

Missouri School District Administrative Claiming Invoice

Quarter Ended: (1)

School District Name & Number: (2)

Vendor Number: (3)

Cost Pool 1

Section 1 - Cost Data

Total Costs - Less Indirect	Salaries	Fringe	Total
	(4)	(5)	(6)

Section 2 - RMS Data

Total Forms Generated:	Total Non-Responses:
(7)	(8)

Activity Code	Activity Description	Response Count	Non-Paid/Non-Work	Subtotal	% to Total	Redistributed Admin.	Net Adjusted Total	Claim %'s	Cost Pool
1A	Non-MO HealthNet Outreach	(9)		(11)	(12)	(13)	(14)	(15)	U
1B	MO HealthNet Outreach								A-1
2A	Facil. Application-Non-MO HealthNet								U
2B	Facil. Application-MO HealthNet								A-1
3	School/Education Related								U
4A	Direct Medical Services (Non-Medicaid)								U
4B	Direct Medical Services (Medicaid)								U
5A	Transportation-Non-MO HealthNet								U
5B	Transportation-MO HealthNet								A-2
6A	Non-MO HealthNet Translation								U
6B	MO HealthNet Related Translation								A-2
7A	Prog. Plan/Policy Develop.- Non-Medical								U
7B	Prog. Plan/Policy Develop.- Medical								A-2
8A	Non-Medical/Non-MO HealthNet Training								U
8B	Medical-MO HealthNet Training								A-2
9A	Referral/Coordination Non-MO HealthNet								U
9B	Referral/Coordination-MO HealthNet								A-2
10	General Administration								N/A
11	Unpaid Leave		(10)						N/A

Total Response Count:	(16)	(17)	(18)
-----------------------	------	------	------

Section 3 - Medicaid Eligibility

Medicaid Eligibility %	Students	Participants
(19)	(20)	(21)

Section 4 - Cost Distribution

Cost Pool A-1: Non-Discounted

Code:	Claimable %	Salaries - Gross Claimable	Fringe - Gross Claimable	Total Claimable
1B	(22)			
2B	(23)			
Subtotal:	(24)	(25)	(26)	(27)

Cost Pool A-2: Discounted

Code:	Claimable %	Salaries - Gross Claimable	Fringe - Gross Claimable	Total Claimable
5B	(28)			
6B	(29)			
7B	(30)			
8B	(31)			
9B	(32)			
Subtotal	(33)			
MO HealthNet Eligibility	(34)			
Total Claimable %	(35)	(36)	(37)	(38)

Total Cost Pool 1:	(39)	(40)	(41)	Claimable @ 50%
Indirect Costs:	(45)			(42)
Total CP1 Before Adjustment				(43)
				(44)

Cost Pool 2

Quarter Ended: (46)

School District Name & Number: (47)

Vendor Number: (48)

Section 1 - Cost Data

Total Costs - Less Indirect	Salaries	Fringe	Total
	(49)	(50)	(51)

Section 2 - RMS Data

Total Forms Generated:
(52)

Total Non-Responses:
(53)

Activity Code	Activity Description	Response Count	Non-Paid/Non-Work	Subtotal	% to Total	Redistributed Admin.	Net Adjusted Total	Claim %'s	Cost Pool
1A	Non-MO HealthNet Outreach	(54)		(56)	(57)	(58)	(59)	(60)	U
1B	MO HealthNet Outreach								A-1
2A	Facil. Application-Non-MO HealthNet								U
2B	Facil. Application-MO HealthNet								A-1
3	School/Education Related								U
4A	Direct Medical Services (Non-Medicaid)								U
4B	Direct Medical Services (Medicaid)								U
5A	Transportation-Non-MO HealthNet								U
5B	Tranportation-MO HealthNet								A-2
6A	Non-MO HealthNet Translation								U
6B	MO HealthNet Related Translation								A-2
7A	Prog. Plan/Policy Develop.- Non-Medical								U
7B	Prog. Plan/Policy Develop.- Medical								A-2
8A	Non-Medical/Non-MO HealthNet Training								U
8B	Medical-MO HealthNet Training								A-2
9A	Referral/Coordination Non-MO HealthNet								U
9B	Referral/Coordination-MO HealthNet								A-2
10	General Administration								N/A
11	Unpaid Leave		(55)						N/A

Total Response Count:	(61)	(62)	(63)
-----------------------	------	------	------

Section 3 - Medicaid Eligibility

Medicaid Eligibility %	Students	Participants
(64)	(65)	(66)

Section 4 - Cost Distribution

Cost Pool A-1: Non-Discounted

Code:	Claimable %	Salaries - Gross Claimable	Fringe - Gross Claimable	Total Claimable
1B	(67)			
2B	(68)			
Subtotal:	(69)	(70)	(71)	(72)

Cost Pool A-2: Discounted

Code:	Claimable %	Salaries - Gross Claimable	Fringe - Gross Claimable	Total Claimable
5B	(73)			
6B	(74)			
7B	(75)			
8B	(76)			
9B	(77)			
Subtotal	(78)			
MO HealthNet Eligibility	(79)			
Total Claimable %	(80)	(81)	(82)	(83)

Total Cost Pool 2:	(84)	(85)	(86)	Claimable @ 50%	(87)
Indirect Costs:	(96)				(88)
				CP2 Before Adjustments	(89)
				CP1 Before Adjustments	(90)
				Less 5% Administrative Fee	(91)
				Total CP1 & CP2	(92)
				Adjusted Amount	(93)
				Previous Paid Amount	(94)
				Final Claim Amount	(95)

Salary % Change & Justification:

(97)

Fringe % Change & Justification:

(98)

Adjustment Reason:

(99)