



MassHealth and UMass Medical School (UMMS)
Center for Health Care Financing

School-Based Medicaid Program

Instruction Guide for Massachusetts School-Based
Medicaid Administrative Claims

July 2010

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1 Overview

This document describes how to complete and submit the Massachusetts School-Based Medicaid Administrative Activity Claiming cost report.

1.1 Filing Deadline and Certification

Claims should be submitted electronically through the Administrative Claim Upload System. Details regarding the submission process, file formats and submission deadlines are available in Part III of this guide, Administrative Claim Upload System..

Effective for claims with date of service July 1, 2009, and all subsequent quarters, all quarterly claims for a fiscal year must be uploaded by midnight on October 15th. Positively amended claims are also due by October 15th. However, there is no deadline for negatively amended claims. This deadline will hold regardless of holidays and weekends. Claims for a fiscal year received after October 15th will not be processed for payment. Claims will still be processed quarterly. Deadlines for including claims in a quarterly submission are January 15th, April 15th, and July 15th, respectively, regardless of holidays and weekends.

Claims with dates of service prior to July 1, 2009, are due within two years of the date of service. (Exception regarding deadline for submission of retroactive claims that are at the two-year deadline: All claims that are being submitted under the last allowable quarter are due 15 days **prior** to the close of that quarter. For example, if you plan to submit a claim for the September 2007 quarter, it is due by September 15, 2009.)

The Certification of Public Expenditure (Refer to Sections 2.8 and 2.9) must be signed by an officer of the government agency, such as the school superintendent or the business manager of the regional school district or charter school. Signed original Certifications of Public Expenditure must be submitted by midnight on October 20th, and be returned to the University of Massachusetts Medical School (UMMS) at the address below, on school district letterhead.. Original Certifications of Public Expenditure for claims processed during the December, March and June quarters must be received by January 20th, April 20th, and July 20th respectively.

University of Massachusetts Medical School
Commonwealth Medicine
Center for Health Care Financing
School-Based Medicaid Program
333 South Street
Shrewsbury, MA 01545
1-800-535-6741
Schoolbasedclaiming@umassmed.edu

2 Claim Calculation Instructions

The claim upload template has seven sections. **Complete shaded areas or sections below shaded headings only.** The template can be found in Appendix C of this document.

Restricted federal funding should be deducted from the actual expenses, such that only state/local funding sources are included in the expenditure data.

2.1 Claim Header Information (Appendix C, Section C.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.” No entry is needed.
- 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 III, Section 2, Row 10).
- Line 9 Enter the net claim expenses from the Quarterly Claim Calculation Summary (Appendix III, 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.

2.2 Quarterly Claim Calculation Summary (Appendix C, Section C.2)

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

- Line 1 Enter the capital percentage rate from Appendix III, 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 Education.
- Line 3 Enter the direct service provider’s gross claim amounts from Appendix III, 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 III, 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.
- Line 5 Enter the gross claim amount for Specialized Transportation from Appendix III, Section 4 – Quarterly Specialized Transportation Calculation Column E, Row 1.
- Line 6 Enter the gross claim subtotal 1 amount by adding Lines 3, 4, and 5.
- Line 7 Enter the capital costs by multiplying Line 6 by Line 1.

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- 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%.

Direct Service Practitioners (Providers must meet the provider qualifications and perform direct services.)
<ul style="list-style-type: none"> • 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)) • 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))

Administrative Only Staff
<ul style="list-style-type: none"> • 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 • Psychiatrist • Psychologist • Social Worker • Personal Care Service Provider • Direct Support Personnel • Vision Specialist • Physician
<p>Note: 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.</p>

2.3 Quarterly Claim Calculation Detail (Appendix C, Section C.3)

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

Column A Enter the cost pool number.

Column B Activity codes. No entry required.

Column C Enter the statewide percentage of time spent on each activity code, as provided by MassHealth.

Column D Enter the total cost pool amount from Appendix III, 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

Step 1: Gather quarterly school district enrollment information as of the following dates: January 5th, April 5th, July 5th, and October 5th. This list should include those students who are enrolled in the LEA and those attending out of district schools when the LEA is financially responsible for the student **except for regional schools and charter schools**. If a student is attending a charter or regional school, only the charter or regional school is eligible to include that student in their Medicaid Eligibility Percentage calculation, and the public school district should not include any such student in their count.

Step 2: Access the School-Based Medicaid Web-based matching system being offered by MassHealth. Complete a direct match as of the following dates: January 5th, April 5th, July 5th and October 5th. The system will only include people in reimbursable aide categories who are eligible on the given date.

- MassHealth Standard
- MassHealth CommonHealth
- MassHealth Family Assistance
- MassHealth Basic
- MassHealth Essential

Students in the following aide categories will **not** be included.

- MassHealth Standard (16, 41, 44, 45, VX)
- MassHealth CommonHealth (51, 54, 55, ED, EH, EN)
- MassHealth Family Assistance (58, 73, 85, 87, 90, 91, 95, 96, AC)
- MassHealth Basic (64)
- MassHealth Essential (AR, AS, AT, AU, TT, TV)

Step 3. Using the result of the data match, calculate the quarterly ratio of Medicaid eligible students in the school district to the total number of students registered in the school district served in the participating LEA. The resulting percentage is the Medicaid Eligibility Percentage.

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.

$$\frac{[B\% + D\% + (F\% * Medicaid\ Eligibility\ Percentage) + (H\% * Medicaid\ Eligibility\ Percentage) + (J\% * Medicaid\ Eligibility\ Percentage)]}{(A\% + B\% + C\% + D\% + E\% + F\% + G\% + H\% + I\% + J\% + K\% + L\% + M\%)}$$

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).

2.4 Quarterly Specialized Transportation Calculation (Appendix C, Section C.4)

Column A Enter the school district's quarterly specialized transportation expenditures for special education students.

Column B Enter the specialized transportation percentage.

Specialized Transportation Percentage Calculation

Step 1: Gather quarterly school district special education enrollment information as of the following dates: January 5th, April 5th, July 5th, and October 5th. This list should include those students who are enrolled in the LEA and those attending out of district schools when the LEA is financially responsible for the student **except for regional schools and charter schools**. If a student is attending a charter or regional school, only the charter or regional school is eligible to include that student in their Medicaid Transportation calculation and the public school district should not include any such student in their count.

Step 2: From the special education enrollment information, identify the number of students who have specialized transportation in their IEP.

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 Medicaid eligible students with transportation in their IEP for a medical reason to the total number of Special Education students with specialized transportation in their IEP. The resulting percentage is the Specialized Transportation Percentage.

Column C Enter the Special Education Medicaid Eligibility percentage.

Special Education Medicaid Eligibility Percentage Calculation
<p>Step 1: Gather quarterly school district special education enrollment information as of the following dates: January 5th, April 5th, July 5th, and October 5th. This list should include those students who are enrolled in the LEA and those attending out of district schools when the LEA is financially responsible for the student except for regional schools and charter schools. If a student is attending a charter or regional school, only the charter or regional school is eligible to include that student in their Medicaid Eligibility calculation and the public school district should not include any such student in their count.</p> <p>Step 2: Access the School-Based Medicaid Web-based matching system being offered by MassHealth. Complete a direct match as of the following dates: January 5th, April 5th, July 5th, and October 5th. The system will only include people in reimbursable aide categories who are eligible on the given date.</p> <ul style="list-style-type: none">• MassHealth Standard• MassHealth CommonHealth• MassHealth Family Assistance• MassHealth Basic• MassHealth Essential <p>Students in the following aide categories will not be included:</p> <ul style="list-style-type: none">• MassHealth Standard (16, 41, 44, 45, VX)• MassHealth CommonHealth (51, 54, 55, ED, EH, EN)• MassHealth Family Assistance (58, 73, 85, 87, 90, 91, 95, 96, AC)• MassHealth Basic (64)• MassHealth Essential (AR, AS, AT, AU, TT, TV) <p>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 registered in the school district served in the participating LEA. The resulting percentage is the Special Education Medicaid Eligibility Percentage.</p>

Column D The statewide average of time spent receiving Medicaid covered services. This percentage is provided by MassHealth. No entry is required.

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

2.5 Annual Capital Calculation (Appendix C, Section C.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. Acquisition costs of buildings and fixed assets include costs related to

- the acquisition of building;
- the acquisition of fixed assets;
- land improvements, such as paved parking areas, fences and sidewalks; and
- 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:

- Any equipment that 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.

Column B, Row 1 Annual use allowance = 2%. This percentage is provided by MassHealth. No entry is required.

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 the major moveable valuation.

The major moveable valuation includes:

- the acquisition costs of the school districts equipment that is not included in the value of buildings and fixed assets.

The 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 irrespective of where title was originally vested or where it presently resides; and
- any portion of the cost of buildings and equipment contributed in satisfaction of a federal matching requirement.

Column B, Row 2 Annual use allowance = 6.67%. This percentage is provided by MassHealth. No entry is required.

Column C, Row 2 Multiply column A, row 2 x column B, row 2.

Column A, Row 3 Enter the net interest expense.

The net interest expense is the school district's budgeted interest expenses for the year for the claim associated with land, equipment, and school building acquisition, construction, fabrication, reconstruction, and remodeling.

Allowable interest costs incurred must meet all of the following conditions.

- The financing is provided (from 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 federal Internal Revenue Service under arbitrage requirements are excludable.

- 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 must 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 are divided by the number of months in the year (i.e., usually 12) that the building is in service for monthly amounts. 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 is calculated on the excess inflows for that period and be treated as a reduction to allowable interest cost. The rate of interest to be used to compute earnings on excess cash flows is the three-month Treasury bill closing rate as of the last business day of that month.
- Interest attributable to fully depreciated assets is unallowable. (See A-87(B) at 23(b).)

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 district wide salaries and total annual budgeted district wide fringe benefits.

Column C: Row 6 Enter the capital percentage rate by dividing column C, row 4 by column C, row 5.

2.6 Quarterly Detailed Expenditure Report (Appendix C, Section C.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. If an individual started working for the LEA after the date the template was due, their costs may be included in the claim and they must be included on the RMTS participant list for the following quarter.

For claims for the quarter July 1 to September 30, include all participants for whom you have 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, their costs may be included in the claim and they must be included on the RMTS list for the following quarter.

A. Personnel Information

- Column A Enter the employee's/contractor's last name.
Column B Enter the employee's/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 employee's/contractor's job description title. Refer to Appendix IV for a list of titles.
Column F Enter Y or N, indicating if the individual is providing medical services.
Column G Enter the employee's cost pool number. "1" for "direct service providers," "2" for "administrative only providers."

B. Salary and Benefits

Only actual fringe benefit costs may be included. The use of a fringe benefit percentage is no longer 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 actual amount of employer paid unemployment contribution for each employee.
Column L Enter actual amount of employer paid group health insurance for each employee.
Column M Enter actual amount of employer paid Medicare tax for each employee.
Column N Enter actual amount of employer paid worker's compensation or injury payments for each employee.
Column O Enter actual amount of employer paid retirement for each employee.
Column P Enter actual amount of employer paid other benefits for each employee.
Column Q Enter 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. Do not include the cost of materials and supplies used in the delivery of health-related services.

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 do not include the cost of purchased services used in the delivery of health-related services.

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.

Purchased services costs are only included for Cost Pool 2.

2.7 Quarterly Out-of-District Tuition (Appendix C, Section C.7)

Column A Enter the cost pool number.

Column B Enter the total quarterly tuition expenditures for day schools for each cost pool.

Column C Percent of health-related services for day schools. These percentages are provided by MassHealth. No entry is required.

Column D Enter the sum of column B x column C.

Column E Enter the total quarterly tuition expenditures for residential schools for each cost pool.

Column F Room and board discount. This percentage is provided by MassHealth. No entry is required.

Column G Percent of health-related services for residential schools. These percentages are provided by MassHealth. No entry is required.

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

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

2.8 Sample Quarterly Certification of Public Expenditures

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 ensure 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

The Quarterly Certification of Public Expenditure statement must be submitted to the Office of Medicaid on your school district letterhead.

2.9 Sample Quarterly Amended Certification of Public Expenditures

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 ensure 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/Title

School District Name

Date

The Quarterly Certification of Public Expenditure statement must be submitted to the Office of Medicaid on your school district letterhead.

3 Administrative Claim Upload System

3.1 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 the following information.

- Designating an individual responsible for uploading files for your 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; and
- Contacting the University of Massachusetts for systems help.

Feedback on the File Status

Once claims are uploaded into the system, the uploader will receive immediate feedback on screen if there are errors in the file format or if the claim has been accepted for processing. Once a claim has been accepted by the system, the claim calculations will be validated. The uploader will receive a system-generated e-mail indicating claim acceptance.

Electronic Validation of Claims

If certain expenses exceed benchmarks, the claim will be flagged for review and an e-mail 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 3.9 – [Viewing Upload Status/File Statistics and Error Reports](#) for more information on claims processing and validations.)

Benefits of the Administrative Claims Upload System

Through the Upload system, claims can be uploaded and kept in an electronic format. This will enable claims to be processed more efficiently. Claim errors can be identified quickly, allowing claims to be corrected and resubmitted in a timely manner. Additionally, electronic claim submission will enable EHS to identify trends in data, and efficiently gather claim information.

3.2 Glossary of Terms

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

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

Data File – Specific file format using the .dat extension. See [Appendix B](#) for specifications.

EHS – Executive Office of Health and Human Services.

Excel File – Specified template format using .xls extension.

Live Claim – Claim for submission. This claim will be processed for payment.

Test Claim – Claim for testing purposes only. This claim **will not** be used for submission.

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

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.

3.3 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 A](#). 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.

3.4 Obtaining a Username and Password

The previously designated uploader will receive an e-mail containing a username, temporary password, and a link to the upload login page.

Sample Email Text

```
From: SchoolBasedMedicaid@umassmed.edu
Sent: Tuesday, November 14, 2006 12:03 PM
To: A.Contact@123Vendor.com
Subject: Administrative Activity Claim Upload Login Information

Welcome Vendor 123,

This confirms your registration in the University of Massachusetts Medical School's
Administrative Activity Claim Upload System.

Your user ID is Vend123
Your initial, temporary password is hmrca8f

Please use the following web site to login: https://www.schoolbasedclaiming.net/eohhsweb?userID=Vend123

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.
```

3.5 Logging In

Step 1: Click on the link provided in the following e-mail notification.
www.schoolbasedclaiming.net/eohhsweb

Step 2: Your designated username, composed of parts of your last and first name, will
prepopulate in the username field.

The username is only prepopulated when the Web site link is used. If the link was not used,
you must also type in your username.

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



Administrative Activity Claim Upload

Massachusetts Executive Office of Health and Human Services

Username: *
Password: *

The "Administrative Activity Claim Upload System" allows School-Based Medicaid Providers, who are registered, to submit Medicaid Administrative Activity claims electronically and view claim status. For information on registering, contact the University of Massachusetts Medical School at SchoolBasedClaiming@umassmed.edu.

[Forgot Password?](#)

Download Program Materials

Quarters	User Guide	Excel Format	DAT File Format
July 1, 2009 - Present	EHS User Guide	Excel File Claim Template	DAT File Format Instructions
Oct. 1, 2008 - June 30, 2009	EHS User Guide	Excel File Claim Template	DAT File Format Instructions
Oct. 1, 1990 - Sept. 30, 2008	EHS User Guide	Excel File Claim Template	DAT File Format Instructions

[Contact Information Upload Form](#)



You will be prompted to select a new password upon your first login.

Step 4: Enter a new password when prompted to do so. Click “**Submit**” to create your password or “**Clear**” if you wish to clear fields and retype information.

Your password must be at least eight characters in length. It must be a combination of both letters and numbers. It is case sensitive (upper and lower-case letters chosen must be used exactly as indicated.) Your password will expire every 90 days, at which time the system will prompt you to create a new one when you login.

The screenshot shows a web page with two main sections. On the left, under the heading "User Access Agreement", there is a paragraph explaining the AAC upload system and its operation by the University of Massachusetts Medical School. Below this is another paragraph about the terms and conditions of use, and a link "Click here" to return to the Home Page. On the right, there is a "Change Password" form. The form includes a password requirement: "Passwords must be at least 8 characters long with a combination of both letters and numbers and is case sensitive". Below this are three input fields labeled "Old Password", "New Password", and "Confirm Password". At the bottom of the form are three buttons: "Submit", "Clear", and "Cancel".

Forgotten Password

If you have forgotten your password, you may have your password reset using the login screen. To do this:

Step 1: Click on the “**Forgot Password?**” link under the username and password section.

Step 2: Provide the username and the e-mail address that the upload system has on record for the user.

If your e-mail address has changed, e-mail UMMS at schoolbasedclaiming@umassmed.edu or call 1-800-535-6741, option #2, to update your information.

Step 3: Click “Submit.”

[Mass.Gov Home](#) [State Agencies](#) [State Online Services](#)

User Access Agreement

Access to the administrative activity claims upload system (AAC upload system), operated by the University Of Massachusetts Medical School on behalf of the Commonwealth of Massachusetts Executive Office of Health and Human Services, has been established to aid school districts and local educational authorities in processing Administrative Activity claims more efficiently.

Use of the AAC upload system is subject to the terms and conditions set out in the UMass Worcester User Access Agreement, which can be accessed by [clicking here](#) or going to Help User Access Agreement

It is the responsibility of each individual user to understand and comply with the rules and spirit of these and all applicable policies, laws and regulations, and the responsibility of each participating school district to make sure that users from that district comply.

[Click here](#) to get back to the Home Page.

Reset Password - Used for Forgotten Passwords

Enter your userName:

Enter the e-mail address associated with your account:

Once you click Submit,we'll send you an e-mail message containing your new tempory password

Submit Clear Cancel

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

A system-generated e-mail will be sent to you 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. E-mail UMMS at schoolbasedclaiming@umassmed.edu or call 1-800-535-6741, option # 2, for assistance.

Executive Office of Health and Human Services (EOHHS)

School-Based Medicaid Program

Mass.Gov Home State Agencies State Online Services

Mar 13, 2010

EOHHS Home For Consumers For Providers For Researchers For Government

Invalid User Credentials *

Administrative Activity Claim Upload

Massachusetts Executive Office of Health and Human Services

Username: *

Password: *

The "Administrative Activity Claim Upload System" allows School-Based Medicaid Providers, who are registered, to submit Medicaid Administrative Activity claims electronically and view claim status. For information on registering, contact the University of Massachusetts Medical School at SchoolBasedClaiming@umassmed.edu.

[Forgot Password?](#)

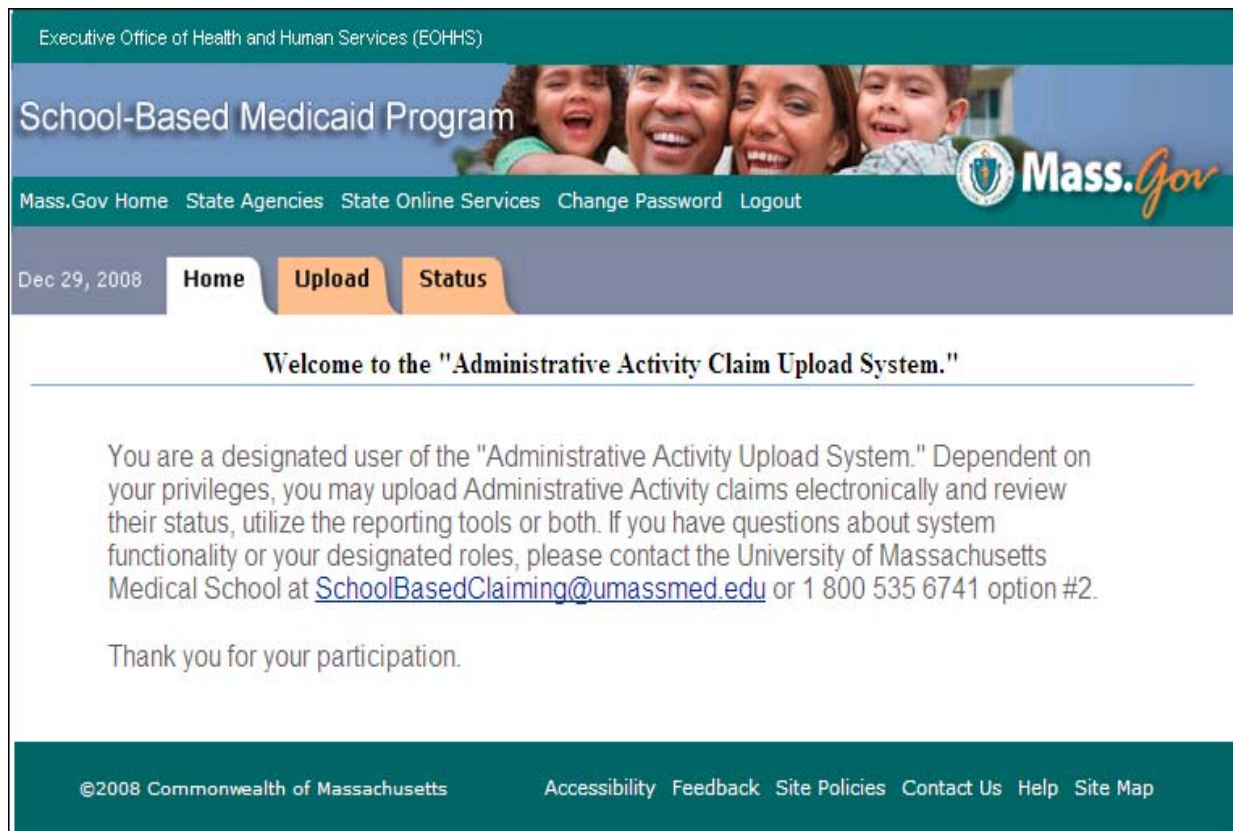
Download Program Materials

Quarters	User Guide	Excel Format	DAT File Format
July 1, 2009 - Present	EHS User Guide	Excel File Claim Template	DAT File Format Instructions
Oct. 1, 2008 - June 30, 2009	EHS User Guide	Excel File Claim Template	DAT File Format Instructions
Oct. 1, 1990 - Sept. 30, 2008		Excel File Claim Template	DAT File Format Instructions

[Contact Information Upload Form](#)

3.6 Navigating the Welcome Screen and Viewing Updates

Once you have successfully logged onto the site, you will reach the welcome screen. Any new information about administrative activity claiming will be posted here. If the system will be unavailable for maintenance, the scheduled times will be listed. From this screen, you can proceed to the upload tab at the top of the screen to submit your 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** The uploader is able to view the upload status of a specific claim.



3.7 Uploading a File

Test Upload

Each provider must complete a test upload **prior** to 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 with your username and password, 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

Mar 13, 2010 **Home** Upload Status

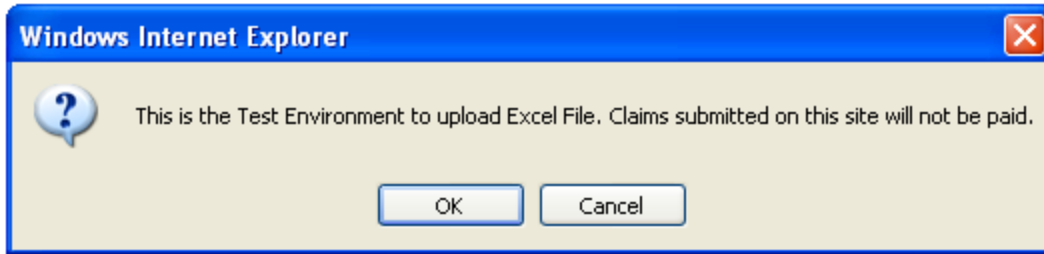
Administrative Activity Claim Upload

Quarters	Excel File	DAT File	Test Excel File	Test DAT File
July 1, 2009 - Present			TEST Excel Upload	TEST Data Upload
Oct. 1, 2008 - June 30, 2009			TEST Excel Upload	TEST Data Upload
Oct. 1, 1990 - Sept. 30, 2008			TEST Excel Upload	TEST Data Upload

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You must upload a “TEST” file prior to submitting live claims.

A pop-up occurs when a test upload is selected. Being a test site, claims will not be paid. Press OK.



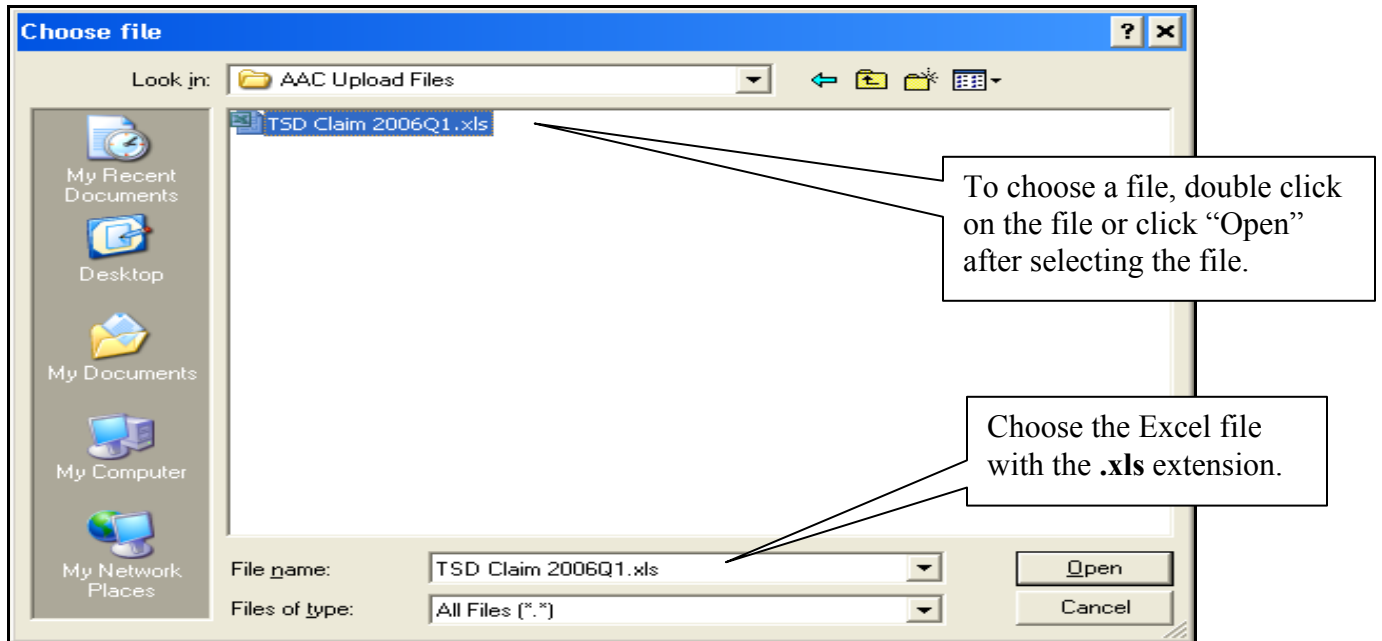
Step 2 Click “Browse” to select the test file to be uploaded.



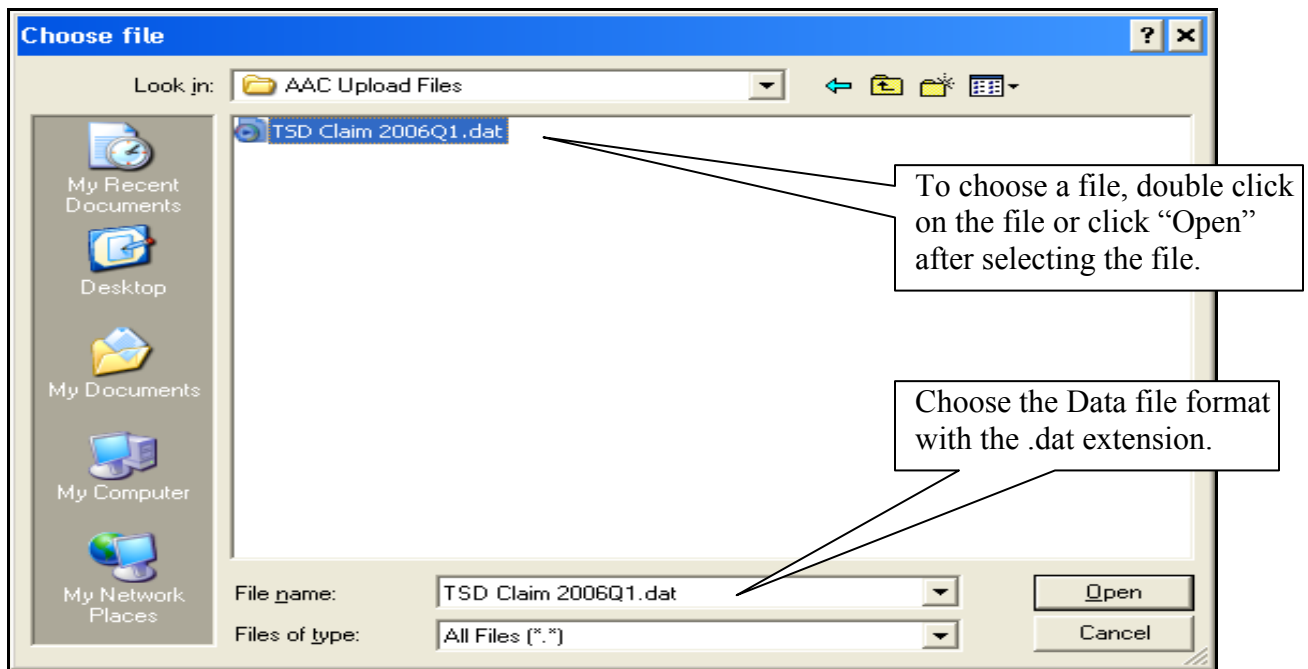
Step 3 Select your corresponding formatted file (either Excel or Data.)

The upload claim file must be in the specified Excel or Data format (refer to Section 3.15 – [Claim Deadlines](#)) or the file will not upload.

Excel Format



Data Format



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



Confirming Test Upload

After test submission, the upload results page will display automatically. This page indicates whether 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)

TEST File Upload Successful

The Client File name: 2006-FQ1 AAA Public Schools

The Server File name: /temp/transcribedFiles/2006_1_123~001.DAT

Claim ID: 0

The File size: 1419264 bytes

Successful Upload

Example: Test upload failure (Excel)

TEST File Upload Failure

Uploaded File : MuniMedClaim.xls

File Upload Error Report

Year	Quarter	Provider ID	Provider Name	State
2005			AAA Public Schools	MA

Error List

Error Messages

Claim Header (HD Record): Invalid Quarter. '2.0' Valid values for Quarter are JAN-MAR, APR-JUN, JUL-SEP, OCT-DEC.

Failed Upload

Error Listing

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 with your Username and password, click on the **“Upload”** tab at the top of your screen. Click on either **“Excel File Upload”** or **“DAT File Upload,”** dependent on your chosen format.

Executive Office of Health and Human Services (EOHHS)

School-Based Medicaid Program

Mass.Gov Home State Agencies State Online Services Logout

Mar 15, 2010 Home Upload Status

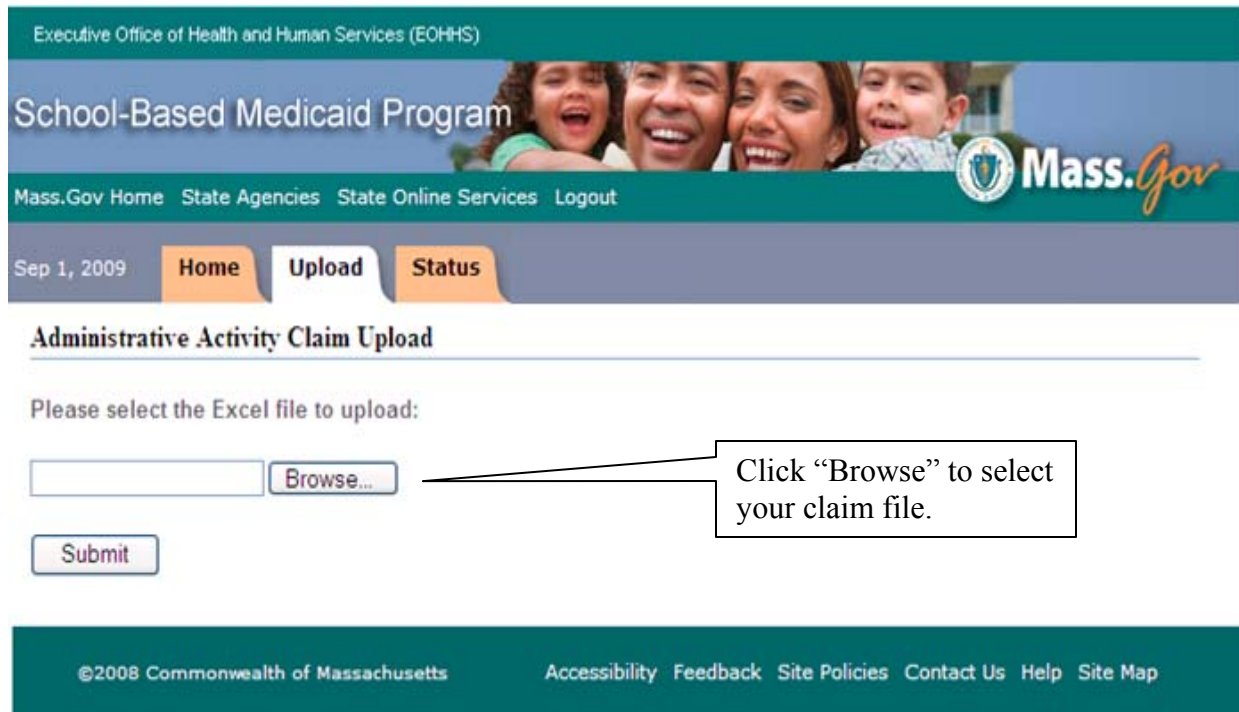
Administrative Activity Claim Upload

Quarters	Excel File	DAT File	TEST Excel File	TEST Data File
July 1, 2009 - Present	Excel Upload	Data Upload	TEST Excel Upload	TEST Data Upload
Oct. 1, 2008 - June 30, 2009	Excel Upload	Data Upload	TEST Excel Upload	TEST Data Upload
Oct. 1, 1990 - Sept. 30, 2008	Excel Upload	Data Upload	TEST Excel Upload	TEST Data Upload

Choose Excel or Data File Upload

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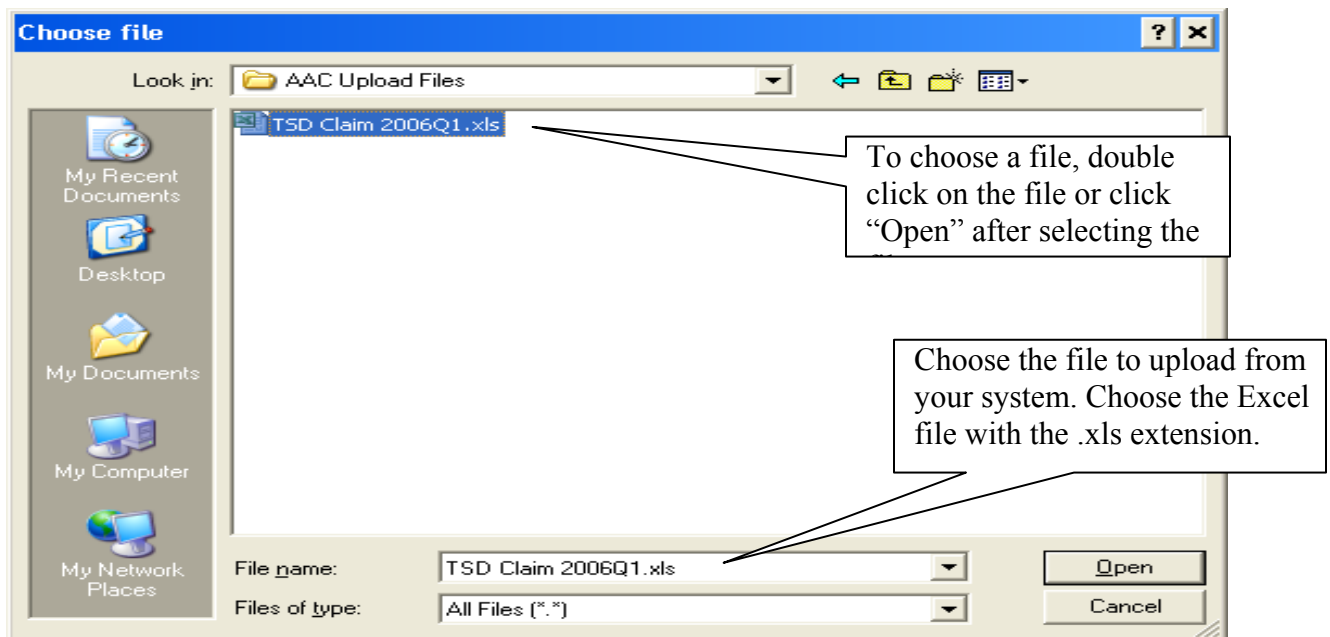
Step 2 Click “Browse” to select the live claim file to be uploaded.



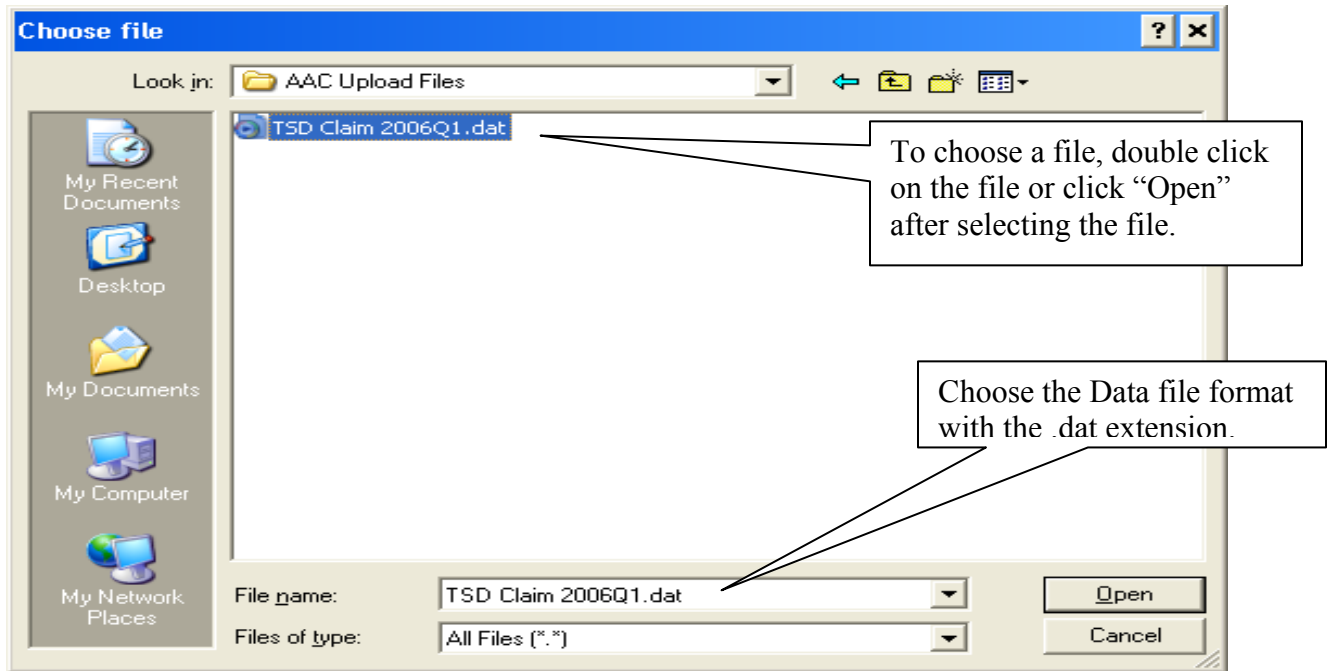
Step 3 Select your corresponding formatted file (either Excel or Data).

The upload claim file must be in the specified Excel (.xls) or Data (.DAT) format (refer to Section 3.14 – [File Formatting](#)) or the file will not be upload.

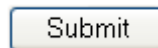
Excel Format



Data Format



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



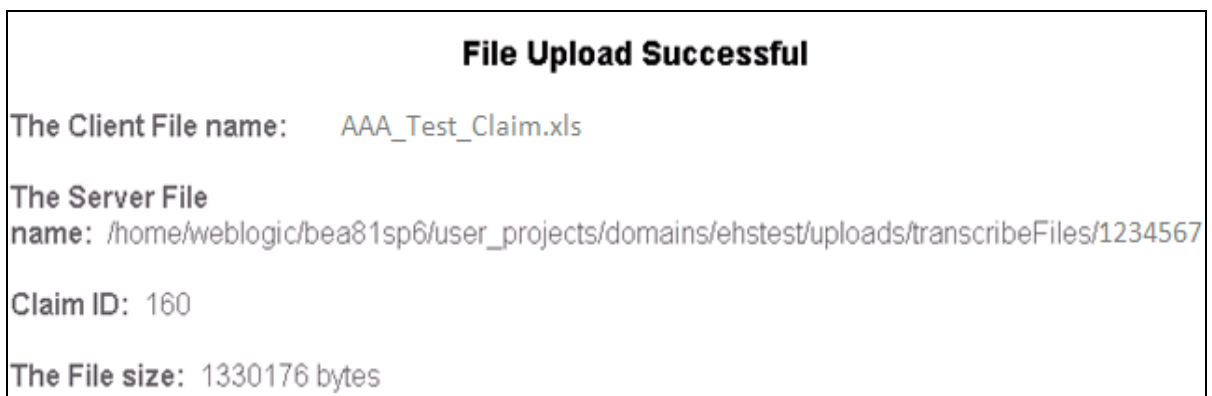
Click "Submit."

Submission Validation Process/Confirmation

Uploaded files are checked for file formatting errors (file formats are outlined in [Appendix B](#)).

Upload is Successful. The file upload successful page will display.

Example 1: Upload Successful (Excel)



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. The file will need to be corrected and re-uploaded for submission.

Example 2: Upload failure – File formatting errors (Excel)

File Upload Failure

Uploaded File : AAA_Test_Claim.xls

File Upload Error Report

Year	Quarter	Provider ID	Uploaded Provider Name	State
2005	Oct-Dec	1234567	AAA Public Schools	MA

Error List

Error Messages
Claim Header (HD Record): User not authorized to upload claims for School District 1234567

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. **You can correct the error immediately, and re-upload your file.**

General File Validation Error Examples

- If a claim for the same quarter is approved or pending in the system and an uploader is attempting to reupload, the uploader will receive an error message indicating they need to contact schoolbasedclaiming@umassmed.edu in order to re-upload claim information.
- If the claim exists but is not approved or is pending, the uploader will receive a validation message saying “Claim exists, do you want to overwrite the current claim?”

Example 3A: General Data Validation Error

Validation Error

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

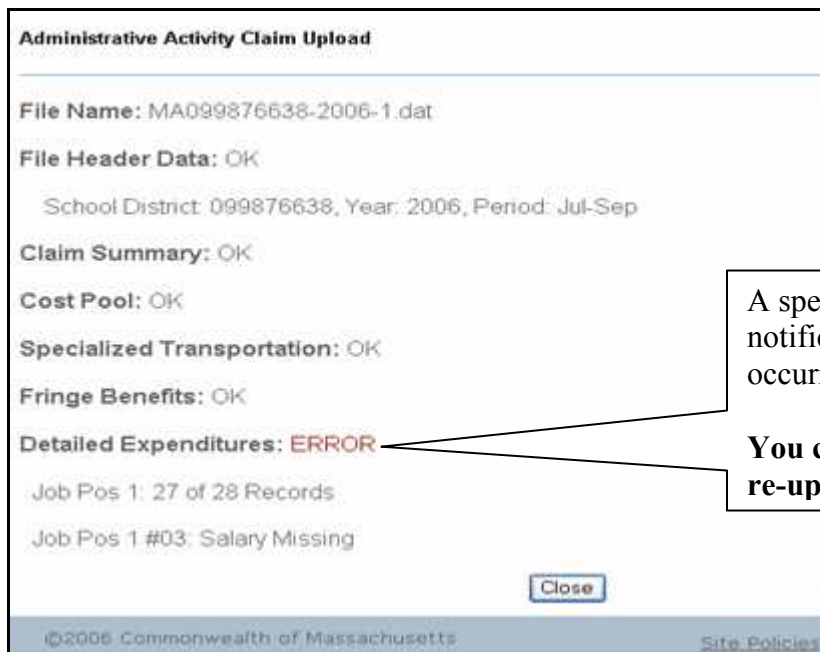
- Invalid data in the input file.

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 their file statistics report showing error locations.

Example 3B: Specific Data Validation Error



A specific error is detected and this notification allows you to see where the error occurred.

You can correct this error immediately, and re-upload your file.

3.8 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 3.12 – [Claim Acceptance or Denial Notification](#)).

3.9 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. See screen shot below at dialogue box that says “Click “File Statistics” or “Error Report” to see details for a specific claim.”

These reports are helpful in determining if the claim has been uploaded successfully. If there are errors in the claim that need to be corrected, the report will help determine the location of these errors.

These reports are helpful in determining if the claim has been uploaded successfully or if there is an error that prevented a successful upload.

Step 1: Click on “Status” tab at the top of the page.

Step 2: Click on “File Statistics” or “Error Report” under Details section.

Example: Status Page

Executive Office of Health and Human Services (EOHHS)

School-Based Medicaid Program

Mass.Gov Home State Agencies State Online Services Change Passw

Dec 29, 2008 Home Upload Status

Click on “Status” Tab

Administrative Activity Claim Upload

Claim Status: All Year: [] Quarter: All Provider: All

Claim Type: All ClaimID: [] Submit

One item found.1

Status	Year / Quarter	Provider	Type	Date Uploaded	Net Claim	Details
RECEIVED	2008 Apr-Jun	AAA Public Schools	Original	12/16/2008	\$84,725.00	File Statistics

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

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Example: File Statistics Details

Uploaded File Statistics

Year/Quarter: 2006 / Jan-Mar
Quarter Ending Date: 03/31/2006
Provider ID: 121111
Provider Name: Aaa Public Schools
Uploaded Name: Aaa Public Schools
Claim ID: 149
Claim Type: Amendment
Amended Claim Number: 149
Gross Claim Amount: \$14,986.20
Net Claim Amount: \$7,805.44

Claim upload successful

Example: Error Report Details

File Upload Error Report

Year	Quarter	Provider ID	Uploaded Provider Name	State
2006	Jan-Mar	1234567	Aaa Public Schools	MA

Error List

Error Messages

A claim for the period is already being processed.

Failed upload error message

3.10 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. The location of these data fields is specific to the type of file you are uploading. An example of an Excel file is shown below. For specific data file specifications see [Appendix B](#) of this document.

Example: Excel File Amendment

Header	
Fiscal Year	2004
Fiscal Quarter	Jan-Mar
District ID	1959999
State	MA
District	Sample Public
Vendor /Collaborative Name	Vendor A
ClaimType	Amendment
Gross Claim Expenses	4500.76
Net Claim Expenses	2250.38
Amended Claim No	747899

3.11 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 e-mail. 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 e-mail.

3.12 Claim Acceptance or Denial Notification

The uploader will receive notification of claim processing acceptance or denial via system-generated e-mail. Notification will include net claim amount, claim number assigned, contact information, etc., and a link for viewing the claim status.

Example: Claim acceptance e-mail

Dear School-Based Medicaid Provider,

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

Claim # 1087 for Sample Charter School for the quarter ending 09/30/2005
Total Net \$10,612.16.

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
The Center for Health Care Financing
333 South Street
Shrewsbury, MA 01545
800 535 6741
SchoolBasedClaiming@umassmed.edu

You may view the status of your claim online at:
<https://www.schoolbasedclaiming.net/eohhsweb>

Example: Claim denial e-mail

Dear School-Based Medicaid Provider,

Your Medicaid Administrative Activity Claim is being returned to your school district for the reasons listed below.

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

Please adjust your claim accordingly and resubmit it to the University of Massachusetts Medical School, Center for Health Care Financing.

Claim # 1087 for Sample Charter School for the quarter ending 09/30/2005
Total Net \$10,612.16.

If you have any questions concerning this claim please contact:
University of Massachusetts Medical School
The Center for Health Care Financing
333 South Street
Shrewsbury, MA 01545
800 535 6741
SchoolBasedClaiming@umassmed.edu

You may view the status of your claim online at:
<https://www.schoolbasedclaiming.net/eohhsweb>

3.13 Technical Notes/System Specifications

Workstation Requirements

Operating Systems

Win 98 or higher

Macintosh

Web Browsers

Internet Explorer 5.0 to 6.0; 7.0 with MS Windows XP or Vista

Mozilla Firefox 2.0 or higher

Netscape 7.1 or higher

Safari

The Web browser, Internet Explorer, is not supported on the Macintosh operating system. Use Netscape or Safari instead.

Cookies

Workstations should enable cookies in the browser.

Web Filters

Workstations should allow access to URL <https://www.schoolbasedclaiming.net/eohhsweb>.

E-mail

E-mail 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 the Player download center, which will walk you through the process of downloading the most recent version of Player.

System Administration Requirements

Cookies

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

The actual Web site URL is <https://www.schoolbasedclaiming.net/eohhsweb>.

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

Routers

If the SBC IP address needs to be explicitly defined on routers, the SBC IP address is 146.189.111.50

E-mail Servers

E-mail servers should allow e-mail delivery from schoolbasedclaiming@umassmed.edu.

E-mail Server IP

E-mails may be sent through the following three mail gateways.

- 146.189.194.27
- 146.189.194.30
- 146.189.194.28

Web Filters

Web filters allow access to the production site secure connection URL

<https://chcf.net/chcfweb>.

3.14 File Formatting

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

- The data file specifications are provided in [Appendix B](#) of this document.
- The pre-formatted Excel template may be downloaded from www.schoolbasedclaiming.net/eohhsweb or obtained by e-mailing a request to schoolbasedclaiming@umassmed.edu.

3.15 Claim Deadlines

The deadline to upload a correct claim into the system is midnight on the 15th of the month after the close of the quarter. This deadline will hold regardless of holidays and weekends. Claims received after the 15th will be processed for the next quarterly submission. Deadlines are listed below.

Quarter Ending

September 30th
December 31st
March 31st
June 30th

Deadline for Receipt of Claims

October 15th
January 15th
April 15th
July 15th

3.16 Contact Information

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

4 School Based Medicaid Program Administrative Activity Claiming Program Claim Upload

The purpose of this form is to identify the individual designated by a school-based Medicaid provider to upload administrative activity claims. **This form must be completed by the provider and submitted on letterhead. You must inform us within 14 days if this information changes. Any time you make a change in Uploader information you must submit a new form.**

Provider Information

MassHealth Provider Name:	MassHealth Provider Number:
Contact Name:	NPI No.:
Address:	Title:
Tel. No.:	Fax No.:
E-Mail:	

Uploader Information: Name of person or vendor/billing agent who will upload claims

Name:	Upload Start Date:
Contact Name:	Title:
Address:	
Tel. No.:	Fax No.:
E-Mail	

Please submit completed form to:

Signature

Date

University of Massachusetts Medical School
School-Based Medicaid Program
333 South Street
Shrewsbury, MA 01545
Fax: (508) 856-7643
Phone: (800) 535-6741

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

5.1 Overview

The "Administrative Activity Claiming Upload" (AAC) file is encoded as a plain text file. Individual claim files may be assigned any file name. 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.

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," and "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, which 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.)"

5.2 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 a set of " and separated from the next field by a ~. 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 as follows.

```
"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 Eligibility 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"
```

5.3 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, 12/31/2006 would be formatted as "20061231."

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 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, or single or double quotes.

For example, the last name field for health care 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 upper 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".

5.4 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, for a total of 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 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)

OOD information is separated into detail and summary records, which contain expenses by job group and expense totals, respectively.

5.5 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 defined 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 health professional (HP) detail records, if 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 set of double quotes 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. This is used only 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.

5.6 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 1st, 2006, through September 30th 2006, the fiscal school year would be "2006."
Quarter	String	Quarter of the claiming period; a seven-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	For a claim of type "Amendment," the number of the claim that is to be amended (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

828 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 Eligibility 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

N Records: One 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.).
Job Position Group Number	Integer	
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	
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 (for group 2 only)	Currency	
Quarterly Salaries Subtotal	Currency	
Total Cost Pool	Currency	

Out-of-District Schools Detail Data

Data from the "State-Wide 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	
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: "86.36" (100% - 13.64%)
Percentage of Health Related Services for Residential Schools	Percent	
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 "State-Wide 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	

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Sample DAT File

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

```
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"CC"~"27800852"~"2.00"~"556017.04"~"91282.0"~"6.6700"~"6088.51"~"185785.0"~"747890.55"~"15625235"  
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.63"~"29.23"~"11.7"~"23.2"~"0.0"~"2909.3"  
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.06"~"170.88"~"68.41"~"135.64"~"0.0"~"17007.86"  
"JP"~"1.0"~"19.0"~"1684.74655848"~"30463.0"~"35738.44655848"  
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```

6 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.

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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.

6.1 Claim Header Information

Claim Year
Claim Quarter
District ID
State
District Name
Vendor/Collaborative Name
Claim Type
Gross Claim Expenses
Net Claim Expenses
Amended Claim #

6.2 Quarterly Claim Calculation Summary

1	Capital % Rate	%
2	Indirect Cost Rate	%
	Gross Claim Amounts	Costs for Which the FFP = 50%
3	Direct Service Personnel	\$
4	Administrative Only Personnel	\$
5	Specialized Transportation	\$
6	Gross Claim Subtotal 1	\$
7	Capital Costs	\$
8	Gross Claim Subtotal 2	\$
9	Indirect Costs	\$
10	Total Gross Claim	\$
11	Total Net Claim	\$

6.3 Quarterly Claim Calculation Detail

Cost Pool		Percent of Time Spent on Activity	Total Cost Pool	Medicaid Eligibility Percentage	General Administrative Overhead Factor	Total Gross Claim Amount
A	B	C	D	E	F	G
1	A	%	\$	N/A	N/A	\$
1	B	%	\$	N/A	N/A	\$
1	C	%	\$	N/A	N/A	\$
1	D	%	\$	N/A	N/A	\$
1	E	%	\$	N/A	N/A	\$
1	F	%	\$	%	N/A	\$
1	G	%	\$	N/A	N/A	\$
1	H	%	\$	%	N/A	\$

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Cost Pool		Percent of Time Spent on Activity	Total Cost Pool	Medicaid Eligibility Percentage	General Administrative Overhead Factor	Total Gross Claim Amount
A	B	C	D	E	F	G
1	I	%	\$	N/A	N/A	\$
1	J	%	\$	%	N/A	\$
1	K	%	\$	N/A	N/A	\$
1	L	%	\$	N/A	N/A	\$
1	M	%	\$	N/A	N/A	\$
1	N	%	\$	N/A	%	\$
		%				\$
2	A	%	\$	N/A	N/A	\$
2	B	%	\$	N/A	N/A	\$
2	C	%	\$	N/A	N/A	\$
2	D	%	\$	N/A	N/A	\$
2	E	%	\$	N/A	N/A	\$
2	F	%	\$	%	N/A	\$
2	G	%	\$	N/A	N/A	\$
2	H	%	\$	%	N/A	\$
2	I	%	\$	N/A	N/A	\$
2	J	%	\$	%	N/A	\$
2	K	%	\$	N/A	N/A	\$
2	L	%	\$	N/A	N/A	\$

Cost Pool		Percent of Time Spent on Activity	Total Cost Pool	Medicaid Eligibility Percentage	General Administrative Overhead Factor	Total Gross Claim Amount
A	B	C	D	E	F	G
2	M	%	\$	N/A	N/A	\$
2	N	%	\$	N/A	%	\$

6.4 Quarterly Specialized Transportation Calculation

Quarterly Specialized Transportation Expenditures for Special Education Students	Specialized Transportation Percentage: # of Special Education Students with Medically Necessary Specialized Transportation in Their IEP/# of Special Education Students Who Have Specialized Transportation in Their IEP	Special Education Medicaid Eligibility Percentage	State Wide Average of Time Spent Receiving Medicaid Covered Services	Gross Claim Amount for Specialized Transportation
A	B	C	D	E
1	\$	%	24.80%	\$

6.5 Annual Capital Calculation

Type of School-Based Cost	School-Based Cost	Use Allowance	Total	
	A	B	C	
Building And Fixed Valuation	1	\$	2%	\$
Major Moveable Valuation	2	\$	6.67%	\$
School Wide Interest Expense	3	\$		\$
Subtotal Capital	4			\$
Total District Salary + Fringe Benefit	5			\$
Capital Percentage Rate	6			%

6.6 Quarterly Detailed Expenditure Report

Detailed Expenditures Report	
Cost Pool	1
Direct Service Personnel	

Materials Out of District Tuition	\$0.00
	\$0.00

Total Salary
Total Cost Pool

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	T Sa Be
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	

Detailed Expenditures Report	
Cost Pool	2
Administrative Only Personnel	

Materials Out of District Tuition	\$0.00
Purchased Service	\$0.00

Total Salary
Total Cost Pool

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	T Sa Be
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	

6.7 Quarterly Out-of-District Tuition

Cost Pool Number	Day Schools			Residential Schools				Total Health Related Portion of Quarterly Day & Residential Tuition
	Total Quarterly Tuition Expenditures for Day Schools	Percentage of Health Related Services for Day Schools	Health Related Portion of Quarterly Day School Tuition	Total Quarterly Tuition Expenditures for Residential Schools	13.64% Room & Board Discount	Percentage of Health Related Services for Residential Schools	Health Related Portion of Quarterly Residential School Tuition	
A	B	C	D	E	F	G	H	I
1	\$	25.09%	\$	\$	86.36%	17.34%	\$	\$
2	\$	11.88%	\$	\$	86.36%	6.75%	\$	\$
			\$				\$	\$

7 Job Description Titles

Job Description	Providing Medical 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

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Job Description	Providing Medical Services	Group
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