Commonwealth of Massachusetts

MassHealth School-Based Medicaid Program

Instruction Guide For School-Based Medicaid Administrative Claims

Revised July 2015
Replaces Guide Issued October 2009

Table of Contents

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Summary of Changes from Prior Version

Please note: This manual contains a number of changes, so it should be reviewed in its entirety. This summary of changes is being provided as a tool to direct special attention to certain areas of the most substantive changes, but should not be considered as all-inclusive.

- Part I: Overview – Filing Deadline and Certification

- Part II, Section 2 – Quarterly Claim Calculation Summary

- Part II, Section 3 – Quarterly Claim Calculation Detail - Medicaid Eligibility Percentage Calculation

- Part II, Section 4 – Quarterly Specialized Transportation Calculation

- Part II, Section 6 – Quarterly Detailed Expenditure Report

- Part II, Section 7 – Quarterly Out-of-District Tuition

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Part I: Overview

This document describes how Local Educational Authorities (LEAs) must complete and submit the quarterly Massachusetts School-Based Medicaid Administrative Activity Claims.

Filing Deadline and Certification

LEAs must submit claims electronically through the Administrative Activity Claim (AAC) Upload System (www.schoolbasedclaiming.net/eohhsweb/). Details regarding the submission process, file formats, and submission deadlines are available in Appendix III, AAC Upload System, of this guide.

Claims must be submitted quarterly with the final deadline for all claims in a fiscal year of midnight on October 15 following the close of the fiscal year, including amendments that increase the amount of the claim ("positively amended claims"). There is no deadline for filing amendments that reduce the amount of the claim (negatively amended claims). (Please refer to *All Provider Bulletin 224* for additional documentation requirements for negative amendments.) This deadline will hold regardless of holidays and weekends. Exceptions to the October 15 deadline will be granted only for extraordinary circumstances. In such instances, the provider must request approval from EOHHS in writing describing the circumstances at least 10 days prior to the submission deadline, not later than October 5.

The quarterly submissions follow the schedule below.

Claim Quarter	Quarter Dates	Upload Deadline	C.P.E. Deadline
Q1	July 1 – Sept 30	October 15	October 20
Q2	Oct 1 – Dec 31	January 15	January 20
Q3	Jan 1 – Mar 31	April 15	April 20
Q4	Apr 1 – June 30	July 15	July 20

The Certification of Public Expenditure (CPE) (refer to Appendix I and II for original and amended certification form letters) must be signed by an officer of the LEA, such as the school Superintendent or the Business Manager. LEAs must submit signed original CPE letters by midnight on the dates above to the University of Massachusetts Medical School (UMMS) on school district letterhead, at the address below.

University of Massachusetts Medical School
Center for Health Care Financing
School-Based Medicaid Program
333 South Street
Shrewsbury, MA 01545

Part II: Claim Calculation Instructions

The claim upload template has seven sections. A description of each section can be found in Appendix III of this document. The Excel template is available for download on the Web at www.schoolbasedclaiming.net/eohhsweb/.

Except where otherwise specifically noted, LEAs must report all expenditures in the Administrative Activity Claims as actual expenditures in the quarter in which the expenditure occurred (*i.e.,* the check date of the expenditure determines the reporting period, not the service date that the expenditure may have been for). Please note that the exception to this rule is prepaid expenditures that must be claimed in the period in which the services were rendered.

Note: *LEAs must exclude restricted federal funding from the report of actual LEA expenses; only state/local funding sources may be included. In addition, LEAs must exclude expenditures that were used to satisfy a federal matching requirement.*

Section 1 – Claim Header Information (Appendix VI, Section 1)

Line 1: Enter the year for the claiming period.
Line 2: Enter the quarter for the claiming period (example: Jan-Mar).
Line 3: Enter the School District Medicaid Provider Identification Number.
Line 4: This line will be prepopulated with MA.
Line 5: Enter the School District name.
Line 6: Enter the name of the vendor/collaborative who is submitting the claim, if applicable.
Line 7: Enter the claim type, original for an original/initial submission or amendment for an amended submission.
Line 8: Enter the gross claim expenses from the Quarterly Claim Calculation Summary (Appendix VI, Section 2, Row 10).
Line 9: Enter the net claim expenses from the Quarterly Claim Calculation Summary (Appendix VI, Section 2, Row 11).
Line 10: Enter the amended claim number, if applicable. If the claim is an amendment to a claim previously uploaded, enter the claim number of the original claim.

Section 2 – Quarterly Claim Calculation Summary (Appendix VI, Section 2)

Line 1: Enter the capital percentage rate from Appendix VI, Section 5 – Annual Capital Calculation, Column C, Row 6.
Line 2: Enter the school district's unrestricted indirect cost rate, as calculated by the Department of Elementary and Secondary Education (DESE)*. If there are no indirect cost rates published for the fiscal year of the claim, then claims should be submitted using the most recently published rates available. Indirect cost rates may be found on the DESE website at the following address.
www.doe.mass.edu/grants/essential.html

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*Note: *Refer to Appendix VIII for additional instructions related to Indirect Cost Rates, exclusion of costs, and special instructions for Charter Schools that may use a 10% indirect cost rate.*

Line 3: Enter the direct service providers gross claim amounts from Appendix VI, Section 3 – Quarterly Claim Calculation Detail for Cost Pool 1. This is completed by adding the total gross claim amounts (Column G) for activity codes B, D, F, H, J, and N.

Line 4: Enter the administrative only providers gross claim amounts from Appendix VI, Section 3-Claim Calculation Detail for cost pool 2. This is completed by adding the total gross claim amounts (Column G) for activity codes B, D, F, H, J, and N.

Note: *Refer to the chart at the end of this section for a list of personnel contained in each cost pool.*

Line 5: Enter the gross claim amount for Specialized Transportation from Appendix VI, Section 4 - Quarterly Specialized Transportation Calculation Column E, Row 1.
Line 6: Enter the gross claim subtotal 1 amount by adding Lines 3, 4, 5.
Line 7: Enter the capital costs by multiplying Line 6 by Line 1.
Line 8: Enter the gross claim subtotal 2 amount adding Line 6 and Line 7.
Line 9: Enter the indirect costs by multiplying Line 8 by Line 2.
Line 10: Enter the total gross claim amount by adding Line 8 and Line 9.
Line 11: Enter the total net claim amount by multiplying Line 10 by 50%.

Cost Pool 1: Direct Service Providers (providers must meet the provider qualifications and perform Medicaid-Covered direct services as prescribed in the student(s) IEP. For staff salary and fringe benefit expenditures to be eligible for inclusion in the Administrative Activity Claim, the staff member must have been a participant in the quarterly RMTS and their salary costs must not be duplicative of those costs reimbursed through the application of the Indirect Cost Rate. Refer to the *School-Based Medicaid Program Instruction Guide for Statewide Random Moment Time Study* **and Appendix VIII: Indirect Cost Rates in this manual for additional details and instructions.)**

- Speech/Language Therapist -– Medicaid Definition (130 CMR 432.404(C) or 432.405)
- Speech/Language Assistant – Medicaid Definition (260 CMR 10.02)
- Occupational Therapist – Medicaid Definition (130 CMR 432.404(B) or 432.405)
- Occupational Therapy Assistant – Medicaid Definition, (259 CMR 3.02 (1) through (3))
- Physical Therapist - Medicaid Definition – (130 CMR 432.404 (A) or 432.405)
- Physical Therapy Assistant – Medicaid Definition (259 CMR 5.02 (1) through (3))
- Registered Nurse – Medicaid Definition (130 CMR 414.404 (A)

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- Licensed Practical Nurse – Medicaid Definition (130 CMR 414.404 (A)
- Audiologist - Medicaid Definition (130 CMR 426.404)
- Audiologist Assistant - Medicaid Definition (260 CMR 10.02)
- Hearing Instrument Specialist - Medicaid Definition (130 CMR 416.404)
- Counselor - Medicaid Definition – (130 CMR 429.424(E)(2))
- Psychologist 1 - Medicaid Definition (130 CMR 429.424.(B)(1) or 429.424(B)(2))
- Psychologist 2 - Medicaid Definition (130 CMR 429.424.(B)(1) or 429.424(B)(2))
- Social Worker 1 - Medicaid Definition (130 CMR 429.424 (C)(1) or 429.424 (C)(2))
- Social Worker 2 - Medicaid Definition (130 CMR 429.424 (C)(1) or 429.424 (C)(2))
- Personal Care Service Provider- Medicaid Definition (42 CFR 440.167)
- Medicaid Billing Personnel
- Psychiatrist – Medicaid Definition (130 CMR 429.424(A)(1) or 429.424(A)(2))

Cost Pool 2: Administrative Only Staff. For staff salary and fringe benefit expenditures to be eligible for inclusion in the Administrative Activity Claim, the staff member must have been a participant in the quarterly RMTS and his/her salary costs must not be duplicative of those costs reimbursed through the application of the Indirect Cost Rate. Refer to the *School-Based Medicaid Program Instruction Guide for Statewide Random Moment Time Study* and Appendix VIII: Indirect Cost Rates in this manual for additional details and instructions.

- Speech/Language Aide, Assistant
- Speech/Language Therapist
- Occupational Therapist
- Occupational Therapist Aide, Assistant
- Physical Therapist Aide, Assistant
- Physical Therapist
- Audiologist
- Audiologist Assistant or Aide
- School Psychologist
- Hearing Instrument Specialist
- School Psychologist Intern
- Case Manager
- Counselor
- School Adjustment Counselor
- School Guidance Counselor
- Nurse
- Nurse's Aide

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- Psychiatrist
- Psychologist
- Social Worker
- Personal Care Service Provider
- Direct Support Personnel
- Vision Specialist
- Physician

*If personnel perform direct services related to the categories listed in Cost Pool 1 but do not meet the provider qualifications, they should be included in Cost Pool 2.

Related Materials
School-Based Medicaid Instruction Guide for Statewide Random Moment Time Study (revised July 2015)
School-Based Medicaid Provider Bulletin 28 (July 2015)

Section 3 – Quarterly Claim Calculation Detail (Appendix VI, Section 3)

There are two claim calculation pages, one for the Direct Service cost pool (cost pool 1) and one for the Administrative Only cost pool (cost pool 2).

Column A: Enter the cost pool number.
Column B: Activity codes
Column C: Enter the statewide percentage of time spent on each activity code, as provided by MassHealth. The RMTS results are distributed approximately 30 days after the close of each quarter.
Column D: Enter the Total Cost Pool amount from Appendix VI, Section 6 – Quarterly Detailed Expenditure Report.
Column E: Enter the Medicaid Eligibility Percentage for activity codes F, H, and J. No entry is required for activity codes A, B, C, D, E, G, I, K, L, M, and N.

Medicaid Eligibility Percentage Calculation (to be used for Column E, codes F, H, and J above)

Overview
In order to claim for a Medicaid covered direct health service that is provided to a student, the student must be between the ages of three years and up to age 22, eligible for federal Medicaid reimbursement and enrolled in one of the following coverage types.
- MassHealth Standard
- MassHealth CommonHealth
- MassHealth Family Assistance
- MassHealth Care Plus

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Members who are in the following subcategories are not eligible for federal payment for nonemergency services.

- MassHealth Standard (16, 41, 44, 45, VX, VW)
- MassHealth CommonHealth (51, 54, 55, E1, E2, E3, E4, ED, EH, EN)
- MassHealth Family Assistance (58, 73, 85, 87, 90. 91, 95, 96, AC, ED, EH, N1, P1, P2, P4, P5, Q1, S2, S3, V1, V2, W9)

Massachusetts provides services through these coverage types to a limited number of individuals who are not eligible for federal reimbursement. Services provided to individuals who receive services at full state cost are not eligible for federal reimbursement under the School-Based Medicaid program.

Note: *The School-Based Medicaid Program reimburses the public entity that has the financial responsibility for providing services to the student, regardless of where the student attends school. In general, if a student is residing in one district and attending school in another district, and the district where the student resides is paying for the student to attend school in the other district, only the district in which a student resides may file a Medicaid claim or include that student on its enrollment roster for the purpose of determining the Medicaid Eligibility Percentage.*

The exception is if a student is attending a regional vocational/technical or agricultural school district or charter school. In such cases, only the regional vocational/technical or agricultural school district or charter school is eligible to file a Medicaid claim on behalf of the student. The sending public school district cannot submit claims for any such student or include that student on their enrollment roster for the purpose of determining the Medicaid Eligibility Percentage.

The following chart is intended to help clarify the variety of situations that occur with student enrollment and the correct financial responsibility for the purpose of the School-Based Medicaid Program in each situation.

Financial Responsibility Determination

Sending School District (SD)	Receiving School District (SD)	School District with Financial Responsibility	District Claiming the Student under Medicaid (includes in Eligibility Statistics)
Public SD	Public SD (School Choice)	Sending Public SD	Sending Public SD
Public SD	Charter School **	Sending Public SD	Charter School
Public SD	Home School	Sending Public SD	Sending Public SD
Public SD	Private School (Special Education (SPED) placement)	Sending Public SD	Sending Public SD
Public SD	Private School (other private/religious school - not a SPED placement)	Private School *	N/A
Public SD	Regional SD (School Choice)	Sending Public SD	Sending Public SD

Public SD	Regional Voc/Tech	Sending Public SD	Regional Voc/Tech
Regional SD	Public SD (School Choice)	Sending Regional SD	Sending Regional SD
Regional SD	Charter School **	Sending Regional SD	Charter School
Regional SD	Home School	Sending Regional SD	Sending Regional SD
Regional SD	Private School (SPED placement)	Sending Regional SD	Sending Regional SD
Regional SD	Private School (other private/religious school - not a SPED placement)	Private School *	N/A *
Regional SD	Regional SD (School Choice)	Sending Regional SD	Sending Regional SD
Regional SD	Regional Voc/Tech	Sending Regional SD	Regional Voc/Tech
Public SD	Any METCO	Receiving METCO SD	Receiving METCO SD
Regional SD	Any METCO	Receiving METCO SD	Receiving METCO SD

NOTES

 * Private schools are not eligible to participate in the School-Based Medicaid Program.
 ** Horace Mann Charter schools are part of a **Public** School District.
 Refer to the *Municipally Based Health Services Bulletin 8*, dated October 2003.

Calculating the Medicaid Eligibility Percentage

Step 1: Gather quarterly school district enrollment information as of the fifth day of the quarter: July 5 for the July-September quarter; October 5 for the October-December quarter; January 5 for the January-March quarter; and April 5 for the April-June quarter. This list may include only those students for whom the LEA is financially responsible, as described above, who are between the ages of three and 22 years.

Step 2: Access the MassHealth School-Based Medicaid web-based matching system
  ➢ To access the system the provider must complete and submit the School-Based Medicaid Program District Contact Designee Information form designating any individuals who should have access to student data and who will be responsible for the eligibility matching process for each LEA. Only individuals designated will receive a user ID and password allowing access. To access the system go to www.chcf.net/chcfweb. Complete a direct match effective as of the following dates: January 5, April 5, July 5, and October 5. The system will only include students in reimbursable aide categories who are eligible on the given date. District-wide Medicaid-eligible percentage is based on students in the following categories.

  ➢ MassHealth Standard
  ➢ MassHealth CommonHealth
  ➢ MassHealth Family Assistance
  ➢ MassHealth Care Plus

Students in the following aide categories are not eligible for school based claiming and will not be included in the MassHealth School-Based Medicaid web-based matching system.

- ➢ MassHealth Standard (16, 41, 44, 45, VX, VW)
- ➢ MassHealth CommonHealth (51, 54, 55, E1, E2, E3, E4, ED, EH, EN)
- ➢ MassHealth Family Assistance (58, 73, 85, 87, 90. 91, 95, 96, AC, ED, EH, N1, P1, P2,P4, P5, Q1, S2, S3, V1, V2, W9)

Step 3: Using the result of the data match, calculate the quarterly ratio of Medicaid-eligible students to the total number of students for whom the LEA is eligible to include in their statistics as described above. The resulting percentage is the Medicaid Eligibility Percentage.

Step 4: The components of the Medicaid Eligibility Percentage must be reported at the top of the Calculation Detail section of the quarterly administrative claim as follows.

Total Students in district on 5th day of quarter: Enter the total number of students for whom the LEA is financially responsible (as described above in the Financial Responsibility Determination Table) as of the 5th day of the quarter.

Total Medicaid Students: From the School-Based Medicaid eligibility response file, enter the total number of students for whom the district has accepted the active or possible match response as correctly identifying a student belonging to the district, and whose CHIP Code and Description in the response is N – Not in CHIP.

Total CHIP-Stand Alone Students: From the School-Based Medicaid eligibility response file, enter the total number of students for whom the district has accepted the active or possible match response as correctly identifying a student belonging to the district, and whose CHIP Code and Description in the response is SA – Title XXI Stand Alone.

Total CHIP-MA Expansion Students: From the School-Based Medicaid eligibility response file, enter the total number of students for whom the district has accepted the active or possible match response as correctly identifying a student belonging to the district, and whose CHIP Code and Description in the response is ME – Title XIX Expansion.

Column F: Enter the General Administrative Factor for activity code N.
The General Administrative Factor is calculated to allocate the amount of time spent performing general administrative activities to the amount of time spent performing Medicaid administrative activities. A separate factor is calculated for Cost Pool 1 and Cost Pool 2. The formula for calculating each cost pool's factor is as follows. The letters correspond to the RMTS activity codes.

[B% + D% + (F% * Medicaid Eligibility Percentage) + (H% * Medicaid Eligibility Percentage) + (J%* Medicaid Eligibility Percentage)]

A% + B% + C% + D% + E% + F% + G% + H% + I% + J% + K% + L% + M%

Column G: Enter the total gross claim amount for each activity code by multiplying Column C x Column D x Column E (where applicable) x Column F (where applicable).

Section 4 – Quarterly Specialized Transportation Calculation (Appendix VI, Section 4)

Column A: Enter the school district's quarterly specialized transportation expenditures for **special education students**. Specialized transportation is defined as transportation in a vehicle that is specially equipped or staffed to accommodate students with specialized medical needs to transport them to school or to receive medical services from a provider outside of school. Claimable specialized transportation expenditures include the following.

- Expenditure to a transportation provider/company for specialized transportation only
- The rent/lease of a specialized vehicle claimed in the quarter in which the expenditure was made, provided that expenditure is not duplicative of those already reimbursed through the application of the Indirect Cost Rate (see Appendix VIII)
- Salaries of drivers of specialized transportation vehicles owned/rented/leased and operated by the school district
- Maintenance and repair costs for specialized transportation vehicles owned/rented/leased and operated by the school district, provided that expenditure is not duplicative of those already reimbursed through the application of the Indirect Cost Rate (see Appendix VIII)

Regular school transportation and the cost of bus monitors who are not tending the medical needs of a child are not reimbursable and cannot be included on a claim.

Column B: Enter the specialized transportation percentage.

Specialized Transportation Percentage Calculation

Step 1: Gather quarterly school district special education enrollment information as of the fifth day of the quarter: July 5 for the July-September quarter; October 5 for the October-December quarter; January 5 for the January-March quarter; and April 5 for the April-June quarter. Special education enrollment includes only those special education students for whom the LEA is financially responsible as described in Section 3 (pages 5-7) above.

Step 2: From the quarterly special education enrollment information, identify the number of students who receive specialized transportation services.

Step 3: From the special education students identified in Step 2, identify the number of students who have specialized transportation in their IEP for a medical reason.

Step 4: Using the totals from Step 2 and Step 3, calculate the quarterly ratio of Special Education students with transportation in their IEP for a medical reason to the total number of Special Education students receiving specialized transportation services. The resulting percentage is the Specialized Transportation Percentage.

Column C: Enter the Special Education Medicaid Eligibility Percentage.

Special Education Medicaid Eligibility Percentage Calculation

Overview: The school district must follow the same rules for determining financial responsibility for students as detailed above in Section 3 (pages 5-7). For the Special Education Medicaid Eligibility Percentage, the district should follow all of the same guidelines and apply them to their special education student population only.

Note: SCHIP is now CHIP

Step 1: Gather quarterly school district special education enrollment information as of the fifth day of the quarter: July 5 for the July-September quarter; October 5 for the October-December quarter; January 5 for the January-March quarter; and April 5 for the April-June quarter. Special education enrollment includes those special education students for whom the LEA is financially responsible as described in Section 3 (pages 5-7) above, and who are between the ages of three and 22 years.

Step 2: Access the School-Based Medicaid web-based matching system offered by MassHealth at www.chcf.net/chcfweb. Complete a direct match as of the following dates: January 5, April 5, July 5 and October 5. The system will only include people in reimbursable aide categories who are eligible on the given date. Special Education Medicaid eligibility percentage is based on students in the following categories.
  ➢ MassHealth Standard
  ➢ MassHealth CommonHealth
  ➢ MassHealth Family Assistance
  ➢ MassHealth Care Plus

Students in the following aide categories will *not* be included.
  ➢ MassHealth Standard (16, 41, 44, 45, VX, VW)
  ➢ MassHealth CommonHealth (51, 54, 55, E1, E2, E3, E4,ED, EH, EN)
  ➢ MassHealth Family Assistance (58, 73, 85, 87, 90. 91, 95, 96, AC, ED, EH, N1, P1, P2, P4, P5, Q1, S2, S3, V1, V2, W9)

Step 3: Using the result of the data match, calculate the quarterly ratio of Special Education Medicaid eligible students in the school district to the total number of Special Education students for whom the school district is financially responsible. The resulting percentage is the Special Education Medicaid Eligibility Percentage.

Step 4: The components of the Special Education Medicaid Eligibility Percentage must be reported at the top of the Calculation Detail section as follows below.

Total Students in district on fifth day of quarter: Enter the total number of special education students for whom the LEA is financially responsible as of the fifth day of the quarter.

Total Medicaid Students: From the School-Based Medicaid eligibility response file, enter the total number of special education students for whom the district has accepted the active or possible match response as correctly identifying a student belonging to the district, and whose Chip Code and Description in the response is N – Not in CHIP.

Total CHIP-Stand Alone Students: From the School-Based Medicaid eligibility response file, enter the total number of special education students for whom the district has accepted the active or possible match response as correctly identifying a student belonging to the district, and whose CHIP Code and Description in the response is SA – Title XXI Stand Alone.

Total CHIP-MA Expansion Students: From the School-Based Medicaid eligibility response file, enter the total number of students for whom the district has accepted the active or possible match response as correctly identifying a student belonging to the district, and whose CHIP Code and Description in the response is ME – Title XIX Expansion.

Column D: The statewide average of time spent receiving Medicaid covered services. MassHealth provides this percentage.

Column E: Calculate the gross claim amount for specialized transportation by multiplying Column A x Column B x Column C x Column D.

Section 5 – Annual Capital Calculation (Appendix VI, Section 5)

Note: *This is an annual calculation. Complete this calculation once per fiscal year and apply the calculation to all quarterly claims within that fiscal year.*

Column A, Row 1: Enter acquisition cost of buildings and fixed assets in active use and occupancy by the LEA during the claim period. LEAs are required to report the actual acquisition cost of capital asset not insured values or replacement values. Note: see the Super Circular in the Federal Register Volume 78, No. 248 (December 26, 2013); OMB 2 CFR Chapter I, Chapter II, Part 200, et al. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule (formerly OMB Circular A-87 (B),) states, "Where actual cost records have not been maintained, a reasonable estimate of the original acquisition cost may be used."

Acquisition costs of buildings and fixed assets include costs related to the following.
- The acquisition of building
- The acquisition of fixed assets

- Land improvements, such as paved parking areas, fences, and sidewalks
- Any of the buildings' components, such as plumbing system, heating system, and air-conditioning system

Acquisition costs of buildings and fixed assets do not include costs related to the following.
- Any equipment which is merely attached or fastened to the building, but not permanently fixed to it, which is used as furnishing or decoration or for specialized purposes
- The cost of land
- Any portion of the cost of buildings and equipment borne or donated by the federal government, regardless of where title was originally vested or where it presently resides

Column B, Row 1: Annual Use Allowance = 2%. This percentage is provided by MassHealth and is included in the Administrative Activity Claim template.
Column C, Row 1: Enter the total Building and Fixed Valuation by multiplying Column A, Row 1 x Column B, Row 1
Column A, Row 2: Enter Major Movable Valuation

Major Movable Valuation includes
- The acquisition costs of the school district's equipment that is not included in the value of buildings and fixed assets.

Major Movable Valuation does not include
- The cost of land
- Any portion of the cost of buildings and equipment borne or donated by the federal government regardless of where title was originally vested or where it presently resides
- Any portion of the cost of buildings and equipment contributed by or for the governmental unit or a related donor or organization in satisfaction of a federal matching requirement

Column B, Row 2: Annual Use Allowance = 6.67%. MassHealth provides this percentage. No entry is required.
Column C, Row 2: Multiply Column A, Row 2 x Column B, Row 2
Column A, Row 3: Enter Net Interest Expense

Since claims are filed during the fiscal year, the net interest expense in Column A, Row 3 consists of the school district's budgeted interest expenses for the fiscal year associated with land, equipment, and school building acquisition, construction, fabrication, reconstruction, and remodeling minus earned interest. The LEA may include no other interest expenses on the claim.

Note: *Allowable interest costs and interest earnings offsets must meet the following conditions (See the Super Circular in the Federal Register Volume 78, No. 248,*

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December 26, 2013; OMB 2 CFR Chapter I, Chapter II, Part 200, et al. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule*).*

- The interest is associated with financing provided (other than tax or user fee sources) by a *bona fide* third party external to the municipality or school district.
- The assets are used in support of the Medicaid Program.
- Earnings on debt-service reserve funds or interest earned on borrowed funds pending payments of the construction or acquisition costs are used to offset the current period's cost or the capitalized interest, as appropriate. Earnings subject to being reported to the U.S. Internal Revenue Service under arbitrage requirements should be excluded from the annual capital calculation.
- For debt arrangements over $1 million, unless the municipality or school district makes an initial equity contribution to the asset purchase of 25% or more, the municipality or school district shall reduce claims for interest cost by an amount equal to imputed interest earning on excess cash flow, which is to be calculated as follows. Annually, non-federal entities shall prepare a cumulative (from the inception of the project) report of monthly cash flows that includes inflows and outflows, regardless of the funding source. Inflows consist of depreciation expense, amortization of capitalized construction interest, and annual interest cost. For cash flow calculations, the annual inflow figures shall be divided by the number of months in the year (i.e., usually 12) that the building is in service. Outflows consist of initial equity contributions, debt principal payments (less the pro rata share attributable to the unallowable costs of land) and interest payments. Where cumulative inflows exceed cumulative outflows, interest shall be calculated on the excess inflows for that period and be treated as a reduction to allowable interest cost. The rate of interest to compute earnings on excess cash flows shall be the three-month U.S. Treasury bill-closing rate as of the last business day of that month.
- Interest attributable to fully depreciated assets is unallowable.

Column C, Row 3: Enter Net Interest Expense
Column C, Row 4: Enter the subtotal Capital by adding Column C, Rows 1,2,3
Column C, Row 5: Enter the sum of the total annual budgeted school-districtwide salaries and total annual budgeted districtwide fringe benefits
Column C, Row 6: Enter the capital percentage rate by dividing Column C, Row 4 by Column C, Row 5

> **Related Materials**
> *Super Circular in the Federal Register Volume 78, No. 248, December 26, 2013;* OMB 2 CFR Chapter I, Chapter II, Part 200, *et al*. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule

Section 6 – Quarterly Detailed Expenditure Report (Appendix VI, Section 6)

Complete the following sections for Cost Pool 1 and Cost Pool 2.

Note: Include personnel information and salary costs for all individuals who were eligible to participate in the RMTS for that quarter and who were included on the participant list submitted for that quarter. Salary costs must not be duplicative of those costs reimbursed through the application of the Indirect Cost Rate. (See Appendix VIII for additional information.)

If an individual started working for the LEA after the date the participant list was due, his/her costs may be included in the claim only if they were included on the RMTS participant list for the following quarter.

If a person employed by the LEA changes from a job that is not included in RMTS to a job that is included after the date the RMTS list was due, that person may be included in the claim with the salary and fringe benefits on and after the effective date of the new position, only if he/she was included on the RMTS participant list for the following quarter.

If a person is hired by the LEA as a substitute and subsequently becomes a full-time employee after the RMTS list was due, that person may be included in the claim with the salary and fringe benefits on and after the effective date of the new full time position, only if he/she was included on the RMTS participant list for the following quarter.

If an employee's salary was 100% federally funded that person was not included in the RMTS. The 100% federal funding ends after the RMTS list was due. That person may be included in the claim with the salary and fringe benefits after the end of the date of the 100% federal funding only if he/she was included on the RMTS participant list for the following quarter.

An employee was included in RMTS and then was on a long-term leave of absence and not included on the RMTS list for one or more quarters. For the quarter of the employee's return to work, the leave of absence ends after the RMTS list was due. That person may be included in the claim with the salary and fringe benefits after the end of the leave of absence only if he/she was included on the RMTS participant list for the following quarter.

For claims for the quarter 7/1 to 9/30, include all participants for whom the LEA has costs and who were included on the participant list for **any** of the three prior quarter's RMTS. If an individual started working for the LEA after the last RMTS, his/her costs may be included in the claim only if he/she was included on the RMTS list for the following quarter.

Personnel in both cost pools must be submitted in the claim exactly as they were submitted for the RMTS participant list. No changes to any staff member's job description, Medical Yes/No designation or cost pool are allowed in the claim.

A. Personnel Information

Column A: Enter employee/contractor's last name.
Column B: Enter the employee/contractor's first name.
Column C: Enter the employee ID number.
Column D: Enter the job code, indicating if the individual is an employee or contractor.
Column E: Enter the employee /contractor's job description title. Refer to Appendix IV for list of titles.
Column F: Enter Y or N, indicating if the individual is providing Medicaid Covered direct medical IEP Services.
Column G: Enter the employee's cost pool number. Enter 1 for Direct Service Providers, 2 for Administrative Only Providers.

B. Salary and Benefits

Note: *Only actual fringe benefit costs may be included. The use of an allocated fringe benefit percentage is not allowed.*

Column H: Enter the individual's actual quarterly salary or contractual payment before the federally funded percentage is applied.
Column I: Enter the percentage of the individual's salary or contractual payment that is paid with federal funds.
Column J: Enter the individual's actual quarterly salary or contractual payment without federal funds.
Column K: Enter the actual amount of employer- paid unemployment contribution for each employee.
Column L: Enter the actual amount of employer-paid group health insurance for each employee.
Column M: Enter the actual amount of employer-paid Medicare tax for each employee.
Column N: Enter the actual amount of employer-paid Workers Compensation or injury payments for each employee.
Column O: Enter the actual amount of employer-paid retirement for each employee.
Column P: Enter the actual amount of employer-paid other benefits for each employee.
Column Q: Enter the total of columns J, K, L, M, N, O, and P.

C. Other Related Costs

Materials: Enter actual quarterly material and supply expenditures attributed to each cost pool. Include only material and supply costs funded by state/local revenue that

are used to assist in the performance of reimbursable Medicaid administrative activities. The cost of materials and supplies used in the delivery of health-related services should not be included.

Out-of-District Tuition: Enter actual quarterly out of district tuition expenditure attributed to each cost pool from the Quarterly Out-of-District Tuition worksheet (Section 7, column I).

Purchased Services (Cost Pool 2 only): Enter actual quarterly purchased services expenditures attributed to Cost Pool 2 that are related to the delivery of Medicaid administrative activities. The cost of purchased services used in the delivery of health-related services should not be included.

Total Salary: Enter sum of salary + benefits for each cost pool (from Column Q).

Total Cost Pool: Enter sum of salary/benefits + materials + out of district tuition + purchased services for each cost pool. NOTE: Purchased services costs are only included for Cost Pool 2.

Section 7 – Quarterly Out-of-District Tuition (Appendix VI, Section 7)

Not all out-of-district tuition expenditures can be claimed. In order to be claimed, the following criteria must be met.
- The out-of-district special education placement must be prescribed in the student's IEP and appropriately authorized.
- The student must be receiving medically necessary Medicaid covered medical services, which are included in the cost of the tuition while attending the out-of-district program, as prescribed by the student's IEP.
- The out-of-district expenditure was not paid to another public school district.
- The out-of-district expenditure was not funded by federal grant(s) or was not a required state or local match on federal grants(s).
- The out-of-district expenditure was not paid to the Judge Rotenberg Center (see School-Based Medicaid Bulletin 23, April 2013).

Tuition expenditures for out-of-district placements that are for educational purposes or for programs that do not provide Medicaid covered services are not allowable. Tuition expenditures for students who do not have Medicaid-covered medical services in their IEP are not allowable.

Please note that Medicaid covered medical services include speech therapy, physical therapy, occupational therapy, audiology, nursing, personal care, and psychotherapy. Please refer to Bulletin 17 (April, 2009), Bulletin 18 (November, 2009), Bulletin 23 (April, 2003), and Bulletin 24 (June, 2013) for additional details.

Out-of-district tuition expenditures must be reported by Organization, Program Type, Program Name and Elementary and Secondary Education (ESE) Program Code in the detail section of the tuition worksheet. (See Appendix VI, Section 7.)

Tuition expenditures for students who are also clients of the Department of Children and Families (DCF), the Department of Mental Health (DMH), or the Department of Youth Services (DYS), Cost Shares must be broken out into the correct Cost Share Tuition program by reporting the appropriate Cost Share program in the Organization field.

In the case of pre-paid tuition for the whole year, the amount must be divided by four and one quarter of the tuition reported in each quarter the child attends school.

Column A: Enter the cost pool number.

Column B: Enter the appropriate cost pool quarterly tuition expenditures for Approved Chapter 766 and collaboratives by program for day schools. Tuition for cost share students with DCF, DMH or DYS must be reported separately from non-cost share tuition.

Column C: Percent of health-related services for day schools: These percentages are provided by MassHealth.

Column D: Enter sum of Column B x Column C.

Column E: Enter the appropriate cost pool quarterly tuition expenditures for Approved Chapter 766 and Collaboratives by program for residential schools. Tuition for cost-share students with DCF, DMH, or DYS must be reported separately from cost-share tuition.

Column F: Room and board discount: This percentage is provided by MassHealth.

Column G: Percent of health-related services for residential schools: These percentages are provided by MassHealth.

Column H: Enter the sum of Column E x Column F x Column G.

Column I: Enter the sum of Column D + Column H.

_____

Appendix I

<u>Quarterly Certification of Public Expenditure</u>

I hereby certify that

1. I have examined this statement, the accompanying Supporting Schedules, the allocation of allowable expenditures, and the attached Worksheets for the period from _____(date) to _____(date), and that to the best of my knowledge and belief they are true and correct statements prepared from the books and records of the public agency in accordance with applicable cost report instructions.

2. The expenditures included in this statement are based on the actual cost of allowable expenditures for activities that support the implementation of the Medicaid state plan.

3. The required amount of public funds were available and used to pay for the total allowable expenditures included in this statement, and such public funds are not Federal funds, or are federal funds authorized by federal law to be used to match other federal funds.

4. I understand that federal matching funds are being claimed on the expenditures identified in this report.

5. I am the officer authorized by the referenced public agency to submit this form to the single state Medicaid agency and I have made a good faith effort to assure that all information reported is true and accurate.

6. I understand that this information will be used by the single state Medicaid agency as a basis for claims for federal funds and that falsification or concealment of a material fact by me may result in my prosecution under federal or state civil or criminal law.

Administrative Activity Gross Claim Expenses $_____
Administrative Activity Net Claim Expenses $_____

_____
Signature

_____
Printed Name   Title

_____
Date   School District Name

> *The Quarterly Certification of Public Expenditure statement must be submitted as a single-page document to the Office of Medicaid on your school district letterhead.*

_____

Appendix II

<u>Quarterly Certification of Public Expenditure for Amended Claims</u>

I hereby certify that

1. I have examined this statement, the accompanying Supporting Schedules, the allocation of allowable expenditures and the attached Worksheets for the period from _____(date) to _____(date), and that to the best of my knowledge and belief they are true and correct statements prepared from the books and records of the public agency in accordance with applicable cost report instructions.

2. The expenditures included in this statement are based on the actual cost of allowable expenditures for activities that support the implementation of the Medicaid state plan.

3. The required amount of public funds were available and used to pay for the total allowable expenditures included in this statement, and such public funds are not federal funds, or are federal funds authorized by federal law to be used to match other federal funds.

4. I understand that federal matching funds are being claimed on the expenditures identified in this report.

5. I am the officer authorized by the referenced public agency to submit this form to the single state Medicaid agency and I have made a good faith effort to assure that all information reported is true and accurate.

6. I understand that this information will be used by the single state Medicaid agency as a basis for claims for federal funds and that falsification or concealment of a material fact by me may result in my prosecution under federal or state civil or criminal law.

Original Administrative Activity Gross Claim Expenses
$_____
Original Administrative Activity Net Claim Expenses
$_____

Amended Administrative Activity Gross Claim Expenses
$_____
Amended Administrative Activity Net Claim Expenses
$_____

Difference Administrative Activity Gross Claim Expenses
$_____
Difference Administrative Activity Net Claim Expenses
$_____

_____

_____
Signature

_____
Printed Name   Title

_____
Date   School District Name

> *The Quarterly Certification of Public Expenditure statement must be submitted as a single-page document to the Office of Medicaid on your school district letterhead.*

Appendix III

Administrative Activity Claim Upload System

Section I - Introduction

This section provides step-by-step instructions for uploading Medicaid Administrative Activity Claims into the Administrative Claim Upload System in order to submit claims electronically. Included in this section is information on the following.

- Designating an individual responsible for uploading files for the school district (an Uploader)
- Obtaining and updating a Username and password
- Logging in
- Uploading a file
- Viewing the claims file status, including file statistics and error reports
- Understanding the electronic claims validations
- Formatting files for electronic submissions
- Understanding the claims deadlines
- Contacting the University of Massachusetts for systems help

Section II - Designating an Uploader

Each Medicaid provider must designate an individual or a vendor/billing agent, known as an Uploader, in order to submit claims through the Administrative Claim Upload System. To do this, Medicaid providers must complete the Claim Upload Form, found in Appendix I. The form must be signed by the authorized official for the Medicaid provider, and submitted on their letterhead before a Username and password will be assigned for the upload system.

The designated Uploader will receive an email containing a Username, temporary password, and a link to the Upload login page.

Section III - Feedback on the File Status

Once claims are uploaded into the system, the screen will display any error in the file format, or if the claim does not have any errors in the file format it will be accepted for processing. Once a claim has been accepted by the system, the claim calculations will be validated. The Uploader will receive an email indicating claim approval or denial. Any denials will include details of the reason for the denial. Please be aware that the deadline for receipt of the Certification of Public Expenditure letter is firm, so uploaders should not wait to receive an approval email prior to obtaining a CPE letter. No exceptions will be made to the October 20 certification deadline referred to in the Quarterly Submission Chart on page 2.

Section IV - Electronic Validation of Claims

If certain expenses exceed benchmarks, the claim will be flagged for review and an email will be sent to the Uploader to provide additional information for those expenses. If additional information is requested, this must be received before the claim submission deadline in order for the claim to be included in the submission. *All* claims will be checked through the Upload System. (See Section VII for more information on claims processing and validations.)

Section V - Benefits of the Administrative Claims Upload System

- Claims can be uploaded and kept in an electronic format.
- Claims to be processed more efficiently.
- Errors can be identified quickly, allowing claims to be corrected and resubmitted in a timely manner.
- Electronic claim submission will enable EHS to identify trends in data and efficiently gather claim information, instead of requesting the LEAs to gather information.

Section VI - Glossary of Terms

1. **Benchmark Guidelines** – Guidelines used to determine possible claim errors upon claim submission

2. **Claim ID Number** – A unique system-generated number assigned to successfully uploaded claims for a specified quarter. This number is necessary to upload amendments and can be used to search for the status of a claim.

3. **Data File** – Specific file format using the .dat extension. See Appendix II for specifications.

4. **EHS** – Executive Office of Health and Human Services

5. **Excel File** – Specified template format using .xls extension

6. **Live Claim** – Claim for Submission. This claim will be processed for payment.

7. **Test Claim** – Claim for testing purposes only. This claim WILL NOT be used for submission.

8. **UMMS** – University of Massachusetts Medical School, Center for Health Care Financing

9. **Uploader** – Medicaid provider designee responsible for uploading the school district's claims. The designee can be a vendor or a school district employee. Only this person will receive a Username and password to the upload site.

Sample Email Text

```
Welcome Aac Uploader,

This confirms your registration in the University of Massachusetts Medical School's School-Based Medicaid
System.

Your user ID is UploadA2
Your initial, temporary password is m3hnjbgt


Please use the following web site to login: https://qa-www.schoolbasedclaiming.net/eohhsweb?userID=UploadA2


NOTE:
1) The user ID and password are case sensitive. Please enter them exactly as stated above in upper and lower-
case.

2) For security reasons, when you login for the first time, you will be asked to set a new password. Passwords
must be at least 8 characters long with a combination of both letters and numbers. Once your password is
changed, you cannot use your initial, temporary password.

3) If you forget your password or need a new one, you can reset your password. On the main login screen, click
on the "Forgot Password?" button and follow the instructions.

For further information contact the support team at SchoolBasedClaiming@umassmed.edu.

Thank you.
```

Section VII - Logging In

Step 1: Click on the link provided in the email notification: www.schoolbasedclaiming.net/eohhsweb.

Step 2: The designated Username, composed of parts of the last and first name, will prepopulate in the Username field.

> **Note:** *The Username is only prepopulated when the website link is used. If the link was not used, the Username must be typed in.*

Step 3: Type in, or copy and paste, the temporary password. Click **Submit.**

Note: *A new password must be selected at the first login.*

Step 4: Enter a new password when prompted to do so. Click **Submit** to create the password or **Clear** to clear fields and retype information.

Note: *The password must be at least eight characters in length. It must be a combination of both letters and numbers. It is case-sensitive (upper-case and lower-case letters chosen must be used exactly as indicated). Password will expire every 90 days, at which time a new password will be required upon logging in.*

Forgotten Password

If the password has been forgotten, it may be reset using the login screen. To do this:

Step 1: Click on the **Forgot Password**? Link is underneath the username and password section.

Step 2: Provide the Username and the email address that the upload system has on record for the user.

Note: *If the email address has changed, email UMMS at schoolbasedclaiming@umassmed.edu or call 1-800-535-6741 to update the information.*

Step 3: Click **Submit**.

A message stating that the password has been successfully reset will appear on the screen.

A system-generated email will be sent with the same Username and new temporary password.

Failed Login

If an error was made when logging in, the Upload System will display Invalid Username or Password. After three failed attempts, the system will suspend the password. Email UMMS at schoolbasedclaiming@umassmed.edu or call 1-800-535-6741 for assistance.

Section VIII - Navigating the Welcome Screen and Viewing Updates

Once successfully logged onto the site, the welcome screen will be displayed. Any new information regarding Administrative Activity Claiming will be posted here. If the system will be unavailable for maintenance, the scheduled times will be listed. From this screen proceed to the upload tab at the top of the screen to submit claims.

Click on the tabs at the top of the screen to navigate through the Administrative Activity Claim Upload site.

- **Home** - The welcome screen. Displays helpful information and important announcements.
- **Upload** - Test claims and subsequent live claims can be uploaded into the system.
- **Status** - Uploader is able to view the upload status of a specific claim.

Section IX - Uploading a File

Test Upload
Note: *Each provider must complete a test upload before uploading actual claims to be submitted and paid. The test upload ensures that data is submitted in the correct format.*

TEST FILES ARE NOT SUBMITTED FOR PAYMENT. A test upload may be done as many times as necessary to ensure a successful submission upload.

To upload a test file
Step 1: After logging into the system, go to the **Upload** tab and click on the applicable TEST file upload type.

Executive Office of Health and Human Services (EOHHS)

School-Based Medicaid Program

Mass.Gov Home   State Agencies   State Online Services   Logout

Mass.*Gov*

A TEST file must be uploaded before submitting live claims.

EHS Home	**File Upload**				
EHS Home	**Administrative Activity Claim Upload**				
File Upload	**Quarters**	**Excel File**	**DAT File**	**Test Excel File**	**Test DAT File**
Status	July 1, 2013 - Present			TEST Excel Upload	TEST Data Upload
Verify	July 1, 2012 - June 30, 2013	Excel Upload		TEST Excel Upload	TEST Data Upload
Submit	July 1, 2009 - June 30, 2012	Excel Upload	Data Upload	TEST Excel Upload	TEST Data Upload
Claims	Oct. 1, 2008 - June 30, 2009	Excel Upload		TEST Excel Upload	TEST Data Upload
Config	Oct. 1, 1990 - Sept. 30, 2008	Excel Upload	Data Upload	TEST Excel Upload	TEST Data Upload
Reports					
Cost Report					

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Note: *A popup occurs when a Test Upload is selected. As a test site, claims will not be paid. Click **OK**.*

Windows Internet Explorer

? This is the Test Environment to upload Excel File. Claims submitted on this site will not be paid.

[OK]   [Cancel]

Step 2: Click **Browse** to select the test file to be uploaded.

Click Browse.

Step 3: Select the corresponding formatted file (either Excel or Data.)

Note: *The upload claim file must be in the specified Excel or Data format (refer to Section XII) or the file will not be able to be uploaded.*

Excel Format

To choose a file, double click on the file or click Open after selecting the file.

Choose the Excel file with the **.xls** extension.

Data Format

To choose a file, double click on the file or click Open after selecting the file.

Choose the Data file format with the **.dat** extension.

Step 4: Click **Submit** to submit the selected file. The submission process takes a few moments. Please do not hit **Submit** more than one time.

Click Submit.

Confirming Test Upload

After test submission, the Upload Results Page will display automatically. This page indicates if the test upload was successful or failed (see examples below). If an upload attempt fails, the Upload Results Page will display an error list, which indicates the reason for the upload failure. The file will need to be corrected and re-uploaded.

Example: *Test Upload Successful (Excel)*

Example: *Test Upload Failure (Excel)*

1. Live Claim Upload

A test file of the same type must have been uploaded successfully before a live file may be uploaded.

To upload a live claim

Step 1: After logging into the system, click on the **Upload** tab at the top of the screen. Click on either *Excel File Upload* or *DAT File Upload* dependent on the chosen format.

Choose Excel or Data File Upload

Step 2: Click **Browse** to select the live claim file to be uploaded.

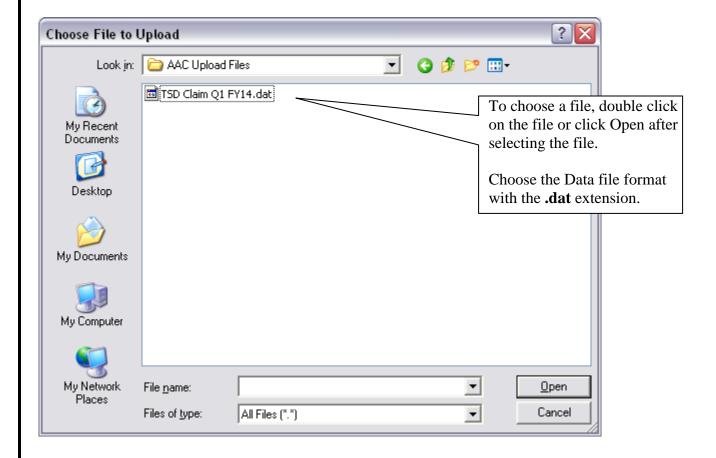| EHS Home	File Upload
EHS Home	Administrative Activity Claim Upload
File Upload	Please select the Excel file to upload:
Status	[ ] Browse...
Claims	Submit

Browse to select the claim file

Step 3: Select the corresponding formatted file (either Excel or Data.*) The upload claim file must be in the specified Excel (.xls) or Data (.DAT) format (refer to Section XII) or the file will not be able to be uploaded.*

Excel Format

Choose File to Upload

Look in: AAC Upload Files

TSD Claim Q1 FY14.xls

My Recent Documents
Desktop
My Documents
My Computer
My Network Places

File name: [ ] Open
Files of type: All Files (*.*) Cancel

To choose a file, double click on the file or click open after selecting the file.

Choose the file to upload from the system. Choose the Excel file with the .xls extension.

Data Format

Choose File to Upload

Look in: AAC Upload Files

TSD Claim Q1 FY14.dat

To choose a file, double click on the file or click open after selecting the file.

Choose the Data file format with the .dat extension.

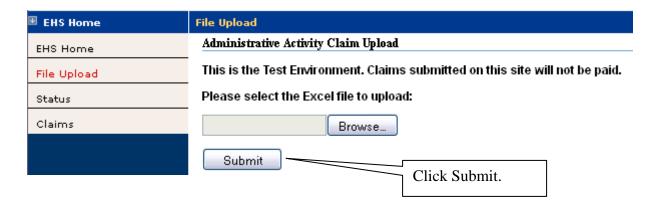File name: [   ]   Open

Files of type: All Files (*.*)   Cancel

Step 4: Click **Submit** to submit the selected file. The submission process takes a few moments. Please do not hit **Submit** more than once.
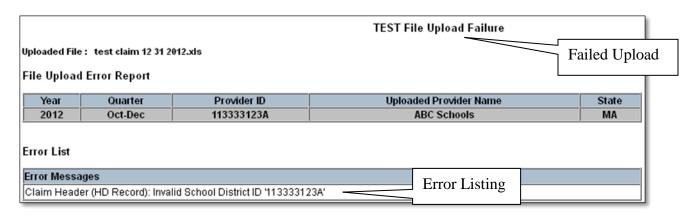
Submit

Click Submit

Submission Validation Process/Confirmation
Uploaded files are checked for file formatting errors. (File formats are outlined in the Appendix II.)

1. **Upload is Successful**. The File Upload Successful Page will display.

Example 1: *Upload Successful (Excel)*

File Upload Successful

The Client File name: test claim 12 31 2012.xls

The Server File
name: /u01/weblogic/middleware/user_projects/domains/ehsqa/uploads/transcribeFiles/110033008B_MA/2012_4_5531443873955516

Claim ID: 14282

The File size: 211456 bytes

Upload file contains file formatting errors. If an upload attempt fails for file formatting reasons, the Upload Results Page will display an error list, which indicates the reason for the upload failure. File will need to be corrected and re-uploaded for submission.

Example 2: *Upload Failure – File Formatting Errors (Excel)*

Administrative Activity Claim Upload

File Upload Error Report

Year	Quarter	Provider ID	Uploaded Provider Name	State
2012	Oct-Dec	110033008B	ABC Schools	MA

Error List

Error Messages
A claim for the period is already being processed.

Example 3: *Upload file contains validation errors.*
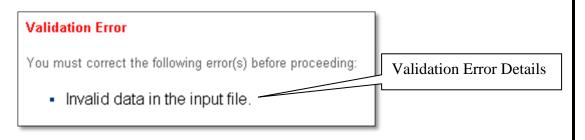
Validation errors are general or data specific errors found in the data itself that need correction prior to successful upload. If an upload fails due to validation errors, a validation error screen will display with errors needing correction prior to successful upload. ***The error can be corrected immediately, and the file re-uploaded.***

General File Validation Error Example
- If a claim for the same quarter is approved or pending in the system and an Uploader is attempting to re-upload, the Uploader will receive an error message indicating they need to contact *schoolbasedclaiming@umassmed.edu* in order to re-upload claim information.

Example 3a: *General Data Validation Error*

Validation Error

You must correct the following error(s) before proceeding:

- Invalid data in the input file.

Validation Error Details

Specific Data Element Validation Error Examples

- If any statewide percentages are incorrect, the Uploader will receive an error in their file statistics report showing error location.
- If the indirect rate is incorrect, the Uploader will receive an error in their file statistics report showing the error location.
- If a claim specific value, such as Medicaid Eligibility Rate, is different throughout the claim, the Uploader will receive an error in its file statistics report showing error locations.

Section X - Claim ID Numbers

Once a claim is successfully uploaded, it will be assigned a claim ID number. This number can be used when searching claims in the **Status** tab (see below). The claim ID number is also necessary when uploading an amended claim (Section VIII).

Section XI - Viewing Upload Status/File Statistics and Error Reports
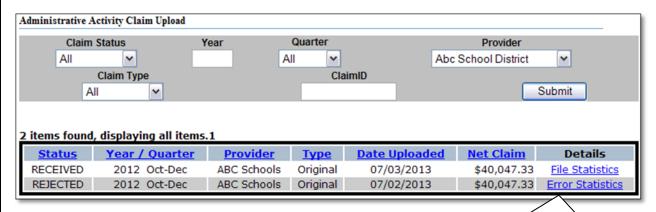
The Status Tab allows the Uploader to search for processed, approved and denied claims that have been uploaded. This feature also shows the date the claim was uploaded and the net claim amount. Additional report data is provided under the File Statistics link in the Details section. These reports are helpful in determining
- if the claim has been uploaded successfully, or
- location of errors in a claim that need correction before claim submission.

Step 1: Click on **Status** tab

Step 2: Click on **File Statistics** or **Error Report** under Details section

Example: *Status Page*

Administrative Activity Claim Upload						

Claim Status	Year	Quarter		Provider		
All		All		Abc School District		

Claim Type		ClaimID		
All				Submit

2 items found, displaying all items.1

Status	Year / Quarter	Provider	Type	Date Uploaded	Net Claim	Details
RECEIVED	2012 Oct-Dec	ABC Schools	Original	07/03/2013	$40,047.33	File Statistics
REJECTED	2012 Oct-Dec	ABC Schools	Original	07/02/2013	$40,047.33	Error Statistics

Click "File Statistics" or "Error Report" to see details for a specific claim.

Example: *File Statistics Details*

Administrative Activity Claim Upload

Uploaded File Statistics

Year/Quarter: 2012 / Oct-Dec

Quarter Ending Date: 12/31/2012

Provider ID: 110033008B

Provider Name: Abc School District

Uploaded Name: ABC Schools

Claim ID: 14282

Claim Type: Original

Gross Claim Amount: $80,094.66

Net Claim Amount: $40,047.33

Claim Upload Successful

Example: *Error Report Details*

Administrative Activity Claim Upload

File Upload Error Report

Year	Quarter	Provider ID	Uploaded Provider Name	State
2012	Oct-Dec	110033008B	ABC Schools	MA

Error List

Error Messages
A claim for the period is already being processed.

Failed Upload Error Message

Section XII - Amending a Claim

The process for uploading an amended claim is the same as the process for uploading an original claim. The upload system recognizes amended claims through the Claim Type and Amended Claim Number data fields in the header of the claim file being uploaded. Location of these data fields is specific to the type of file being uploaded. An Excel file example is shown below. For specific Data file specifications, see Appendix II of this document.

Excel File Amendment Example

Section XIII - Understanding Benchmark Validations

Once a claim has been successfully uploaded, the data in the claim is checked against benchmark validations. Benchmark validations are used to help identify potential errors in a claim. Claims containing data elements that fall outside the benchmark validations will be analyzed to determine if additional information is required. If it is determined that additional information is needed, the Uploader will be contacted via email. Once any outstanding questions have been resolved, the claim will be approved for submission and the Uploader will be notified of approval through a system-generated email.

Section XIV - Claim Acceptance or Denial Notification

Uploader will receive notification of claim processing acceptance or denial via system-generated email. Notification will include net claim amount, claim number assigned, contact information, etc., and link for viewing claim status.

Example: *Claim Acceptance Email*

```
Dear School-Based Medicaid Provider,

 This message is to notify you that the following Medicaid Administrative Activity
Claim has been accepted for processing:

 Claim # 14282 for Abc School District for the quarter ending 12/31/2012 Total Net
$40,047.33.

 Please note: We require your certification form before this claim can be submitted for
reimbursement.

 If you have any questions concerning this claim please contact:

University of Massachusetts Medical School
School-Based Medicaid Program
333 South St
Shrewsbury, MA 01545
(800) 535 6741
SchoolBasedClaiming@umassmed.edu


You may view the status of your claim online at:
https://qa-www.schoolbasedclaiming.net/eohhsweb
```

Example: *Claim Denial Email*

```
Dear School-Based Medicaid Provider,

 Your Medicaid Administrative Activity Claim is being returned to your school district
for the reasons listed below.  Please adjust your claim accordingly and resubmit it to
the University of Massachusetts Medical School, Center for Health Care Financing.

 Claim # 14282 for Abc School District for the quarter ending 12/31/2012 Total Net
$40,047.33.

     Salaries submitted as exactly the same as last date-of service quarter.

 If you have any questions concerning this claim please contact:

University of Massachusetts Medical School
School-Based Medicaid Program
333 South St
Shrewsbury, MA 01545
(800) 535 6741
SchoolBasedClaiming@umassmed.edu

You may view the status of your claim online at: https://qa-
www.schoolbasedclaiming.net/eohhsweb
```

Section XV - Technical Notes/System Specifications
Workstation Requirements

Operating Systems
Win 98 or higher
Macintosh

Web Browsers
Internet Explorer 7.0, 8.0, 9.0 with MS Windows XP, Windows 7, or Vista
Safari 3.0 or Higher
Mozilla Firefox 4.x or Higher *(**Note**: Firefox 2.x through 3.x are no longer supported).*

Note: Internet Explorer web browser is not supported on Macintosh operating system. Safari should be used instead of IE.

Cookies
Workstations: enable cookie in browser.

Web Filters
Workstations should allow access to URL www.schoolbasedclaiming.net/eohhsweb/ .

Email
Email should allow delivery from schoolbasedclaiming@umassmed.edu in large quantities on a single day.

Online Training Application
Flash Player is needed to run the online training program. The following link http://macromedia.com/software/flash/about has a connection to Player Download Center, which will describe the process of downloading the most recent version of Player.

System Administration Requirements

Cookies
System administrator: If there is a proxy server, set proxy NOT to cache the *www.schoolbasedclaiming.net* domain.

Actual website URL
www.schoolbasedclaiming.net/eohhsweb/

Note: *www.schoolbasedclaiming.net* cookies (sessions) are tied to the URL and IP address.

Routers
If EHS IP address needs to be explicitly defined on routers, EHS IP address 146.189.111.50.

Email Servers
Email servers should allow email delivery from schoolbasedclaiming@umassmed.edu.

Email Server IP
Emails may be sent through three mail gateways.
    146.189.194.27
    146.189.194.30
    146.189.194.28

Web Filters
Allow access to URL Production Site Secure Connection: www.schoolbasedclaiming.net/eohhsweb/

Section XVI - File Formatting

Claims can only be uploaded in a specified data file format (.dat) or Excel template (.xls).

- The data file specifications are provided in Appendix II to this document.

- The pre-formatted Excel template may be downloaded from www.schoolbasedclaiming.net/eohhsweb, or obtained by emailing a request to schoolbasedclaiming@umassmed.edu.

Section XVII - Contact Information

   Contact: **University of Massachusetts Medical School**
                   School-Based Medicaid Program
                   333 South Street
                   Shrewsbury, MA 01545
                   1-800-535-6741
                   Schoolbasedclaiming@umassmed.edu

Appendix IV

Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

School-Based Medicaid Program
District Contact Designee Information

The purpose of this form is to identify the individual designated by the School-Based Medicaid Provider to deliver information necessary for the administration of the following processes on behalf of the district.

Please check off the activities or processes for which you are authorizing/designating a contact:

☐ RMTS Contact
☐ Administrative Activities Claim Uploader ☐ Medicaid Eligibility Uploader
☐ Direct Service Cost-Report Preparer ☐ Medicaid Eligibility Reviewer

Provider (School District) Information			
MassHealth Provider Name			
MassHealth Provider Number		NPI Number	
Contact Name			Title
Street			
City	State	Zip Code	
Tel#	Fax#	Email Address	

Contact Information Designed By Provider For Claiming Processes Checked Above			
Contact Name	Start Date	Title	
Street			
City	State	Zip Code	
Tel#	Fax#	Email Address	

Authorized District Signature _____ **Date**
(Required if designated contact not a district employee)

Please submit completed form to: University of Massachusetts Medical School
School-Based Medicaid Program
Fax: (508) 856-7643
Email: Schoolbasedclaiming@umassmed.edu

SBM-D 07/15

Appendix V

School-Based Medicaid Program
Administrative Activity Claiming Program
Claim File Format Specification for Data File

Article I. Claim File Format Specification

Section 1.01 Notice

This file format specification must be followed to upload all administrative activity claims (whether Original or Amended). Select the appropriate file format for the date of the claim.

Section 1.02 Overview

The Administrative Activity Claiming Upload file is encoded as a plain text file. Individual claim files may be assigned any file name and extension. Within the file, AAC data is organized into records and record fields. There are nine defined record types, each with a different set of defined fields. Every record type corresponds to a report within the AAC claim, while record fields correspond to a collection of values from that report.

> For example, the record type Claim Summary corresponds to the Quarterly Claim Calculation Summary report and includes the fields 50% Direct Personnel Costs, 50% Direct Support Personnel Costs, Total Gross Claim Amount, Total Net Claim Amount, etc.

Each line of the data file contains one record. The record type is identified by a special text code at the beginning of the line, and the values that follow are assigned to specific record fields by the order in which they are listed. The file format defines the order in which records are recorded.

A special header record type contains claim overview information, such as School District Name, ID, Claim Date of Service, etc.

Data from claim reports that are organized by job position group number and/or activity code are split into detail and summary records. Detail records contain information specific to one job group, or job-group activity code. Summary records contain subtotals by job group and/or report totals.

Detail records define fields for indicating the job-position group number and/or activity code, so the same structure may be used for data for all job groups and activities.

Example: *HP Expenditures Detail (for Job Group 1), HP Expenditures Summary (for Job Group 1), HP Expenditures (for Job Group 2), HP Expenditures Summary (for Job Group 2).*

File Format

Each line of the file represents one data record, which contains a record identifier and the values for one or more fields. Each record identifier and field value is separated by delimiting and separating characters.

Double quote marks are used as delimiters around the field value, and a tilde character is used as a separator between field values. A carriage return ends the line and serves as the record delimiter.

The record identifier and each field value is delimited left and right by double quote marks (") and separated from the next field by a tilde character (~). Each line of the file format contains information for one record type, specified by the record ID. The fields defined for each record type have a defined order.

The general format for each record in the file is
        "RecordIdentifier"~"Field1Value"~"Field2Value"~"Field3Value"~"Field4Value"

The following example illustrates a cost pool record based on the following data.
```
Record Type – CP, Job Group – 1, Activity Code – G, Percent of time spent on activity – 51.8800%, Total Cost Pool –
$35738.44655848, Medicaid Penetration Factor – N/A, General Administration Overhead Factor – N/A, Total Gross Claim Amount -
$18541.106074539424
```

```
"CP"~"1.0"~"G"~"51.8800"~"35738.44655848"~""~""~"18541.106074539424"
```

In general, a record is required for every record type, job group and activity code even if there are no data for a specific category. Using the example record above, if there is no cost pool record for Job Group 1 and activity code D, the Cost Pool record would be formatted as follows.

```
"CP"~"1.0"~"G"~"0.0"~"0.0"~""~""~"0.0"
```

Note that any 'N/A' values are represented as "", rather than "0", as in the following cost pool record example.

Record Type = CP, Job Group = 1, Activity Code = A, % Time Spent = 23.46%, Total Cost Pool = $100,000, Medicaid Penetration Factor = N/A (for activity A), General Admin Overhead Factor = N/A (for activity A), Total Gross Claim Amount = $23,460

```
"CP"~"1"~"A"~"23.46"~"100000.00"~""~""~"23460.00"
```

Field Formats
Submitted values will be formatted according to the field's defined data type. The following sections detail the expected format of data for each data type.

Date Values
Date field values are submitted in YYYYMMDD format.

For example 12/31/2014 would be formatted as
        "20141231"

Currency Values
Currency field values *do not* include comma or dollar sign symbols.

For example, $1,250.01 would be formatted as
        "1250.01"

To indicate "N/A", use an empty string
        ""

Percentage Values

Percent field values may be submitted with any amount of precision. Percent values are formatted with a whole number and fractional component, but they do not include a % sign.

For example, 16.67 % would be formatted as
    "16.67"

To indicate "N/A", use an empty string:
    ""

String Values

String values are formatted as plain text and should not include any special formatting characters, such as tabs, carriage return characters, single or double quotes.

For example, the last name field for healthcare professional Amy Amaral would be formatted as
    "Amaral"

Any omitted or "N/A" string values will be represented using empty quotes: ""

Since the order of values in a record determines which data is mapped to which field, empty quotes ensure that the omitted field receives a null value.

Job Position Group Numbers

Job position group number values may include or exclude leading zeros. Valid job position group number values are "1" or "01" and "2" or "02".

Activity Codes

Activity code values may be submitted as either uppercase or lowercase letters. Valid activity code values are "A", "B", "C", "D", "E" ,"F", "G", "H", "I", "J", "K", "L", "M", "N"; and "a", "b", "c", "d", "e", "f", "g", "h", "i" "j", "k", "l', 'm", "n".

File Record Descriptions

File Header

The header record contains basic claim-identifying information and select details from the certification sheet. For example, the submitting school district name and ID, type of claim, date of service, claim amounts, etc.

Claim Summary

The claim summary record contains the net and gross claim totals and subtotals from the "Quarterly Claim Calculation Summary" report.

Cost Pool

The cost pool record contains information from the "Quarterly Claim Calculation" report. There is one record per Job Group per Activity Code, totaling 28 records.

Specialized Transportation
The Specialized Transportation records contain data from the "Quarterly Specialized Transportation" report.

Capital Costs
The Capital Costs records contain data from the "Capital Calculation" claim report.

Detailed Expenditures / Expenditures Totals
The "Detailed Expenditures" and "Detail Expenditures Totals" records correspond to the "Detailed Expenditures" reports. There is one record *for each* HP within a Job Group, and one summary / total record for each Job position group number. Material costs, Chapter 766 Expenses, Purchased Services, and the total cost pool for the job position group number are included in the job position group number summary records. A summary record is required for each job position group number; however, there may be not be any corresponding detail records if there are no health personnel resources for a specific job position group number.

Out-of-District Schools / OOD Totals (Chapter 766 Schools)
Out-of-District information is separated into detail and summary records, which contain expenses by job group and expense totals, respectively.

Claim Data File Format

Each data file contains information for one school district, for a specific quarter of a school year. The data file is a plain-text file using double quotes to delineate fields, tilde characters to separate fields, and a return character to separate records. Each record type is expected in the file even if there is no data for that record, job group or activity code (with the exception of HP detail records, where there are no resources for a specific job position group number.)

Special Formatting Characters

Character	ASCII Code	Use
Double Quote (**"**)	2	Delimit field values using one double quote character before, and one after each value.
Tilde (**~**)	126	Separate one record indicator or field value from the next using a tilde character between the trailing double quote of the first field and the leading double quote of the next field. Only used *between* fields; the last field value in a record does not have a following tilde.
(Carriage Return)	10	Indicate the end of a record with the Carriage return character after the trailing double quote of the last field value.

Records and Field Definitions

Records must appear in the file in the order in which they are listed below. Every record is required, and a record for each job and activity code must be submitted.

Header Record
1 Record

Name	Type	Details
Record Type Identifier	String	Always "HD"
Year	Integer	Year of the claiming period (actual, not fiscal year). For example, for a claim covering dates of service from July 1, 2014 through September 30, 2014, the fiscal school year would be "2014."
Quarter	String	Quarter of the claiming Period; a 7-character keyword: "Jan-Mar" "Apr-Jun" "Jul-Sep" "Oct-Dec"
District ID	Integer	School district identifier; the "School-Based Medicaid Provider Number" assigned by the Executive Office of Health and Human Services.
State	String	State Abbreviation: "MA"
District Name	String	School district name
Vendor Name	String	Vendor Name **(Optional)**
Claim Type	String	Keyword; either "Original" or "Amendment" depending upon the type of the claim.
Total Gross Claim Expenses	Currency	Total gross claim expense from the "Quarterly Claim Calculation Summary" report
Total Net Claim Expenses	Currency	Total net claim expense from the "Quarterly Claim Calculation Summary" report
Amended Claim Number	Integer	If an "Amendment", list the original claim #. (Optional)

Claim Summary
Data from the "Quarterly Claim Calculation Summary" Report
1 Record

Name	Type	Details
Record Type Identifier	String	Always "CS"
50% Direct Service Providers	Currency	
50% Administrative Only Providers	Currency	
50% Specialized Transportation Costs	Currency	
50% Gross Claim Subtotal 1	Currency	
Capital Percentage Rate	Percent	
50% Capital Costs	Currency	
50% Gross Claim Subtotal 2	Currency	
Indirect Cost Rate	Percent	
50% Indirect Costs	Currency	
50% FPP Cost Rate	Percent	Always "50.0"
50% Total Gross Claim Amount	Currency	
50% Total Net Claim Amount	Currency	

Cost Pool
Data from the "Quarterly Claim Calculation" Report
28 Records: 1 record per Job Group + Activity Code
Record Order: (by Job Group - Activity Code) Job Code 1: Activities A-N, Job Code 2: Activities A-N...

Name	Type	Details
Record Type Identifier	String	Always "CP"
Job Position Group Number	Integer	
Activity Code	String	
Percent of Time Spent on Activity	Percent	
Total Cost Pool	Currency	
Medicaid Penetration Factor	Percent	(Use "" to indicate N/A)
General Administrative Overhead Factor	Percent	(Use "" to indicate N/A)
Total Gross Claim Amount	Currency	

Specialized Transportation
Data from the "Quarterly Claim Specialized Transportation" Report
1 Record

Name	Type	Details
Record Type Identifier	String	Always "ST"
Quarterly Specialized Transportation Expenditures For Special Education Students	Currency	
Number Of Special Education Students With Medically Necessary Transportation In Their IEP / Number Of Special Education Students Who Receive Specialized Transportation	Percent	
Medicaid Eligibility Factor of Special Education Population	Percent	
State Wide Average Of Time Spent Receiving Medicaid Covered Services	Percent	
Gross Claim Amount For Specialized Transportation	Currency	

Capital Costs
Data from the "Capital Calculation" Report
1 Record

Name	Type	Details
Record Type Identifier	String	Always "CC"
Building and Fixed Assets Acquisition Cost	Currency	
Fixed Asset Annual Use Allowance	Percent	
Building and Fixed Asset Total	Currency	
Major Movable Equipment Acquisition Cost	Currency	
Major Movable Equipment Annual Use Allowance	Percent	
Major Movable Equipment Total	Currency	
Net Interest Expense	Currency	
Total Capital	Currency	
Total Annual District Wide Salary + Fringe Benefits	Currency	
Capital Percentage Rate	Percent	

HP Expenditures Detail Data
Data from the "Detailed Expenditures" Report
Records: 1 Record per Healthcare Professional

Record Order: (by Job Group)
All HP records for Job Group 1, All HP records for Job Group 2

Name	Type	Details
Record Type Identifier	String	Always "HP"
Staff Last Name	String	
Staff First Name	String	
Employee ID	String	
HP Type	String	Keyword; either "Employee" or "Contractor". **Note:** *Employees must have benefit $ amounts specified. Contractors will have 0 benefit $ amounts.*
Job Description	String	Must be identical to state-mandated job descriptions (spelling dashes, spaces, etc.
Medical	String	Y or N
Job Position Group Number	Integer	1 or 2
Salary Before Federally Funded % Applied	Currency	
Federally Funded %	Percent	
Quarterly Salary without Federal Funds	Currency	
Quarterly Unemployment Benefits	Currency	
Quarterly Insurance Benefits	Currency	(Health, Life, etc.)
Quarterly Medicare Benefits	Currency	

Name	Type	Details
Quarterly Workers Compensation Benefits	Currency	
Quarterly Pension Benefits	Currency	
Other Benefits	Currency	
Total Salary and Fringe Benefits	Currency	

HP Expenditures Summary Data (Job Group Subtotals)
Data from the "Detailed Expenditures" Report
2 Records: 1 record per Job Group
REQUIRED: Summary Data for each job group is required, even if there are no Health Professionals associated with a particular job group.

Record Order (by Job Group)
1, 2

Name	Type	Details
Record Type Identifier	String	Always "JP"
Job Position Group Number	Integer	
Materials and Supplies Expense	Currency	
Chapter 766 Expense	Currency	
Purchased Services	Currency	Insert data for Group 2 only. Insert placeholder for Group 1.
Quarterly Salaries Subtotal	Currency	
Total Cost Pool	Currency	

Out-of-District Schools Detail Data
Data from the "Statewide Summary Worksheet for Out-of-District Schools" Report
Records: 1 record per OOD Program

Name	Type	Details
Record Type Identifier	String	Always "TE"
Agency Name	String	Must be identical to state mandated Agency Name
Program Type	String	Either "D" or "R" **Note:** *This is required in a blank line to indicate that no expenditures are being included for either program.*
Program Name	String	Must be identical to state-mandated Program Name
ESE Program Code	String	Must be identical to state-mandated Program Code
Total	Currency	

Out-of-District Schools Detail Data
Data from the "Statewide Summary Worksheet for Out-of-District Schools" Report
2 Records: 1 record per Job Group

Record Order (by Job Group)
1, 2

Name	Type	Details
Record Type Identifier	String	Always "OJ"
Job Position Group Number	Integer	
Total Quarterly Tuition Expenditures For Day Schools	Currency	

Percentage of Health-Related Services For Day Schools	Percent	Job Group 1 = 29.25%, Job Group 2 = 15.42%
Health-Related Portion of Quarterly Day School Tuition	Currency	
Total Quarterly Tuition Expenditures For Residential Schools	Currency	
Room and Board Discount Factor	Percent	100% - Discount % Ex: "86.71" (100% - 13.29%) for Job Groups 1 and 2
Percentage of Health-Related Services for Residential Schools	Percent	Job Group 1 = 34.03%, Job Group 2 = 13.08%
Health Related Portion of Quarterly Residential School Tuition	Currency	
Total Health-Related Portion of Quarterly Day and Residential Tuition	Currency	

Out-of-District Schools Summary Data (Chapter 766 Expense Totals)
Data from the "Statewide Summary Worksheet for Out-of-District Schools" report
1 Record (Total of All Job Group Detail Records)

Name	Type	Details
Record Type Identifier	String	Always "OD"
Total Health-Related Portion of Quarterly Day School Tuition	Currency	
Total Health-Related Portion of Quarterly Residential School Tuition	Currency	
Total Health-Related Portion of Quarterly Day and Residential Tuition	Currency	

Specialized Transportation Data (IEP student totals)

Name	Type	Details
Record Type Identifier	String	Always "TT"
Total IEP Students in district on 5th day of quarter	Integer	
Total Medicaid IEP students	Integer	
Total SCHIP - Stand-Alone IEP students	Integer	
Total SCHIP - MA Expansion IEP students	Integer	

Calculation Detail Data (District-wide student totals)

Name	Type	Details
Record Type Identifier	String	Always "CT"
Total students in district on 5th day of quarter	Integer	
Total Medicaid students	Integer	
Total SCHIP – Stand Alone students	Integer	
Total SCHIP – MA Expansion students	Integer	

Sample DAT File

(Note that the "CS" record is wrapped across multiple lines due to page size limitations).

```
"HD"~"2013"~"Jul-Sep"~"110034567B"~"MA"~"Test Public Schools"~"Test Vendor"~"Original"~"14686.198722297631"~"7505.43892670043"~""
"CS"~"10593.407306637959"~"405.8489138790418"~"10999.256220517"~"1340.3703521045677"~"0.0"~"1340.3703521045677"~"510.2766656"~""~"510.
2766656~"50.0"~"~"365.2640224911376"~"7505.43892670043"
"ST"~"36808.0"~"13.00"~"43.00"~"24.800"~"510.2766656"
"CC"~"27800852"~"2.00"~"556017.04"~"91282.0"~"6.6700"~"6088.51"~"185785.0"~"747890.55"~"15625235"~"4.78642753212991700"
"CP"~"1.0"~"A"~"0.0"~"35738.44655848"~""~""~"0.0"
"CP"~"1.0"~"B"~"0.0"~"35738.44655848"~""~""~"0.0"
"CP"~"1.0"~"C"~"0.0"~"35738.44655848"~""~""~"0.0"
"CP"~"1.0"~"D"~"13.3400"~"35738.44655848"~"~"~""~"1031.2121471459363"
"CP"~"1.0"~"E"~"2.8400"~"35738.44655848"~"~"~""~"219.53841813301796"
"CP"~"1.0"~"F"~"4.500"~"35738.44655848"~"21.6300"~""~"347.86016957696506"
"CP"~"1.0"~"G"~"51.8800"~"35738.44655848"~""~""~"18541.106074539424"
"CP"~"1.0"~"H"~"23.4600"~"35738.44655848"~"~21.6300"5.84411288215312200"~"489.9844243496194"
"CP"~"1.0"~"I"~"3.9800"~"35738.44655848"~""~""~"1422.390173027504"
"CP"~"1.0"~"J"~"0.0"~"35738.44655848"~""21.6300"~"0.0"
"CP"~"1.0"~"K"~"0.0"~"35738.44655848"~""~""~"0.0"
"CP"~"1.0"~"L"~"0.0"~"35738.44655848"~""~""~"0.0"
"CP"~"1.0"~"M"~"0.0"~"35738.44655848"~""~""~"0.0"
"CP"~"1.0"~"N"~"0.0"~"35738.44655848"~""5.84411288215312200""~"0.0"
"CP"~"2.0"~"A"~"0.0"~"35738.44655848"~""~""~"0.0"
"CP"~"2.0"~"B"~"0.0"~"35738.44655848"~""~""~"0.0"
"CP"~"2.0"~"C"~"0.0"~"35738.44655848"~""~""~"0.0"
"CP"~"2.0"~"D"~"13.3400"~"35738.44655848"~"~"~""~"1031.2121471459363"
"CP"~"2.0"~"E"~"2.8400"~"35738.44655848"~"~"~""~"219.53841813301796"
"CP"~"2.0"~"F"~"4.500"~"35738.44655848"~"21.6300"~""~"347.86016957696506"
"CP"~"2.0"~"G"~"51.8800"~"35738.44655848"~""~""~"18541.106074539424"
"CP"~"2.0"~"H"~"23.4600"~"35738.44655848"~"~21.6300"5.84411288215312200"~"489.9844243496194"
"CP"~"2.0"~"I"~"3.9800"~"35738.44655848"~""~""~"1422.390173027504"
"CP"~"2.0"~"J"~"0.0"~"35738.44655848"~""21.6300"~"0.0"
"CP"~"2.0"~"K"~"0.0"~"35738.44655848"~""~""~"0.0"
"CP"~"2.0"~"L"~"0.0"~"35738.44655848"~""~""~"0.0"
"CP"~"2.0"~"M"~"0.0"~"35738.44655848"~""~""~"0.0"
"CP"~"2.0"~"N"~"0.0"~"35738.44655848"~""5.84411288215312200""~"0.0"
"HP"~"Wycslezski"~"Andy"~"12344"~"Employee"~"Nurse"~"Y"~"1.0"~"2604.0"~"2604.0"~".50"~"2.54"~"238.63"~"29.23"~"11.7"~"23.2"~"0.0"~"290
9.3"
"HP"~"Smith"~"Amy"~"6549"~"Employee"~"Psychiatrist"~"Y"~"1.0"~"12636.0"~"2604.0"~".50"~"12.34"~"1157.98"~"141.84"~"56.79"~"112.59"~"0.
0"~"14117.54"
"HP"~"West"~"John"~"3455116"~"Employee"~"Speech"~"Y"~"1.0"~"15223.0"~"2604.0"~".50"~"14.87"~"1395.06"~"170.88"~"68.41"~"135.64"~"0.0"~
"17007.86"
```

"JP"~"1.0"~"259.56"~"64149.36"~"0"~"24987.5"~"361722.3"
"HP"~"Garza"~"Achmed"~"9874"~"Employee"~"Therapist"~"N"~"2.0"~"6130.0"~"2604.0"~".50"5.99"~"561.76"~"68.81"~"27.55"~"54.62"~"0.0"~"6848.73"
"HP"~"Ivanov"~"Agram"~"9699314"~"Employee"~"NurseAide"~"N"~"2.0"~"8456.0"~"2604.0"~".50"8.26"~"774.92"~"94.92"~"38.0"~"75.34"~"0.0"~"9447.44"
"HP"~"West"~"Rich"~"3354"~"Employee"~"GuidanceCounselor"~"N"~"2.0"~"6782.0"~""~"2604.0"~".50"6.62"~"621.51"~"76.13"~"30.48"~"60.43"~"0.0"~"7577.17"
"JP"~"2.0"~"463.5"~"14144.05"~"3000.0"~"20000.0"~"262358.4"
"TE"~"Community Therapeutic Day School"~"D"~"Day School"~"5265A"~"24102.0"
"TE"~"DCF/DMH Cost Share- Landmark Foundation"~"D"~"Landmark Day"~"5607A"~"15483.0"
"TE"~"Easter Seals of New Hampshire"~"D"~"Day Education"~"5470H"~"12593.0"
"TE"~"Camp Sunshine Day"~"R"~"Reed Academy"~"5947A"~"25638.0"
"OJ"~"1.0"~"52178.0"~"29.25"~"15262.065"~"25638.0"~"86.7100"~"34.03"~"7517.99764338"~"22780.06264338"
"OJ"~"2.0"~"52178.0"~"15.42"~"8045.8476"~"25638.0"~"86.7100"~"13.08"~"2907.77684184"~"10953.62444184"
"OD"~"22780.06264338"~"10425.77448522"~"33205.8371286"
"TT"~"358"~"150"~"44"~"0"~
"CT"~"2850"~"348"~"402"~"0"~

Appendix VI

School-Based Medicaid Program
Administrative Activity Claiming Program
Claim File Format Specification for Excel File

The available Excel file layout is a predefined template that may be downloaded at www.schoolbasedclaiming.net/eohhsweb or via email request to schoolbasedclaiming@umassmed.edu.

When prompted to open or save the template, choose to save the template to the location of choice. Claim data may then be entered directly into the template in corresponding fields and saved with an Excel file name of choice.

Section 1 - Claim Header Information

Claim Year	
Claim Quarter	
School District ID	
State	MA
District	
Vendor /Collaborative Name	
Claim Type	
Gross Claim Expenses	
Net Claim Expenses	
Amended Claim Number	

Section 2 – Quarterly Claim Calculation Summary

Capital % Rate	0.00%
Indirect Cost Rate	0.00%

Gross Claim Amounts	Costs for which the FFP = 50%
Direct Service Providers	$0.00
Administrative Only Providers	$0.00
Specialized Transportation	$0.00
Gross Claim Subtotal 1	**$0.00**
Capital Costs	$0.00
Gross Claim Subtotal 2	**$0.00**
Indirect Costs	$0.00
Total Gross Claim Amounts	**$0.00**
Total Net Claim Amounts	$0.00
FFP Rates	**50.00%**

Section 3 – Quarterly Claim Calculation Detail

Total Students in district on 5th day of quarter						0.0
Total Medicaid students						0.0
Total SCHIP – Stand-Alone Students						0.0
Total SCHIP - MA Expansion Students						0.0

JOB POSITION		PERCENT OF TIME SPENT ON ACTIVITY	TOTAL COST POOL	MEDICAID PENETRATION FACTOR	GENERAL ADMINISTRATIVE OVERHEAD FACTOR	TOTAL GROSS CLAIM AMOUNT
1	A	0.00%	$0.00	N/A	N/A	$0.00
1	B	0.00%	$0.00	N/A	N/A	$0.00
1	C	0.00%	$0.00	N/A	N/A	$0.00
1	D	0.00%	$0.00	N/A	N/A	$0.00
1	E	0.00%	$0.00	N/A	N/A	$0.00
1	F	0.00%	$0.00	0.00%	N/A	$0.00
1	G	0.00%	$0.00	N/A	N/A	$0.00
1	H	0.00%	$0.00	0.00%	N/A	$0.00
1	I	0.00%	$0.00	N/A	N/A	$0.00
1	J	0.00%	$0.00	0.00%	N/A	$0.00
1	K	0.00%	$0.00	N/A	N/A	$0.00
1	L	0.00%	$0.00	N/A	N/A	$0.00
1	M	0.00%	$0.00	N/A	N/A	$0.00
1	N	0.00%	$0.00	N/A	0.00%	$0.00
1		0.00%				$0.00

JOB POSITION		PERCENT OF TIME SPENT ON ACTIVITY	TOTAL COST POOL	MEDICAID PENETRATION FACTOR	GENERAL ADMINISTRATIVE OVERHEAD FACTOR	TOTAL GROSS CLAIM AMOUNT
2	A	0.00%	$0.00	N/A	N/A	$0.00
2	B	0.00%	$0.00	N/A	N/A	$0.00
2	C	0.00%	$0.00	N/A	N/A	$0.00
2	D	0.00%	$0.00	N/A	N/A	$0.00
2	E	0.00%	$0.00	N/A	N/A	$0.00
2	F	0.00%	$0.00	0.00%	N/A	$0.00
2	G	0.00%	$0.00	N/A	N/A	$0.00
2	H	0.00%	$0.00	0.00%	N/A	$0.00
2	I	0.00%	$0.00	N/A	N/A	$0.00
2	J	0.00%	$0.00	0.00%	N/A	$0.00
2	K	0.00%	$0.00	N/A	N/A	$0.00
2	L	0.00%	$0.00	N/A	N/A	$0.00
2	M	0.00%	$0.00	N/A	N/A	$0.00
2	N	0.00%	$0.00	N/A	0.00%	$0.00
2		0.00%				$0.00

Section 4 - Quarterly Specialized Transportation Calculation

			Total IEP Students in district on 5th day of quarter	0.0
			Total Medicaid IEP students	0.0
			Total SCHIP - Stand-- Alone IEP students	0.0
			Total SCHIP - MA Expansion IEP students	0.0

Quarterly Specialized Transportation Expenditures For Special Education Students	# Of Special Education Students With Medically Necessary Transportation In Their IEP / # Of Special Education Students Who Receive Transportation	Medicaid Penetration Factor Of Special Education Population	State Wide Average Of Time Spent Receiving Medicaid Covered Services	Gross Claim Amount For Specialized Transportation
$0.00	0.00%	0.00%	24.80%	$0.00

Section 5 – Annual Capital Calculation

School-Based Cost	School Based Cost	Use Allowance	Total
Building and Fixed Valuation	$0.00	2%	$0.00
Major Movable Valuation	$0.00	6.67%	$0.00
Schoolwide Interest Expense	$0.00		$0.00
Subtotal Capital			**$0.00**
Total District Salary + Fringe Benefits			$0.00
Capital Percentage Rate			0.00%

Section 6 – Quarterly Detailed Expenditure Report

Detailed Expenditures Report

Cost Pool 1
Direct Service Personnel

Materials Out of District Tuition	$0.00	Total Salary	$0.00
	$0.00	Total Cost Pool	$0.00

Staff Last Name	Staff First Name	Employee Id	Job Code	Job Description	Medical Y or N	Job Position Group #	Salary Before Federally Funded % Applied	Federally Funded %	Quarterly Salary Without Federal Funds	Unemployment	Health, Life Ins., etc.	Medicare	WC / Injury Pmts	Pension	Other	Total Salary + Benefits
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q

Detailed Expenditures Report

Cost Pool 2
Administrative Only Personnel

Materials Out of District Tuition	$0.00	Total Salary	$0.00
Purchased Service	$0.00	Total Cost Pool	$0.00

Staff Last Name	Staff First Name	Employee Id	Job Code	Job Description	Medical Y or N	Job Position Group #	Salary Before Federally Funded % Applied	Federally Funded %	Quarterly Salary Without Federal Funds	Unemployment	Health, Life Ins., etc.	Medicare	WC / Injury Pmts	Pension	Other	Total Salary + Benefits
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q

Section 7 – Quarterly Out-of-District Tuition

Day Schools					Residential Schools						Total Health Related Portion of Quarterly Day & Residential Tuition
Job Position Group Number	Total Quarterly Tuition Expenditures For Day Schools	Percentage of Health Related Services For Day Schools*	Health Related Portion of Quarterly Day School Tuition		Job Position Group Number	Total Quarterly Tuition Expenditures For Residential Schools	13.29% Room & Board Discount	Percentage of Health Related Services For Residential Schools*	Health Related Portion of Quarterly Residential School Tuition	
1	$0.00	29.25%	$0.00		1	$0.00	86.71%	34.03%	$0.00		$0.00
2	$0.00	15.42%	$0.00		2	$0.00	86.71%	13.08%	$0.00		$0.00
			$0.00						$0.00		$0.00

Day Schools					Residential Schools				
Organization	Program Type	Program Name	ESE Program Code	Total	Organization	Program Type	Program Name	ESE Program Code	Total

* Note: The percentages of health-related services for day and residential schools are updated annually. Percentages shown are for illustration purposes only.

Appendix VII

Job Description Titles

Job Descriptions	Providing Medicaid-Covered IEP Services	Group
Audiologist - Medicaid Definition	YES	1
Audiologist - Medicaid Definition	NO	2
Audiologist	YES or NO	2
Audiologist Assistant - Medicaid Definition	YES	1
Audiologist Assistant - Medicaid Definition	NO	2
Audiologist Assistant or Aide	YES or NO	2
Counselor - Medicaid Definition	YES	1
Counselor - Medicaid Definition	NO	2
Counselor	YES or NO	2
Case Manager	YES or NO	2
Direct Support Personnel	YES or NO	2
Hearing Instrument Specialist - Medicaid Definition	YES	1
Hearing Instrument Specialist - Medicaid Definition	NO	2
Hearing Instrument Specialist	YES or NO	2
Medicaid Billing Personnel	YES or NO	1
Nurse Licensed (RN) - Medicaid Definition	YES	1
Nurse Licensed (RN) - Medicaid Definition	NO	2
Nurse Licensed (LPN) - Medicaid Definition	YES	1
Nurse Licensed (LPN) - Medicaid Definition	NO	2
Nurse	YES or NO	2
Nurse's Aide	YES or NO	2
Occupational Therapist - Medicaid Definition	YES	1
Occupational Therapist - Medicaid Definition	NO	2
Occupational Therapist	YES or NO	2
Occupational Therapist Aide	YES or NO	2
Occupational Therapy Assistant - Medicaid Definition	YES	1
Occupational Therapy Assistant - Medicaid Definition	NO	2
Occupational Therapy Assistant	YES or NO	2
Personal Care Service Provider- Medicaid Definition	YES	1
Personal Care Service Provider- Medicaid Definition	NO	2
Personal Care Service Provider	YES or NO	2

Physical Therapist - Medicaid Definition	YES	1
Physical Therapist - Medicaid Definition	NO	2
Physical Therapist	YES or NO	2
Physical Therapy Assistant - Medicaid Definition	YES	1
Physical Therapy Assistant - Medicaid Definition	NO	2
Physical Therapy Assistant	YES or NO	2
Physical Therapist Aide	YES or NO	2
Physician	YES or NO	2
Psychiatrist - Medicaid Definition	YES	1
Psychiatrist - Medicaid Definition	NO	2
Psychiatrist	YES or NO	2
Psychologist 1 - Medicaid Definition	YES	1
Psychologist 1 - Medicaid Definition	NO	2
Psychologist 2 - Medicaid Definition	YES	1
Psychologist 2 - Medicaid Definition	NO	2
Psychologist	YES or NO	2
School Adjustment Counselor	YES or NO	2
School Guidance Counselor	YES or NO	2
School Psychologist	YES or NO	2
School Psychologist Intern	YES or NO	2
Social Worker 1 - Medicaid Definition	YES	1
Social Worker 1- Medicaid Definition	NO	2
Social Worker 2- Medicaid Definition	YES	1
Social Worker 2 - Medicaid Definition	NO	2
Social Worker	YES or NO	2
Speech/Language Therapist - Medicaid Definition	YES	1
Speech/Language Therapist - Medicaid Definition	NO	2
Speech/Language Therapist	YES or NO	2
Speech/Language Aide	YES or NO	2
Speech/Language Assistant - Medicaid Definition	YES	1
Speech/Language Assistant - Medicaid Definition	NO	2
Speech/Language Assistant	YES or NO	2
Vision Specialist	YES or NO	2

Appendix VIII

Indirect Cost Rates

Exclusion of Expenditures from Administrative Activity Claims

LEA costs that are reported on the Chart of Accounts (COA) in the following object codes are included in the calculation of each LEA's Indirect Cost Rate by DESE. Therefore, the LEA must exclude them from direct claims in Administrative Activity Claims and Direct Service Cost Reports.

- Administration – 1000 series (specifically includes 1210, 1220, 1230, 1410, 1420, 1430, 1450)
- School Security (3600)
- Maintenance – 4000 series – All
- Employee Insurance (5200) – Only exclude costs when related to salaries in the excluded 1000 series codes
- Retired Employee Insurance (5250)
- Other Insurance (5260)
- Rental Lease (5300)
- Other Fixed Charges (5500)

(DESE COA: www.doe.mass.edu/finance/accounting/eoy/ChartOfAccounts.pdf)

Indirect Cost Rates for Charter Schools

Charter schools may submit AACs and Direct Service Cost Reports using a 10% Indirect Cost Rate per OMB 2 CFR, Part 225.55, and Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A-87). Information on Indirect Costs is provided in Part 225.55 (F), Appendix D to Part 225–Public Assistance Cost Allocation Plans, and Appendix E to Part 225–State and Local Indirect Cost Rate Proposals. Charter schools are instructed to follow the same guidelines as other School-Based Medicaid providers, and exclude from RMTS participation and all claims and cost reports any costs related to staff who are part of central administration, including a superintendent, assistant superintendent, professional and clerical support staff, grants manager, director of planning, school business manager or chief financial officer, director of human resources, districtwide information and technology staff, or any equivalent schoolwide administration staff.

> **Related Materials**
> *School-Based Medicaid Provider Bulletin 28* (July 2015)