

Cost and Reimbursement Comparison Schedule (CRCS) Glossary

Terms used in other definitions will be capitalized/bold for ease of identification and cross-referencing.

Term	Definition	Plain Language
Allowable Costs	Identified as expenses that are reasonable and necessary to provide care to Medi-Cal beneficiaries and are consistent with federal and state laws and regulations. Only adequately documented, reasonable, and necessary allowable program costs incurred or accrued during the cost- reporting period are to be included in the cost report.	These are services provided by eligible practitioners to enrolled Medi-Cal students, <u>and</u> these costs must also be reasonable, necessary, and well documented for providing care to individuals covered by the Medi-Cal Program.
Audit Adjustment	A proposed adjustment that auditors make to the reported cost. The adjustment may have an Audit Impact.	The audit requires a change (positive or negative) to your cost report.
Audit Impact	The difference between the Reported Settlement on the cost report and Final Audited Settlement . The Audit Impact may be positive or negative, depending upon the types of findings from the audit.	How big of an overall change resulted from the audit. This term includes both positive and negative amounts.
Final Audited Settlement	The amount determined by the audit process that indicates the LEA has an Under/Overpayment . The amount is determined by A&I. When compared against the Reported Settlement it may generate an Audit Impact if there is the difference in those amounts.	The settlement resulting after the audit process has been completed and all Audit Adjustments have been proposed.

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Audits & Investigations (A&I)	The Department of Health Care Services (DHCS) Audits and Investigations’ Financial Review Outpatient and Behavioral Health Division. The A&I mission is to protect and enhance the integrity of the health programs administered by the Department of Health Care Services.	The division at DHCS that processes and audits your LEA’s Cost Reimbursement and Comparison Schedule (CRCS) on an annual basis. They are distinct in staff and policy from the LEA BOP units.
Bridging Documents	Supporting documentation used to prepare the applicable state fiscal year (SFY) Cost and Reimbursement Comparison Schedule (CRCS) . This document contains all services/practitioner costs.	Supporting documentation for practitioner and services costs.
California Basic Educational Data System (CBEDS)	An annual collection of district and school data and information. The CBEDS is administered by the California Department of Education in October.	Why this matters: The Medi-Cal Eligibility Ratio (MER) is calculated annually for the CRCS and that date is aligned with the CBEDS submission date (currently the first Wednesday in October).
Certified Public Expenditure (CPE)	Non-federal public funds spent by a public entity (a government/public agency, including public schools) for providing LEA BOP, School-Based Medi-Cal Administrative Activities (SMAA) program services. Certified public Expenditures include only those expenditures made by a governmental agency for services that qualify for federal reimbursement.	A way for public entities (in this case, LEAs) to certify that funds spent on Medicaid services are eligible for federal matching funds. Because Medicaid is a state/federal partnership, this is a way for LEA BOP and SMAA to ensure that an LEA’s funds used to draw down federal dollars meet requirements.

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Claims Adjudication	The DHCS process of determining whether a claim meets Medi-Cal requirements and ultimately if a claim will be paid or denied.	DHCS reviews a claim and makes sure it meets all requirements to be paid. If not, all requirements are met, it will be denied.
Cost Settlement	The process by which DHCS reconciles the LEA’s interim Medi-Cal reimbursements with the LEA’s Allowable Costs .	The balance of verified costs (as determined by an LEA’s audited CRCS) minus Interim Reimbursements received by the LEA.
Cost and Reimbursement Comparison Schedule (CRCS)	The CRCS is a form that LEA providers must annually complete and certify. The CRCS lists the public funds expended for LEA BOP services are eligible for Federal Financial Participation . This report is certified by the LEA BOP Coordinator before submitting to DHCS. The CRCS will be used to compare each LEA’s actual costs of providing LEA BOP services to the LEA BOP provider’s interim Medi-Cal reimbursement each state fiscal year. All LEA BOP providers enrolled in the LEA BOP must submit a CRCS to the Department of Health Care Services (DHCS) by March 1 of each year.	One of the most important compliance documents for LEA BOP, the CRCS is an Excel workbook used to account for and certify the costs of providing eligible services to covered students.
Direct Medical Services Percentage (DMSP)	A percentage that is a CMS-approved calculation of the Random Moment Time Survey (RMTS) results used to determine the percentage of time that medical service personnel spend on direct medical services, general and administrative time, and all other activities to account for 100 percent of time and assure that there is no	The percentage of time spent on services covered by LEA BOP.

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	duplicate claiming. This is used on the CRCS as part of the payment methodology approved through State Plan Amendment 15-021.	
Disallowance of a Claim (Audit Adjustment)	Occurs during an audit when an auditor identifies an improperly billed and paid service.	When an auditor removes a payment for a cost/service due to a lack of reasonableness, necessity, and/or documentation.
Federal Financial Participation (FFP)	The portion paid by the federal government to states, representing the federal share of expenditures for providing Medicaid services and administering the Medicaid program. States must meet certain federal requirements to participate in the Medicaid program. States that meet these requirements receive federal funding in the form of Federal Financial Participation for all allowable Medicaid expenditures. In California, FFP is set at 50 percent.	The federal portion of Medicaid expenditures, usually 50% for California.
Final Audited Settlement	The amount determined through the audit process conducted by A&I that indicates the LEA has an under- or Overpayment . When compared against the Reported Settlement and deducting any Interim Settlement already received, it may generate an Audit Impact if there is a difference in the two amounts.	An LEA’s final dollars. The balance of Interim Reimbursements and Interim Settlements vs. the LEA’s costs as accounted for on the CRCS, post-audit.

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Final Cost Settlement	The process of A&I determining the LEA’s actual Allowable Costs for LEA BOP services to Medi-Cal beneficiaries. This may indicate that the LEA’s Interim Reimbursement was an Under/Overpayment .	The balance of Interim Reimbursements consolidated with the LEA’s actual costs.
Interim Reimbursement	Payments made to the LEA to provide cash flow, similar to a cash advance, until the Final Cost Settlement process is completed through the Compliance Audit Process. Interim Reimbursement is generated through payment of claims submitted for LEA BOP covered services.	These are only some of the final dollars to be received. In a CPE program, these are estimated funds until the final settlement.
Interim Settlement	A preliminary settlement submitted to an LEA. If an LEA does not receive a final settlement within 12 months of the CRCS due date, they will be issued an Interim Settlement . For those LEAs that received an Interim Settlement , the Final Audited Settlement will be issued within 18 months.	An initial settlement submitted to an LEA until A&I can complete the Final Audited Settlement .
Medi-Cal Eligibility Rate (MER)	An LEA-specific ratio of students with primary enrollment in the LEA who are enrolled in Medi-Cal. The MER is applied in the annual CRCS to determine the portion of direct service costs that are allocated to providing services to Medi-Cal members.	The percentage of Medi-Cal enrolled students in your LEA. This will vary by LEA. The percent of students eligible for Free and Reduced Price Meals may be a helpful proxy estimate of your LEA’s MER.
MOVEit	The Medi-Cal secure file transfer protocol portal that LEAs or their vendors use to upload data files containing Protected Health Information (PHI) or Personally Identifying	DHCS’s online system that LEAs use to determine Medi-Cal eligibility status of students.

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	Information (PII). These data files are matched with Medi-Cal data to determine Medi-Cal eligibility status for their student populations.	
Overpayment	When the Interim Reimbursement received exceeds the actual costs to provide the services. When LEAs' claiming surpasses the true costs of providing services, they will need to pay the excess funds back to DHCS. This may be through future withheld claims or paid back directly.	The LEA was overpaid, and any Overpayment is returned (from the LEA to DHCS) when the Final Audited Settlement is less than the Interim Reimbursement amount.
Production Logs	Supporting documentation that includes all LEA BOP practitioners and the services (i.e., units and encounters) that were provided/performed during the applicable SFY.	Supporting documentation for practitioners and services.
Random Moment Time Survey (RMTS)	A federally approved, web-based, and statistically valid sampling method that estimates the amount of time spent on direct medical services or administrative activities by randomly selecting and assigning a 'moment' in time (one minute) to a randomly selected list of Time Survey Participants. The quarterly RMTS percentages are used to calculate the Direct Medical Services Percentage (DMSP) .	A survey mechanism used to determine the amount of time spent of activities throughout a participant's workday. Eligible practitioners receive a notification to respond to a "random moment" which captures what they are doing in the minute. Responses are coded as a covered or not covered activity.
Reported Settlement	The amount an LEA reports on their submitted CRCS. This amount asserts what the LEA believes they are owed from DHCS due to an Underpayment or what they owe to DHCS due to an	The amount reported on an LEA's Cost Settlement (i.e., the CRCS).

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	Overpayment of Interim Reimbursements.	
System Claim Denial	Occurs when an LEA submits a claim for services rendered to a Medi-Cal member and the claim is rejected during the Claims Adjudication process because it does not meet program requirements.	This is when a claim is denied during the claim submission. This is not the same thing as a claim/cost disallowed or adjusted during an audit.
Underpayment	When the Interim Reimbursement received is less than the actual costs to provide services. When LEAs' claiming is less than the true costs of providing services, DHCS will need to pay the remaining funds to the LEA.	When the Final Audited Settlement is more than the received Interim Reimbursement dollars, DHCS will send additional monies to the LEA to reconcile the difference.