and the Colorado School for the Deaf and the Blind (hereinafter collectively referred to as School Health Services Program Providers or providers) to access such federal Medicaid funds.[1]

Legislative Request for Information 5 requests information on the following:

- Types of Health Services Delivered and Number of Children Served

  Within the capacity of the specific School Health Services Program Provider, providers can receive reimbursement from Medicaid for health services that are medically necessary and provided to Medicaid eligible clients as prescribed in the client's Individual Education Program (IEP) or the Individualized Family Service Plan (IFSP). Covered services may include direct medical services, including rehabilitative therapies, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, Targeted Case Management and Specialized Non-Emergency Transportation services.

[1] There are two programs under the Department's purview that provide funds for health services provided to students: the School Health Services Program and the School-Based Health Center Program. The programs differ in that the School Health Services program provides health services as required in a child's Individual Education Program (IEP) or the Individualized Family Service Plan (IFSP) and the School Based Health Center Program provides primary care and mental health services. A more in depth explanation of the two programs can be found on pages 2 and 3 of this report.

During FY 2015-16, 15,793 eligible children with an IEP or IFSP received school health services reimbursed through Medicaid. Participation by Medicaid-eligible clients is optional.

- How Services Meet the Definition of Medical Necessity

  For a School Health Services Program Provider to receive Medicaid reimbursement, the service must meet the definition of medical necessity. A determination of medical necessity is made through the referral and authorization process. Where required by Medicaid regulations, a qualified practitioner of the healing arts refers a client for services. The client's IEP or IFSP, when developed according to the Colorado Department of Education procedures, serves as authorizing documents. The Department provides technical assistance and oversight monitoring to ensure providers comply with the requirement.

- Federal Dollars Distribution to School Districts

  For FY 2014-15, 48 School Health Services Program Providers received Medicaid reimbursement totaling $30,969,315. As the original expenditures of the medical service were incurred by a public entity using local tax dollars or General Fund appropriated to educational institutions, the Medicaid reimbursement is entirely federal funds. The federal funds are made available to deliver new and expanded primary and preventative health services to Colorado's public school children identified and specified under the providers' Local Services Plan (LSP). The LSP written by the school district, with community input, describes the type and cost of services to be provided with the funds. In FY 2014-15 the most common area to use the funds according to a provider's LSP was to fund additional nursing services for all students.

BACKGROUND INFORMATION

There are two programs under the Department's purview that provide funds for health services provided to students: the School-Based Health Center Program and the School Health Services Program. This report pertains to the School Health Services Program.

School-Based Health Center Program

The School-Based Health Center Program was created in 1987 to assist in the establishment, expansion, and ongoing operations of school-based health centers (SBHCs) in Colorado. SBHCs are clinics operated within a public school, charter school, or State-sanctioned General Educational Development (GED) building that provide primary health care and mental health services that compliment services provided by school nurses.

Establishing a school-based health center is a community-driven process that requires multiple partnerships - between school districts, the medical and mental health communities and local and state funders - to be effective. The Colorado Department of Public Health and Environment does not run these clinics, but rather sets standards and provides some funding. SBHCs that enroll as Medicaid or Child Health Plan Plus (CHP+) providers receive reimbursement from the Department for their Medicaid claims and through CHP+ managed care organizations for their CHP+ services.

School Health Services Program

The School Health Services (SHS) Program was established in 1997 via SB 97-101 and allows School Health Services Program Providers to receive federal Medicaid funds for amounts spent providing health services to students who are Medicaid eligible and have an IEP or IFSP. (Note: health services required in a child's IEP or IFSP are not covered by the SBHC Program, which provides primary health care and mental health services.) In addition, SHS Program Providers may receive reimbursement for Medicaid administrative activities that directly support efforts to identify and enroll potentially eligible children and their families into Medicaid.

The SHS Program Providers incur the original expenditures using local tax dollars or appropriated General Funds which draw federal matching Medicaid funds through the certification of public expenditures (CPE) mechanism. To draw federal Medicaid funds through CPEs, SHS Program Providers must participate in a federally-approved quarterly time study and submit quarterly and annual cost reports.

Under Colorado statute, SHS Program Providers are required to use the Medicaid funds received for health services for all students. Each participating SHS Program Provider must develop an LSP with community input to identify the types of health services needed by its students and must submit an annual report that describes exactly how the Medicaid revenue was spent in accordance with its LSP.

The SHS Program is administered jointly by the Department and Colorado Department of Education. The Department draws and disburses the federal Medicaid funds, conducts the federally-approved time study, administers the quarterly and annual cost report and certification processes, and conducts on-site reviews to ensure compliance with federal requirements. The Department of Education provides technical assistance related to the development of LSPs and annual reports and reviews and approves LSPs.

PROGRAM OVERVIEW

The SHS Program delivers additional health services to Colorado public school children each year without additional General Fund expenditures. Using the disbursed federal funds within a health service delivery process established through the LSP, school districts address some of the health care needs unique to their communities. Additionally, the SHS Program improves learning environments by providing students increased access to

health care services and improving the quality of school health services. Program funds are expended to deliver services in the areas of greatest need to:

- Increase school nursing services;
- Improve and enhance the quality of school health services;
- Increase access to health care services for the uninsured and underinsured; and
- Provide health services where none were previously available.

During FY 2015-16, 50 school districts or BOCES contracted with the Department to receive Medicaid reimbursement for providing school health services to eligible clients. Other school districts, choosing not to contract with or bill the Department directly, participate in the program as a member of a BOCES. A BOCES is created when two or more school districts decide they have similar needs that can be met by a shared program. A BOCES may help school districts save money by providing opportunities to pool resources and share costs. As a result, school districts may receive Medicaid funds without having a direct contract with the Department, as the BOCES is the contracting entity and listed as the School Health Services Program Provider in this report. Further, school districts may bill directly for some services, such as transportation, while the BOCES provide and bill for the other services, such as direct services, on behalf of the school districts. In these cases, the number of school districts directly billing the School Health Services Program will vary each year and the program has no information as to how the Medicaid reimbursement is distributed from the BOCES to the school district.

Under the Department's approved Medicaid State Plan, all SHS Program Providers are required to participate in a quarterly random moment time study to determine the percentage of allowable time spent providing Medicaid claimable school health services. By utilizing a time study, providers receive a payment based on the actual cost incurred for providing Medicaid services, rather than through a fixed rate established by the Department.

- For FY 2014-15, 48 providers were reimbursed a total of $30,969,315 for direct services, Targeted Case Management (TCM) and Medicaid Administrative Claiming (MAC).

  During FY 2014-15 these funds were used to provide additional health services to all students in the participating districts. The most common areas that were funded statewide through the providers' LSPs were additional nursing services at $5,995,202, additional mental health services at $2,792,389, additional health technicians/clinic aid hours at $1,732,553 and outreach to the uninsured at $1,221,773.

- For FY 2015-16, these providers have received interim payments in the amount of $19,359,793 for direct services and TCM and for three quarters of MAC payments a total of $3,407,917.

Prior to receiving a final payment based on the actual cost incurred for providing Medicaid services, SHS Program Providers submit claims and receive interim payments for providing services to eligible clients. After the fiscal year ends, each provider is required to complete a cost report documenting their total Medicaid allowable costs for delivering School Health Services and certifying their public expenditures. The cost report reconciles interim payments made to SHS Program Providers during the fiscal year against actual costs. If a provider's interim payments exceed the actual, certified costs of providing School Health Services, the provider must return the overpayment amount to the Department. If the provider's actual costs exceed the interim payments they received, then the Department pays the federal share difference to the provider. This cost reconciliation and settlement process is based on a cost allocation methodology approved by the Centers for Medicare and Medicaid Services (CMS). The cost reconciliation and settlement that most recently occurred was in FY 2015-16 for FY 2014-15.

In addition, the Department reimburses for administrative claiming to SHS Program Providers for the time spent in administrative activities that directly support efforts to identify and enroll potentially eligible children and their families into Medicaid. MAC reimbursements are made quarterly through a claim that consists of payroll costs for staff that provide direct medical or health related services, administrative and outreach activities. As school staff work with students on a daily basis, they are uniquely positioned to assist in enrollment of eligible students in Medicaid, to assist them in receiving the medical services and supporting administrative and outreach services they require, and to provide medically-necessary services. These administrative services form the basis for the MAC Program. MAC allowable activities include: facilitating Medicaid outreach, facilitating Medicaid eligibility determination, translation related to Medicaid services, medical program planning, policy development and interagency coordination, medical/Medicaid related professional development and training, referral, coordination and monitoring of Medicaid services.

As detailed in Table 1, for FY 2014-15 four quarters were eligible for MAC reimbursement, and 48 school districts participated in MAC for reimbursement totaling $3,250,458. In FY 2015-16, 50 SHS providers participated in MAC; reimbursements received totaled $3,407,917 for payments through the end of the third quarter.

Table 1 - FY 2014-15 Medicaid Administrative Claiming Net Payments

School Health Services Program Provider	FY 2014-15 Net Total MAC Payments	FY 2015-16 Net MAC Payments Three Quarters (July 2015 – March 2016)
Adams 12 Five Star Schools	$ 168,294	$ 353,019
Adams Arapahoe SD #28J	$ 309,442	$ 295,129
Adams County SD #14	$ 77,910	$ 62,391
Arapahoe County SD #6	$ 12,224	$ 11,812
Boulder County SD #2	$ 225,176	$ 196,079
Boulder County SD RE-1J	$ 107,321	$ 98,124
Buena Vista SD R31	$ 8,013	$ 6,902
Cherry Creek 5	$ 228,894	$ 229,516
Colorado School for the Deaf and Blind	$ 38,423	$ 39,900
Colorado Springs SD 11	$ 69,229	$ 48,129
Counties of Adams & Weld SD 27J	$ 50,945	$ 61,777
Counties of Archuleta & Hinsdale JT	$ 1,962	$ 1,838
Delta County Joint SD 50J	$ 13,319	$ 11,114
Denver County SD 1	$ 472,762	$ 461,663
Douglas County 1	$ 138,223	$ 111,024
El Paso County SD #12	$ 2,087	$ 2,052
El Paso County SD #14	$ 1,585	$ 2,178
El Paso County SD #2	$ 8,473	$ 8,089
El Paso County SD #20	$ 32,904	$ 27,406
El Paso County SD #3	$ 20,678	$ 24,860
El Paso County SD #38	$ 10,290	$ 7,818
Englewood	$ 19,673	$ 22,786
Falcon SD 49	$ 117,295	$ 112,540
Garfield County SD RE2	$ 11,911	$ 7,354
Gunnison Watershed SD	$ 4,033	$ 4,911
Ignacio SD 11JT	$ 1,924	$ 375
Jefferson County Public Schools	$ 250,910	$ 248,796
La Plata County SD #10JT-R	$ 1,098	$ 1,566
La Plata County SD #9-R	$ 7,375	$ 6,815
Lake County SD #10JT-R	$ 4,523	$ 5,168
Lamar SD RE2	$ 12,878	$ 13,247
Larimer County SD #2J	$ 117,497	$ 107,961
Mesa County Valley SD 51	$ 318,722	$ 313,782

School Health Services Program Provider	FY 2014-15 Net Total MAC Payments	FY 2015-16 Net MAC Payments Three Quarters (July 2015 – March 2016)
Montezuma Cortez		$ 7,539
Montezuma County SD #RE-4A	$ 12,433	$ 11,519
Montrose County SD RE-1J	$ 8,996	$ 7,816
Otero County SD #1	$ 4,263	$ 4,198
Otero County SD #2	$ 1,097	$ 1,520
Pikes Peak BOCES	$ 36,080	$ 37,854
Platte Canyon SD 1		$ 1,763
Pueblo County SD #70	$ 70,144	$ 60,571
Pueblo SD #60	$ 58,698	$ 166,487
Rio Blanco BOCES	$ 4,782	$ 4,560
Roaring Fork SD	$ 38,469	$ 37,852
Salida SD R-32-J	$ 9,113	$ 8,429
School District Fremont RE-1	$ 5,095	$ 3,955
Teller County SD #1	$ 1,279	$ 1,557
Teller County SD RE-1	$ 9,070	$ 8,321
Weld County SD 6	$ 81,259	$ 79,375
Westminster SD	$ 43,687	$ 58,480
Total	$3,250,458	$3,407,917

Types of Health Services Delivered and Number of Children Served

Under the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act of 1973, and Title 22, C.R.S., public school districts are required to provide certain medical services for public school children. Additionally, school districts provide some level of health screening, nursing services and other medical support services for students. When delivered to a Medicaid eligible student, some of these services qualify for Medicaid reimbursement.

SHS Program Providers can receive reimbursement from Medicaid for delivering services to Medicaid-eligible clients under the age of 21, as included in the Medicaid statute (Section 1905(a) of the Social Security Act) and as described in the Code of Colorado Regulations, 10 CCR 2505-10, Section 8.290. School Health Services may include direct services that are covered under the EPSDT benefit, including rehabilitative therapies; TCM and specialized non-emergency transportation services. SHS Program Providers must

provide services that are medically necessary and provided to clients as prescribed in the client's IEP or the IFSP[2].

Under EPSDT[3], Medicaid must provide for screening, vision, hearing and dental services at intervals that meet reasonable standards of medical and dental practice established after consultation with recognized medical and dental organizations involved in child health care. Additionally, under EPSDT, any service that Medicaid is permitted to cover under federal law that is necessary to treat or ameliorate a defect, physical and mental illness, or a condition identified by a screen, must be provided to qualified clients regardless of whether the service or item is otherwise included under the Medicaid State Plan.

Rehabilitative therapies are those services which reduce a physical or mental disability and which may improve physical or mental health levels. Rehabilitative therapies must be recommended by a physician or other licensed practitioner of the healing arts.

Specialized non-emergency transportation is reimbursable under Medicaid when provided on the same date of service that a Medicaid covered service required by the student's IEP or IFSP is received. Specialized Non-Emergency Transportation is provided to and from a student's place of residence and the school or the site of a Medicaid reimbursable service if the service is not provided at the school.

TCM services assist with accessing needed medical, social, educational, and other services for clients who have a diagnosable physical or mental condition that has a high probability of impairing cognitive, emotional, neurological, social, or physical development. Services may include individualized strengths and needs assessments; service planning that provides an individualized written, comprehensive service plan based on needs identified in the assessments; service coordination, monitoring and advocacy; and crisis assistance planning.

School districts received Medicaid reimbursement for providing medical services, TCM and specialized non-emergency transportation to 15,793 Medicaid eligible clients during FY 2015-16. Table 2 summarizes the type of services for which districts received Medicaid reimbursement in FY 2015-16 and the number of unique clients that received each service. It is important to note that of the 50 providers that participate in the SHS Program they account for over 83% of the total student population in the state of Colorado.

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[2] The Individuals with Disabilities Education Act (IDEA), federal legislation on educating children with disabilities, defines how states and local education agencies are to meet their obligations to serve these students. The IEP and IFSP, required documents under IDEA, spell out the specific special education and related services, including health services, to be provided to meet the student's needs.

[3] The Omnibus Budget and Reconciliation Act of 1989 (OBRA'89) amended Sections 1902(a)(43) and 1905(a)(4)(B) and created Section 1905(r) of the Social Security Act setting forth the basic requirements of EPSDT.

Table 2 - FY 2015-16 Unique Clients Served by Medicaid Reimbursed Service

Medicaid Reimbursed Service	Unique Clients Served
Audiology	159
Behavioral Health Counseling and Therapy	714
Behavioral Health Evaluation	29
Speech Therapy	12,075
Speech/Hearing Evaluation	919
Nursing Aide Services	356
Nursing Evaluation	97
Nursing Services	92
Occupational Therapy	4,767
Occupational Therapy Evaluation	493
Personal Care Services	3,146
Physical Therapy	1,552
Physical Therapy Evaluation	158
Motor Therapy - Orientation and Mobility	98
Total Clients - Direct Services	15,783
Targeted Case Management	0
Transportation	2,141
Total Clients - All Services	15,793[4]

How Services Meet the Definition of Medical Necessity

School districts apply the Medicaid definition of medical necessity when identifying services for which they intend to claim reimbursement. The SHS Program defines a medically necessary service at 10 CCR 2505-10, Section 8.290.1, as a service that will, or is reasonably expected to:

> *...prevent, diagnose, cure, correct, reduce or ameliorate the pain and suffering, or the physical, mental, cognitive or developmental effects of an illness, injury or disability; and for which there is no other equally effective or substantially less costly course of treatment suitable for the client's needs.*

[4] Note: Total Clients–Direct Services, Targeted Case Management, Transportation, and Total-Clients All Services are unduplicated client counts in the respective category. Unduplicated client counts represent the number of unique clients who received a service in each category only. Totals are not the sum of categories. Unduplicated client counts presented in this table are based on those clients who had a paid claim with a date-of-service within the fiscal year and only claims processed up to three months after the end of the fiscal year have been included. Data Source: Medicaid paid claims from MMIS-DSS. Data Section, Department of Health Care Policy and Financing. September 9, 2016.

Medical necessity is determined through the referral and authorization process. Where required by the Medicaid regulations, a qualified practitioner of the healing arts must refer a client for services. The client's IEP or IFSP, when developed according to the Colorado Department of Education procedures, serve as an authorizing document. Technical assistance is provided for school district providers to identify those services delivered at schools that meet the definition of medical necessity. In addition, medical file reviews and quality assurance monitoring by the Department ensure that district providers comply with Medicaid requirements.

Federal Dollars Distribution to School Districts

As detailed in Table 3, during FY 2014-15, 48 SHS Program Providers received Medicaid reimbursement totaling $27,718,857 for direct service and Targeted Case Management. Additionally, as noted in Table 1, providers received $3,250,458 in MAC payments in FY 2014-15, and $3,407,917 in MAC payments for FY 2015-16 through three quarters – July 2015 – March 2016.

In FY 2015-16, claims submitted for Medicaid services by 50 SHS Program Providers resulted in interim payments and Medicaid reimbursement of $19,359,793 which were exclusively federal funds. As the original expenditure of the medical service was incurred by a public entity using local tax dollars or General Fund appropriated to educational institutions, the Medicaid reimbursement is federal funds.

In accordance with statute, the SHS Program can retain up to ten percent of the federal funds to cover the Department's and the Colorado Department of Education's administration costs. Starting in FY 2013-14, the Department lowered its withhold to eight percent. In FY 2015-16, $3,176,150 was retained by the Department to cover administration costs.

Table 3 - FY 2014-15 Net Medicaid Reimbursement to School Health Services Program Providers

School Health Services Program Provider	Total Net Medicaid Reimbursement Paid for FY 2014-15	FY 2015-16 Net Medicaid Interim Payments
Adams 12 Five Star Schools	$ 1,625,830	$ 1,219,959
Adams Arapahoe SD #28J	$ 3,401,266	$ 2,172,894
Adams County SD #14	$ 564,049	$ 321,303
Arapahoe County SD #6	$ 372,978	$ 177,231
Boulder County SD #2	$ 1,117,451	$ 936,846
Boulder County SD RE-1J	$ 1,019,137	$ 850,899

School Health Services Program Provider	Total Net Medicaid Reimbursement Paid for FY 2014-15	FY 2015-16 Net Medicaid Interim Payments
Buena Vista SD R-31	$ 87,744	$ 40,053
Cherry Creek SD #5	$ 1,770,381	$ 1,263,035
Colorado School for the Deaf and Blind	$ 328,187	$ 165,789
Colorado Springs SD 11	$ 1,061,822	$ 669,885
Counties of Adams & Weld SD 27J	$ 825,933	$ 554,976
Counties of Archuleta & Hinsdale JT	$ 50,864	$ 32,121
Delta County Joint SD 50J	$ 156,801	$ 65,997
Denver County SD #1	$ 3,075,760	$ 2,610,474
Douglas County SD #1	$ 1,463,024	$ 806,001
El Paso County SD #12	$ 74,835	$ 48,441
El Paso County SD #14	$ 60,951	$ 31,920
El Paso County SD #2	$ 213,823	$ 144,735
El Paso County SD #20	$ 774,288	$ 268,161
El Paso County SD #3	$ 182,108	$ 102,192
El Paso County SD #38	$ 120,918	$ 75,696
Englewood	$ 150,149	$ 70,494
Falcon SD 49	$ 539,272	$ 420,408
Garfield County SD RE-2	$ 255,599	$ 122,874
Gunnison Watershed SD	$ 42,268	$ 19,227
Ignacio SD 11JT	$ 15,147	$ 2,246
Jefferson County Public Schools	$ 1,739,387	$ 1,460,214
La Plata County SD #10JT-R	$ 41,378	$ 19,251
La Plata County SD #9-R	$ 129,407	$ 53,922
Lake County SD R-1	$ 66,441	$ 23,733
Lamar SD Re 2	$ 179,980	$ 111,051
Larimer County SD #2J	$ 874,810	$ 574,767
Mesa County Valley SD 51	$ 1,469,489	$ 1,138,722
Montezuma Cortez		$ 87,471
Montezuma County SD #RE-4A	$ 5,017	$ 3,282
Montrose County SD RE-1J	$ 298,668	$ 141,189
Otero County SD #1	$ 112,140	$ 54,762
Otero County SD #2	$ 25,075	$ 21,702
Pikes Peak BOCES	$ 205,633	$ 132,150
Platte Canyon SD 1		$ 27,000
Pueblo County SD #70	$ 699,102	$ 586,020

School Health Services Program Provider	Total Net Medicaid Reimbursement Paid for FY 2014-15	FY 2015-16 Net Medicaid Interim Payments
Pueblo SD #60	$ 519,932	$ 299,778
Rio Blanco BOCES	$ 23,011	$ 15,564
Roaring Fork SD	$ 146,952	$ 71,742
Salida SD R-32-J	$ 96,809	$ 61,083
SD Fremont RE-1	$ 161,345	$ 124,560
Teller County SD #2	$ 206,581	$ 119,895
Teller County SD RE-1	$ 37,157	$ 22,701
Weld County SD 6	$ 909,169	$ 746,949
Westminster SD	$ 420,789	$ 268,428
Totals	$ 27,718,857	$19,359,793