

Instructions for the Coops
(Not on Munis)
to Submit the Federal
Reimbursement of Health
Benefits Information
through KDE SharePoint
(NEW Submission Process)

Kentucky Department of Education
Office of Finance and Operations
Division of District Support
District Financial Management Branch

Dated 11/7/23

FEDERAL REIMBURSEMENT SUBMISSION PROCESS (FOR COOPS NOT ON MUNIS)

The Kentucky Department of Education (KDE), District Financial Management Branch (DFMB) has changed the process on how the Cooperatives that are not on Munis are to submit their information for the Federal Reimbursement of Health Benefits. With this process the Coops (not on Munis) will be required to fill out a verification form and submit the form along with some kind of report that was used to determine who is to be reimbursed and how much to reimburse. Below are the details on the verification form and how to upload the documents into the KDE SharePoint site each month. **PLEASE NOTE: This process is separate from the payment process. The payment process has NOT changed. Please refer to the [“Federal Reimbursement of Health Benefits”](#) website document titled *“Guidance on ACH Pay Application”* for more information.**

STEPS TO FILL OUT THE VERIFICATION FORM

1. The [verification form](#) is located on the [Federal Reimbursement of Health Benefits - Kentucky Department of Education](#) website title *“Verification Form for Coops”*. You will need to download this form and save it to use every month.
2. Each month after you gather all your information and determine who you need to reimburse for and how much you need to reimburse you will need to open the verification form and fill out all the required details for that month.
3. You will need to select from a dropdown box the **“Billing Month”** and **“Billing Year”** of the information that you are reimbursing for.

Billing Month: <input type="text" value="Select Billing Month"/>	Billing Year: <input type="text" value="Select Billing Year"/>
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4. From the dropdown box you will need to select the **“Name of Cooperative”**.

Name of Cooperative: <input type="text" value="Select Cooperative"/>
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5. Next under **“Amount Remitted”** you will need to enter the amount that was paid for that billing month and billing year.

Amount Remitted <input type="text" value="\$ 0.00"/>
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6. Next under **“Please Sign Below”** click in the box and type in your name. **NOTE: This form must be completed every month and signed by [the Director of Finance, or equivalent.](#)**

Please Sign Below <input type="text"/>
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7. Under **“Date Signed”** choose or type the date that you are completing the form.

Date Signed <input type="text"/>
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8. Be sure to **check the box** beside the statement.

<input type="checkbox"/> I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document. By selecting “I agree” using any device, means, or action, I consent to the legally binding terms and conditions of this document. I further agree that my signature on this document is as valid as if I signed the document in writing.
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9. Once the form is completed, signed, dated and box checked please **SAVE** the form on your computer/server as “**Verification Form for (Coop Name)**” then you are ready to upload the Verification Form into SharePoint. **NOTE: It is important that you include your coop’s name in the file name. When uploading the document with the same file name as another coop it will overwrite their file.**
10. KDE requests that the Coops not on Munis also upload a document that they used in making their determination of who should be reimbursed and how much to reimburse. This could be a PDF or Excel document. **NOTE: Do NOT submit any documents that contain SSN’s.**
11. The report that you choose to submit as backup documentation for the payment must contain the following information.
 - ❖ Employee number (**No SSN’s**)
 - ❖ Employees name
 - ❖ Billing Month
 - ❖ Billing Year
 - ❖ Federal Earnings (suggested not required)
 - ❖ Federal Percent (suggested not required)
 - ❖ Category (0297-HRA, 0296-Admin Fee, 0295-Life Ins., and 0294-Health Ins.)
 - ❖ Amount for each category
12. Below is a screenshot example of the report information. (The documentation does not have to be in this format or this order. This is just an example.)

Employee number	Name	Billing Month	Billing Year	Federal Earnings	Federal Percent	HRA	HRA Amount	Admin	Admin Amount	Life Ins	Life Ins Amount	Health Ins	Health Ins Amount	Total Amount
1234	Doe, Jane	4	2023	2,707.31	100%	0297	0.00	0296	8.00	0295	1.00	0294	850.00	859.00
567	Smith, John	4	2023	1,871.71	54%	0297	0.00	0296	4.32	0295	0.54	0294	528.96	533.82
8910	Nowhere, Sam	4	2023	556.45	16%	0297	0.00	0296	1.28	0295	0.16	0294	157.24	158.68
1112	Dick, Tom	4	2023	1,978.56	100%	0297	175.00	0296	8.00	0295	1.00	0294	0.00	184.00
1314	James, Bo	4	2023	2,253.52	93%	0297	161.88	0296	7.40	0295	0.92	0294	0.00	170.20

13. Before uploading the additional document, please follow the naming convention below to rename your file accordingly. This naming convention helps to prevent files from being overwritten. **Failure to follow these steps could cause the loss of critical data for another district/coop.**
 - For the original file add “**ORG**” to the file name Example FRMMYYNNNOrg.
 - For a revised file add “**REV**” to the file name Example FRMMYYNNNrev.

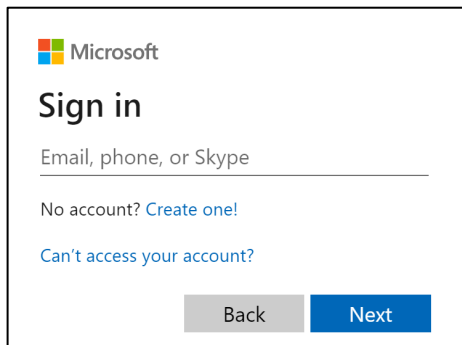
Breakdown of the File Name:

- **FR** – Federal Reimbursement
- **MM** – 2-digit Billing Month (**01**-Jan, **02**-Feb, **03**-March, etc.) this is the calendar month
- **YY** – 2-digit Billing Year (**23** = 2023) this is the calendar year
- **NNN** – Your District/Coop’s 3-digit Number (refer to the “List of District & Coop numbers” posted on the website)
- **Org**, or **Rev** – Original file, or Revised file for that Billing Month & Billing Year.

STEPS TO SUBMIT THE DOCUMENTS IN SHAREPOINT

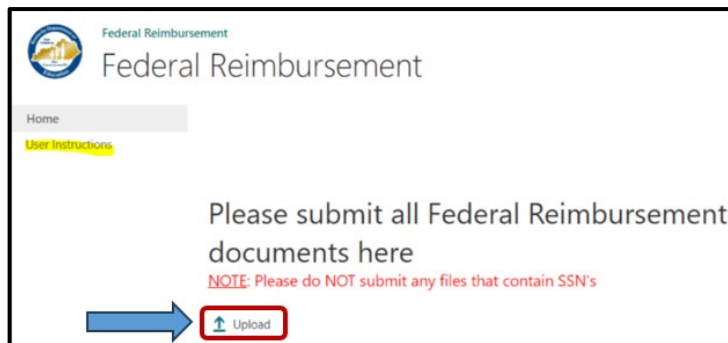
NOTE: Do NOT submit any documents that contain employee social security numbers. Any document that is submitted with SSN's will NOT be accepted.

1. To submit the **Verification Form and Other Documents** to KDE, click on the following **SharePoint** link: <https://staffkyschools.sharepoint.com/sites/dsapps/fedreimburse/SitePages/Home.aspx>. **NOTE:** Please note that SharePoint works better in a modern web browser like “Microsoft Edge” or “Google Chrome”.
2. If prompted, enter your appropriate **Microsoft Credentials**. **NOTE:** Please make sure that the email address used is employee.name@coopname.org or you will not be able to gain access to the program. If you continue to have problems logging in, please send an email to finance.reports@education.ky.gov with “**Federal Reimbursement access issue – (coop name)**” in the **subject line**.



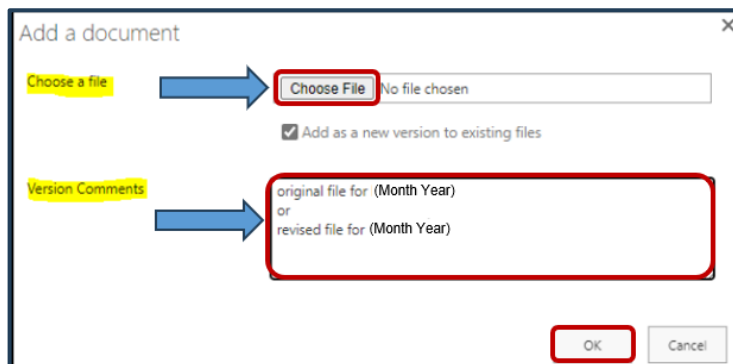
The image shows a Microsoft sign-in page. At the top left is the Microsoft logo. Below it, the text "Sign in" is displayed. There is a text input field labeled "Email, phone, or Skype". Below the input field are two links: "No account? Create one!" and "Can't access your account?". At the bottom of the page are two buttons: "Back" and "Next".

3. Once logged in you will see the below webpage screen. To submit a report, click on the “**Upload**” button. **NOTE:** There is a link to the left that will take you to the most recent “**User Instructions**” located on the website.



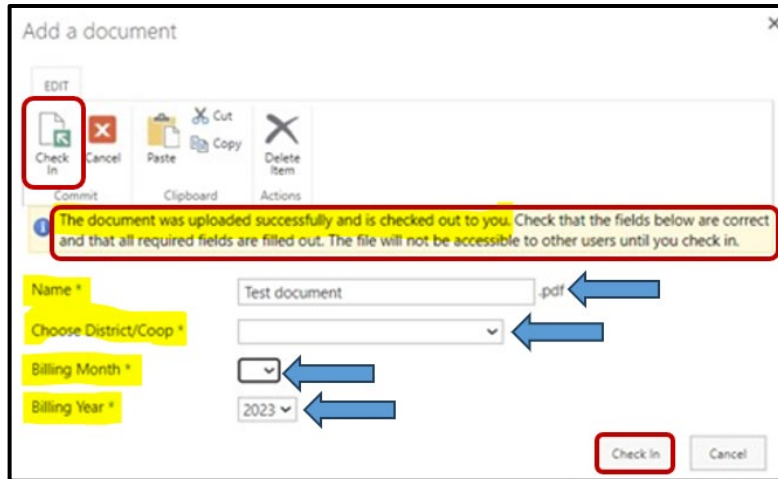
The image shows a webpage titled "Federal Reimbursement". At the top left is a logo with a scale of justice. Below the logo is the text "Federal Reimbursement". There is a navigation bar with "Home" and "User Instructions" (highlighted in yellow). The main content area says "Please submit all Federal Reimbursement documents here" and includes a red note: "NOTE: Please do NOT submit any files that contain SSN's". At the bottom left, a blue arrow points to an "Upload" button.

4. A dialog box will appear, click on the “**Choose File**” button to upload the specific report. In the box beside the **Version Comments** please provide a **comment** that indicates if this file is the original file or a revised file. Also provide the billing month, and billing year that the file corresponds to, then click the “**OK**” button. **NOTE:** The checkbox should always be checked.



The image shows a dialog box titled "Add a document". It has a close button (X) in the top right corner. There are two main sections: "Choose a file" and "Version Comments". In the "Choose a file" section, there is a "Choose File" button (highlighted in red) and a text box that says "No file chosen". Below this is a checked checkbox labeled "Add as a new version to existing files". In the "Version Comments" section, there is a text box with a red border containing the text "original file for: (Month Year) or revised file for: (Month Year)". At the bottom of the dialog box are "OK" and "Cancel" buttons.

5. In the second dialog box, the “Name” field will be prepopulated, this is the name of the file that you choose in the previous dialog box. Next, click on the dropdown box beside each item and select the corresponding **District/Coop**, **Billing Month**, and **Billing Year**, then click either of the “**Check In**” boxes to finish. Please **note** at the top of this dialog box it indicates that the document was **uploaded successfully**. See example screenshot below.



6. Once the file has been **Checked In** you will receive a confirmation email that the file has been received. If you do not get a confirmation email, please let our office know.

KDE requests that the Federal Reimbursement file and payment be submitted to KDE within 30 days of the last payroll for the month.

If you have questions or a problem with the SharePoint submission process, please contact the Financial Management Branch Staff at 502-564-3846:

- Jackie Chism extension #4445 or jackie.chism@education.ky.gov
- Gail Cox extension #4462 or gail.cox@education.ky.gov
- Kelli Young extension #4417 or kelli.young@education.ky.gov

NOTE: To add or remove a User from the **Federal Reimbursement of Health Benefits process** please send an email to finance.reports@education.ky.gov with “Federal Reimbursement user change – (district name)” in the subject line.