

**State of Washington
Tribal Governments**

User Guide

For

Medicaid Administrative Claiming

using the

**Claiming System
Developed by the
University of Massachusetts
Medical School**

April 2021

Table of Contents

Section	Page
I. Overview	2
II. Overview of Administrative Claiming Process	3
III. Extracts and Uploads	4
a. Extracting Files	4
b. Creating an Upload File	5
c. Uploading Files	6
IV. Data Submission	8
a. Salary Data	8
b. Other Components	10
V. Claim Calculation and Approval	11
a. Claim Calculation	11
b. Approving a Claim	13
VI. Claim Reports	14
a. Claim Summary Report	15
b. Claim Calculation Detail Report	16
c. Cost Pool Calculation Report	17
d. A19 Form	17

Section I: Overview

The purpose of this guide is to provide direction managing the Administrative Activity Claiming system.

Introduction

This guide provides step-by-step instructions for entering and calculating quarterly Medicaid Administrative Activity Claims.

Contact Information:

University of Massachusetts Medical School (UMMS)

Center for Health Care Financing

School-Based Medicaid Program

333 South Street

Shrewsbury, Massachusetts 01545

Call Center: 1-800-535-6741 and press option 6 (hours 7:30am – 7:30pm ET) or email

MedicaidAdmMatch@umassmed.edu.

Emily Audette

(508) 421-5855

Or 1-800-535-6741 ext. 15855

Emily.Audette@umassmed.edu

Section II. Overview of Administrative Claiming Process

The quarterly Medicaid Administrative Claiming process is designed to utilize the participant data and time study results from the RMTS as the building blocks for calculating an Administrative Activity Claim. Additional data on actual costs/expenditures per quarter are uploaded and/or entered into the system and the system performs the calculations.

An outline of the quarterly claiming process is provided below:

Step 1: Claim data is entered

Step 2: Claim data is checked/reports are reviewed

Step 3: Claims are approved

Step 4: A-19 Form is printed and signed and submitted to HCA

Step 5: HCA reviews and finalizes claim for payment

Section III: Extracts and Uploads

This section will go over how to add quarterly salary & fringe benefit data into the system. To create and manage data manually, please refer to Section IV.

Extracting Files

By the time an Administrative Activity Claim is being processed, the entities have already completed the RMTS for the quarter. Therefore, a list of active participants for that quarter can be extracted from the system. This list can be used to create an editable template to update in order to be uploaded with salary and benefit data.

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

Step 2: Using the drop-down menus, select the State, Extract Type (Participant Extract) Tribe Government, Year, and Quarter. Year and Quarter are based on fiscal year. For example:

- Q1 2017 = July-September 2017
- Q2 2017 = October-December 2017
- Q3 2017 = January-March 2018
- Q4 2017 = April-June 2018

Center for Health Care Financing
UMMS MEDICAL SCHOOL
A Commonwealth Health Center of Distinction

WASHINGTON RANDOM MOMENT TIME STUDY

User Management | File Extract

Tribal Government | Participant File Extract

Administrative Claiming

*Extract Type : Participant Extract

*MAC Contractor : WA-TRIBES

*Tribal Government: ALL

*Year : 2018

*Quarter : Fourth Quarter

Submit

After clicking 'Submit', an Excel file containing the Participant Data will be downloaded to the current system.

Step 3: Click “Submit”. The file can be opened or saved in Excel.

Employee ID	Last Name	First Name	Email Address	Job Pool	Job Description	Job Type E	Active Yes or No	Fed Fund	FTE	Supervisor Email #1	Supervisor Email #2	Supervisor Email #3
UMMS819955	Avenue	Amy	XYZ.Indian.Tribe@email.net	All Participants	Chemical Dependency	E	Y	0	1	Joe.truckstop@email.net	mary.railroad@email.net	
UMMS109956	Boulevard	Linda	XYZ.Indian.Tribe@email.net	All Participants	Receptionist	E	Y	0	1	Joe.truckstop@email.net	mary.railroad@email.net	
UMMS269957	City	Jean	XYZ.Indian.Tribe@email.net	All Participants	Medical Assistant	E	Y	0	1	Joe.truckstop@email.net	mary.railroad@email.net	
UMMS819958	Lane	Yvette	XYZ.Indian.Tribe@email.net	All Participants	Patient Benefits Tribal	E	Y	0	1	Joe.truckstop@email.net	mary.railroad@email.net	
UMMS979959	Road	Melanie	XYZ.Indian.Tribe@email.net	All Participants	Chemical Dependency	E	Y	0	1	Joe.truckstop@email.net	mary.railroad@email.net	
UMMS119960	Street	Janette	XYZ.Indian.Tribe@email.net	All Participants	Mental Health Theraps	E	Y	0	1	Joe.truckstop@email.net	mary.railroad@email.net	
UMMS119961	Town	Nicole	XYZ.Indian.Tribe@email.net	All Participants	Nurse (RN)	E	Y	0	1	Joe.truckstop@email.net	mary.railroad@email.net	
UMMS819962	Zip	Lindsey	XYZ.Indian.Tribe@email.net	All Participants	Chemical Dependency	E	Y	0	1	Joe.truckstop@email.net	mary.railroad@email.net	
UMMS989963	Circle	Sara	XYZ.Indian.Tribe@email.net	All Participants	Mental Health Theraps	E	Y	0	1	Joe.truckstop@email.net	mary.railroad@email.net	

Creating an Upload File

Step 1: Use the extracted data to populate the file to be uploaded.

	A	B	C	D	E	F	G	H
1	Employee ID	Last Name	First Name	Job Description	Active Y or N	Fed Fund %	Salary	Employer Paid Benefits
2	UMMS9955	Avenue	Amy	Clinical Nurse	Y	0	16261.87	6070.07
3	UMMS9956	Boulevard	Linda	Contracts Health Services Specialist	Y	0	7099.6	3368.29
4	UMMS9957	City	Jean	Physician Assistant	Y	0	27437.43	9943.4
5	UMMS9958	Lane	Yvette	Elders Program Manager	Y	0	19776	6134.15
6	UMMS9959	Road	Melanie	Medical Registration Clerk	Y	0	17946.63	7047.95
7	UMMS9960	Street	Janette	Receptionist	Y	0	10593.6	4319.56
8	UMMS9961	Town	Nicole	Dental Assistant	Y	0	12705.6	7176.74

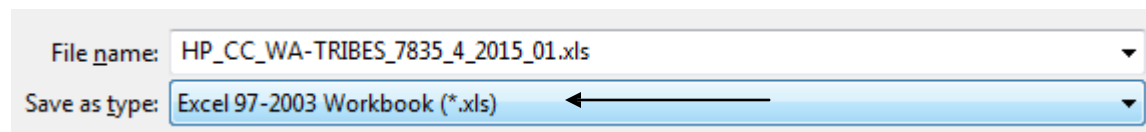
The file must have the headings “Employee ID,” “Last Name,” “First Name,” “Job Description,” “Active Y or N,” “Fed Fund %,” “Salary,” “Employer Paid Benefits.”

Tip: Remove the extra columns first:
Email Address
Job Type E or C
FTE
Work Schedule
All 3 Supervisor columns

Then simply add “Salary” and “Employer Paid Benefits” to the right of “Fed Fund %”

Or... Copy and Paste the Employee ID, Last Name, First Name and Job Description from the extract file into the Claim Component Upload Template.

Step 2: Save the file as an ‘Excel 97-2003 Workbook’ file on your local PC or network.



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

HP_CC_state_VendorID_Qtr_Year_Version#.xls

Example:

Q2 2016, Example Tribal Council = HP_CC_WA-TRIBES_K1234_2_2020_01.xls

Step 3: Add the correct actual quarterly Salary and Employer Paid Fringe Benefits amounts for each employee to the file.

Uploading Files

Upload the file to add salary and benefits data to the claim.

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

The screenshot shows the 'WASHINGTON RANDOM MOMENT TIME STUDY' web application. The top navigation bar includes 'My Profile | Home | Logout' with an arrow pointing to it. The left sidebar contains a menu with 'Administrative Claiming' selected. The main content area shows the 'File Upload' form with a dropdown menu for 'Component' set to 'Participant CC' and a 'Location' field with 'Browse...' and 'Upload' buttons. Below the form is a table with columns 'File Name', 'Quarter', 'Date', 'Status', and 'Uploaded By'. The table currently shows 'No Data Found'. A 'Refresh' link is located below the table.

Step 2: Click on “Year” to change the fiscal year if needed.

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

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

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

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

File Name	Quarter	Date ▼	Status	Uploaded By	Delete
HP_CC_WA-TRIBES_7835_4_2015_01.XFR	4	06/19/2015 04:09:02 PM	Error	QuileutE	<input type="checkbox"/>

[Delete](#)

[Refresh](#)

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

[Delete](#)

Date	Status ▲	Uploaded By	<input type="checkbox"/>
05/01/2014 01:14:09 PM	Review	TestA115	<input checked="" type="checkbox"/>

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

Health Personnel File Upload Results

File Name: HP_CC_WA-TRIBES_7835_4_2015_01_20150619162857.XFR
 File Type: Claim Component
 File Mode: Preview
 File Status: Review
 Number of Records : 15
 Number of New Health Personnel : 0
 Number of Deactivated Health Personnel : 0
 Number of Updates : 0
 Number of Errors : 0

Verified Upload File Results

→

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

Step 7: When the file is submitted and uploaded, the status will change to “Successful” when completed. You will need to click “Refresh” after a few minutes for the file status to change. You may review the detailed reports at any time by clicking “Successful” and “View Detailed Report.”

File Name	Quarter	Date ▼	Status
HP_CC_WA-TRIBES_7835_4_2015_01.XFR	4	06/19/2015 04:28:57 PM	Successful

Section IV: Data Submission

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

MAC Contractor: WA-TRIBES Tribal Government: Example Tribal Council [Quarter](#): Fourth [Year](#): 2015

Quarterly Data

Status of various Quarterly Claim Components

Status of various Quarterly Claim Components	
Salary	NOT Received
Material and Supplies Costs	NOT Received
Medicaid Eligibility Rate	Received
Consultant Services Costs	NOT Received
Administrative Staff Costs	NOT Received
Indirect Cost Rate	Received

Salary Data:

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

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

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

Salary

Last Name : First Name : Job Position :

Page 1

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

Received Date : 04/25/2014

Notes History:

04/25/2014 Salary Submitted By Tester Another

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

Section IV: Data Submission

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

MAC Contractor: WA-TRIBES Tribal Government: Example Tribal Council **Quarter:** Fourth **Year:** 2015

Quarterly Data

Status of various Quarterly Claim Components

Status of various Quarterly Claim Components	
Salary	NOT Received
Material and Supplies Costs	NOT Received
Medicaid Eligibility Rate	Received
Consultant Services Costs	NOT Received
Administrative Staff Costs	NOT Received
Indirect Cost Rate	Received

Salary Data:

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

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

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

Salary

Last Name : First Name : Job Position :

Page 1

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

Received Date : 04/25/2014

Notes History:

04/25/2014 Salary Submitted By Tester Another

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

Other Components:

Step 1: From the data submission screen, click the hyperlink next to the Other Components. If no data has been entered, you will click “NOT Received” otherwise you will click “Received.”

Step 2: Enter Materials and Supplies Amount.

Step 3: Enter Consultant Services Amount.

Step 4: Enter Administrative Staff Amount.

Note: Medicaid Eligibility Rate and Indirect Cost Rate percentages are entered by HCA and will be pre-populated into the claim.

Step 5: Enter Received Date and click “Save.”

Quarterly Materials and Supplies Costs

* Materials and Supplies Amount (\$):

Received Date : ▼

Notes History :

06/19/2015: Updated by Emily Quileute

Notes :

Save

Reset

Close

Section V: Claim Calculation and Approval

When all of the claim data has been entered and checked, the claim will need to be calculated.

Claim Calculation:

Step 1: Under the “Administrative Claiming” tab, select “Claim Calculation”.

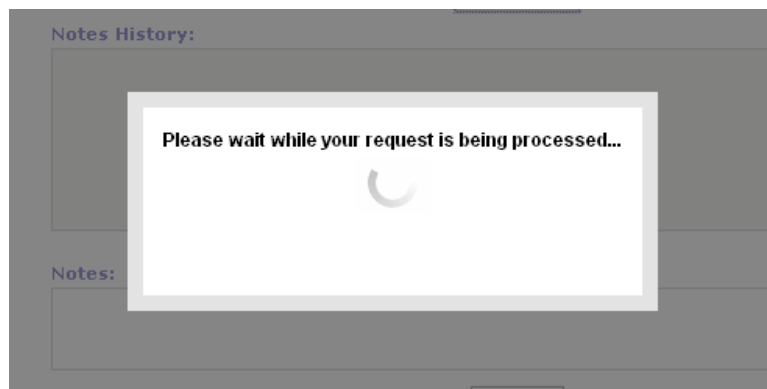
Step 2: Click on either “Quarter,” or “Year” to view the claim you wish to calculate.

The screenshot shows the UMass Medical School web application interface. The top navigation bar includes the UMass Medical School logo and the text "A Commonwealth Medicine Center of Distinction". The main header displays "MAC Contractor: WA-TRIBES Tribal Government: Example Tribal Council" and "Quarter: Fourth Year: 2015". A left sidebar menu is visible with categories: "Administrative Claiming" (containing Data Submission, File Upload, Claim Calculation, File Extract, Reports), and "Online Training". The "Claim Calculation" section is active, showing a form with fields for "Claim Status:", "Date:", and "User Name:". Below this is a table titled "Claim Components" with the following items and status:

Claim Components	
Salary Information	Received
Fringe Benefit Information	Received
Material and Supplies Information	Received
Medicaid Eligibility Rate	Received
Consultant Services Costs	Received
Administrative Staff Costs	Received
Indirect Cost Rate	Received

Below the table is a "Calculate" button. Underneath is a "Notes History:" section with a large empty text area. At the bottom is a "Notes:" section with a smaller empty text area and an "Add" button.

Step 3: Click “Calculate.” While the claim calculates, the screen will give the following prompt. You will not be able to do anything on the screen until the message closes, however, it should only appear for a few moments.



Step 4: When the claim has finished calculating, the screen will show that the Claim Status is “Calculated,” the date it was calculated, and the User Name of the person who calculated the claim.

Note: To review reports before approving a claim, please refer to Section VII.

MAC Contractor: WA-TRIBES Tribal Government: Example Tribal Council **Quarter:** Fourth **Year:** 2015

Claim Calculation

Claim Status: Calculated Date: 06/19/2015 User Name: Emily Audette	
Claim Components	
Salary Information	\$ 212,429.43
Fringe Benefit Information	\$ 19,055.44
Material and Supplies Information	\$ 1,000.00
Medicaid Eligibility Rate	39.58 %
Consultant Services Costs	\$ 1,000.00
Administrative Staff Costs	\$ 25,000.00
Indirect Cost Rate	10.00 %
Net Claim Amount	\$ 17,759.72

Notes History:

Note: **Claims are finalized by HCA.** The Claim Status will reflect this:

State Claim Calculation

→

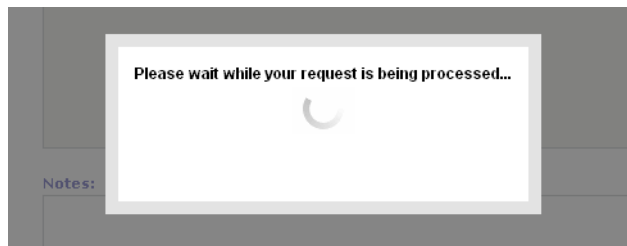
Claim Status: Final Date: 05/02/2014 User Name:	
Claim Components	
Salary Information	
Fringe Benefit Information	

Approving a Claim:

Note: If any changes are made to the claim, you will need to “Recalculate” the claim. Only when the claim is complete, the data has been checked, and calculated for the last time should you approve the claim.



Step 1: Click “Approve.” When prompted, click “OK.” While the claim calculates, the screen will give the following prompt. You will not be able to do anything on the screen until the message closes, however, it should only appear for a few moments.



Step 2: When the claim is approved, the screen will show that the Claim Status is “Approved,” the date it was approved, and the User Name of the person who approved the claim.

Claim has been approved successfully. You must unapprove the claim calculation to incorporate any changes.

Claim Status: Approved	Date: 06/19/2015	User Name: Emily Quileute
Claim Components		
Salary Information		\$ 212,429.43
Fringe Benefit Information		\$ 19,055.44
Material and Supplies Information		\$ 1,000.00
Medicaid Eligibility Rate		39.58 %
Consultant Services Costs		\$ 1,000.00
Administrative Staff Costs		\$ 25,000.00
Indirect Cost Rate		10.00 %
	Net Claim Amount	\$ 17,759.72

Unapprove

Note: If there are changes that need to be made to the claim before it is submitted to HCA, you may “Unapprove” the claim. After making any changes, be sure to “Recalculate” the claim before Approving.

Section VI: Claim Reports

Under “Administrative Claiming” and “Reports,” click on the report you wish to view. Each report is run by clicking “View in Excel” or “View as PDF” and can be saved. To return back to the list of reports, click “Back to Reports.”

Administrative Claiming	AAC Reports
Data Submission	
Calendar	
File Upload	
Claim Calculation	
File Extract	
Reports	
Online Training	

Administrative Activity Claim Reports	
AAC Claim Reports	Print all reports in PDF format
Claim Summary Report	
Claim Calculation Detail Report	
Cost Pool Calculation Report	
Other AAC Reports	
A19 Form	

Claim Summary Report: Use the dropdown menus to select the MAC Contractor, year, and quarter you wish to view. This report can be viewed as a PDF.

Claim Summary Report

MAC Contractor : Tribal Government :
 WA-TRIBES ▾ Example Tribal Council ▾

Year : Quarter :
 2015 ▾ Fourth Quarter ▾

[View As PDF](#) | [Back to Reports](#)

Sample report:

Quarterly Claim Calculation Summary Report		
Claim Year:	2015	Print Date: 06/22/2015
Claim Quarter:	4	
MAC Contractor:	Federally Recognized Tribes	
Tribal Government:	Example Tribal Council	
HCA MAC Contract #:	7835	
1	Indirect Cost Rate	10.00%
2	Medicaid Eligibility Rate	39.58%
Activity Group One	ADMINISTRATIVE COST POOL TOTAL GROSS CLAIM AMOUNTS FROM QUARTERLY CALCULATION DETAIL REPORT	COSTS FOR WHICH THE FFP = 50%
3	SUBTOTAL GROSS CLAIM AMOUNT	\$21,639.78
4	SUM OF QUARTERLY MATERIAL AND SUPPLIES COSTS AND ADMINISTRATIVE STAFF COSTS	\$26,000.00
5	ADJUSTED QUARTERLY MATERIAL AND SUPPLIES COSTS AND ADMINISTRATIVE STAFF COSTS	\$10,290.80
6	INDIRECT COSTS	\$3,193.06
7	SUM OF QUARTERLY CONSULTANT SERVICES COSTS	\$1,000.00
8	ADJUSTED QUARTERLY CONSULTANT SERVICES COSTS	\$395.80
9	SUM OF QUARTERLY SUBCONTRACTED INTERPRETER SERVICES COSTS	\$0.00
10	ADJUSTED QUARTERLY SUBCONTRACTED INTERPRETER SERVICES COSTS	\$0.00
11	SUBTOTAL GROSS CLAIM AMOUNT	\$0.00
12	INDIRECT COSTS	\$0.00
13	TOTAL GROSS CLAIM AMOUNT FOR OUTREACH AND LINKAGE PAID AT 50% FFP	\$35,519.43
14	TOTAL NET CLAIM AMOUNT FOR OUTREACH AND LINKAGE PAID AT 50% FFP	\$17,759.72
15	TOTAL GROSS CLAIM AMOUNT FOR INTERPRETER SERVICES PAID AT 50% FFP	\$0.00
16	TOTAL NET CLAIM AMOUNT FOR INTERPRETER SERVICES PAID AT 50% FFP	\$0.00
17	SUM TOTAL GROSS CLAIM AMOUNT	\$35,519.43
18	SUM TOTAL NET CLAIM AMOUNT	\$17,759.72

Claim Calculation Detail Report: Change the MAC Contractor, year, and quarter.
 This report can be viewed as a PDF.

Claim Calculation Detail Report

MAC Contractor : Tribal Government :

Year : Quarter :

[View As PDF](#) | [Back to Reports](#)

Sample report:

Claim Year: 2015 Run Date: 06/22/2015
 Claim Quarter: 4
 MAC Contractor: Federally Recognized Tribes
 Tribal Government: Example Tribal Council
 HCA MAC Contract #: 7835

WA-TRIBES Claim Calculation Report

Admin Cost Pool	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	Subtotal Gross Claim Amount
1	1a	0.00	\$231,484.87	N/A	N/A	\$0.00	N/A
1	1b	0.26	\$231,484.87	N/A	N/A	\$601.86	\$601.86
1	2a	1.30	\$231,484.87	N/A	N/A	\$3,009.30	N/A
1	2b	1.95	\$231,484.87	N/A	N/A	\$4,513.95	\$4,513.95
1	3	10.77	\$231,484.87	N/A	N/A	\$24,930.92	N/A
1	4	24.77	\$231,484.87	N/A	N/A	\$57,338.80	N/A
1	5a	2.08	\$231,484.87	N/A	N/A	\$4,814.89	N/A
1	5b	0.00	\$231,484.87	39.58	N/A	\$0.00	\$0.00
1	6a	0.13	\$231,484.87	N/A	N/A	\$300.93	N/A
1	6b	0.00	\$231,484.87	39.58	N/A	\$0.00	N/A
1	7a	1.56	\$231,484.87	N/A	N/A	\$3,611.16	N/A
1	7b	0.00	\$231,484.87	39.58	N/A	\$0.00	\$0.00
1	8a	2.98	\$231,484.87	N/A	N/A	\$6,898.25	N/A
1	8b	0.00	\$231,484.87	39.58	N/A	\$0.00	\$0.00
1	9a	4.28	\$231,484.87	N/A	N/A	\$9,907.55	N/A
1	9b	8.17	\$231,484.87	39.58	N/A	\$18,912.31	\$7,485.49
1	10	41.76	\$231,484.87	N/A	9.35	\$96,668.08	\$9,038.47
Totals :		100.01				\$231,508.02	\$21,639.78

Cost Pool Calculation Report: Change the MAC Contractor, year, and quarter. This report can be opened as a PDF or in Excel.

Cost Pool Calculation Report

MAC Contractor :	Tribal Government :
<input type="text" value="WA-TRIBES"/>	<input type="text" value="Example Tribal Council"/>
Year :	Quarter :
<input type="text" value="2015"/>	<input type="text" value="Fourth Quarter"/>

[View As PDF](#) | [View As Excel](#) | [Back to Reports](#)

Sample report:

Cost Pool Calculation Report

Claim Year:	2015	User Id:	QuileutE	Print Date:	06/22/2015
Claim Quarter:	4	Environment:	QA		
MAC Contractor:	Federally Recognized Tribes	Is Data Scrambled:	No		
Tribal Government:	Example Tribal Council				
HCA MAC Contract #:	7835				

Grand Total: **\$231,484.87** Average Cost Per FTE: **\$15,432.32**
 Total Subcontracted Interpreter Services Costs: **\$0.00**

Participant Last Name	Participant First Name	Participant Unique ID	Job Pos Code	Job Position Description Title	Job Position Federally Funded %	Quarterly Salary Amount	Salary Reduced by Federally Funded %	Quarterly Employer Paid Fringe Benefit Amount	Employer Paid Benefits Reduced by Federally Funded %	Employer Paid Tot Salary + Benefits Reduced by Federally Funded %
Avenue	Amy	UMMS26044	1	Receptionist	0.00%	\$15,085.00	\$15,085.00	\$1,250.00	\$1,250.00	\$16,335.00
Boulevard	Linda	UMMS26045	1	Clinic Nurse	0.00%	\$14,550.00	\$14,550.00	\$1,850.00	\$1,850.00	\$16,400.00
Circle	Sara	UMMS26054	1	Billing Manager	0.00%	\$16,525.88	\$16,525.88	\$1,932.50	\$1,932.50	\$18,458.38
City	Jean	UMMS26046	1	Physician Assistant	0.00%	\$18,325.22	\$18,325.22	\$1,250.00	\$1,250.00	\$19,575.22
Drive	Peter	UMMS26059	1	Health Administrator	0.00%	\$20,652.34	\$20,652.34	\$790.88	\$790.88	\$21,443.22
Highway	Susan	UMMS26056	1	Dental Assistant	0.00%	\$10,322.58	\$10,322.58	\$1,635.50	\$1,635.50	\$11,958.08
Lane	Yvette	UMMS26048	1	Chemical Health Representative/CHR	0.00%	\$11,209.85	\$11,209.85	\$1,250.00	\$1,250.00	\$12,459.85

A19 Form: Use the dropdown menus to select the MAC Contractor, year, and quarter you wish to view. This report can be viewed in Excel.

Sample report:

FORM A19-1A <small>(REV. 6/98)</small>		STATE OF WASHINGTON INVOICE VOUCHER		AGENCY USE ONLY									
AGENCY NAME				AGENCY NO.	LOCATION CODE	P.R. OR AUTH NO.							
Health Care Authority Health Care Services Medicaid Outreach Unit PO Box 45530 Olympia WA 98504-5530				1070		1262-51586							
VENDOR OR CLAIMANT				<i>INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.</i> 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									
Example Tribal Council 100 Washington Street Example, WA 99854													
FEDERAL ID. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to IR-2)				RECEIVED BY	DATE RECEIVED								
DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE							
	For services rendered in performance under Contract Number: 1262-51586 Period of Service: April - June 2015												
	Total Outreach & Linkage T19 Claimable Cost				\$35,519.43								
	FFP Claimed at Match Rate: 50%				\$17,759.72								
				Total Claimable	\$35,519.43								
				Total FFP	\$17,759.72								
As the Designated Authorizing Representative: I certify the expended amount shown on this A19 invoice is accurate, valid, and represents expenditures eligible for federal financial participation (FFP) in accordance of Certification of Public Expenditure (CPE) CFR 42. Sec 433.51; that applied matching funds are not already used as matching funds in other federal programs and being reimbursed by other federal grants; and any applied donated matching funds have been preapproved for use by Centers for Medicare and Medicaid (CMS)/National Institutional Reimbursement Team.													
PREPARED BY		TELEPHONE NUMBER		DATE	AGENCY APPROVAL								
DOC. DATE	PRD DUE DATE	CURRENT DOC. NO.	REF DOC. NO.	VENDOR NUMBER		USE TAX / UDI NUMBER							
		HZ											
ACCOUNT NUMBER 30 CHARS April - June 2015				VENDOR MESSAGE 25 CHARS Other Admin Claiming									
TRANS CODE	FUND	MASTER INDEX APPN INDEX / PROGRAM INDEX	SUB OBJ	SUB SUB OBJ	ORG INDEX	ALLOC	MOG	PROJ	SUB PROJ	PROJ PRIAS	AMOUNT	INVOICE DATE	INVOICE # 30 CHARS
	001	A0912	ER	7330	A7V0	5158		8AM	515	88	\$17,759.72		Contract # 1262-51586
ACCOUNTING APPROVAL FOR PAYMENT				DATE	WARRANT TOTAL		WARRANT NUMBER						
					\$17,759.72								