

Invoice

Module 4

Training Goals

- Transition/Crosswalk from old to new codes
- Promote program compliance
- Provide technical support and oversight
- Ensure accurate MAA invoices
- Timely processing/payment of invoices
- Avoid disallowances

Roles & Responsibilities

- Contract
- CMAA Provider Manual
- Policy and Procedure Letter (PPL)
- State Department of Health Care Services
- Local Governmental Agency MAA Coordinator's Role and Responsibility

Timeline for Submittal of CMAA Invoices

- LGAs can initiate participation during any quarter of the fiscal year, granted they have a claiming plan approved prior to invoicing

Time line for Invoice Submission

- 15 months after the end of the quarter in which MAA services were provided
(1st Quarter now due December 31st)
- Late invoices may be allowed
- Placeholder invoices are never allowed

Invoice Due Date Chart

Fiscal Year	Dates of Service	Quarter	Timeline	Due to DHCS	Due to CMS
12/13	July 1 - Sept. 30, 2012	1st	Sept. 30 + 3 months	Dec 31, 2013	Sept. 15, 2014
12/13	Oct.1 - Dec. 31, 2012	2nd	Dec. 31 + 3 months	March 31, 2014	Dec. 15, 2014
12/13	Jan. 1 - Mar. 31, 2013	3rd	Mar. 31 + 3 months	June 30, 2014	March 15, 2015
12/13	Apr. 1 - June 30, 2013	4th	June 30 + 3 months	Sept 30, 2014	June 15, 2015
13/14	July 1 - Sept. 30, 2013	1st	Sept. 30 + 3 months	Dec 31, 2014	Sept. 15, 2015
13/14	Oct.1 - Dec. 31, 2013	2nd	Dec. 31 + 3 months	March 31, 2015	Dec. 15, 2015
13/14	Jan. 1 - Mar. 31, 2014	3rd	Mar. 31 + 3 months	June 30, 2015	March 15, 2016
13/14	Apr. 1 - June 30, 2014	4th	June 30 +3 months	Sept 30, 2015	June 15, 2016
14/15	July 1 - Sept. 30, 2014	1st	Sept. 30 + 3 months	Dec 31, 2015	Sept. 15, 2016
14/15	Oct.1 - Dec. 31, 2014	2nd	Dec. 31 + 3 months	Mar 31, 2016	Dec. 15, 2016
14/15	Jan. 1 - Mar. 31, 2015	3rd	Mar. 31 + 3 months	June 30, 2016	March 15, 2017
14/15	Apr. 1 - June 30, 2015	4th	June 30 + 3 months	Sep 30, 2016	June 15, 2017

Invoice, the Contract & the Claiming Plan Connection

- Contract amount monitoring by fiscal year
- The role of the Claiming Plan for Invoice purposes
- Importance of maintaining current Claiming Plans

Overview of the MAA Invoice

What is the purpose of the MAA invoice?

- To determine the actual costs of providing MAA services
- To determine the federal reimbursement amount (FFP)

Computation of Federal Claim

- Total Adjusted Costs
- Percentage of Claimable Activities/Adjusted Activity Results
- Eligible Medi-Cal Percentage
- Federal Financial Participation (FFP) Rate
- Federal Reimbursement

Summary of Steps

1. Read all of the MAA Invoice instructions
2. Gather the required data/documents:
 - Claiming Plan Grid
 - Time Survey Results
 - Operating Expenses (Labor and Other)/General Ledger
 - Discount Percentage (ACC or CWA)
 - Funding Sources
3. Analyze Costs and Funding Sources
4. Enter Data in Invoice Templates

Gathering Data

Why we gather data?

- Determine which costs can be claimed
- Assist in entering amounts and information into the Invoice templates
- Use as the Invoice backup documentation for Site Review and Audit purposes

Gathering Data

Whose data do we gather?

- All Data for the budget unit which contains the Claiming Unit approved in the Claiming Plan

Note: Recommendation is to use the smallest budget unit possible.

Gathering Data

What Data is Gathered?

- Time survey results percentages
- Salaries and benefits
- Cost amounts for services and supplies
- Funding sources
- Discount Methodology percentages
- A87 Overhead Costs
- Direct Charged expenses

How Is Data Gathered?

There are 6 Costs Pool categories on the Detail Invoice where expenditure amounts are entered or calculated:

CP #1 - SPMP

CP# 2 - Non-SPMP

CP# 3a - Non-Claimable

CP #3b - Non-Claimable from Dir Chg.

CP #4 - Direct Charges Enhanced

CP# 5 - Direct Charges Non-Enhanced

CP# 6 - Allocated Cost & Revenue

Cost Pool 1

- Skilled Professional Medical Personnel (SPMP) who participated in the time survey
- Clerical Staff who are supervised by SPMP and who provide direct support to the SPMP
- Supervisors of the SPMP
- Supervisors of clerical staff who provide direct clerical support to the SPMP

Cost Pool 2

- All Non-SPMP Staff who participated in the time survey.
- Clerical staff who work for Non-SPMPs
- Supervisors of the Non-SPMPs
- Supervisors of clerical staff who directly support Non-SPMPs
- Personal Services Contractors who participated in the time survey

Cost Pool 3a & 3b

Cost Pool 3a

- Staff who did not time survey and are not included in other Cost Pools or Direct Charged.
- Staff who exclusively provide treatment, counseling, clinical services, lab services or other non-claimable activities of the claiming unit.

Cost Pool 3b

- This cost pool includes Direct Charge costs that are not claimable.

Cost Pool 4

Cost Pool 4

- This cost pool includes costs associated with Non-SPMP staff that did NOT participate in the time survey but performed CMAA activities, and are NOT included in the Non-SPMP cost pool.
 - Expenditures that are direct charged are associated with the portion of personnel or non-salary costs that are 100% attributable to a single Medi-Cal eligible activity.
- Non-SPMP staff that perform Medi-Cal eligible activities either 100 percent of the time or in distinct and documented blocks of time must document the time spent on these activities in a log and complete a Certification Form to certify that the percentage of claimable direct charge time is accurate, true, and correct.
- LGA's must also provide supporting documentation to substantiate any non-salary and/or overhead direct charges.
- These amounts are automatically transferred from other worksheets in the invoice template.

NOTE: Classifications that work solely on Medi-Cal and are qualified to direct charge 100% of their time to a single Medi-Cal eligible activity are uncommon for CMAA claiming.

Cost Pool 5

Cost Pool 5

- This cost pool includes costs associated with SPMP staff that did NOT participate in the time survey but performed CMAA activities, and are NOT included in the SPMP cost pool.
 - Expenditures that are direct charged are associated with the portion of personnel or non-salary costs that are 100% attributable to a single Medi-Cal eligible activity.
- SPMP staff that perform Medi-Cal eligible activities either 100 percent of the time or in distinct and documented blocks of time must document the time spent on these activities in a log and complete a Certification Form to certify that the percentage of claimable direct charge time is accurate, true, and correct.
- LGA's must also provide supporting documentation to substantiate any non-salary and/or overhead direct charges.
- These amounts are automatically transferred from other worksheets in the invoice template

NOTE: Classifications that work solely on Medi-Cal and are qualified to direct charge 100% of their time to a single Medi-Cal eligible activity are uncommon for CMAA claiming.

Cost Pool 6

General or Administrative staff who:

- Did not participate in the time survey
- Costs have not been direct charged
- Support the staff in the other Cost Pools
- Costs are not included in any indirect rate computation

PREPARING THE CMAA INVOICE TEMPLATES

The CMAA Invoice

The 5 worksheets in this template are:

1. Summary of Time Survey Results
2. The (Detailed) Invoice
3. Direct Charges Worksheet
4. Funding Sources Worksheet
5. Summary Invoice

Time Survey Results Worksheets

CROSSWALK – TIME SURVEY CODES TO
MAA ACTIVITIES

Crosswalk for CMAA/TCM Time Study Codes	
<i>Codes From 2009 Time Studies</i>	<i>Proposed Time Study Codes</i>
Medi-Cal Outreach A	Code 4 Medi-Cal Outreach
Medi-Cal Outreach B1 or B2 (Discounted)	Code 6 Referral, Coordination, and Monitoring (Discounted) Medi-Cal Services
Facilitating Medi-Cal Application	Code 8 Facilitating Medi-Cal Application
Arranging for Transportation	Code 10 Arranging and/or Providing Transportation to a Medi-Cal Covered Service
Contract Administration A	Code 12 Contract Administration (A) for Medi-Cal Services Specific for Medi-Cal Populations
Contract Administration B	Code 13 Contract Administration (B) for Medi-Cal Services Specific for Medi-Cal and Non-Medi-Cal Populations
Program Planning & Policy Develop. (A) (non-enhanced)	Code 15 Program Planning and Policy Development (PPPD) (A) (Non-Enhanced) for Medi-Cal Services for Medi-Cal Clients
Program Planning & Policy Develop. (A) (enhanced)	Code 16 PPPD Skilled Medical Personnel (SPMP) (A) (Enhanced) For Medi-Cal Services for Only Medi-Cal Clients
Program Planning & Policy Develop. (B) (non-enhanced)	Code 17 PPPD (B) (Non-Enhanced) For Medi-Cal Services for Medi-Cal and Non-Medi-Cal Clients
Program Planning & Policy Develop. (B) (enhanced)	Code 18 PPPD (SPMP) (B) (Enhanced) for Medi-Cal Services for Medi-Cal and Non-Medi-Cal Clients
MAA/TCM Coord./Claims Admin.	Code 19 MAA/TCM Coordination and Claims Administration
	Code 20 MAA/TCM Implementation Training
Targeted Case Management	Code 24 Providing TCM Service Components Code 25 TCM Encounter Related Activities Code 26 Travel Related to Providing TCM Code 27 Supervision of Case Managers Code 28 Encounter Entry into TCM On-Line System Code 29 TCM Data Systems and Claiming Coordination Code 30 TCM Quality Assurance/Performance Monitoring Code 31 TCM Subcontract Administration Code 32 TCM Program Planning and Policy Development
Other Programs/Activities	Code 1 Other Program/Activities
Direct Patient Care	Code 2 Direct Patient Care
Other Programs/Activities	Code 3 Outreach Non-Medi-Cal Code 5 Referral, Coordination, and Monitoring Non-Medi-Cal Services Code 7 Facilitating Non-Medi-Cal Application Code 9 Arranging and/or Providing Transportation to a Non-Medi-Cal Covered Service Code 11 Contract Administration for Non-Medi-Cal Services Code 14 Program Planning and Policy Development for Non-Medi-Cal Services Code 23 Non-Targeted Case Management
General Admin. Time	Code 21 General Administration
Paid Time Off	Code 22 Paid Time Off

MAA Quarterly Summary of Time Survey Results

MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA) Quarterly Summary of Time Survey Results

Code #	Description	SPMP	non-SPMP	Total Hours	MAA SPMP Percent	MAA non-SPMP Percent	Non-Reimbursed codes SPMP	Non-Reimbursed codes NON-SPMP
1	Other Programs/Activities	0.00	60.00	60.00	0.000%	12.55%	0.00%	12.55%
2	Direct Patient Care	40.00	0.00	40.00	81.633%	0.00%		
3	Outreach to Non Medi-Cal Programs	0.00	10.00	10.00	0.000%	2.09%	0.00%	2.09%
4	Medi-Cal Outreach	2.00	32.00	34.00	4.082%	6.69%		
5	Referral, Coordination, and Monitoring of Non Medi-Cal Services	0.00	15.00	15.00	0.000%	3.14%	0.00%	3.14%
6	Referral, Coordination, and Monitoring of Medi-Cal Services	0.00	25.00	25.00	0.000%	5.23%		
7	Facilitating Non Med-Cal Application	0.00	30.00	30.00	0.000%	6.28%	0.00%	6.28%
8	Facilitating Med-Cal Application	0.00	25.00	25.00	0.000%	5.23%		
9	Arranging and/or Providing Non-Emergency, Non-Medical Transportation to a Non Medi-Cal Covered Service	0.00	15.00	15.00	0.000%	3.14%	0.00%	3.14%
10	Arranging and/or Providing Non-Emergency, Non-Medical Transportation to a Medi-Cal Covered Service	0.00	10.00	10.00	0.000%	2.09%		
11	Contract Administration for Non Medi-Cal Covered Services	0.00	20.00	20.00	0.000%	4.18%	0.00%	4.18%
12	Contract Administration (A) for Medi-Cal Services specific for Medi-Cal populations	0.00	10.00	10.00	0.000%	2.09%		
13	Contract Administration (B) for Medi-Cal Services specific for Medi-Cal and Non Medi-Cal populations	0.00	15.00	15.00	0.000%	3.14%		
14	Program Planning & Policy Development for Non Medi-Cal Services	0.00	15.00	15.00	0.000%	3.14%	0.00%	3.14%
15	Program Planning & Policy Development (A) (Non-enhanced) for Medi-Cal Services for Medi-Cal clients	0.00	10.00	10.00	0.000%	2.09%		
16	Medical Personnel (SPMP) (A) (Enhanced) for Medi-Cal Services for Medi-Cal clients	2.00	0.00	2.00	4.082%	0.00%		
17	Program Planning & Policy Development (B) (Non-enhanced) for Medi-Cal Services for Medi-Cal and Non Medi-Cal clients	0.00	20.00	20.00	0.000%	4.18%		
18	Program Planning & Policy Development (SPMP) (B) (Enhanced) for Medi-Cal Services for Medi-Cal and Non Medi-Cal clients	5.00	0.00	5.00	10.204%	0.00%		
19	MAA/TCM Coordination and Claims Administration	0.00	60.00	60.00	0.000%	12.55%		
20	MAA/TCM Implementation Training	0.00	0.00	0.00	0.000%	0.00%		
21	General Administration	0.00	50.00	50.00	0.000%	10.46%		
22	Paid Time Off (PTO)	0.00	40.00	40.00	0.000%	8.37%		
23	Non-Targeted Case Management (TCM)	0.00	16.00	16.00	0.000%	3.35%	0.00%	3.35%
24	Providing TCM Service Components	0.00	0.00	0.00	0.000%	0.00%		
25	TCM Encounter -Related Activities	0.00	0.00	0.00	0.000%	0.00%	0.00%	0.00%
26	Travel Related to Providing TCM	0.00	0.00	0.00	0.000%	0.00%		
27	Supervision of Case Managers	0.00	0.00	0.00	0.000%	0.00%		
28	Encounter Entry into TCM On-Line System	0.00	0.00	0.00	0.000%	0.00%		
29	TCM Data Systems and Claiming Coordination	0.00	0.00	0.00	0.000%	0.00%		
30	TCM Quality Assurance/Performance Monitoring	0.00	0.00	0.00	0.000%	0.00%		
31	TCM Subcontract Administration	0.00	0.00	0.00	0.000%	0.00%		
32	TCM Program Planning & Policy Development	0.00	0.00	0.00	0.000%	0.00%		
Total		49.00	478.00	527.00	100.00%	100.00%	0.00%	37.87%

Detailed Invoice Worksheet

Salaries & Benefits Detail

Gather separate amounts for staff salaries and benefits for:

- SPMP staff from Time Survey Percentages Summary (and supervisors and support)
- Non-SPMP staff from Time Survey Percentages Summary (and supervisors and support)
- Non-claimable
- Direct Charge
- Allocated General & Admin staff

Invoice Instructions Line A

- Enter all of the salaries from the budget unit in the appropriate Cost Pools.
- Be sure to enter 100% of the salaries of the time survey participants in Cost Pool 1 or 2.
- Enter only the salaries included in the applicable budget units in Cost Pool 3 or 6.
- Salaries from Cost Pool 4 and 5 are entered into the Direct Charge worksheet and the information is linked to this line via formulas.

Invoice Instructions Line B

- Enter all of the benefits from the budget unit in the appropriate Cost Pools.
- Be sure to enter 100% of the benefits of the time survey participants in Cost Pool 1 or 2.
- Enter only the benefits included in the other staff in applicable budget units in Cost Pool 3 or 6.
- Benefits from Cost Pool 4 and 5 are entered into the Direct Charge worksheet and the information is linked to this line via formulas.

Local Governmental Agency: County
 Contract Number: 12-34567
 Period of Service: 07/01 - 09/30

COST CATEGORIES:

	CP#1 SPMP (Enter)	CP#2 Non-SPMP (Enter)
A Salary	\$15,000	\$560,000
B Benefits	\$4,000	\$97,250
C SUBTOTAL	\$19,000	\$657,250
D Personal Service Contracts	XXXXXXXXXX	\$0
E SUBTOTAL PERSONNEL	\$19,000	\$657,250
F Distribution %	XXXXXXXXXX	8%
G MAA Transportation		
H Non-Salary Costs	\$	\$0
I Costs to be Distributed	XXXXXXXXXX	XXXXXXXXXX
J Distribution of Costs	\$616	\$21,295
K SUBTOTAL NON-SALARY COSTS	\$1,616	\$271,295
L Collapse CP#3b	XXXXXXXXXX	XXXXXXXXXX

Enter the salaries and benefits of time survey participants here

Local Governmental Agency: County
 Contract Number: 12-34567
 Period of Service: 07/01 - 09/30



COST CATEGORIES:

CP#2
 Non-SPMP
 (Enter)

CP#3a
 Non-Claim.
 (Enter)

	CP#2 Non-SPMP (Enter)	CP#3a Non-Claim. (Enter)
A Salary	\$560,000	\$825,000
B Benefits	\$97,250	\$265,000
C SUBTOTAL	\$657,250	\$1,090,000
D Personal Service Contracts	\$0	\$0
E SUBTOTAL PERSONNEL	\$657,250	\$1,090,000
F Distribution %	XXXX	59.25%
G MAA Transportation		
H Non-Salary Costs		50,000
I Costs to be Distributed	XXXXXX	XXXXXX
J Distribution of Costs	\$21,295	\$35,316
K SUBTOTAL NON-SALARY COSTS	\$271,295	\$785,316
L Collapse CP#3b	XXXXXXXXXX	\$7,770
M TOTAL COSTS	\$928,545	\$1,883,086

Enter the salaries and benefits of the non-claimable staff here

Local Governmental Agency: County
 Contract Number: 12-34567
 Period of Service: 07/01 - 09/30

Department name
 claiming unit name
 \$0

COST CATEGORIES:

	CP#4 (Formulas) DIRECT CHARGES ENHANCED	CP#5 (Formulas) DIRECT CHARGES NON-ENHANCED	CP #6 (Enter) Allocated Cost & Revenue
A Salary	\$25,000	\$17,063	\$15,000
B Benefits	\$7,800	\$5,926	\$2,525
C SUBTOTAL	\$32,800	\$22,989	\$17,525
D Personal Service Contracts	XXXXXX		
E SUBTOTAL PERSONNEL	\$32,800		\$17,525
F Distribution %	1.78%		
G MAA Transportation	XXXXXX		
H Non-Salary Costs	XXXXXX	\$6,000	\$42,077
I Costs to be Distributed	XXXXXX	XXXXXXXXXX	\$59,602
J Distribution of Costs	\$1,063	\$1,069	XXXXXXXXXX
K SUBTOTAL NON-SALARY COSTS	\$1,063	\$12,794	XXXXXXXXXX
L Collapse CP#3b	XXXXXX	XXXXXXXXXX	XXXXXXXXXX
M TOTAL COSTS	\$33,863	\$45,783	XXXXXXXXXX

Enter the salaries and benefits of Administrative & Support staff to be allocated here

Invoice Instructions Lines C and D

- Line C (Subtotal of Salaries & Benefits):
Formulas total the Salaries and Benefits for each cost pool.
- Line D (Personal Service Contracts):
Enter the amounts of any personal service contracts that are specifically for the performance of MAA or that the subcontractor has time surveyed

Invoice Instructions Lines E and F

- Line E (Subtotal Personnel):
Formulas total (by cost pool) all of the salary and benefits costs including personal service contracts.
- Line F (Distribution %):
Formulas calculate the percentage of the salaries/benefits from line E above for cost pools 1-5. This percentage is used to distribute/allocate all of the costs (salaries/benefits & non-salary costs) that are entered into Cost Pool 6

COST CATEGORIES:

FORMULA
alpha = line
numeric = cost pool

CP#1
SPMP
(Enter)

CP#2
Non-SPMP
(Enter)

CP#3a
Non-Claim.
(Enter)

	FORMULA	CP#1 SPMP (Enter)	CP#2 Non-SPMP (Enter)	CP#3a Non-Claim. (Enter)
A Salary	(Enter)	\$15,000	\$560,000	\$825,000
B Benefits	(Enter)	\$4,000	\$97,250	\$265,000
C SUBTOTAL	A+B	\$19,000	\$657,250	\$1,090,000
D Personal Service Contracts	(Enter)	XXXXXXXXXX	\$0	\$0
E SUBTOTAL PERSONNEL	C+D	\$19,000	\$657,250	\$1,090,000
F Distribution %	E/(CP1...CP5)	1.03%	35.73%	59.25%
G MAA Transportation	(From Direct Charges.)	XXXXXXXXXX	XXXXXX	XXXXXX

Invoice Instructions Line H

- Non-Salary Costs are entered into the appropriate cost pools.
- Allowable non-salary costs that can be specifically attributed to staff in CP1 and 2 can be entered into Cost Pool 1 and 2, non-allowable costs (for any staff) in Cost Pool 3.
- Allowable non-salary costs attributable to all staff are entered into Cost Pool 6. When submitting the MAA Detail Invoice, include a detailed list of all non-salary costs that are included in Line H (Other Costs).

Other Costs

Cost Pool 3

1. Costs that can be attributed to Non-Claimable Staff
2. Unallowable Costs associated with direct service.
3. A-87 Overhead

Cost Pool 5

- Expenses that can be directly charged to MAA
- MAA Specific Contracted Costs
- A-87 Overhead

Cost Pool 6

1. Expenses that can be attributed to Allocated Staff.
2. General Office Expenses
3. Building Maintenance Expenses
4. Utilities
5. A-87 Overhead Applicable

Non- Salary Costs

- Normal day-to-day operating expenses necessary to run the claiming unit.
- See PPL 09-003
- Indirect costs, external and/or internal

NOTE : Any labor costs included in indirect must be excluded from other cost pools

COST CATEGORIES:

CP#1
SPMP
(Enter)

CP#2
Non-SPMP
(Enter)

	CP#1 SPMP (Enter)	CP#2 Non-SPMP (Enter)
A Salary	\$15,000	\$560,000
B Benefits	\$4,000	\$97,250
C SUBTOTAL	\$19,000	\$657,250
D Personal Service Contracts	XXXXXXXXXX	\$0
E SUBTOTAL PERSONNEL	\$19,000	\$657,250
F Distribution %	1.03%	35.73%
G MAA Transportation	XXXXXXXXXX	XXXXXX
H Non-Salary Costs	\$1,000	\$250,000
I Costs to be Distributed	XXXXXXXXXX	XXXXXXXXXX
J Distribution of Costs	\$610	\$21,095
K SUBTOTAL NON-SALARY COSTS	\$1,610	\$21,095
L Collapse CP#3b	XXXXXXXXXX	
M TOTAL COSTS	\$20,610	\$871,345
N % OF TOTAL COST	0.71%	31.09%

Enter the non-salary costs specific to staff in CP 1 and CP2 here

COST CATEGORIES:

CP#2
Non-SPMP
(Enter)

CP#3a
Non-Claim.
(Enter)

	CP#2 Non-SPMP (Enter)	CP#3a Non-Claim. (Enter)
A Salary	\$560,000	\$825,000
B Benefits	\$97,250	\$265,000
C SUBTOTAL	\$657,250	\$1,090,000
D Personal Service Contracts	\$0	\$0
E SUBTOTAL PERSONNEL	\$657,250	\$1,090,000
F Distribution %	35.73%	59.25%
G MAA Transportation	XXXXXX	XXXXXX
H Non-Salary Costs	\$250,000	\$750,000
I Costs to be Distributed	XXXXXXXXXX	XXXXXXXXXX
J Distribution of Costs	\$27	<div style="border: 1px solid black; padding: 5px;"> Enter non-claimable non-salary costs here </div>
K SUBTOTAL NON-SALARY COSTS	\$27	
L Collapse CP#3b	XXXXXXXXXX	
M TOTAL COSTS	\$928,545	\$1,883,086
N % OF TOTAL COST	31.89%	64.67%

COST CATEGORIES:

CP#4 (Formulas) DIRECT CHARGES ENHANCED	CP#5 (Formulas) DIRECT CHARGES NON-ENHANCED	CP #6 (Enter) Allocated Cost & Revenue
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A	Salary	\$25,000	\$17,063	\$15,000
B	Benefits	\$7,800	\$5,926	\$2,525
C	SUBTOTAL	\$32,800	\$22,989	\$17,525
D	Personal Service Contracts	XXXXXX	\$10,000	XXXXXXX
E	SUBTOTAL PERSONNEL	\$32,800	\$32,989	\$17,525
F	Distribution %	1.78%	1.79%	XXXXXXX
G	MAA Transportation	XXXXXX	\$5,725	XXXXXXX
H	Non-Salary Costs	XXXXXX	\$6,000	\$42,077
I	Costs to be Distributed	XXXXXX	XXXXXXXXXX	\$59,602
J	Distribution of Costs	\$1,063		XX
K	SUBTOTAL NON-SALARY COSTS	\$1,063		XX
L	Collapse CP#3b	XXXXXX	XX	XX
M	TOTAL COSTS	\$33,863	\$18,789	XX
N	% OF TOTAL COST	1.16%	1.57%	XXXXXXX

Enter Non-Salary Costs to be allocated to other cost pools here

Invoice Instructions Lines I and J

- Line I (Costs to be Distributed):

Formula calculates the total allowable costs in CP 6 that will be allocated to the other cost pools based on the percentages on Line F.

- Line J (Distribution of Costs):

The costs in CP6 are allocated based on the percentage on Line F to CP 1, 2, 3, 4, and 5.

CP6 is now equal to zero.

COST CATEGORIES:

	CP#1 SPMP (Enter)	CP#2 Non-SPMP (Enter)	CP#3a Non-Claim. (Enter)
A Salary	\$15,000	\$560,000	\$825,000
B Benefits	\$4,000	\$97,250	\$265,000
C SUBTOTAL	\$19,000	\$657,250	\$1,090,000
D Personal Service Contracts	XXXXXXXXXX	\$0	\$0
E SUBTOTAL PERSONNEL	\$19,000	\$657,250	\$1,090,000
F Distribution %	1.03%	35.73%	59.25%
G MAA Transportation	XXXXXXXXXX	XXXXXX	XXXXXX
H Non-Salary Costs	\$1,000	\$250,000	\$750,000
I Costs to be Distributed	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
J Distribution of Costs	\$616	\$21,295	\$35,316
K SUBTOTAL NON-SALARY COSTS	\$1,616	\$271,295	\$785,316
L Collapse CP#3b	XXXXXXXXXX	XXXXXXXXXX	\$7,770
M TOTAL COSTS	\$20,616	\$928,545	\$1,883,086
N % OF TOTAL COST	0.71%		64.67%
FUNDING SOURCE ADJUSTMENT:			
O Funding Sources	\$0		\$1,600,000
P Reallocated CP#6 Funding Sources	\$5,310	\$239,160	\$485,016

Allocated non-salary costs from Cost Pool 6

ALL

6

Local Governmental Agency: County
 Contract Number: 12-34567
 Period of Service: 07/01 - 09/30

Program: Department name
 Claiming Unit: claiming unit name
 Invoice #: \$0

COST CATEGORIES:

	CP#3b (Formulas) Non-Claim. Bal. from Dir. Chg.	CP#4 (Formulas) DIRECT CHARGES ENHANCED	CP#5 (Formulas) DIRECT CHARGES NON-ENHANCED	CP #6 (Enter) Allocated Cost & Revenue
A Salary	\$6,188	\$25,000	\$17,063	\$15,000
B Benefits	\$1,339	\$7,800	\$5,926	\$2,525
C SUBTOTAL	\$7,526	\$32,800	\$22,989	\$17,525
D Personal Service Contracts	\$0	XXXXXX	\$10,000	XXXXXXX
E SUBTOTAL PERSONNEL	\$7,526	\$32,800	\$32,989	\$17,525
F Distribution %	0.41%	1.78%	1.79%	XXXXXXX
G MAA Transportation	\$0	XXXXXX	\$5,725	XXXXXXX
H Non-Salary Costs	\$0	XXXXXX	\$6,000	\$42,077
I Costs to be Distributed	XXXXXXXXXX	XXXXXX	XXXXXXXXXX	\$59,602
J Distribution of Costs	\$244	\$1,063	\$1,069	XXXXXXX
K SUBTOTAL NON-SALARY COSTS	\$244	\$1,063	\$12,794	XXXXXXX
L Collapse CP#3b	XXXXXXXXXX	XXXXXX	XXXXXXXXXX	XXXXXXX
M TOTAL COSTS	XXXXXXXXXX	\$33,863	\$45,783	XXXXXXX
N % OF TOTAL COST	XXXXXXXXXX		1.57%	XXXXXXX
FUNDING SOURCE ADJUSTMENT:				
O Funding Sources	XXXXXXXXXX	\$0	\$0	\$750,000

Allocated non-salary costs from Cost Pool 6



Invoice Instructions Lines K, M and N

- **Line K (Subtotal Other Costs):**
Total for all non-salary costs is calculated.
- **Line M (Total Costs):**
Total of all allowable costs are calculated for CP 1 and CP 2 and total non-allowable costs are calculated for CP 3.
- **Line N (% of Total Costs):**
Calculates the percentage of each cost pool in relation to the total of all cost pools.

COST CATEGORIES:

	CP#1 SPMP (Enter)	CP#2 Non-SPMP (Enter)	CP#3a Non-Claim. (Enter)
A Salary	\$15,000	\$560,000	\$825,000
B Benefits	\$4,000	\$97,250	\$265,000
C SUBTOTAL	\$19,000	\$657,250	\$1,090,000
D Personal Service Contracts	XXXXXXXXXX	\$0	\$0
E SUBTOTAL PERSONNEL	\$19,000	\$657,250	\$1,090,000
F Distribution %	1.03%	35.73%	59.25%
G MAA Transportation	XXXXXXXXXX	XXXXXXX	XXXXXXX
H Non-Salary Costs	\$1,000	\$250,000	\$750,000
I Costs to be Distributed	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
J Distribution of Costs	\$616	\$21,295	\$35,316
K SUBTOTAL NON-SALARY COSTS	\$1,616	\$271,295	\$785,316
L Collapse CP#3b	XXXXXXXXXX	XXXXXXXXXX	\$7,770
M TOTAL COSTS	\$20,616	\$928,545	\$1,883,086
N % OF TOTAL COST	0.71%	31.89%	64.67%

FUNDING SOURCE ADJUSTMENT:

O Funding Sources	\$0		\$1,600,000
P Reallocated CP#6 Funding Sources	\$5,310		\$485,016
Q TOTAL FUNDING SOURCES	\$5,310	\$807,100	\$2,085,016
R Non-Claimable Services Cost: CP#3	XXXXXXXXXX	XXXXXXXXXX	\$1,883,086

AL Calculation of total costs per cost pool and percentage of total costs



Invoice Instructions Lines AA-AP

- Use Time Survey Results Worksheet to enter information in the activity results section of the invoice.
- Enter the Medi-Cal percentage based on the approved claiming plan methodology (either the ACC or the DHCS supplied CWA).
- Some activities are not discounted by the CWA or ACC because they are Medi-Cal specific and these are shaded on the invoice. These are equal to 100%.
- Mark the method CWA or ACC used for invoice

ACTIVITIES	(Enter)	(Enter)	(Enter)
	MEDI-CAL %	ACTIVITY RESULTS PERCENTAGES	
		SPMP	NON-SPMP
AA Medi-Cal Outreach	100.00%	4.08%	6.69%
AB Referral, Coordination, and Monitoring of Medi-Cal Services (ACC) (formerly I	20.00%	0.00%	5.23%
AC Referral, Coordination, and Monitoring of Medi-Cal Services (CWA) (formerly	0.00%	0.00%	0.00%
AD Facilitating Medi-Cal Application	100.00%	0.00%	5.23%
AE Arranging for Transportation	20.00%	0.00%	2.09%
AF Contract Administration A	100.00%	0.00%	2.09%
AG Contract Administration B	20.00%	0.00%	3.14%
AH Program Planning & Policy Develop. (A) (non-enhanced)	100.00%	XXXXXXXXXX	2.09%
AI Program Planning & Policy Develop. (B) (non-enhanced)	0.00%	XXXXXXXXXX	4.18%
Program Planning & Policy Develop. (A) (enhanced)	100.00%	0.00%	XXXXXXXXXX
Program Planning & Policy Develop. (B) (enhanced)	20.00%	4.08%	XXXXXXXXXX
AJ MAA/TCM Coord./Claims Admin.	100.00%	10.20%	12.55%
AK MAA/TCM Implementation Training	100.00%	0.00%	0.00%
AL Non-Reimbursable Codes (Formerly Other Programs/Activities)	XXXXXXXXXX	0.00%	37.87%
AM Direct Patient Care	XXXXXXXXXX	81.64%	0.00%
AN Targeted Case Management		0.00%	0.00%
AO General Admin. Time	XXXXXXXXXX	0.00%	10.46%
AP Paid Time Off	XXXXXXXXXX	0.00%	8.38%
AQ TOTAL TIME	XXXXXXXXXX	100.00%	100.00%

Medi-Cal Discount Percentage

- Actual Client Count (ACC) or Countywide Average
- ACC - calculate percentage and compile documentation showing the percentage for that quarter
- Compile the eligibility verification used in the ACC
- See PPL 08-011

Invoice Instructions Lines BA-BN

- This section will allocate the General Admin and PTO time survey result percentages into the MAA Activities, Other Programs, Direct Patient Care and TCM Time Survey Results.
- The General Administration and Paid Time Off time survey percentages are allocated to the other time survey results (both claimable and non-claimable).
- The new time survey percentage results calculated above for the claimable activities are now multiplied by the applicable Medi-Cal discount percentage.

ADJUSTED TIME SURVEY RESULTS and APPLY MEDI-CAL %		TIME SURVEY RESULTS			TIME SURVEY RESULTS		
		Medi-Cal %	SPMP	Apply MC% SPMP (50%)	SPMP (75%)	Non-SPMP	Apply MC% Non-SPMP
BA	Medi-Cal Outreach (A)	100.00%	4.08%	4.08%	XXXX	8.24%	8.24%
BB	Referral, Coordination, and Monitoring of Medi-Cal Services (ACC) (form	20.00%	0.00%	0.00%	XXXX	6.44%	1.29%
BC	Referral, Coordination, and Monitoring of Medi-Cal Services (CWA) (form	0.00%	0.00%	0.00%	XXXX	0.00%	0.00%
BD	Facilitating Medi-Cal Application	100.00%	0.00%	0.00%	XXXX	6.44%	6.44%
BE	Arranging for Transportation	20.00%	0.00%	0.00%	XXXX	2.58%	0.52%
BF	Contract Administration A	100.00%	0.00%	0.00%	XXXX	2.58%	2.58%
BG	Contract Administration B	20.00%	0.00%	0.00%	XXXX	3.87%	0.77%
BH	Program Planning & Policy Development(A)(enhanced)	100.00%	0.00%	XXXX	0.00%	XXXX	XXXX
	Program Planning & Policy Development(A)(non-enhanced)	100.00%	0.00%	0.00%	XXXX	2.58%	2.58%
BI	Program Planning & Policy Development(B)(enhanced)	20.00%	4.08%	XXXX	0.82%	XXXX	XXXX
	Program Planning & Policy Development(B)(non-enhanced)	0.00%	0.00%	0.00%	XXXX	5.15%	0.00%
BJ	MAA/TCM Coord./Claims Admin.	100.00%	10.20%	10.20%	XXXX	15.46%	15.46%
BK	MAA Implementation Training	100.00%	0.00%	0.00%	XXXX	0.00%	0.00%
BL	Non-Reimbursable codes (formerly Other Programs/Activities)	XXXXXXXXXX	0.00%	XXXX	XXXX	46.66%	XXXX
BM	Direct Patient Care	XXXXXXXXXX	81.64%	XXXX	XXXX	0.00%	0.00%
BN	Targeted Case Management	XXXXXXXXXX	0.00%	XXXX	XXXX	0.00%	0.00%
BO	TOTAL		100.00%	14.28%	0.82%	100.00%	37.88%

Detailed Invoice Line BO

- Line BO (Total for the Allocate Administration & Paid Time Off & Apply Medi-Cal % Section):

The results are the new Medi-Cal percentages for SPMP and Non-SPMP and these are combined for the new cumulative total allowable MAA percentage. This will not equal 100%.

Direct Charge Worksheet

Direct Charged Expenses

1. MAA Coordination: Salaries, Benefits, Services & Supplies Costs
2. LGA Consortium Participation Fee (PPL xx-xxx)
3. Direct MAA Expenses:
 - Travel and Transportation
 - Flyers and Brochures
 - Subcontractors

MAA Specific Contracts for Subcontractors

- If the contract specifically describes the MAA activities to be performed and the contract specifies the amount for each MAA performed, then it is not necessary for the contractor to time survey. The contract must also identify how the Medi-Cal discount percentage will be determined, if appropriate.

Enter Direct Charges on this Worksheet

SECTION 1

PPPD ENHANCED - COST POOL #4

ENHANCED - COST POOL #4

(Enter)

(Formula)

(Enter)

(Formula)

(All other costs are entered as non-enhanced)

Description (from claiming plan)

	Medi-Cal Factor	Staff Salaries	Apply MC %	Staff Benefits	Apply MC %	Personal Services Contracts	Apply MC %	MAA Transportation	Apply MC %	Non-Salary Costs
SPMPs	100.00%	\$25,000	\$25,000	\$7,800	\$7,800	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
TOTAL COST POOL #4	XXXXXXX	\$25,000	\$25,000	\$7,800	\$7,800	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX

SECTION 2

PPPD NON - ENHANCED - COST POOL #5

NON- ENHANCED - COST POOL #5

(Enter)

(Formula)

(Enter)

(Formula)

(Enter)

Description (from claiming plan)

	Medi-Cal Factor	Staff Salaries	Apply MC %	Staff Benefits	Apply MC %	Personal Services Contracts	Apply MC %	MAA Transportation	Apply MC %	Non-Salary Costs
Non-SPMPs	100.00%	\$15,000	\$15,000	\$5,480	\$5,480	XXXX	XXXX	XXXX	XXXX	\$0
SPMPs	100.00%	\$0	\$0	\$0	\$0	XXXX	XXXX	XXXX	XXXX	\$0
SUBTOTAL COST POOL #5	XXXXXXX	\$15,000	\$15,000	\$5,480	\$5,480	XXXX	XXXX	XXXX	XXXX	\$0

SECTION 3

NON - ENHANCED - COST POOL #5

NON- ENHANCED - COST POOL #5

(Enter)

(Enter)

(Formula)

(Enter)

(Formula)

(Enter)

(Formula)

(Enter)

(Formula)

(Enter)

Description (from claiming plan)

	Medi-Cal/Certified Time Factor %	Gross Staff Salaries	Apply MC %	Gross Staff Benefits	Apply MC %	Pers. Serv. Contracts	Apply MC %	MAA Transportation	Apply MC %	Non-Salary Costs
ACCOUNT CLERK	25.00%	\$8,250	\$2,063	\$1,785	\$446	\$0	\$0	\$0	\$0	\$0
TRANSPORTATION LOG	100.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$5,725	\$5,725	\$0
MAA CLAIMS ADMINISTRATION SUBCONTR	100.00%	\$0	\$0	\$0	\$0	\$10,000	\$10,000	\$0	\$0	\$0
PARTICIPATION FEE	24.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,000
	0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SUBTOTAL Section 3	XXXXXXX	\$8,250	\$2,063	\$1,785	\$446	\$10,000	\$10,000	\$5,725	\$5,725	\$25,000
SUBTOTAL Section 2	XXXXXXX	\$15,000	\$15,000	\$5,480	\$5,480	XXXX	XXXX	XXXX	XXXX	\$0
TOTAL COST POOL #5	XXXXXXX	\$23,250	\$17,063	\$7,265	\$5,926	\$10,000	\$10,000	\$5,725	\$5,725	\$25,000

FUNDING (REVENUE) SOURCES WORKSHEET

Funding Sources Worksheet

- 1) Medi-Cal Fees and Match
- 2) Federal Grants and Match
- 3) State General Funds
- 4) Medicare
- 5) Insurance
- 6) Fees
- 7) Other Revenue (Funding Sources)

Funding Sources Worksheet

Purpose:

To offset funding against costs to arrive at the net cost in which the Federal government is willing to share.

What to Offset?

- All Federal funds, including Maintenance of Effort (MOE) and match funding
- All State General Funds that have been previously matched by the Federal government including Medi-Cal fee for service funds
- State General Funds specifically targeted or earmarked for the delivery of direct services
- Insurance collected from non-governmental sources for the delivery of direct client services.

What Not to Offset?

- County General Funds
- Realignment funds
- Other Local Funds
- MAA Reimbursements
- Proposition 10 (1st 5)
- Allowable State Funds

Funding Sources Worksheet

Revenues are categorized as follows:

- **Not Offset Funds**
- **CP# 1 - SPMP**
- **CP# 2 - Non-SPMP**
- **CP# 3a&b - Non-Claimable**
- **CP# 4 - Direct-Enhanced**
- **CP# 5 - Direct-Non-Enhanced**
- **CP# 6 - Allocated**

Medi-Cal Fees + Match (List)	Purpose	Non Offset Funds	CP#1 SPMP	CP#2 Non-SPMP	CP#3a & b Non-Claimable	CP#4 Direct-Enhanced	CP#5 Direct-Non-Enhanced	CP#6 Allocated
		\$0	XXXXXXXXXX	XXXXXXXXXX	\$0	\$0	\$0	\$0
		\$0	XXXXXXXXXX	XXXXXXXXXX	\$0	\$0	\$0	\$0
Total Medi-Cal Fees + Match		\$0	XXXXXXXXXX	XXXXXXXXXX	\$0	\$0	\$0	\$0

Federal Grants + Match (List)								
		\$0	\$0	\$0	\$0	\$0	\$0	\$0
		\$0		\$628,000	\$1,600,000	\$0	\$0	\$0
Total Federal Grants + Match		\$0	\$0	\$628,000	\$1,600,000	\$0	\$0	\$0

State General Fund (List)								
		\$0	\$0	\$0	\$0	\$0	\$0	\$750,000
		\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total State General Fund		\$0	\$0	\$0	\$0	\$0	\$0	\$750,000

Medicare (List)								
		\$0	XXXXXXXXXX	XXXXXXXXXX	\$0	\$0	\$0	\$0
		\$0	XXXXXXXXXX	XXXXXXXXXX	\$0	\$0	\$0	\$0
Total Medicare		\$0	XXXXXXXXXX	XXXXXXXXXX	\$0	\$0	\$0	\$0

Insurance (List)

COST CATEGORIES:

CP#1
SPMP
(Enter)

CP#2
Non-SPMP
(Enter)

CP#3a
Non-Claim.
(Enter)

FUNDING SOURCE ADJUSTMENT:

Funding Sources
 Reallocated CP#6 Funding Sources
 TOTAL FUNDING SOURCES
 Non-Claimable Services Cost: CP#3
 Non-Claimable Service Cost: CPs #1 & 2
 Remaining Funding Sources CP#3
 Distribution %
 Reallocated CP#3 Funding Sources

	CP#1 SPMP (Enter)	CP#2 Non-SPMP (Enter)	CP#3a Non-Claim. (Enter)
		ALL FORMULAS	
Funding Sources	\$0	\$628,000	\$1,600,000
Reallocated CP#6 Funding Sources	\$5,310	\$239,160	\$485,016
TOTAL FUNDING SOURCES	\$5,310	\$867,160	\$2,085,016
Non-Claimable Services Cost: CP#3	XXXXXXXXXX	XXXXXXXXXX	\$1,883,086
Non-Claimable Service Cost: CPs #1 & 2	\$16,831		
Remaining Funding Sources CP#3	XXXXXXXXXX	XXXXXX	
Distribution %	3.74%	96.26%	XXXXXXXXXX
Reallocated CP#3 Funding Sources	\$7,551	\$194,379	XXXXXXXXXX

Totals from the Cost Pools on
the Funding Worksheet

Line 0 (Funding Sources)

- Line 0:

The total offset revenue (non-allowable) from the Funding Worksheet is brought forward to the first page of the Detailed Invoice Worksheet cost pools corresponding with the cost pools from the Funding Worksheet.

Invoice Calculations Lines P, and Q

- Lines P (Reallocated CP#6 Funding Sources) and Line Q (Total Funding Sources)

Line P allocates the CP6 revenue to the other costs pools based on the total cost percentages (Line N) of each corresponding cost pool category and then a total of non-allowable funding for each cost pool is calculated.

Invoice Instructions Lines R and S

- **Line R (Non Claimable Service Costs CP#3):**

The total unallowable costs for CP₃ from Line M is carried over as non-claimable services cost..

- **Line S (Non Claimable Service Cost CPs #1&2):**

Calculates the total unallowable costs for CP₁ and CP₂ by multiplying the total costs (Line M) by the cumulative total of the non-claimable percentage from Lines BL, BM, and BN on page 2 of the Detailed Invoice Worksheet.

COST CATEGORIES:

CP#1
SPMP
(Enter)

CP#2
Non-SPMP
(Enter)

FUNDING SOURCE ADJUSTMENT:

- O Funding Sources
- P Reallocated CP#6 Funding Sources
- Q TOTAL FUNDING SOURCES
- R Non-Claimable Services Cost: CP#3
- S Non-Claimable Service Cost: CPs #1 & 2
- T Remaining Funding Sources CP#3
- U Distribution %
- V Reallocated CP#3 Funding Sources
- W Remaining Revenue
- X Revenue to Personnel Services
- XX Revenue to Non-Salary Costs
- Y Adjusted Personnel Services Cost
- YY Adjusted Non-Salary Cost
- Z TOTAL ADJUSTED COST

	CP#1 SPMP (Enter)	CP#2 Non-SPMP (Enter)
	\$0	\$628,000
	\$5,310	\$239,160
	\$5,310	\$867,160
	XXXXXXXXXX	XXXXXXXXXX
	\$16,831	\$433,268
	XXXXXXXXXX	XXXXXXXXXX
	3.7	96.26%
	\$7,5	\$194,379
	\$5,3	\$867,160
	\$4,8	\$613,800
	\$416	\$253,360
	\$14,106	\$43,450
	\$1,200	\$17,935
	\$15,306	\$61,385

ALL FORMULAS

Non-Claimable
Costs based on the
time survey results

Invoice Calculations Line T

- **Lines T (Remaining Funding Sources CP#3)**

The amount of non-claimable services costs (Line R) are subtracted from the total amount of non-claimable revenue (Line Q).

If the result in Line T shows a balance of revenue to offset, the balance remaining will be re-allocated to CP₁ and CP₂.

Line U (Distribution %)

- Calculates the percentage of revenue distribution for Line V between CP₁ and CP₂.

Line V (Reallocated CP#3 Funding Sources)

- Calculates the amount of revenue offset remaining from CP₃

Invoice Calculations Line W - XX

- Lines W (Remaining Revenue), X (Revenue to Personnel Services), and XX (Revenue to Other Costs):

The amount of non-claimable costs in CP₁ and CP₂ is subtracted from the amount of remaining non-allowable revenue.

If the non-allowable revenue is less than the non-claimable costs, the formula calculates a zero.

Lines W – XX (continued)

If the non-allowable revenue is greater than the non-allowable costs, the amount of revenue is calculated as follows:

- If Line M = 0, use Line Q (Total Funding Sources)
- If Line V is less than Line S (Non Claimable Service Cost CPs #1&2), use Line Q
- If Line V is greater than or equal to Line S then add Line Q and Line V minus Line S

Invoice Calculations Line Z

- Line Z (Total Adjusted Cost)
- This is the net total of the final allowable costs (salaries/benefits and operating costs) after any non-allowable revenue which is in excess of what is needed to pay for non-claimable costs in CP₃ and CP₁ and 2. This amount will be multiplied by the total MAA percentage from Line BO for CP₁ and CP₂

Invoice Calculations Lines CA - CB

- CA (Federal Non-Enhanced Basis CP#1& CP#2)
- CB (Federal Non-Enhanced Share)
- The result of the net claimable costs from Line Z multiplied by the result of the total MAA percentage from Line BO for CP1 and CP2 (non-enhanced).

Invoice Calculations Line CC-CD

- Line CC (Federal Enhanced Basis)
- Line CD (Federal Enhanced Share)
- The total on line CA multiplied by the Federal Financial Percentage (50% non SPMP or 75% SPMP Enhanced).

Invoice Calculations Lines CE - CF

- Line CE (Direct Charge Enhanced Federal Share)
- Line CF Direct Charge Non-Enhanced Federal Share
- The result of the net claimable costs from CP5, Line Z multiplied by 75% for CP4 and 50% for CP5 (Direct Charge)

Invoice Calculations Lines CG, CH, and CI

- CG (FFP @ 50%)
- CH (FFP @ 75%)
- CI (Total Federal Share)

- Total of the claimable amount reimbursed at 75% and 50%. This is compared to the amount of allowable revenue (non-offset column on the Funding Worksheet).

- If the non-offset revenue is not enough, the invoice amount will be reduced to 50% of the Non-Offset (allowable total revenue) from the Funding Worksheet.

- The amount of claimable revenue must be greater than or equal to the total claimable amounts on Line CA and CC.

CLAIM CALCULATION:

SPMP

Non-SPMP

CA	Federal Non-Enhanced Basis Cost Pool #1	\$2,195	
	Federal Non-Enhanced Basis Cost Pool #2		\$23,252
CB	Federal Non-Enhanced Share	\$1,098	\$11,626
CC	Federal Enhanced Basis	\$115	XXXXXXXX
CD	Federal Enhanced Share	\$86	XXXXXXXX
CE	Direct Charge: Enhanced Federal Share	\$18,856	XXXXXXXXXX
CF	Direct Charge: Non-Enhanced Federal Share	XXXXXXXXXX	\$16,995

CG	FFP @ 50%	FFP @ 50%	\$29,719
CH	FFP @ 75%	FFP @ 75%	\$18,942

CI	TOTAL FEDERAL SHARE	XXXXXXXXXX	XXXXXXXXXX	<u>\$48,661</u>
----	---------------------	------------	------------	------------------------

Federal Share (CPE Compliant)

CPE Compliant
Yes
\$48,661

SUMMARY INVOICE

- The MAA Summary Invoice re-states the Federal claim amounts from the Detail Invoice
- Separate amounts are shown for FFP reimbursement at 50% and 75% (if applicable)
- These amounts are linked from the Detail Invoice
- Complete the heading, the name, and title of the signer, then print on the LGA letterhead (letter-size)
- Certifications and CALSTARS Code

Certification of CMAA invoice

- Provide preparer name, classification, and telephone number
- Provide name, Title of designated authorized signer
- Signature in Blue ink
- Date

LPE Certification Statement

20% VARIANCE

- PPL 05-009
- 20 percent or greater variance
- Explanation of the variance
- On LGA letterhead
- Signed by LGA MAA Coordinator

CMAA CHECKLISTS

- Checklist For Preparing the MAA Detail Invoice
- Checklist For Preparing the MAA Summary Invoice

PACKAGING YOUR INVOICE

1. Cover Letter (on LGA letterhead)
2. Summary Invoice (on LGA letterhead)
3. MAA Detailed Invoice
4. Funding Sources Worksheet
5. Direct Charges Worksheet 2
6. Variance (on letterhead)
7. Review Checklists
 - For MAA Detail Invoice
 - For MAA Summary Invoice
8. Other Costs and Staff Classification for CP6 and other documentation when requested

Do not include if your invoice does not utilize these worksheets



Mailing Your Invoice to DHCS

Department of Health Care Services
Safety Net Financing Division
Administrative Claiming Local & Schools Services Branch
County-Based Medi-Cal Administrative Activities Unit
Attn: (Insert Program Analyst's Name)

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Questions?

