

State of Connecticut

Medicaid School Based Child Health

Administrative Claims Instruction Guide

Effective beginning Cost Year FY 2016 (July 1, 2015)

Contents

Overview	1
Filing Deadline & Certification	1
Designating an Administrative Claims Preparer	2
Questions and Assistance	2
Claim Calculation Instructions	2
Quarterly Data Submission	7
Salary Data:.....	8
Medicaid Penetration Rate	10
Indirect Cost Rate:.....	10
Non-Personnel Costs	10
Annual Claims Information	11
Reports	14
Claim Calculation Summary Report.....	14
Claim Calculation Detail Report.....	15
Cost Pool Calculation Report.....	16
Material & Supplies Report	16
Capital Percentage Rate Calculation Report	17
Approving the Claim.....	17
Appendix.....	18
Authorization of Designated Program Contacts	18
Quarterly Certification of Public Expenditure.....	19

Overview

The State of Connecticut Department of Social Services (the department), the single State agency administering the Connecticut Medical Assistance Program, calculates payment rates for services covered under the Medicaid School Based Child Health (SBCH) program.

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

Filing Deadline & Certification

LEAs must submit claims electronically through the Administrative Activity Claim (AAC) Upload System (accessed online at: <https://www.chcf.net/chcfweb>). This guide provides instructions for LEAs on the mechanics and deadlines for submitting quarterly Administrative claims.

Claims must be submitted quarterly. Claims not 'Approved' in the system by any quarterly approval deadline (shown in the schedule below) and not certified by any quarterly Certification of Public Expenditures (CPE) deadline will be processed in the following quarter. **All claims for a fiscal year must be approved by midnight on October 31 following the close of the fiscal year, including amendments that increase the amount of the claim (“positively amended claims”) and certified by November 15.** There is no deadline for filing amendments that reduce the amount of the claim (negatively amended claims). All deadlines will hold, regardless of holidays, unexpected district closures, and weekends. Exceptions to the deadline will be granted only for extreme extraordinary circumstances. In these instances, the provider must inform DSS in writing of the circumstance at least 10 days prior to the submission deadline.

The quarterly submissions follow the schedule below:

Claim Quarter	Quarter Dates	Approval Deadline	C.P.E. Deadline
Q1	July 1 – Sept 30	October 31	November 15
Q2	Oct 1 – Dec 31	January 31	February 15
Q3	Jan 1 – Mar 31	April 30	May 15
Q3	Apr 1 – June 30	July 30	August 15

The Certification of Public Expenditures (refer to the Appendix 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 DSS on school district letterhead, at the address below:

**State of Connecticut-DSS
SBCH Program – 9th Floor
55 Farmington Avenue
Hartford, CT 06105-3725**

Designating an Administrative Claims Preparer

Each LEA must designate an individual to be responsible for submitting Administrative Activity claims through the Administrative Activity Claim (AAC) System. To do this, the LEA must complete the “Authorization of Designated Program Contacts” form found in the Appendix. The form must be signed by the authorized official for the school district, and submitted to UMass and DSS to the contact information on the form, before a username and password will be assigned for the system. Up to two designees may be assigned per school district. The form may also be found on the SBCH webpage at www.ct.gov/dss/SBCH in the “Forms” section.

Questions and Assistance

For questions or assistance, please contact DSS at 860-424-5386. For technical assistance on the online system, please contact UMass at 800-535-6741 or by email at schoolbasedclaiming@umassmed.edu.

Claim Calculation Instructions

To submit an Administrative Activity Claim, the first step is to submit the **actual quarterly salary and employer paid benefit costs** for all staff who participated in the quarterly Random Moment Time Study (RMTS). For a Quarter 1 claim (July 1 – Sept 30) where no RMTS was conducted, school districts may include costs for staff members who participated in the 4th quarter time study from the prior school year, and any new hires for the new year, provided that all new hires were added to the RMTS participant list effective October 1.

- I. In the School Based Claiming system, under File Extract, the district extracts a list of Random Moment Time Study (RMTS) participants for the quarter. This list of active participants for the quarter will be used to create an editable template to update in order to upload the salary and benefit data for the staff members.

Step 1: Under the “Administrative Claiming” tab on the left, select “File Extract”.

Step 2: Using the drop-down menus, select the State, School District, Year, and Quarter. Year and Quarter are based on fiscal year. For example:

Q1 2016 = July-September 2015

Q2 2016 = October-December 2015

Q3 2016 = January-March 2016

Q4 2016 = April-June 2016

The screenshot shows a web application interface for 'Administrative Claiming'. On the left is a navigation menu with options: Data Submission, File Upload, Claim Calculation, File Extract (highlighted in red), and Reports. The main content area is titled 'Health Personnel File Extract' and includes a note: 'Fields marked with an (*) are mandatory fields'. The form contains the following fields:

- *Extract Type : HP Extract (dropdown menu)
- *State : CT-SBCH (dropdown menu)
- *School District: Abc Public Schools (dropdown menu)
- *Year : 2017 (dropdown menu)
- *Quarter : Third Quarter (dropdown menu)

At the bottom of the form is a 'Submit' button. Below the form, a note states: 'After clicking 'Submit', an Excel file containing the Health Personnel Data will be downloaded to the current system.'

Step 3: Creating an Upload File

Use the extracted data to populate the file to be uploaded.

	A	B	C	D	E	F	G
1	Employee ID	Last Name	First Name	Job Description	Active Y or N	Fed Fund %	FTE
2	UMMS23446	Apple	Betty	Nurse (RN), Claiming	Y	0	1
3	UMMS23447	Banana	Lisa	School Social Worker, Claiming	Y	50	1
4	UMMS23448	Blueberry	Emily	Nurse (RN), Claiming	Y	0	1
5	UMMS23449	Buttercup	Michelle	School Psychologist, Claiming	Y	0	1
6	UMMS23450	Butternut	Lois	Physical Therapist, Claiming	Y	0	1
7	UMMS23483	Carrot	Erin	School Counselor, Claiming	Y	0	1
8	UMMS23451	Date	Susan	Occupational Therapist, Claiming	Y	0	1
9	UMMS23452	Endive	Corrine	School Counselor, Claiming	Y	0	1
10	UMMS23453	Fig	Kate	School Social Worker, Claiming	Y	0	1
11	UMMS23454	Fennel	Roy	School Counselor, Claiming	Y	0	1
12	UMMS23455	Garlic	Sandra	School Psychologist, Claiming	Y	0	1
13	UMMS23456	Hollyhock	Lisa	Nurse (RN), Claiming	Y	0	1

The file must have the headings “Employee ID,” “Last Name,” “First Name,” “Job Description,” “Active Y or N,” “Fed Fund %,” “FTE,” “Quarterly Salary,” “Medicare Tax – Employer,” “Employer Retirement Contribution (Pension),” “Social Security Tax – Employer,” “Health Insurance – Employer,” “Dental Insurance – Employer,” “Workers Compensation,” “Unemployment,” “Disability Insurance,” “Other.”

Tip: Remove the “Email Address” column from the extract file first, then remove all columns to the right of Fed Fund % (Work Schedule, all 3 ‘supervisors’ and Actual Job Title). Then simply add the required Salary and benefit detail columns listed above.

When saving the file to upload, the naming convention is:

HP_CC_state_LEA ID_Qtr_Year_Version#.xls

Example:

Q2 2016, Demo School District (LEA ID SB123) =

HP_CC_CT-SBCH_SB123_2_2016_01.xls

Step 3a: OR, School Districts may also use the Salary Upload template provided by UMMS to create the upload file. The district copies the staff information from the RMTS participant extract file into a blank template, and then enters the salary and fringe benefit information to create a personnel cost upload file.

Sample personnel cost upload file is shown on next page.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	U	P	Q	R
Employee ID	Last Name	First Name	Job Description	Active Y or N	Fed Fund %	FTE	Quarterly Salary	Medicare Tax - Employer	Employer Retirement Contribution (in Pension)	Social Security Tax - Employer	Health Insurance - Employer	Dental Insurance - Employer	Workers Compensation	Unemployment	Life Insurance	Disability Insurance	Other
1	UMMS97716	Allium	Tiffany	Occupational Therapist, Claiming	Y	0	1	7,126.30	97.06	1,298.25	415.25	422.00	0.00	22.00	125.30	0.00	0.00
2	UMMS97732	Animals	Cathleen	Medicaid Coordinator/Clerk	Y	0	1	4,419.65	64.08	807.25	258.12	436.22	0.00	23.00	452.00	121.30	0.00
3	UMMS97717	Asler	Surether	Speech & Language Pathologist, Assistant, Claiming	Y	0	1	7,212.56	97.25	1,312.45	422.02	511.20	0.00	14.00	0.00	145.20	0.00
4	UMMS97718	Astibe	Julie	Licensed Speech and Language Pathologist, Claiming	Y	0	1	8,776.92	117.63	1,425.00	503.22	577.30	0.00	25.00	530.00	471.00	0.00
5	UMMS97724	Butterfly	Carolyn	School Social Worker, Claiming	Y	0	1	7,020.36	101.25	1,274.58	435.22	596.30	0.00	14.00	36.00	120.00	0.00
6	UMMS97725	Button	Nichola	School Psychologist, Claiming	Y	10	1	7,460.52	106.25	1,350.25	454.52	268.30	0.00	26.00	431.00	120.00	0.00
7	UMMS97723	Dahlia	Jill	School Social Worker, Claiming	Y	20	1	18,023.98	251.36	2,140.25	1,077.28	452.30	0.00	11.00	162.00	120.00	0.00
8	UMMS97727	Deer	Irelanie	Speech & Language Pathologist, Assistant, Claiming	Y	0	1	5,335.36	74.22	967.25	317.52	700.20	0.00	25.00	26.00	131.00	0.00
9	UMMS97729	Elephant	Christine	School Psychologist, Claiming	Y	0	1	7,056.96	95.25	1,235.02	407.25	400.50	0.00	0.00	164.00	141.00	0.00
10	UMMS97728	Giraffe	Nicole	School Social Worker, Claiming	Y	50	1	11,258.36	151.92	1,325.15	659.32	425.30	0.00	0.00	164.00	0.00	0.00
11	UMMS97721	Impatient	Nicole	School Psychologist, Claiming	Y	0	1	3,502.36	50.87	1,354.25	217.25	425.69	0.00	12.00	0.00	131.00	0.00
12	UMMS97726	Lion	Donna	Medicaid Coordinator/Clerk	Y	0	1	2,687.36	167.25	0.00	391.20	567.32	0.00	40.00	0.00	0.00	0.00
13	UMMS97726	Lion	Dianne	Speech & Language Pathologist, Assistant, Claiming	Y	0	1	8,049.84	100.58	0.00	425.20	463.50	0.00	25.00	310.00	0.00	0.00
14	UMMS97719	Petunia	Katharine	Special Education Director, Administrator or Assistant	Y	0	1	8,059.32	114.09	1,236.25	369.13	235.99	0.00	26.00	220.00	121.00	0.00
15	UMMS97720	Rose	Susan	Licensed Speech and Language Pathologist, Claiming	Y	0	1	12,147.58	164.52	1,225.14	502.30	562.30	0.00	24.00	130.00	141.00	0.00
16	UMMS97733	Tiger	Heather	School Psychologist, Claiming	Y	0	1	4,114.58	59.82	1,452.69	298.20	789.25	0.00	23.00	0.00	121.00	0.00
17	UMMS97730	Zebra	Danielle	Speech & Language Pathologist, Assistant, Claiming	Y	0	1	7,772.58	110.14	0.00	255.20	541.00	0.00	24.00	0.00	0.00	0.00
18	UMMS97731	Zoo	Jane	Speech & Language Pathologist, Assistant, Claiming	Y	20	1	7,745.98	149.25	1,158.25	289.32	564.33	0.00	25.00	0.00	0.00	0.00
19																	
20																	

- II. To upload the Salary Upload file in the School-Based Claiming System, under File Upload, browse for the upload file created in step 2 and upload it to the claim under HP_CC (claims component).

Step 1: Under the “Administrative Claiming” tab, select “File Upload”.

State: CT-SBCH School District: Abc Public Schools Year: 2016

Administrative Claiming | File Upload

Fields marked with an (*) are mandatory fields

* Component : HP_CC

* Location : HP_CC_CT-SBCH_SB002_2_2016_99.xls

Status during upload

File Name	Quarter	Date ▼	Status	Uploaded By	
No Data Found					

[Refresh](#)

Step 2: Click on either “School District” or “Year” to change the School District and fiscal year.

Step 3: Select “HP_CC” under component. Click “Choose File” to find your file. Click “Open.”

Note: Files must follow the naming convention described on page 3.

Step 4: Click “Upload.” The file will show up on the uploaded list below and will take some time before it is ready to be checked. You will need to click “Refresh” after a few minutes for the file status to change.

Step 5: After the file is uploaded and there are no errors, click “Review” to review the file for errors and changes.

Status during upload

Page 1

File Name	Quarter	Date ▼	Status	Uploaded By	
HP_CC_CT-SBCH_SB002_2_2016_99.XFR	2	01/09/2017 01:21:22 PM	Review	AlliumTi	<input type="checkbox"/>

[Delete](#)

[Refresh](#)

Note: If your file has errors, you will need to click on “Error” and then “View Detailed Report” to review the issues that caused the file to fail. Once you have fixed the problems in the file, delete the Error file by checking the box next to the file and clicking “Delete.” Then upload the corrected file.

* Component : HP_CC
 * Location : Browse... No file selected. Upload

Status during upload

Page 1

File Name	Quarter	Date	Status	Uploaded By	
HP_CC_CT-SBCH_SB009_1_2016_06.XFR	1	01/09/2017 10:31:38 AM	Error	DadahS2	Delete 

Step 6: Review the Number of New Health Personnel, Number of Deactivated Health Personnel, and Number of Updates by clicking on the appropriate “View Detailed Report” link on the right, if needed. If changes need to be made to the file, click Close, then the file will need to be deleted and re-uploaded and checked again. Once everything is correct, check the “Verified Upload File Results” box and click “Upload” to upload the file.

State: CT-SBCH School District: Abc Public Schools Year: 2016

File Upload

Health Personnel File Upload Results

File Name: HP_CC_CT-SBCH_SB002_2_2016_99_20170109132122.XFR
 File Type: Claim Component
 File Mode: Preview
 File Status: Review

Number of Records : 18
 Number of New Health Personnel : 0
 Number of Deactivated Health Personnel : 0
 Number of Updates : 144
 Number of Errors : 0

[View Detailed Report](#)

Verified Upload File Results

Upload Close

Note: Changes and additions in the file will not be made to the system until this step has been completed.

When the file is submitted and uploaded, the status will change to “Successful” when completed. You may need to click “Refresh” after a few minutes for the file status to change. To review the detailed reports at any time, click “Successful” then “View Detailed Report.”

State: CT-SBCH School District: Abc Public Schools Year: 2016

File Upload

Fields marked with an (*) are mandatory fields

* Component : ▾

* Location : No file chosen

Status during upload

Page 1

File Name	Quarter	Date ▾	Status	Uploaded By	<input type="checkbox"/>
HP_CC_CT-SBCH_SB002_2_2016_99.XFR	2	01/09/2017 01:21:22 PM	Successful	AlliumTi	<input type="checkbox"/>

[Delete](#)

[Delete](#)

[Refresh](#)

Quarterly Data Submission

Claims information must be submitted on two tabs: Quarterly Data and Annual Data.

- III. The Quarterly Administrative Claim “Data Submission” Screen will display the status of the completion of the claim as items are completed.

This section will explain how to review and/or manually enter salary data and other claim data. If you are beginning a new claim, each component will show “NOT Received,” and will change depending on the status of the claim. “Received” will show after data is submitted, “Calculated” if the claim has been calculated, “Approved” if the claim is approved, and “Final” after the claim has been finalized.

State: CT-SBCH School District: Abc Public Schools Quarter: Third Year: 2017

Administrative Claiming

[Quarterly Data](#) [Annual Data](#)

Data Submission Status of various Quarterly Claim Components

Status of various Quarterly Claim Components	
Salary	NOT Received
Medicaid Eligibility Rate	NOT Received
Indirect Cost Rate	NOT Received
Non-Personnel Costs	NOT Received

Salary Data:

Step 1: Under the “Administrative Claiming” tab, select “Data Submission”.

Step 2: Click on either “Quarter” or “Year” to change the quarter and fiscal year.

The screenshot shows the 'Administrative Claiming' interface. On the left is a navigation menu with 'Data Submission' selected. The main area displays 'Status of various Quarterly Claim Components' with a table:

Status of various Quarterly Claim Components	
Salary	NOT Received
Medicaid Eligibility Rate	NOT Received
Indirect Cost Rate	NOT Received
Non-Personnel Costs	NOT Received

A red arrow points to the 'NOT Received' link for the Salary component.

Step 3: If no data has been entered or uploaded, you will click “NOT Received,” otherwise you will click “Received” next to the name of the claim component you wish to enter. In this case, choose the Salary component:

Step 4: Click on the first employee you want to add/edit data for.

Salary

Last Name : First Name : Job Position :

Page 1

Last Name	First Name	Job Position	Full Time Equivalency	Fed. Fund. %	Salary Amount (\$)	Total Fringe Benefits (\$)
Avenue	Beatrice	1	1	0	12045.00	541.00
Boulevard	Sam	1	1	0	3155.00	324.00
City	Tobias	1	1	0	14502.00	163.00
Lane	Dean	1	1	0	5210.00	352.00
Road	Dorothy	1	1	0	21403.00	142.00
Street	Lorelai	1	1	0	15430.00	157.00
Town	April	1	1	0	14255.00	366.00

A red arrow points to the 'Town' link in the first column.

Received Date :

Notes History:

04/25/2014 Salary Submitted By Tester Another

Step 5: Enter data in the “Original Salary” and “Employer Paid Fringe Benefits” fields and click “Next” at the bottom of the screen. This will save the data submitted and open the next employee’s screen. If you are done entering data or want to review the data before the end of the list of employees, click “Close” to return to the front screen.

Salary Information

Last Name :	Berry	First Name :	Kristina
Job Position Code :	2	Job Position Description :	School Social Worker, Claiming
Original Salary (\$) :	<input type="text" value="12,045.25"/>	Employee ID :	UMMS22527
Quarterly Salary (\$) :	<input type="text" value="12,045.25"/>	Fed. Fund. % :	<input type="text" value="0"/>
FTE :	<input type="text" value="1"/>		

Benefit Details

Workers Compensation (\$) :	<input type="text" value="15.21"/>	Unemployment (\$) :	<input type="text" value="0.00"/>
Medicare Tax- Employer (\$) :	<input type="text" value="241.58"/>	Employer Retirement Contribution (Pension) (\$):	<input type="text" value="384.80"/>
Social Security Tax - Employer (\$) :	<input type="text" value="68.94"/>	Life Insurance (\$) :	<input type="text" value="0.00"/>
Health Insurance- Employer (\$) :	<input type="text" value="1,241.00"/>	Disability Insurance (\$) :	<input type="text" value="0.00"/>
Dental Insurance- Employer (\$) :	<input type="text" value="0.00"/>	Other (\$) :	<input type="text" value="0.00"/>

Step 6: When you have completed and checked all of the salary data, enter the date at the bottom of the screen and click “Save.” This will generate a note in the system which includes who saved the data and the date it was saved.

Town	April	1	1	0	14255.00	0.00
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Received Date : 

Notes History:

04/25/2014 Salary Submitted By Tester Another

Notes :



Note: If salary data was uploaded, this screen, including the Received Date and Notes History, will already be populated.

Medicaid Penetration Rate: This data is entered by DSS, but you can view the information by clicking on “Received” next to the Medicaid Eligibility Rate Component.

Fields marked with an (*) are mandatory fields

Quarterly Medicaid Eligibility Rate

* Medicaid Eligibility Rate (%) :

Received Date :

Notes History :

01/06/2017 Medicaid Eligibility Rate Submitted By Emily Audette

01/06/2017 Medicaid Eligibility Rate Submitted By Emily Audette

Indirect Cost Rate: This data is entered by DSS, but you can view the information by clicking on “Received” next to the Indirect Cost Rate Component. The system will default to 10%. Districts with an approved Cognizant Indirect Cost Rate must provide a copy of their approval letter from the State Department of Education (SDE) to DSS.

Non-Personnel Costs: Supplies and Materials Costs and Purchased Services Costs may be included. Enter actual quarterly expenditure amounts for non-personnel costs that were in support of reimbursable Medicaid Administrative Activities. No costs related to the provision of health-related services or education services can be included.

Fields marked with an (*) are mandatory fields

Non - Personnel Costs

Enter actual quarterly expenditure amounts for non-personnel costs that were in support of reimbursable Medicaid Administrative Activities. No costs related to the provision of health related services or education services can be included.

Supplies and Materials (\$) :

Purchased Services (\$) :

Other Expenditures (\$) :

* Received Date :

Notes :

Annual Claims Information

IV. Select the “Annual Data” option from the Data Submission screen.



1. Enter Annual Capital Costs for calculation of a Capital Percentage Rate, to apply to the quarterly Administration Claim.

Building & Fixed Valuation: This amount should be based on the **accumulated acquisition** costs of these assets. Where actual costs records have not been maintained, a reasonable estimate of the original acquisition cost may be used. Do **not** use insurance valuation. Do **not** include depreciation.

Include: any improvements such as paved parking areas, fences and sidewalks, building additions, and any of a building’s components such as its plumbing, heating and air conditioning systems.

Exclude: the costs of fully depreciated assets (more than 50 years old); 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 costs of building and equipment contributed in satisfaction of a federal matching requirement, any equipment merely attached to a building which is not permanently fixed to it; rent or lease payments.

Major Moveable Valuation: Include the district-wide equipment accumulated acquisition costs that are not included in any of the Building and Fixed Asset valuations above and that meet the districts capital criteria. (e.g. furniture, office equipment, awnings etc.). Vehicles may be included if they are owned, but not if they are leased. Insurance valuation is **not** to be used. Do **not** include depreciation.

Exclude: the costs of fully depreciated major movables (more than 15 years old)

District Wide FTE: Enter the district-wide total FTE for all personnel, including cafeteria workers, administrators, teachers, etc.

Total Annual District Salary and Benefits: Enter the district-wide total budgeted annual salary and benefit costs for all personnel, including cafeteria workers, administrators, teachers, etc.

Data Entry Screen shown on next page...

Capital Cost

Building and Fixed Valuation (Annual) (\$) :	<input type="text" value="25,504,500.00"/>
Major Moveable Valuation (Annual) (\$) :	<input type="text" value="1,500,000.00"/>
District Wide FTE (\$) :	<input type="text" value="1,845.00"/>
Total Annual District Salary + Benefits (\$) :	<input type="text" value="82,560,122.00"/>
* Received Date :	<input type="text" value="01/09/2017"/>

Notes :

01/09/2017 Capital Cost Submitted By Tiffany Allium



2. Click "Submit" when finished.

- V. Once the data entry/submission is complete, navigate to “Claim Calculation” from the left hand vertical menu, then click “Calculate” to calculate the claim.

State: CT-SBCH School District: Abc Public Schools Quarter: First Year: 2016

Claim Calculation | **State Claim Calculation**

Claim Status: Date: User Name:	
Claim Components	
Salary Information	NOT Received
Fringe Benefit Information (Actuals)	Received
Capital Cost	Received
Non-Personnel Information	NOT Received
Medicaid Eligibility Rate	Received
Indirect Cost Rate	Received



Notes History:

Notes:

Claim Calculation View

You will see a message in red confirming that the claim has been calculated. If you make any changes to the information submitted, you need to “Recalculate” the claim to apply any updates made.

Claim has been calculated successfully. You must recalculate the claim for the changes to be reflected.

Claim Status: Calculated Date: 01/09/2017 User Name: Emily Audette	
Claim Components	
Salary Information	\$ 319,225.08
Fringe Benefit Information (Actuals)	\$ 85,422.82
Capital Cost	\$ 258.30
Non-Personnel Information	\$ 26,580.00
Medicaid Eligibility Rate	32.56 %
Indirect Cost Rate	10.00 %
Net Claim Amount	\$ 12,080.07

Reports

Reports may be run to verify the accuracy of the claim data entered. Access the reports from the “Reports” menu option on the left hand vertical menu bar.

Administrative Claiming	AAC Reports						
Data Submission	<div style="background-color: #008080; color: white; padding: 5px; margin-bottom: 10px;">Administrative Activity Claim Reports</div> <p>AAC Claim Reports Print all reports in PDF format</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Claim Summary Report</td></tr> <tr><td style="text-align: center;">Claim Calculation Detail Report</td></tr> <tr><td style="text-align: center;">Cost Pool Calculation Report</td></tr> <tr><td style="text-align: center;">Material and Supply Report</td></tr> <tr><td style="text-align: center;">Capital Cost Report</td></tr> </table> <p>Other AAC Reports</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Administrative Activity Claim Certification</td></tr> </table>	Claim Summary Report	Claim Calculation Detail Report	Cost Pool Calculation Report	Material and Supply Report	Capital Cost Report	Administrative Activity Claim Certification
Claim Summary Report							
Claim Calculation Detail Report							
Cost Pool Calculation Report							
Material and Supply Report							
Capital Cost Report							
Administrative Activity Claim Certification							
File Upload							
Claim Calculation							
File Extract							
Reports							

Claim Calculation Summary Report

Header information includes: School District name, LEA Number, Quarter Ending, and report title.



Connecticut School-Based Child Health

Quarterly Administrative Activity Claim

01/11/2017

School District : Cba Public Schools
 LEA Number : SB009

Quarter Ending : 09/30/2015

Claim Calculation Summary Report

Description	Amounts
Job Position Code 1	\$650.63
Job Position Code 2	\$5,751.15
Job Position Code 3	\$1,771.63
SubTotal Job Positions	\$8,173.41
Capital Costs 1.19%	\$97.26
SubTotal Gross Claim Amount	\$8,270.68
Indirect Costs 10.00%	\$827.07
Grand Total Claim (Gross)	\$9,097.75
Grand Total Claim (Net)	\$4,548.87

Claim Calculation Detail Report

Header information includes: School District name, LEA Number, Quarter Ending, and report title. The page number is listed at the bottom, this will typically be a 3 page report.



Connecticut School-Based Child Health Quarterly Administrative Activity Claim

01/10/2017

School District:
LEA Number:

Cba Public Schools
CT-SBCHSB009



Quarter Ending: 09/30/2015

Claim Calculation Detail Report

Job Position	Activity Code	Activity %	Cost Pool	Medicaid Eligibility	Overhead	Gross Claim Amount	FFP Rate	Net Claim Amount
1	A	0.16	\$ 27,209.85	N/A	N/A	\$ 43.54	0.00	\$ 0.00
1	B	0.03	\$ 27,209.85	N/A	N/A	\$ 8.16	50.00	\$ 4.08
1	C	0.05	\$ 27,209.85	N/A	N/A	\$ 13.60	0.00	\$ 0.00
1	D	0.25	\$ 27,209.85	N/A	N/A	\$ 68.02	50.00	\$ 34.01
1	E	41.18	\$ 27,209.85	N/A	N/A	\$ 11,205.02	0.00	\$ 0.00
1	F1	0.14	\$ 27,209.85	N/A	N/A	\$ 38.09	0.00	\$ 0.00
1	F2	4.76	\$ 27,209.85	N/A	N/A	\$ 1,295.19	0.00	\$ 0.00
1	G	1.83	\$ 27,209.85	N/A	N/A	\$ 497.94	0.00	\$ 0.00
1	H	0.81	\$ 27,209.85	32.56	0	\$ 71.76	50.00	\$ 35.88
1	I	0.25	\$ 27,209.85	N/A	N/A	\$ 68.02	0.00	\$ 0.00
1	J	0.04	\$ 27,209.85	32.56	N/A	\$ 3.54	50.00	\$ 1.77
1	K	1.09	\$ 27,209.85	N/A	N/A	\$ 296.59	0.00	\$ 0.00
1	L	0.18	\$ 27,209.85	32.56	N/A	\$ 15.95	50.00	\$ 7.97
1	M	3.78	\$ 27,209.85	N/A	N/A	\$ 1,028.53	0.00	\$ 0.00
1	N	1.15	\$ 27,209.85	32.56	N/A	\$ 101.88	50.00	\$ 50.94
1	O	8.02	\$ 27,209.85	N/A	N/A	\$ 2,182.23	0.00	\$ 0.00
1	P	1.77	\$ 27,209.85	32.56	N/A	\$ 156.81	50.00	\$ 78.41
1	Q	34.52	\$ 27,209.85	N/A	2.39	\$ 224.49	50.00	\$ 112.24
Totals :			100.01			\$ 17,319.38		\$ 325.31
2	A	0.19	\$ 261,554.40	N/A	N/A	\$ 496.95	0.00	\$ 0.00
2	B	0.01	\$ 261,554.40	N/A	N/A	\$ 26.16	50.00	\$ 13.08



Cost Pool Calculation Report

Connecticut School-Based Child Health - Quarterly Administrative Activity Claim															
School District:	Cba Public Schools														
LEA Number:	CT-SBCHSB009														
Quarter Ending:	09/30/2015														
Actual Fringe Benefits Used															
NAME	FTE	Job Position Code	Quarterly Salary	Workers Compensati	Unemployment	Medicare Tax-	Employer Retirement	Social Security Tax	Life Insurance	Health Insurance-	Disability Insurance	Dental Insurance-	Other	Fringe Benefits	Job Position Total
Pumpkin,Susan	1.00	1	\$18,023.98	\$0.00	\$0.00	\$251.95	\$2,140.82	\$1,077.28	\$166.86	\$1,088.61	\$0.00	\$0.00	\$0.00	\$4,725.52	\$22,749.50
Orange,Barbara	1.00	1	\$4,116.75	\$0.00	\$0.00	\$59.69	\$0.00	\$255.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$314.93	\$4,431.68
Salaried Total	2.00	2	\$22,140.73											\$5,040.45	\$27,181.18
Job Position Code 01 Total	2.00	2	\$22,140.73											\$5,040.45	\$27,209.85
Apple,Betty	1.00	2	\$7,126.30	\$0.00	\$0.00	\$97.06	\$1,291.02	\$415.02	\$101.60	\$725.74	\$0.00	\$0.00	\$0.00	\$2,630.44	\$9,756.74
Banana,Lisa	1.00	2	\$2,209.82	\$0.00	\$0.00	\$64.08	\$801.36	\$274.02	\$63.07	\$0.00	\$14.31	\$0.00	\$0.00	\$1,216.84	\$3,426.66
Buttercup,Emily	1.00	2	\$7,242.10	\$0.00	\$0.00	\$98.74	\$1,312.62	\$422.20	\$103.30	\$725.74	\$0.00	\$0.00	\$0.00	\$2,662.60	\$9,904.70
Butternut,Michelle	1.00	2	\$8,776.92	\$0.00	\$0.00	\$117.86	\$1,273.16	\$503.97	\$100.20	\$1,088.61	\$0.00	\$0.00	\$0.00	\$3,083.80	\$11,860.72
Carrot,Erin	1.00	2	\$7,460.90	\$0.00	\$0.00	\$106.26	\$1,350.36	\$454.32	\$106.28	\$0.00	\$0.00	\$0.00	\$0.00	\$2,017.22	\$9,478.12
Chive,Corrine	1.00	2	\$5,335.10	\$0.00	\$0.00	\$74.22	\$967.70	\$317.37	\$76.16	\$362.87	\$17.28	\$0.00	\$0.00	\$1,815.60	\$7,150.70
Coffee,Kate	1.00	2	\$7,064.52	\$0.00	\$0.00	\$95.24	\$1,273.16	\$407.28	\$100.20	\$725.74	\$0.00	\$0.00	\$0.00	\$2,601.62	\$9,666.14
Date,Roy	1.00	2	\$11,248.66	\$0.00	\$0.00	\$131.92	\$1,365.52	\$649.59	\$101.48	\$1,088.61	\$0.00	\$0.00	\$8.70	\$3,313.82	\$14,620.48
Endive,Sandra	1.00	2	\$3,508.50	\$0.00	\$0.00	\$50.87	\$0.00	\$217.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$268.40	\$3,776.90
Fig,Lisa	1.00	2	\$2,597.53	\$0.00	\$0.00	\$167.25	\$0.00	\$39.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$206.36	\$2,803.89
Garlic,Michelle	1.00	2	\$8,049.54	\$0.00	\$0.00	\$100.08	\$1,237.68	\$427.89	\$85.20	\$1,088.61	\$0.00	\$0.00	\$8.70	\$2,948.16	\$10,997.70
Ginger,Laura	1.00	2	\$7,777.56	\$0.00	\$0.00	\$110.40	\$1,184.62	\$472.11	\$92.34	\$0.00	\$0.00	\$0.00	\$8.70	\$1,868.17	\$9,645.73
Salaried Total	12	2	\$78,497.45											\$24,691.03	\$103,188.48
Job Position Code 02 Total	12	2	\$78,497.45											\$24,691.03	\$103,575.57
Lettuce,Lois	1.00	3	\$7,020.60	\$0.00	\$0.00	\$101.80	\$1,273.16	\$435.28	\$100.20	\$0.00	\$0.00	\$0.00	\$0.00	\$1,910.44	\$8,931.04
Melon,Susan	1.00	3	\$8,059.14	\$0.00	\$0.00	\$114.90	\$1,227.21	\$491.34	\$95.67	\$0.00	\$0.00	\$0.00	\$0.00	\$1,929.12	\$9,988.26
Nectarine,Valerie	1.00	3	\$12,183.62	\$0.00	\$0.00	\$164.41	\$1,476.92	\$702.99	\$116.24	\$1,088.61	\$0.00	\$0.00	\$8.70	\$3,557.87	\$15,741.49
Salaried Total	3	3	\$27,263.36											\$7,397.43	\$34,660.79
Job Position Code 03 Total	10.00		\$27,263.36											\$7,397.43	\$34,804.16
Grand Total	17.00		\$127,901.54											\$37,128.91	\$165,030.45
														\$559.13	
														Total Cost Pools	\$165,589.58

Material & Supplies Report



Medicaid School Based Claiming

01/29/2016

School District : Xyz School District **Quarter Ending :** 12/31/2015

Provider Number : VA2222222

National Provider ID : 1437296407

Material and Supply Cost Report

Other Supplies : \$ 25,000.00

Job Position Code	FTE	Total District FTE	Percentage	Material Total
1	12.00	800	1.50 %	\$ 375.00
2	4.00	800	0.50 %	\$ 125.00
3	1.00	800	0.12 %	\$ 31.25
Totals	17.00			\$ 531.25

Capital Percentage Rate Calculation Report

Header information includes: School District name, LEA Number, Quarter Ending, and report title.



Connecticut School-Based Child Health Quarterly Administrative Activity Claim

01/11/2017

School District : **Abc Public Schools**
LEA Number : **SB002**

Quarter Ending : **06/30/2016**

Capital Calculation Report

School Based Cost	Amount	Use Allowance %	Total
Building and Fixed Valuation	\$ 25,504,500.00	2.00	\$ 510,090.00
Major Moveable Valuation	\$ 1,500,000.00	6.67	\$ 100,050.00

SubTotal Capital: \$ 610,140.00
Total District Salary + Fringe Benefit: \$ 0.00
SubTotal Capital / Total District Salary + Fringe: 0.00%

Approving the Claim

Once the data has been reviewed using the report function, the district must "Approve" the claim by clicking on the appropriate field.

State: CT-SBCH School District: Abc Public Schools Quarter: Second Year: 2016

Administrative Claiming	Claim Calculation																		
Data Submission	<p>Claim Status: Calculated Date: 01/09/2017 User Name: Tiffany Allium</p> <table border="1"> <thead> <tr> <th colspan="2">Claim Components</th> </tr> </thead> <tbody> <tr> <td>Salary Information</td> <td>\$ 127,790.86</td> </tr> <tr> <td>Fringe Benefit Information (Actuals)</td> <td>\$ 43,716.24</td> </tr> <tr> <td>Capital Cost</td> <td>\$ 78.43</td> </tr> <tr> <td>Non-Personnel Information</td> <td>NOT Received</td> </tr> <tr> <td>Medicaid Eligibility Rate</td> <td>NOT Received</td> </tr> <tr> <td>Indirect Cost Rate</td> <td>NOT Received</td> </tr> <tr> <td colspan="2">Net Claim Amount</td> </tr> <tr> <td colspan="2">\$ 5,345.43</td> </tr> </tbody> </table> <p>Recalculate Approve</p> <p>Notes History:</p> <div style="border: 1px solid gray; height: 60px; width: 100%;"></div> <p>Notes:</p> <div style="border: 1px solid gray; height: 20px; width: 100%;"></div> <p>Add</p>	Claim Components		Salary Information	\$ 127,790.86	Fringe Benefit Information (Actuals)	\$ 43,716.24	Capital Cost	\$ 78.43	Non-Personnel Information	NOT Received	Medicaid Eligibility Rate	NOT Received	Indirect Cost Rate	NOT Received	Net Claim Amount		\$ 5,345.43	
Claim Components																			
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Net Claim Amount																			
\$ 5,345.43																			
File Upload																			
Claim Calculation																			
File Extract																			
Reports																			

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**

55 FARMINGTON AVENUE HARTFORD, CT 06105-3725
Phone: 860-424-5695 Fax: 860-424-4812

School Based Medicaid Program

Authorization of Designated Program Contacts

The purpose of this form is to identify the individual designated by the district to deliver information necessary for the administration of the following processes on behalf of the district. As appropriate to each designation, these individuals will be given User IDs to access online website applications to act on behalf of your school district for the purpose of the Medicaid program. Billing Vendors may not be designated as primary contact but may be listed as a secondary contact for the district.

School District Name: _____ LEA Number: _____

RMTS Coordinator: Responsible for RMTS Participant Information, including participants and work schedules, as well as monitoring time study participating and managing any 'change of status' issues.

Name:		Phone:	
Title:		Email:	

Administrative Activity Claim Coordinator: Responsible for submitting the quarterly staff salary and benefit information and other allowed expenditure data for the quarterly AAC claims.

Name:		Phone:	
Title:		Email:	

Cost Report Coordinator: Responsible for submitting the annual Direct Medical Services and Transportation Cost Report information for the school district.

Name:		Phone:	
Title:		Email:	

Billing Vendor: Secondary point of contact on behalf of the school district.

Name:		Phone:	
Title:		Email:	

School District Authorization:

Printed Name

Signature

Title of District Representative

Date

Please submit completed form to:

University of Massachusetts
Attn: CT SBCH Program
Email: schoolbasedclaiming@umassmed.edu or Fax: (508) 856-7643

Quarterly Certification of Public Expenditure

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 XX/XX/XXXX to XX/XX/XXXX 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 / Title

School District Name

Date

Provider Number