

Appendix B

Claiming

Random Moment Time Study

Table of Contents

| | PAGE |
|--|------|
| Random Moment Time Study (RMTS) Claiming | B-3 |
| • MAC contractor Claiming Process Overview | B-3 |
| Claiming Tasks for King County Superior Court Juvenile Probation Services (KCSCJPS) | B-3 |
| • Revenue Offset | B-3 |
| • Revenue Offset Process and Example | B-3 |
| • MER (Medicaid Eligibility Ratio) Calculation | B-4 |
| • Sources of Funding and CPE (Certified Public Expenditures) | B-4 |
| • Non-duplication of Payment | B-4 |
| RMTS Claiming Process Instructions | B-5 |
| • Filing Deadline and Certification | B-5 |
| • Claim Calculation | B-5 |
| ○ Quarterly MAC-related Operating Costs Report | B-6 |
| ○ Quarterly Detailed Expenditure Report for the Administrative Cost Pool | B-7 |
| ○ Quarterly Detailed Expenditure Report | B-7 |
| ○ Quarterly Claim Calculation Detailed Report | B-8 |
| ○ Quarterly Claim Calculation Detail Report for the Administrative Cost Pool | B-8 |
| ○ Quarterly Claim Calculation Summary Report | B-8 |
| ○ Administrative Cost Pool Gross Claim Amounts for 50% Federal Financial Participation | B-9 |
| • Claim Header Information | B-9 |
| • Sample A19-1A Invoice Voucher | B-10 |
| • Local Match Certification | B-11 |
| • Certificate of Indirect Costs | B-12 |
| • Quarterly MAC-related Operating Costs Report | B-13 |
| • Quarterly Detailed Expenditure Report | B-13 |
| • Administrative Cost Pool Time Study Participants' Data | B-13 |
| • Quarterly Claim Calculation Detail Report | B-14 |
| • Quarterly Claim Calculation Summary Report for the Administrative Cost Pool | B-15 |

**For related definitions, please visit: <http://hrsa.dshs.wa.gov/MAC/>

RANDOM MOMENT TIME STUDY (RMTS) CLAIMING

MAC contractor Claiming Process Overview

- The MAC Contractor enters/confirms actual staff salary and benefits in the RMTS System to be used for claim calculation within 60 days after the close of the quarter.
- The MAC contractor's RMTS coordinator or other designated person views data reports and certifies the accuracy of the claim.

Note: In cases where the MAC Contractor's RMTS Coordinator is unavailable, to review reports or certify claims, the 2 designated positions to review data reports and certify accuracy of claims are:

The At-Risk Youth Program Manager
The Juvenile Services Manager

- The MAC contractor's RMTS coordinator prints the A-19 invoice voucher.
- After the signature is added the original is mailed to HCA.
- HCA MAC staff review and approve the MAC contractor's final quarterly claim and forwards to HCA Financial Services, Accounting to process.
 - HCA Financial Services, Accounting locks the A-19 to further editing.
 - If there are questions regarding the claim, HCA will notify the MAC contractor.

Claiming Tasks for KCSCJPS

Revenue Offset

Certain revenues must be offset to reduce costs to determine the total amount of costs in which the federal government will participate. To the extent the funding sources have paid or would pay to participate in the costs, federal Medicaid funding is not available and the costs must be removed from total costs (see [OMB Circular A-87](#), Attachment A, Part C., Item 4.a.).

Sample categories of revenue offset which must be applied in developing the net costs (not all inclusive):

- All federal funds
- All state expenditures which have been previously matched by the federal government (includes Medicaid funds for medical assistance, such as payments for services under fee-for-service and SCHIP funds)
- Insurance and other fees collected from non-governmental sources
- All applicable credits such as receipts or reduction of expenditure type transactions offsetting or reducing expense items allocable to federal awards as direct or indirect costs.

Revenue Offset Process

- To determine the amount of total allowable staff salary and benefits, the MAC contractor must first perform revenue offset by subtracting any federal or state grant dollars included in the salary and benefits.
- In some cases, the revenue offset amount could include donations if those donations were specifically given to a program.
- Time study statistics must be applied to the remaining salary and benefits (total allowable staff salary).

MER (Medicaid Eligibility Rate) Calculation

KCSCJPS provides only Outreach and Application assistance. The MER for outreach and application assistance is 100%.

Local Match Certification and Sources of Funding and CPE (Certified Public Expenditures)

In accordance with Section 1903(w) (6) (A) of the Social Security Act, only units of government may participate in the funding of the non-federal share of Medicaid expenditures. Additionally, CPEs are defined under 42 CFR 431.51(c) as “expenditures eligible for FFP” (Federal Financial Participation) and thus they must be expenditures that, if incurred by a unit of government, are reasonable, allocable and allowable for FFP.

The non-federal share may be funded with proceeds derived from:

- State and local taxes
- Funds appropriated to state university teaching hospitals
- Funds transferred from or certified by units of government within a state
- Funds of the unit of government not considered to be provider related donations
- Funds of the unit of government not derived from an impermissible health care related tax

The MAC contractor must complete a Local Match Certification in the fourth quarter of each fiscal year. This document lists the sources of local match for the MAC FFP. It is submitted with the fourth quarter claim. The claim will not be processed for payment until this document is received by HCA.

Non-Duplication of Payment

Federal, state, and local government resources will be expended in the most cost effective manner possible. The MAC contractor may not claim any FFP for administrative activities if related costs have already been paid by another revenue source. A government program may not be reimbursed in excess of its actual costs, i.e., make a profit.

HCA has established proper internal controls for program oversight and monitoring to ensure the financial integrity of the MAC program. As part of HCA’s oversight, in depth monitoring activities will be performed on an on-going basis.

Quarterly

HCA Financial Services, Accounting will review the following on a quarterly basis:

- Indirect Rate matches the rate on file
- Reconcile the A19 to the data entered in the System
- Source of Funding and CPE meet federal requirements

Additionally, to ensure the effective and efficient administration of the MAC program, HCA will review all contracts/grants related to outreach and linkage activities. The Contractor must submit copies of any contracts/grants related to outreach and linkage to HCA for review *prior to implementation*. HCA will review these contracts for, including but not limited to:

- Duplication of effort as described by CMS in the [Guide](#); Section IV: PRINCIPLES OF ADMINISTRATIVE CLAIMING, B, 4 and 5

RMTS Claiming Process Instructions

Filing Deadline and Certification

- Claims will be calculated electronically through the HCA UMMS RMTS System.
- All quarterly claims, including the signed [A19-1A Invoice Voucher](#) (and any other billing documentation required by the claiming module of the system, must be completed and hard copies received by the HCA MAC program manager no later than midnight 365 calendar days following the end of a quarter.) Claims received after 365 days will not be processed for payment.
- The [Local Match Certification](#) must be mailed with the A19 for the last quarter of the state fiscal year (April-June).
- The [Certificate of Indirect Costs](#) must be mailed to HCA Financial Services, Accounting, annually before submitting the first quarter claim (July-September).
- All A19s, the annual Local Match Certification, and Certificate of Indirect Costs must be signed by an authorized representative who is legally designated as a signatory for the agency.

The Contractor is prohibited from claiming any expenses as direct costs on any A19, if those expenses are included in an approved indirect rate. All staff included in an approved indirect rate are prohibited from participating in the time study.

Indirect rates must be reviewed and approved by the Contractor's cognizant agency. HCA requires:

- An indirect rate covering the 12 month calendar year
- A copy of the cognizant agency's approval letter
- Copies of all documentation used by the cognizant agency to calculate the indirect rate
- Documentation from the cognizant agency if the rate changes
- The MAC Contractor to provide any additional documentation related to indirect rates if requested

Claim Calculation

The MAC contractor's RMTS coordinator enters time study participant staff information through an input screen for each participant before the beginning of each quarter.

MAC-related materials, supply costs, and administrative staff costs are provided by the MAC contractor to the system, separate from the cost pool, through an input screen. These amounts automatically transfer respectively on Lines A and B of the Quarterly MAC-related Operating Costs Report. The sum of these amounts is calculated and appears on Line C. See the sample [Quarterly MAC-related Operating Costs Report](#).

The MAC contractor's RMTS coordinator enters each time study participant's salary and benefits data through an input screen matching it to the participant's staff information already inputted before the beginning of the quarter. The time study participant's staff information and salary and benefits data then automatically transfers to the Administrative Cost Pool's Quarterly Detail Expenditure Report. See the sample [Quarterly Detail Expenditure Report](#).

The total adjusted salary and benefits costs from Line A on the Quarterly Detail Expenditure Report are transferred by the system to each line of Column D on the Quarterly Claim Calculation Detail Report. Each line in this report represents one of the reimbursable and non-reimbursable activities for the Administrative Cost Pool. The time percentage for each reimbursable and non-reimbursable activity is transferred to Column C from the time study statistics for the Administrative Cost Pool. Column D is multiplied by the Column C percentage indicated on the Quarterly Claim Calculation Detail Report to determine the activity cost in Column G. For each reimbursable activity, this amount becomes the Subtotal Gross Claim Cost for the activity for the quarter. Column D multiplied by Column C multiplied by Column F determines the activity cost for Code 10 in Column G. See the sample [Quarterly Claim Calculation Detail Report](#).

The General Administrative Activity Factor percentage and Subtotal Gross Claim Cost for the Administrative Cost Pool is also calculated on the Quarterly Claim Calculation Detail Report.

The Subtotal Gross Claim Amount for the Administrative Cost Pool outreach activities is automatically transferred to Line 2 of the Quarterly Claim Calculation Summary. See the sample [Quarterly Claim Calculation Summary Report](#).

The total of MAC-related materials and supply costs and administrative staff costs from Line C of the Quarterly MAC-related Operating Costs Report is automatically transferred to Line 3 of the Quarterly Claim Calculation Summary Report.

On Line 4 of the Quarterly Claim Calculation Summary Report the amounts from Lines 2 and 3 are summed and the result is multiplied by the indirect rate from Line 1 to determine the Indirect Costs related to the quarterly claim.

The amounts on Lines 2, 3, and 4 are summed on Line 5 to determine the Total Gross Claim amount. A FFP percentage is applied to the Total Gross Claim amount to determine the Total Net Claim amount on Line 6. The Total Gross Claim Amount and Total Net Claim Amount in the Quarterly Claim Calculation Summary are automatically transferred to the A19 invoice.

The RMTS coordinator enters [Claim Header information](#) in the claiming module of the system.

Following are descriptions of the reports prepared through the claiming module of the system.

Quarterly MAC-related Operating Costs Report

- Line A:** **Materials and Supply Costs:** Quarterly MAC-related Materials and Supply Costs are transferred to this report from data provided by the MAC contractor through an input screen. The cost of materials and supplies used in the delivery of health-related services should not be included.

- Line B:** **Administrative Staff Costs:** Quarterly MAC-related Administrative Staff Costs are transferred to this report from data provided by the MAC contractor through an input screen. The cost of administrative staff used in the delivery of health-related services should not be included.

- Line C:** **Total Materials and Supply Costs and Administrative Staff Costs:** Quarterly MAC-related Materials and Supply Costs and Administrative Staff Costs are summed and transferred to this report from data provided by the MAC contractor through an input screen. This amount transfers to Line 4 of the Quarterly Claim Calculation Summary Report.

Quarterly Detailed Expenditure Report for the Administrative Cost Pool

See the Sample [Quarterly Detailed Expenditure Report](#).

A. Summary of Administrative Cost Pool Costs:

Line A: **Total Time Study Participant Salary and Benefit Costs:** The Sum Total of adjusted salary + benefits costs for the cost pool is transferred to this line from the Total Line from [Column K](#). This is the Total Administrative Cost Pool Costs that are transferred to all of the Column D lines on the Quarterly Claim Calculation Detail Report.

B. Personnel Information

Column A: Participant's last name as loaded into the claiming module of the system before the beginning of the quarter
Column B: Participant's first name as loaded into the claiming module of the system before the beginning of the quarter
Column C: Participant's unique identifier
Column D: Participant's job position code
Column E: Participant's job position description title

This information is entered by the RMTS coordinator before the beginning of each claiming quarter and is transferred by the system to the [Quarterly Detailed Expenditure Report](#).

C. Salary and Benefits

Only actual costs may be used to calculate the state/local funded portion of salary and benefits claimed for MAC activities. *The use of a fringe benefit percentage is no longer allowed.*

This information is entered by the RMTS coordinator for each participant and appears on the [Quarterly Detailed Expenditure Report](#) as follows:

Column F: Federal/State Funded Offset Percentage (percentage of the salary and benefits paid with federal/state funds included in the offset percentage)
Column G: Actual quarterly salary
Column H: Actual quarterly salary reduced by the federal/state funded offset percentage in column F, e.g., column G multiplied by (100% minus the federal funded percentage)
Column I: Actual quarterly amount of employer paid fringe benefits
Column J: Actual quarterly amount of employer paid fringe benefits reduced by the federal/state funded offset percentage in column F, e.g., column I multiplied by (100% minus the federal funded percentage)
Column K: Total of quarterly amount of salary and employer paid fringe benefits reduced by the federal/state funded offset percentage in column F, e.g., column H plus column J

Quarterly Claim Calculation Detail Report

See the Sample [Quarterly Claim Calculation Detail Report](#). The sum of the participant Total Administrative Cost Pool Costs is transferred to column D of the Quarterly Claim Calculation Detail Report from Line A of the Quarterly Detailed Expenditure Report.

Quarterly Claim Calculation Detail Report for the Administrative Cost Pool

This report indicates claim calculation amounts for the participant cost pool by activity code.

- Column A:** Participant cost pool (No entry required)
- Column B:** The claiming module transfers the activity codes
- Column C:** The claiming module transfers the percentage of time spent on each activity code
- Column D:** The claiming module transfers the Total Cost Pool amount from the Quarterly Detailed Expenditure Report Line A
- Column E:** HCA places N/A in the [Medicaid Eligibility Rate \(MER\)](#) column for activity codes 1a, 1b, 2a, 2b, 3, and 10)
- Column F:** The claiming module calculates and enters the General Administration Factor for activity code 10 (No entry is required for activity codes 1a, 1b, 2a, 2b, 3 and 10)
- Column G:** The claiming module calculates the Amount of Total Cost Pool Costs for each activity code by multiplying Columns C and D (C, D, and F for Code 10)
- Column H:** The claiming module calculates the Subtotal Gross Claim Amount for activity codes 1b, 2b and 10 transferring the amount in Column G to Column H

The General Administration Factor is calculated to allocate costs for performing general administration activities by MAC activity code. The formula for calculating the General Administration Factor is as follows:

$$\frac{[1b \% + 2b \%]}{[1a\% + 1b\% + 2a\% + 2b\% + 3\%]}$$

Quarterly Claim Calculation Summary Report

See the Sample [Quarterly Claim Calculation Summary Report](#). The RMTS coordinator enters the MAC contractor's Indirect Cost Rate into the system. The MAC contractor cannot claim until this rate has been input. This rate is transferred by the system to Line 1 of the Quarterly Claim Calculation Summary Report.

The Subtotal Gross Claim Amount reported by the MAC contractor from the sum total line of the Quarterly Claim Calculation Detail Report is transferred to Line 2 in the Quarterly Claim Calculation Summary Report.

The sum of total Materials and Supply Costs and Administrative Staff Costs are transferred to Line 3 of the Quarterly Claim Calculation Summary Report from Line C of the Quarterly MAC-related Operating Costs Report.

On Line 4 the MAC contractor's indirect cost rate is applied to the sum of Lines 2 and 3 to determine Indirect Costs for the quarter. Finally, gross and net totals of all costs are calculated on Lines 5 and 6 respectively as shown in the sample Quarterly Claim Calculation Summary Report and then automatically transferred to the A19.

- Line 1: The RMTS coordinator enters the MAC contractor's indirect cost rate calculated and provided by the MAC contractor's federal cognizant agent.

Administrative Cost Pool Gross Claim Amounts For 50% FFP

- Line 2: The claiming module enters the sum Subtotal Gross Claim Amount for participants from the Quarterly Claim Calculation Detail Reports representing the Administrative Cost Pool. This is completed by summing the subtotal gross claim amounts (Column H) for activity codes 1b, 2b and 10 on the Administrative Cost Pool's Quarterly Claim Calculation Detail Report, then placing that Subtotal Gross Claim Amount in the far right column of this line.
- Line 3: The claiming module transfers the sum of total Materials and Supply Costs and Administrative Staff Costs from Line C of the Quarterly MAC-related Operating Costs Report.
- Line 4: Indirect costs are calculated by multiplying the sum of Lines 2 and 3 by Line 1.
- Line 5: The Total Gross Claim Amount is calculated by summing the amounts from Lines 2, 3 and 4.
- Line 6: The Total Net Claim Amount is calculated by multiplying Line 5 by 50%.

[Claim Header Information](#). This information is entered by the claiming module based on information provided by the MAC contractor.

Sample A19 Invoice, Local Match Certification and Certificate of Indirect Cost forms follow:

FORM
A19-1A
(REV. 8/85)



STATE OF WASHINGTON
INVOICE VOUCHER

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH NO. |
|------------|---------------|------------------|
| 1070 | | |

AGENCY NAME

Health Care Authority
Division of Healthcare Services
Medicaid Outreach Section
PO Box 45530
Olympia WA 98504-5530

VENDOR OR CLAIMANT

King Co Superior Court
516 Third Ave #C203
Seattle, WA 98104

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's certificate: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans Status

BY _____

(SIGNING)

(TITLE)

(DATE)

| | | |
|--|----------------------------|------------------------------|
| <small>FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.)</small> | <small>RECEIVED BY</small> | <small>DATE RECEIVED</small> |
|--|----------------------------|------------------------------|

| DATE | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | AMOUNT | FOR AGENCY USE |
|------|--|----------|------|------------|--------|----------------|
| | For services rendered in performance under | | | | | |
| | Contract # | | | | | |
| | Period of Service: | | | | | |
| | Match Rate: | | | | | |
| | Total FFP Claimed at Match Rate 50% | | | | \$0.00 | |
| | | | | | | |
| | | | | | | |
| | | | | Total | \$0.00 | |

I certify that these expenses were incurred following the requirements of the Centers for Medicare and Medicaid Services (CMS) and that the funds are not already being used to match federal funds of other federal programs, or being reimbursed by other federal grants.

| | | | |
|------------------------------|---------------------------------|---------------------------------|--------------------------------|
| <small>PREPARED BY</small> | <small>TELEPHONE NUMBER</small> | <small>DATE</small> | <small>AGENCY APPROVAL</small> |
| | | | |
| <small>DOC. DATE</small> | <small>PAY. DUE DATE</small> | <small>CURRENT DOC. NO.</small> | <small>REF. DOC. NO.</small> |
| | | HZ | |
| <small>VENDOR NUMBER</small> | | <small>UBI NUMBER</small> | |
| SWV000032030 | | | |

| | |
|--|--|
| <small>ACCOUNT NUMBER 30 CHARS</small> | <small>VENDOR MESSAGE 25 CHARS</small> |
| | Other Ad Match |

| TRANS CODE | FUND | MASTER INDEX | | SUB OBJ | SUB SUB OBJ | ORG INDEX | ALLOC | MOS | PROJ | FORM B/F | FORM C/F | AMOUNT | INVOICE DATE | INVOICE # 30 CHARS |
|------------|------|--------------|---------------|---------|-------------|-----------|-------|-----|------|----------|----------|--------|--------------|--------------------|
| | | APP INDEX | PROGRAM INDEX | | | | | | | | | | | |
| | 001 | | H9951 | ER | 7360 | H710 | 5158 | | 8AM | | | \$0.00 | | Contract # |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

| | | | |
|--|---------------------|-------------------------------|--------------------------------|
| <small>ACCOUNTING APPROVAL FOR PAYMENT</small> | <small>DATE</small> | <small>WARRANTY TOTAL</small> | <small>WARRANTY NUMBER</small> |
| | | \$0.00 | |

LOCAL MATCH CERTIFICATION
 Local Match for Other Miscellaneous Medicaid Administrative Match Invoices

Claiming Entity: King County Superior Court

Contract Number _____

FFP 50% / 50%

| <u>Quarter</u> | <u>For the Period</u> | <u>FFP (50%)</u> | <u>Local Match (50%)</u> | <u>Total Computable</u> |
|----------------|-----------------------|------------------|--------------------------|-------------------------|
| 1 | | | | \$0.00 |
| 2 | | | | \$0.00 |
| 3 | | | | \$0.00 |
| 4 | | | | \$0.00 |
| Grand Total | | \$0.00 | \$0.00 | \$0.00 |

Type and Source of Funds used as Local Match

List only the funds eligible/available for local match per Title XIX Medicaid.

| <u>Name of Local Match</u> | <u>Type</u> | <u>Source</u> | <u>Amount</u> |
|----------------------------|-------------|---------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Local Match | | | \$0.00 |

Check Point: Net Zero \$0.00

By signing, I certify that the information provided above is accurate.

 Authorizing Representative's Signature Date

 Title

 Printed Name of Authorized Representative

 Telephone Number

Certificate of Indirect Costs

NAME OF LOCAL GOVERNMENT

| | |
|--|--|
| CONTACT'S NAME | |
| CONTACT'S TELEPHONE NUMBER () | CONTACT'S EMAIL ADDRESS |
| INDIRECT COST PROPOSAL RATE | TIME PERIOD THE RATE COVERS FROM _____ TO _____ |
| <p>This is to certify that I have reviewed the indirect cost rate submitted with this contract and to the best of my knowledge and belief:</p> <p>1. All costs included in this rate proposal _____ (DATE) to establish a billing or final indirect costs rate(s) for _____ (PERIOD COVERED BY RATE) are allowable with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State, Local, and Indian Tribal Governments." Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.</p> <p>2. All costs included in this proposal are properly allocated to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently and the Federal Government will be notified of any accounting changes that would affect the predetermined rate.</p> <p>I declare that the foregoing is true and correct.</p> | |
| SIGNATURE | DATE OF EXECUTION |
| PRINTED NAME OF OFFICIAL | TITLE |

Quarterly MAC-related Operating Costs Report

Produced for HCA from information entered into the HCA MAC UMMS time study system (system) by the MAC contractor

Line A Materials and Supply Costs: \$0.00
 Line B Administrative Staff Costs: \$0.00
 Line C Total of Materials and Supply Costs and Administrative Staff Costs: \$0.00 (Sum of Lines A and B)

Quarterly Detailed Expenditure Report

Line A Total Column K (Adjusted Salary and Benefits) Costs: \$0.00 = Total Administrative Cost Pool Costs

Total Administrative Cost Pool Costs are transferred to Column D of the Quarterly Claim Calculation Detail Report.

Administrative Cost Pool Time Study Participants' Data

| Participant Last Name | Participant First Name | Participant Unique ID | Job Position Code | Job Position Description Title | Job Position Federal/ State Funded Offset % | Quarterly Salary Amount | Salary Reduced by Federal/ State Offset Funded % | Quarterly Employer Paid Fringe Benefits Amount | Employer Paid Benefits Reduced by Federal/ State Offset Funded % | Employer Paid Total Salary + Benefits Reduced by Federal/ State Offset Funded % |
|-----------------------|------------------------|-----------------------|-------------------|--------------------------------|---|-------------------------|--|--|--|---|
| A | B | C | D | E | F | G | H | I | J | K |
| name | name | # | # | title | % | \$ | \$ | \$ | \$ | \$ |
| etc. | etc. | etc. | etc. | etc. | etc. | etc. | etc. | etc. | etc. | etc. |
| total | >>>> | >>>> | >>>>> | >>>>>> | >>>>> | >>>>>> | >>>>>> | >>>>>> | >>>>>> | \$ |

- Amounts in columns H, J, and K must be actual salary and respective benefit amounts reduced by the Federal/ State Funded Offset % in column F [Columns G and I respectively multiplied by (100% minus column F percentage)].
- Column K is the total of columns H and J.
 - Data in columns A, B, C, D, and E are transferred from the MAC contractor’s staff upload file information submitted to the system at the beginning of the quarter.
 - Data in columns F, G, and I are transferred from the MAC contractor’s claim upload file information submitted to the claiming module during the claiming quarter.
 - All dollar amounts uploaded must be quarterly dollar amounts.
 - Total Salary and Benefit Costs from **total line (bottom line)** column K of the above table is transferred to Line C.
 - Data is uploaded by the MAC contractor to the claiming module for each employee participating in the RMTS and transferred to this report.

Quarterly Claim Calculation Detail Report

| ADMIN COST POOL (Cost Pool 1) | ACTIVITY CODE | PERCENT OF TIME SPENT ON ACTIVITY | TOTAL COST POOL COSTS AMOUNT | MEDICAID ELIGIBILITY RATE (MER) | GENERAL ADMINISTRATION FACTOR | AMOUNT OF TOTAL COST POOL COSTS (C * D) or (C*D*F Code 10) | SUBTOTAL GROSS CLAIM AMOUNT (G = H for Activity Codes 1b, 2b and 10) |
|-------------------------------|---------------|-----------------------------------|------------------------------|---------------------------------|-------------------------------|--|--|
| A | B | C | D | E | F | G | H |
| Time Study Participants | 1a | % | \$ | N/A | N/A | \$ | N/A |
| " | 1b | % | \$ | N/A | N/A | \$ | \$ |
| " | 2a | % | \$ | N/A | N/A | \$ | N/A |
| " | 2b | % | \$ | N/A | N/A | \$ | \$ |
| " | 3 | % | \$ | N/A | N/A | \$ | N/A |
| " | 4 | % | \$ | N/A | N/A | \$ | N/A |
| " | 10 | % | \$ | N/A | % | \$ | \$ |
| | | % | | | Sum Total Amount | \$ | \$ |

Quarterly Claim Calculation Summary Report for the Administrative Cost Pool

Lines 5 and 6 amounts transfer to the A19 Invoice

1 **INDIRECT COST RATE** %

| ACTIVITY GROUP ONE | ADMINISTRATIVE COST POOL TOTAL GROSS CLAIM AMOUNTS FROM QUARTERLY CALCULATION DETAIL REPORT | COSTS FOR WHICH THE FFP = 50% |
|--------------------|---|-------------------------------|
| 2 | SUM SUBTOTAL GROSS CLAIM AMOUNT calculated by adding the <u>sum total</u> of Column H for Activity Codes 1b, 2b, and 10 from the Quarterly Claim Calculation Detail Report for the ADMINISTRATIVE COST POOL | \$ |
| 3 | SUM OF QUARTERLY MATERIAL AND SUPPLIES COSTS AND ADMINISTRATIVE STAFF COSTS from Line D of the MAC contractor Specific Quarterly MAC-Related Operating Costs Report. The MAC contractor must, only, include costs that are not included in the indirect rate. | \$ |
| 4 | INDIRECT COSTS Sum of Line 2 and Line 3 multiplied by Line 1 | \$ |
| 5 | TOTAL GROSS CLAIM AMOUNT (Line 2 + Line 3 + Line 4) | \$ |
| 6 | TOTAL NET CLAIM AMOUNT (Line 5 multiplied by 50%) | \$ |

Claim Header Information

| | |
|--------------------------------|----|
| Claim Year | |
| Claim Quarter | |
| HCA MAC Contract # | |
| State (pre-populated) | WA |
| HCA MAC contractor Name | |