

Vermont
Department of Health
Claiming Manual

For

School-Based Medicaid
Administrative Services

July 2011

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SECTION I: INTRODUCTION

This manual is a guide to assist supervisory unions (SUs) in the completion of quarterly Medicaid Administrative Claims (MAC). The objective of MAC is to identify costs associated with health-related administrative activities (*not* educational activities) that support Vermont Medicaid, a medical insurer that provides coverage for medical, preventive and/or evaluative services. School health personnel perform a variety of administrative activities that serve to ensure the integrity and delivery of Vermont Medicaid services. In order to capture these costs, a Random Moment Time Study (RMTS) must be completed three times a year. School personnel eligible to participate in the RMTS are identified based on the actual job function that they perform and not by their job title. Individuals who are expected to perform Medicaid-related administrative activities should participate in the time study.

The quarters for which RMTS data shall be submitted are defined as October - December, January - March and April - June. An average of the RMTS data from the previous three quarters will be used for the July - September quarter. The RMTS data, in conjunction with expenditure and cost information, create an administrative claim that is submitted to the federal government for payment.

SECTION II: TERMS AND DEFINITIONS

1. **DOE** - Department of Education.
2. **FFP** - Federal financial participation rate for Administrative costs which, based on the 1115a waiver “Global Commitment to Health,” is the same as the Federal Medical Assistance Percentage (as specified in 42 CFR 433.10).
3. **Fringe benefits** - The cost of actual staff benefits (including health and life insurance, unemployment compensation, Medicare and pension contributions, Workers’ compensation/Injury payments, and other benefits) funded from state/local revenue are eligible for claiming.
4. **General administrative overhead factor** - The total of time spent on administrative activity codes (B, D, H, J, L, N and P) divided by the total worked time (Codes A to P) for each job position grouping. If no allowable administrative activities are performed, no time associated with the administrative overhead factor should be included.
5. **Gross claim** - The summation of claimable salaries and fringe benefits.
6. **LEA** - Local Education Authority.
7. **Medicaid Eligibility Percentage**- The ratio of Medicaid eligible students in the LEA to the number of total students in the LEA.
8. **Net claim** - The product of the gross claim amount multiplied by the appropriate FFP rate.
9. **Salary**- Only that portion of the actual salary or contractual agreement funded by state/local revenue is eligible for claiming during the quarter for which the claim is being submitted.

10. **School-Based Health Services** - Health related services provided by a state or locally funded health professional to students enrolled in public or Special Education schools.
11. **Supervisory Union** – an administrative, planning and public educational service unit created by the State Board of Education under Vermont statute (Title 16) which consists of two or more school districts.

SECTION III: HOW TO COMPLETE THE CLAIM

A) SOURCES OF DATA

1) RANDOM MOMENT TIME STUDY DATA

- 2) **Summarizing** - Calculate the percentage of time spent on each administrative activity (MAC Activity Codes A-Q as described in the Vermont Department of Health Random Moment Time Study Manual For School-Based Medicaid Administrative Claiming (MAC) Services, July, 2011) in relationship to the total worked time.

3) COST DATA

- Gather actual expenses incurred during the quarter for Time Study Participants (see example). 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 roster submitted for that quarter. If an individual started working for the SU after the participant roster was submitted, their costs may be included in the claim, and they must be included on the RMTS participant roster for the following quarter.
- For claims for the quarter 7/1 to 9/30, include all participants for whom you have costs and who were included on the participant roster for the RMTS during **any** of the three prior quarters. If an individual started working for the SU after the last RMTS, their costs may be included in the claim and they must be included on the RMTS roster for the following quarter.
 - The claimable expense categories are as follows:
 - Salaries or contractual agreements
 - Fringe benefits
 - Restricted federal funding should be deducted from the actual expenses, such that *only state/local funding sources are included in the claim calculations.*

B) CALCULATING THE CLAIM

- 1) Quarterly actual expenses should be allocated to each activity code (A-Q) based upon the results of the quarterly RMTS.
- 2) The Medicaid Eligibility Percentage for the SU should be applied to actual expenses for Transportation-Related Activities in Support of Medicaid/Dr. Dynasaur Covered Services (activity code H), Translation Related to Medicaid/Dr. Dynasaur Covered Services (activity code J), Provider Networking/Program Planning/Interagency Coordination Related to Medical Services (activity code L), Medical/Medicaid/Dr. Dynasaur related Training (activity code N), and Referral, Coordination and Monitoring of Medicaid/Dr. Dynasaur Services (activity code P).
- 3) Actual expenses allocated to General Administration (activity code Q) should be multiplied by the general administrative overhead factor. If no allowable administrative activities are performed, no time associated with the administrative overhead factor should be included.
- 4) The gross cost pool total amount per administrative activity is produced by completing the steps indicated above, and only includes Activity Codes B, D, H, J, L, N, P and Q.
- 5) Multiply the grand total gross claim amount by the appropriate FFP rate to produce the net claim amount.
- 6) No FFP is applicable to actual expenses in Non-Medicaid/Dr. Dynasaur Outreach (activity code A), Facilitating Application for Non-Medicaid/Dr. Dynasaur Programs (activity code C), School Related and Educational Activities (activity code E), Direct Medical Services (activity code F), Transportation for Non-Medicaid/Dr. Dynasaur Services (activity code G), Non-Medicaid/Dr. Dynasaur Translation (activity code I), Program Planning, Policy Development, and Interagency, Coordination Related to Non-Medical Services (activity code K), Non-Medical/Non-Medicaid/Dr. Dynasaur Related Training (activity code M), and Referral, Coordination, and Monitoring of Non-Medicaid/Dr. Dynasaur Services (activity code O).

SECTION IV: CLAIM SUBMISSION REQUIREMENTS

1. The following items are included in the SU's quarterly claim:
 - ✓ Claim Summary Report
 - ✓ Cost Pool Calculation Report
 - ✓ Claim Calculation Report
 - ✓ Time Study Report

Example: Claim Summary Report

Gross Claim Amount		\$26,801.93
Net Claim Amount		\$13,400.97

Example: Cost Pool Calculation Report

	NAME	FTE	Quarterly Salary	Fringe Benefits	Total
	Black, Mary	1.00	\$14,241.90	\$4,907.19	\$19,149.09
	Blue, Jane	1.00	\$7,073.88	\$3,320.60	\$10,394.48
	Green, John	1.00	\$18,024.60	\$5,034.43	\$23,059.03
	Yellow, Thomas	1.00	\$11,708.52	\$4,796.10	\$16,504.62
	Pink, Paul	0.80	\$6,750.64	\$2,561.79	\$9,312.43
	Gray, Gary	1.00	\$10,820.34	\$4,709.35	\$15,529.69
	White, Anne	1.00	\$11,077.02	\$4,694.79	\$15,771.81
Salaried Total:	7	6.80	\$79,696.90	\$30,024.25	\$109,721.15
	Purple, Peter	0.30	\$3369.29	\$0.00	\$3369.29
Contracted Total	1	0.30	\$3369.29	\$0.00	\$3369.29
Grand Total:	8	7.10	\$ \$ 83,066.19	\$ 30,024.25	\$ 113,090.44

Example: Claim Calculation Report

Activity Code	Activity Code %	Cost Pool	Medicaid Eligibility	Overhead	Gross Claim Amount	FFP Rate	Net Claim Amount
A.	2.50%	\$113,090.44	N/A	N/A	\$2,827.26	0.00%	\$0.00
B.	2.50%	\$113,090.44	N/A	N/A	\$2,827.26	50.00%	\$1,413.63
C.	5.00%	\$113,090.44	N/A	N/A	\$5,654.52	0.00%	\$0.00
D.	5.00%	\$113,090.44	N/A	N/A	\$5,654.52	50.00%	\$2,827.26
E.	10.00%	\$113,090.44	N/A	N/A	\$11,309.04	0.00%	\$0.00
F.	15.00%	\$113,090.44	N/A	N/A	\$16,963.57	0.00%	\$0.00
G.	2.00%	\$113,090.44	N/A	N/A	\$2,261.81	0.00%	\$0.00
H.	2.00%	\$113,090.44	46.88%	N/A	\$1,060.34	50.00%	\$530.17
I.	1.00%	\$113,090.44	N/A	N/A	\$1,130.90	0.00%	\$0.00
J.	2.50%	\$113,090.44	46.88%	N/A	\$1,325.42	50.00%	\$662.71
K.	2.50%	\$113,090.44	N/A	N/A	\$2,827.26	0.00%	\$0.00
L.	5.00%	\$113,090.44	46.88%	N/A	\$2,650.84	50.00%	\$1,325.42
M	10.00%	\$113,090.44	N/A	N/A	\$11,309.04	0.00%	\$0.00
N.	10.00%	\$113,090.44	46.88%	N/A	\$5,301.68	50.00%	\$2,650.84
O.	5.00%	\$113,090.44	N/A	N/A	\$5,654.52	0.00%	\$0.00
P.	10.00%	\$113,090.44	46.88%	N/A	\$5,301.68	50.00%	\$2,650.84
Q.	10.00%	\$113,090.44	N/A	23.70%	\$2,680.19	50.00%	\$1,340.10
Total	100.00%				\$86,739.86		\$13,400.97

Example Time Study Report

Activity Code	Percentage
A.	2.50%
B.	2.50%
C.	5.00%
D.	5.00%
E.	10.00%
F.	15.00%
G.	2.00%
H.	2.00%
I.	1.00%
J.	2.50%
K.	2.50%
L.	5.00%
M.	10.00%
N.	10.00%
O.	5.00%
P.	10.00%
Q.	10.00%
Total	100.00%

SECTION V: TIME STUDY PARTICIPANTS

Speech/Language Therapist, Assistant or Aide
Occupational Therapist, Assistant or Aide
Physical Therapist Assistant or Aide
School Psychologist
Psychologist
Registered Nurse
Licensed Practical Nurse
Nurse's Aide
Audiologist/Hearing Impaired Specialist
Psychiatrist/Physician
Case Manager
School Adjustment Counselor
School Social Worker
Guidance Counselor
Certified Alcohol Counselor
Student Assistance Professional (SAPS)
Home School Coordinator
Counselor/Mental Health Practitioner
Substance Abuse Worker
Project Coordinator
Dentist, Dental Hygienist
Special Education Director, Administrators/Assistant
Special Education clerical and technical support Personnel
Pupil Support Services Director, Administrators/Assistant
Pupil Support Services clerical and technical support Personnel
Health Coordinator
Nursing Director, Administrators/Assistant
Nursing clerical and technical support Personnel
Director of Guidance

NOTE: school personnel eligible to participate in this program are based on the actual job function that they perform, not on their job title. Individuals who are expected to perform Medicaid related administrative activities should participate in the time study.