

Appendix E

Claiming Reimbursement

Quarterly Summary Invoice
Detail Invoice
Instructions

Insert current 12 pages from the “Medicaid Administrative Claiming Implementation Plan” containing graphics of the “Quarterly Summary Detail Invoice.” There are no changes.

Medicaid Administrative Claiming Claiming Reimbursement

Introduction

The Medicaid Administrative Claiming invoice is comprised of 5 pages, all of which are integrated into a single spreadsheet:

Page 1	Claim Form (invoice)
Page 2	Revenue Page
Page 3	Time Study Application: Consolidation
Page 4	Time Study Application: Allocation of Administrative Support
Page 5	Time Study Application: Time Study Participants

The form is provided in an excel spreadsheet application. The user needs to enter costs, revenues, the Medicaid eligibility percentage, and time study results into the appropriate cells/lines on the spreadsheet.

Whenever data is entered into a cell for any cost pool or activity code, this indicates that the user has documented evidence linking that cost or revenue to that specific cost pool or activity code. Such evidence should be maintained in the audit file, and must be based on empirical, demonstrable information.

For example, salaries or benefits assigned to counselors by entry on Page 5 should be evidenced by payroll documentations showing the expenditure of such salaries and benefits on individuals who are classified as counselors. If travel or training data is entered directly into Page 5, evidence linking such costs to specific counseling staff must be maintained.

Understanding Cost Pools

Direct costs associated with time study staff, allocated administrative costs and indirect costs are included in the claim. The direct costs included in the claim must be directly identifiable/attributionable to the time study participants. These costs are assigned to 4 cost pools. Users must understand the significance of these cost pools throughout the claim.

Cost Pool 1 – includes those costs and revenues related to time coded to those time study codes receiving 100% Medicaid reimbursement (Total Medicaid) matched at 50% FFP by all time study participants.

Cost Pool 2 – includes those costs and revenues related to time coded to those time study codes receiving a discounted Medicaid reimbursement

(Proportional Medicaid) matched at 50% FFP by all time study participants.

Cost Pool 3 – includes those costs and revenues related to time coded to those time study codes not claimable for Medicaid reimbursement by all time study participants.

Cost Pool 4 – includes the allocated administrative support costs and indirect rate costs included in the claim.

All costs in Cost Pool 4 will be distributed across Cost Pools 1, 2, and 3 in proportion to the distribution of Salary and Benefits of direct time study participants across the time study codes. Any revenues associated with Cost Pool 4 will also be split on this ratio to the other 3 cost pools.

Entering Identifying Information – Page 1

Consortium:	Enter the name of the stand-alone district or consortium
Contract #:	Enter the HHSC assigned contract number
Service Period:	Enter the time study quarter (Oct – Dec 2003)
District:	Enter the stand-alone district name or consortium member district
Invoice #:	Enter user specified invoice #
Medicaid Percent:	Enter the Medicaid percent for the district; this number is provided by the state

Entering Time Study Information, Worker Day Log (WDL) – Page 5

The time study information is entered at a job category level – for time study units and salary/benefits costs. This template provides for 5 rows of data for each participant category. On the first line of data, enter the participant category in column B and the total time study units for the period by code into the spreadsheet starting in column D and ending in column S. On the third line, in column T, enter the total amount of salary and benefits paid in the quarter for the participant category. The remainder of the cells for the participant category will be automatically calculated by the spreadsheet.

Continuing down the spreadsheet, repeat this process for each participant category in the time study.

The total salary and benefits will aggregate at the bottom of the sheet for all time study staff into Row E1. This percentage will be used to allocate any remaining direct costs associated with time study staff. These remaining costs will be

entered directly into Column T. Enter total salary/benefit costs for clerical staff that directly support the time study participants into Row E2. Enter total travel/training costs directly identifiable to the time study participants into Row E3. Enter any total operating costs directly identifiable to the time study participants into Row E4.

Direct operating costs include, but are not limited to:

- Office supplies
- Office furniture and equipments (non-depreciable)
- Computer software and equipment (non-depreciable)
- Printing/duplication costs not included in the indirect rate
- Professional fees and dues
- Publications

Any direct operating costs entered as part of direct staff costs must not be included in the calculation of the district's indirect rate.

Entering Time Study Information, Random Moment (RM) – Page 5

The time study information is entered for the entire pool of time study participants – for time study units and salary/benefits costs. This template provides for up to 74 participant categories and 5 rows of data for each participant category. On the first line of data, enter the participant category in column B, and include “Random Moment” in the category name. Next enter the total time study units for the period by code into the spreadsheet starting in column D and ending in column S. On the third line, in column T, enter the total amount of salary and benefits paid in the quarter for the Random Moment participant category. The remainder of the cells for the participant category will be automatically calculated by the spreadsheet.

Continuing down the spreadsheet, repeat this process for each Random Moment participant category in the time study.

The total salary and benefits will aggregate at the bottom of the sheet for all time study staff into Row E1. This percentage will be used to allocate any remaining direct costs associated with time study staff. These remaining costs will be entered directly into Column T. Enter total salary/benefit costs for clerical staff that directly support the time study participants into Row E2. Enter total travel/training costs directly identifiable to the time study participants into Row E3. Enter any total operating costs directly identifiable to the time study participants into Row E4.

Direct operating costs include, but are not limited to:

- Office supplies
- Office furniture and equipments (non-depreciable)
- Computer software and equipment (non-depreciable)
- Printing/duplication costs not included in the indirect rate
- Professional fees and dues
- Publications

Any direct operating costs entered as part of direct staff costs must not be included in the calculation of the district's indirect rate.

Entering Administrative Support Information – Page 4

Direct supervisory administrative costs may be included in the claim. The staff and the costs included in this portion of the claim must be not included as time study staff. Clerical staff costs supporting these supervisory staff may not be included in the claim.

There are two categories of these supervisory administrative support costs. The first is those supervisors who supervise only staff who participate in the time study and their direct clerical support. One hundred percent (100%) of the costs of these supervisory staff may be included in the invoice. These staff might include Special Education Administrators, Director of Nursing, Direct of Counseling, etc.

The second category is those supervisors who supervise both time studied and non-time study staff. The costs of the supervisory staff may be included in the claim on a prorated basis. These staff would include principals and assistant principals.

For category 1 – 100% supervision

In Rows S1 through S8, if applicable, list the title of the supervisory staff included 100% in the claim in Column B. In Column C, enter the associated salary/benefits costs associated with the supervisory staff. These costs will be totaled in Row S9.

For category 2 – Allocated Supervision

In Rows S1 through S8, if applicable, list the title of the supervisory staff included on a prorated basis in Column H. In Column J, enter the associated salary/benefit costs for these supervisory staff. These costs will be totaled in Row S9.

In Row S10, Column J, enter the total number of employees supervised by these staff.

In Row S11, Column J, enter the total number of time study employees supervised by these staff. The spreadsheet will automatically calculate the ratio of time study staff to total staff in Row S12. This ratio will be applied to the total costs for these allocated supervisory staff to determine the amount to be included in the claim. This amount will be shown in Row S13.

The spreadsheet will add the amounts of 100% supervisory costs (Row S9, Column C) and the allocated supervisory costs (Row S13). This total of supervisory costs to be included in the claim will be shown in Row S15.

Completing Consolidation – Page 3

All costs in Rows E1 through E5 are carried forward from Page 5 to Page 3. In addition, the costs in Row E6 are carried forward from Page 4.

Indirect costs attributable to the MAC program are calculated based on the district's TEA-approved unrestricted indirect cost rate. Indirect costs are identified in the TEA methodology as:

- Fiscal services
- General administration
- Maintenance and repairs
- Data processing
- Security
- Rent and utilities
- Other general services not assigned to individual positions or functions.

The only entry required on this page is the district's TEA-approved unrestricted indirect cost rate. This amount is to be entered into Row E8 in Column T. The rate will be multiplied against the total costs from Row E5 and Row E7 to determine the total indirect costs to be included in the claim. This amount will be shown below the indirect rate. This amount will then be split to the time study codes based on the salary/benefits percents of the time study staff.

Rows EA through EG are automatically calculated by the spreadsheet and will be carried forward to Page 1 for further calculations.

Entering Revenues – Page 2

Agencies generally refer to program income as "revenues", regardless of the source of income. In determining net cost, for which it is willing to pay a share,

the federal government expects agency income to offset agency costs, so that the “net cost” in which the federal agency shares is lower as a result.

Some revenues, or income, are not recognized as such by the federal Medicaid agency. Some income which the delivery agency may consider “revenue” actually represents not an offset to agency costs, but rather the matching funds needed to draw down federal support. Therefore, it is critical that the distinction between different sources of revenue be observed.

Page 2 classifies as “Unrecognized Revenue” those sources of agency income which need not be offset against costs. Therefore, revenues which can be documented in the categories show will not decrease the federal Medicaid administrative funding.

One significant type of “Unrecognized Revenue” is the Medicaid administrative federal funds received as a result of this claim process each quarter. Such administrative funds, when received from Title XIX, is known as “Medicaid Administrative Reimbursement” and is listed in Row RA. The following are classified as Unrecognized Revenues:

- RA Medicaid Administrative Reimbursement
- RB Other State Funds
- RC Local Government Funding
- RD Donations to Public Agencies
- RE Blank
- RF Blank

Enter all such revenues in Cost Pool 4.

The form classifies as “Recognized Revenues” those income amounts which must be adjusted against the costs of the agency. These revenues represent an offset to agency costs and will accordingly reduce the amount of cost in which the federal government will participate.

NOTE that state Medicaid and federal revenue to be included as “Recognized Revenues” include the match associated with such grants. Thus, the entire amount of Medicaid fee for service funding received from the state (which includes both the state share and the federal match) are to be included on Row RH.

Certain federal grants, such as research or special-purpose grants, require non-federal match in some ratio. That matching amount must be included, with the federal grant amount, on Row RI. Since that non-federal money has already been used to “draw down” federal match, it cannot be used again to draw Medicaid administrative funding.

Other Recognized Revenue to be entered included:

- RJ Medicare Reimbursement
- RK Insurance Reimbursement
- RL Fees (e.g., fees collected from clients)
- RM Blank
- RN Other revenue that cannot be identified to one of the categories shown

Enter the revenue into the appropriate cost pool. If the revenue cannot be exclusively linked with either Cost Pool 1, 2 or 3, enter the amount into Cost Pool 4. The revenue will then be split allocated to the other cost pools according to the salary/benefit ratios of the time study staff.

All recognized revenues supporting time study staff, supervisory administrative staff, and/or indirect costs must be included in the revenues to offset the claim. For those revenues that support costs included in the claim and costs not in the claim, a documented prorated amount of such revenue must be included in the claim.

Completing the Claim Form – Page 1

The spreadsheet will automatically complete the remainder of the claim.

Submit the claim form to the appropriate lead district (if applicable) for compilation into the Quarterly Summary Invoice and submittal to HHSC.

Completing the Quarterly Summary Invoice

The Quarterly Summary Invoice should be submitted to HHSC on district letterhead. If a consortium, this combined Quarterly Summary Invoice should be submitted on the lead district letterhead.

This form is completed for the purpose of summing up the amount of each detailed quarterly invoice, in instances where multiple programs are submitted through a single district.

This invoice also contains the certification statement that must be signed. This certification states that the information submitted is true and correct and that appropriate state/local government funds were on hand the certify the state share of the reimbursement. Claims that do not contain this statement cannot be paid. Additionally, the claim must be signed by district staff authorized to certify the claim for reimbursement.

Enter the following amounts:

Row A	Enter the amount from Page 1, Row AA in Cost Pool 1
Row B	Enter the amount from Page 1, Row AB in Cost Pool 2
Row D	Enter the amounts from Page 1, Row AD
Row E	Enter the amount for Page 1, Row AE

Row E represents the amount to be paid to the district for the quarter.