

**COUNTY BOARDS OF EDUCATION
 MEDICAID ADMINISTRATIVE CLAIMS (MAC)
 FOR THE APRIL - JUNE 2016 QUARTER**

County	Computed MAC Claim	Net MAC Claim (Federal Portion - 50%)
Barbour	8,111.56	4,055.78
Berkeley	180,816.09	90,408.05
Boone	95,938.52	47,969.26
Braxton	20,991.60	10,495.80
Brooke	41,151.04	20,575.52
Cabell	49,347.79	24,673.89
Calhoun	4,289.41	2,144.71
Clay	12,691.63	6,345.82
Doddridge	10,522.10	5,261.05
Fayette	48,575.90	24,287.95
Gilmer	2,714.52	1,357.26
Grant	9,953.43	4,976.71
Greenbrier	20,242.88	10,121.44
Hampshire	34,083.23	17,041.62
Hancock	39,124.98	19,562.49
Hardy	5,445.46	2,722.73
Harrison	78,561.31	39,280.66
Jackson	32,113.36	16,056.68
Jefferson	72,141.98	36,070.99
Kanawha	200,265.58	100,132.79
Lewis	13,747.26	6,873.63
Lincoln	43,595.80	21,797.90
Logan	105,481.18	52,740.59
Marion	42,184.29	21,092.14
Marshall	43,584.99	21,792.49
Mason	40,114.80	20,057.40
McDowell	39,787.10	19,893.55
Mercer	67,117.79	33,558.90
Mineral	16,182.22	8,091.11
Mingo	45,568.13	22,784.07
Monongalia	76,649.39	38,324.69
Monroe	11,571.72	5,785.86
Morgan	29,233.66	14,616.83
Nicholas	24,277.30	12,138.65
Ohio	45,828.52	22,914.26
Pendleton	14,266.20	7,133.10
Pleasants	11,455.21	5,727.61
Pocahontas	8,052.72	4,026.36
Preston	19,406.29	9,703.15
Putnam	54,536.32	27,268.16
Raleigh	74,111.76	37,055.88
Randolph	25,763.80	12,881.90
Ritchie	8,891.74	4,445.87
Roane	12,243.67	6,121.84
Summers	13,819.10	6,909.55
Taylor	13,944.57	6,972.29
Tucker	4,666.65	2,333.32
Tyler	12,767.73	6,383.87
Upshur	28,997.87	14,498.94
Wayne	74,384.80	37,192.40
Webster	7,989.12	3,994.56
Wetzel	35,733.47	17,866.73
Wirt	11,757.73	5,878.86
Wood	107,619.13	53,809.56
Wyoming	24,773.87	12,386.94
Total	2,177,188.28	1,088,594.14

LEA Name Morgan County

Cost Pool 1 (Admin) Time Study Results					
	Activity	Cost	Medicaid	Gen. Admin	Gross Claim
Code	Percentages	Pool \$	Eligible Factor	OH Factor	Amount
1A	0.00%	\$200,020.60	0%	0	\$0.00
1B	0.00%	\$200,020.60	100%	1	\$0.00
2A	0.00%	\$200,020.60	0%	0	\$0.00
2B	0.00%	\$200,020.60	100%	1	\$0.00
3	47.73%	\$200,020.60	0%	0	\$0.00
4A	0.80%	\$200,020.60	0%	0	\$0.00
4B	2.48%	\$200,020.60	0%	0	\$0.00
5A	0.03%	\$200,020.60	0%	0	\$0.00
5B	0.14%	\$200,020.60	45%	1	\$125.55
6A	0.00%	\$200,020.60	0%	0	\$0.00
6B	0.00%	\$200,020.60	45%	1	\$0.00
7A	0.03%	\$200,020.60	0%	0	\$0.00
7B	0.00%	\$200,020.60	45%	1	\$0.00
8A	0.38%	\$200,020.60	0%	0	\$0.00
8B	0.56%	\$200,020.60	45%	1	\$502.21
9A	8.11%	\$200,020.60	0%	0	\$0.00
9B	5.42%	\$200,020.60	45%	1	\$4,865.12
10	34.30%	\$200,020.60	100%	0.041798829	\$2,867.75
Total	100%	\$200,020.60	0%		\$8,360.63

Cost Pool 2 (Direct Service) Time Study Results					
	Activity	Cost	Medicaid	Gen. Admin	Gross Claim
Code	Percentages	Pool \$	Eligible Factor	OH Factor	Amount
1A	0.00%	\$205,092.38	0%	0	\$0.00
1B	0.00%	\$205,092.38	100%	1	\$0.00
2A	0.00%	\$205,092.38	0%	0	\$0.00
2B	0.00%	\$205,092.38	100%	1	\$0.00
3	12.37%	\$205,092.38	0%	0	\$0.00
4A	20.97%	\$205,092.38	0%	0	\$0.00
4B	34.46%	\$205,092.38	0%	0	\$0.00
5A	0.00%	\$205,092.38	0%	0	\$0.00
5B	0.00%	\$205,092.38	45%	1	\$0.00
6A	0.00%	\$205,092.38	0%	0	\$0.00
6B	0.00%	\$205,092.38	45%	1	\$0.00
7A	0.00%	\$205,092.38	0%	0	\$0.00
7B	0.10%	\$205,092.38	45%	1	\$96.52
8A	0.24%	\$205,092.38	0%	0	\$0.00
8B	0.73%	\$205,092.38	45%	1	\$675.62
9A	1.47%	\$205,092.38	0%	0	\$0.00
9B	11.22%	\$205,092.38	45%	1	\$10,327.37
10	18.42%	\$205,092.38	100%	0.066339332	\$2,506.19
Total	100%	\$205,092.38			\$13,605.69

Cost Pool 3 (Personal Care) Time Study Results					
Code	Activity Percentages	Cost Pool \$	Medicaid Eligible Factor	Gen. Admin OH Factor	Gross Claim Amount
1A	0.00%	\$173,993.39	0%	0	\$0.00
1B	0.00%	\$173,993.39	100%	1	\$0.00
2A	0.00%	\$173,993.39	0%	0	\$0.00
2B	0.00%	\$173,993.39	100%	1	\$0.00
3	57.61%	\$173,993.39	0%	0	\$0.00
4A	2.05%	\$173,993.39	0%	0	\$0.00
4B	23.10%	\$173,993.39	0%	0	\$0.00
5A	0.00%	\$173,993.39	0%	0	\$0.00
5B	0.00%	\$173,993.39	45%	1	\$0.00
6A	0.00%	\$173,993.39	0%	0	\$0.00
6B	0.00%	\$173,993.39	45%	1	\$0.00
7A	0.00%	\$173,993.39	0%	0	\$0.00
7B	0.00%	\$173,993.39	45%	1	\$0.00
8A	0.37%	\$173,993.39	0%	0	\$0.00
8B	0.11%	\$173,993.39	45%	1	\$85.91
9A	0.04%	\$173,993.39	0%	0	\$0.00
9B	0.11%	\$173,993.39	45%	1	\$85.91
10	16.61%	\$173,993.39	100%	0.001184169	\$34.23
Total	100%	\$173,993.39			\$206.04

Cost Pool 4 (Targeted Case Management) Time Study Results					
Code	Activity Percentages	Cost Pool \$	Medicaid Eligible Factor	Gen. Admin OH Factor	Gross Claim Amount
1A	0.00%	\$525,449.72	0%	0	\$0.00
1B	0.00%	\$525,449.72	100%	1	\$0.00
2A	0.00%	\$525,449.72	0%	0	\$0.00
2B	0.00%	\$525,449.72	100%	1	\$0.00
3	83.74%	\$525,449.72	0%	0	\$0.00
4A	0.28%	\$525,449.72	0%	0	\$0.00
4B	1.20%	\$525,449.72	0%	0	\$0.00
5A	0.00%	\$525,449.72	0%	0	\$0.00
5B	0.00%	\$525,449.72	45%	1	\$0.00
6A	0.00%	\$525,449.72	0%	0	\$0.00
6B	0.00%	\$525,449.72	45%	1	\$0.00
7A	0.00%	\$525,449.72	0%	0	\$0.00
7B	0.00%	\$525,449.72	45%	1	\$0.00
8A	0.07%	\$525,449.72	0%	0	\$0.00
8B	0.04%	\$525,449.72	45%	1	\$82.98
9A	0.00%	\$525,449.72	0%	0	\$0.00
9B	1.09%	\$525,449.72	45%	1	\$2,572.30
10	13.58%	\$525,449.72	100%	0.005847557	\$417.32
Total	100%	\$525,449.72			\$3,072.60

Gross Claim Summary					
	1	2	3	4	Total
Activity	Gross	Gross	Gross	Gross	Gross
	Amount	Amount	Amount	Amount	Amount
1A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1B	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2B	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4B	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5B	\$125.55	\$0.00	\$0.00	\$0.00	\$125.55
6A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6B	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7B	\$0.00	\$96.52	\$0.00	\$0.00	\$96.52
8A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8B	\$502.21	\$675.62	\$85.91	\$82.98	\$1,346.71
9A	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9B	\$4,865.12	\$10,327.37	\$85.91	\$2,572.30	\$17,850.69
10	\$2,867.75	\$2,506.19	\$34.23	\$417.32	\$5,825.49
Total	\$8,360.63	\$13,605.69	\$206.04	\$3,072.60	\$25,244.95

1	Total Expenditures	\$1,104,556.09	First Number on CPE
2	Total Gross Amount	\$25,244.95	
3	Total Claimable Indirect Costs (UICR)	\$3,988.70	15.80%
4	Total Gross Claim Amount = (#2 + #3)	\$29,233.66	
5	Reimbursement Request (#4 x 0.50% FFP)	\$14,616.83	Second Number on CPE