School District of Okaloosa County SUMMARY LEVEL PROJECT BUDGETS FISCAL YEAR 2013-2014

PROJECT NAME: Medicaid Reimbursement

PROJECT NUMBER: 1084

PROJECT DESCRIPTION:

This project accounts for Medicaid Reimbursement dollars received through the Medicaid Certified School Match Program (MCSMP). The District is currently participating in the Medicaid Administrative Claiming (MAC) and the Direct Services component of the Medicaid Certified School Match Program (MCSMP). Revenue in excess of the cost of personnel and billing services is appropriated to the project reserve for future use as determined by the School Board.

FUND SOURCE: Medicaid Reimbursement

APPROPRIATIONS AND STAFFING:

APPROPRIATIONS								
Object Group Number	Object Group Name	Origin 2012-20 Appropri	013	2013- Approp		\$ Increa	se (Decrease)	
100 / 200 Salaries & Benefits Administrative/Managerial Educational Support Instructional Professional / Technical Subtotal - Salaries & Benefits		\$	64,053	\$	66,748	\$	2,695 - - 2,695	
300	Purchased Service		384,089		398,452		14,363	
400	Energy Services		-		-		-	
500	Materials & Supplies		750		500		(250)	
600	Capital Outlay		250		300		50	
700	Other Expenses		-		-		-	
900	Transfers/Reserves		<u>-</u>					
	Total Combined Appropriation	\$	449,142	\$	466,000	\$	16,858	

STAFFING								
	2012-2013 Recommendation	2013-2014 Recommendation	# Increase (Decrease)					
Administrative/Managerial	-	-	-					
Educational Support	1.00	1.00	-					
Instructional	-	-	-					
Professional / Technical		<u></u>						
Т	Total Staff 1.00	1.00	-					

OTHER INFORMATION:

The Finance - Accounting and Financial Reporting Department has oversight responsibility for the project.

Note:

Carryover funds will be used to fund \$149,394 of the Health Care Service Plan.

SCHOOL DISTRICT OF OKALOOSA COUNTY BUDGET ADJUSTMENT SHEET FISCAL YEAR 2013-2014

COST CENTER NAME:	Accounting & Financial Reporting	CENTER NUMBER:	920:
PROJECT NAME:	Medicaid Reimbursement	PROJECT NUMBER:	1084

	-					
OBJ	OBJECT NAME/DESCRIPTION	FUNC	FUNCTION NAME	AMOUNT REQUESTED	ADJUSTMENT	PROPOSED FINAL BUDGET
	PROFESSIONAL & TECHNICAL SERVICE Hillsborough contract for billing Medicaid and Seminole contract for random sampling for admin claim; Direct billing projected to be similar as FY2012 which incurred \$10K in billing fees; the annual Hillsborough billing is not received until year end so current year cost not yet available for comparison	5200	EXCEPTIONAL CHILD	\$ 10,250		\$ 10,250
	OUT OF COUNTY TRAVEL Medicaid conferences and meetings	7500	FISCAL SERVICES (FINANCE DEPT)	800		800
0370	POSTAGE/SHIPPING/TELEGRAM For mailing Medicaid billing documentation	7500	FISCAL SERVICES (FINANCE DEPT)	200		200
0510	SUPPLIES Charges for paper, printer laser cartridge, and other general supplies	7900	OPERATION OF PLANT	500		500
0642	EQUIPMENT (UNDER \$1,000) Replace office equipment as needed	7500	FISCAL SERVICES (FINANCE DEPT)	300		300
	Sub-Total (Page 1 Only)			\$ 12,050	\$ -	\$ 12,050
	GRAND TOTAL			\$ 12,050	\$ -	\$ 12,050

SCHOOL DISTRICT OF OKALOOSA COUNTY BUDGET ADJUSTMENT SHEET FISCAL YEAR 2013-2014

COST CENTER NAME:	Fixed Charges	CENTER NUMBER:	9015
PROJECT NAME:	Medicaid Reimbursement	PROJECT NUMBER:	1084

OBJ	OBJECT NAME/DESCRIPTION	FUNC	FUNCTION NAME	AMOUNT REQUESTED	ADJUSTMENT		PROPOSED FINAL BUDGET
0310	PROFESSIONAL & TECHNICAL SERVICE District's portion of schools' Health Services Contract (Reduced by amount to be paid from carryover funds.)	6130	HEALTH SERVICES	\$ 536,596	\$ (149,394	\$	387,20
	Sub-Total (Page 1 Only)			\$ 536,596	\$ (149,394) \$	387,20
	GRAND TOTAL			\$ 536,596	\$ (149,394) \$	387,20

SCHOOL DISTRICT OF OKALOOSA COUNTY

Department Staffing Summary Fiscal Year 2013-2014

Department Name: Accounting & Financial Reporting

Cost Center No.: 9205

Project Name: Medicaid Reimbursement

Fund Number: 1010

Project Number: 1084

Type Funding: Medicaid Reimbursement

Section A

Positions Approved for Fiscal Year 2012-2013							
Job Title	# of Positions	Average Cost	Total Cost				
Accountant - 12 Month	1.00		\$	66,748			
(A) Total Positions Approved For FY 2012-2013	1.00		\$	66,748			

Section B-1

Approved Additions, Deletions and/or Changes - Fiscal Year 2012-2013									
Job Title Type* # of Positions Average Cost Total Cost									
(B-1) Total Approved Additions, Deletions, Chang	es	-			\$ -				

Section B-2

Requested Additions, Deletions and/or Changes - Fiscal Year 2013-2014									
Job Title Type* # of Positions Average Cost Total Cost									
(B) Total Requested Additions, Deletions, Change	s	-			\$ -				

Section C

Positions Submitted for Approval for Fiscal Year 2013-2014								
Job Title	# of Positions	Average Cost	Tot	al Cost				
Accountant - 12 Month	1.00		\$	66,748				
(C) Total Positions Submitted for Approval FY 2013-2014	1.00		\$	66,748				

*Note: