

# Medicaid Administrative Claiming

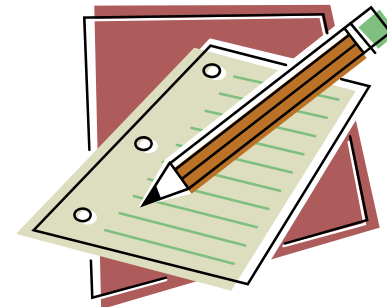
Coordinator and Financial Officer Training  
2019

# What Is **M**edicaid **A**dministrative **C**laiming?

**MAC is a Federal Medicaid reimbursement available to schools for administrative activities associated with linking a child to appropriate Medicaid services.**

## Participation in MAC

- District or Cooperative ***must participate*** in the Direct Service Billing Program.
- Complete a Memorandum of Understanding (MOU) with the DPHHS.
- Complete a W-9 form.
- Prepare district participant listing each quarter.
- Participate in the RMS time study.
- Submit quarterly financial data relevant to Medicaid and staff expenditures.
- Certify local match.



# RMS Time Study

- Administered by MAC Coordinator
- Now online application thru electronic web application intended to quantify the amount of time that participants spend completing reimbursable administrative activities.
- Paper forms are printed, distributed & collected to perform the data entry into the electronic web application.
- Quick and unobtrusive
- Converted to statewide percentages & applied to the total costs of the identified participants for each school or co-op.
- Performed during quarters 1, 2 & 4
  - Summer quarter (3) is an average of 3 previous quarters

# Random Moment Observation Sampling Form

Montana -Medicaid Admin Claiming

For the period: 3-October-2005 to 23-December-2005



Your Name Here \_\_\_\_\_

Job Title \_\_\_\_\_

School Name - Building \_\_\_\_\_

Sample Moment: **Mon/00/2005 0:00**

Sample Sequence #: **0**

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please provide a brief answer to each of the questions below. You need to sufficiently describe what you were doing at the date and time listed above in order to support your activity code selection. Please do not use individually identifiable health information in your description.*

What were you doing? \_\_\_\_\_

Who were you with?  Student  Family/Parent  Colleague  Self  Other: \_\_\_\_\_

Why were you doing this? \_\_\_\_\_

Section I: Job Title (Please select only one [x])

- 01 Administrators for Special Education
- 02 Audiologists and Audiology Assistant
- 03 Bilingual Specialists
- 04 Counselors
- 05 Diagnosticians
- 06 Dietitians
- 07 Coordinators/Liaisons for Spec. Ed.
- 08 Interpreters
- 09 Licensed Nurses or School Health Aides
- 10 Medicaid Billing Clerks
- 11 Occupational Therapists and Assistants
- 12 Orientation and Mobility Specialists
- 13 Physical Therapists and Assistants
- 14 Program and Staffing Specialists
- 15 Psychologists and Interns
- 16 Recreation Therapists
- 17 Registered Nurses
- 18 Respiratory Therapists
- 19 Social Workers
- 20 Speech-language Pathologist and Aides
- 21 Student Services Personnel
- 22 Work-Study Coordinator

Section II: Activities (Please select only one [x])

- 01 Direct Medical and School Health-Related Services
- 02 Educational and Other Social Activities, Non-Medicaid
- 03 Outreach to Medicaid Programs
- 04 Outreach to Non-Medicaid Programs
- 05 Facilitating an Application for Medicaid
- 06 Facilitating an Application for Non-Medicaid Programs
- 07 Referral, Coordination and Monitoring of Medical Services
- 08 Referral, Coordination and Mntrg of Non-Medical Srves
- 09 Client Assistance to Access Medicaid Services
- 10 Client Assistance to Access Non-Medicaid Services
- 11 Prgm Planning, Devlpmt & Mntrg of Medicaid Services
- 12 Prgm Planning, Devlpmt & Mntrg of Non-Medicaid Services
- 13 General Administration
- 14 Not Scheduled to Work

**Instructions for Completing the Random Moment Sample Form**

1. Check the name and job title at top left of the sample form. Make a note of the sample time.
2. After your sample moment, provide a brief answer to each of the three questions that accurately describes what you were doing at the date and time listed above. This description should sufficiently describe what you were doing to support the activity code you choose.
3. In Section I, (middle left of RMS form), select the box next to your job title. This should match the job title under your name. If the title is incorrect t under your name, cross it out, and write in the correct job title from the choices in Section I.
4. In Section II, (middle right of RMS form), select the box next to the activity code that matches your answers to the questions above. Use the definition of activity codes on the back of this sheet to help you choose the correct code.
5. If you need to make a correction, cross out the incorrect information. Circle, re-mark and initial the corrected information. White-out invalidates the form.
6. Sign, and date the form under your name (top left of form). Promptly return the form to your MAC Coordinator.

*Please use ink to complete this form.*

**DO NOT USE WHITEOUT**

Validate: False

Validation Signature \_\_\_\_\_ Date \_\_\_\_\_

If "TRUE", your MAC Coordinator, or supervisor must check the form for accuracy, then sign and date.

If "FALSE", do nothing.

## RMS Form Reminders

- Participant signatures & date on or after the sample
- Need top questions filled out for every activity selected ... even Activity 14—Not Scheduled to Work
- Mark Section 1—Job Title
- If temp is hired—line thru the name on form and write in name of temp and fill out the form. Make a note in the data entry portion of the RMS.
- Don't use white out—line out wrong information
- Only MAC coordinator or a supervisor can sign at the bottom for a TRUE validation; make a note on the data entry of the RMS form.
- What were you doing and why were you doing this needs to be more accurate. See examples.

# What Is an Administrative Activity?

**Administrative Activity**



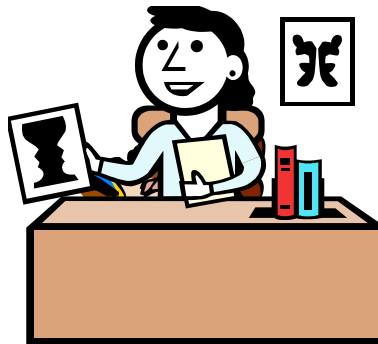
**Direct Service**



**Administrative Activity**



**Refer a student for speech therapy**



**Provide speech therapy**



**Participate in plan of care meeting**

# Time Study Participants

- Administrators for special education
- Audiologists and audiology assistants
- Bilingual specialists
- Counselors
- Diagnosticians
- Dietitians
- Home to school coordinators/liaisons for special education
- Interpreters
- Licensed practical nurses or school health aides
- Medicaid billing clerks
- Occupational therapists and assistants
- Orientation and mobility specialists
- Physical therapists and assistants
- Program and staffing specialists (including staff like mobility, behavioral and transportation paraprofessionals)
- Psychologists and interns
- Recreation therapist
- Registered nurses
- Respiratory therapists
- Social workers
- Speech-language pathologist and aides
- Student services personnel
- Work-study coordinator



# Reimbursable Activities

- Outreach to Medicaid programs
- Facilitating an application for Medicaid
- Referral, coordination and monitoring Medicaid services
- Client assistance to access Medicaid services
- Program planning, policy development and interagency coordination related to Medicaid services
- General administrative activities
  - These are redistributed proportionately to the other activities



# Components of Calculating a Claim/Invoice



**Quarterly Time  
Study Data**



**Medicaid Eligibility  
Rate & Indirect Cost  
Ratio**



**District Quarterly  
Financial Data**

# Sample Templates



Financial Data



Participant  
List



Invoice

# Financial Data Requirements

- Identify the fund and function codes for staff included on the Participant list.
  - Identify and **exclude employees** who may be 100% funded by Federal funds.
  - If jointly funded, they may be included in the sample pool and the appropriate portion (non-federal) of their salary, benefits and related expenditures should be reported for claiming purposes.
  - If adding additional Participants, please add at the bottom of the worksheet and not at the top. The pre-built formulas start on line 9 and lines added above will not be included in the formula.
  - No 3000 Function codes are used, so don't add them. If more than one function code applies, add a duplicate line as formula reads only one function code per line.

## Financial Data Requirements, cont.

- Expenditures are collected on a quarterly basis at the completion of each calendar quarter. All data should only pertain to the quarter in which it is actually expensed.
  - Cost elements should represent what your school district has expended in total and should reflect “all” functional district cost that support the Medicaid program, not just those costs applicable to the staff listed on your district’s Participant List.
  - Remove all Federal dollars from reported costs.
  - Don’t forget to fill in the number of employees on Participant List in the box at top. If not, I have to figure myself.
  - Amounts included on the worksheet should represent a full quarter of actual district-wide cost activity minus the salary and benefits for the staff included on the Participant List.
    - Use of estimated, budgeted or annual costs will not be accepted for claiming purposes.

# Financial Data Template

## Salary and Benefits Tab 2

- Report the total salary and benefits for each position identified on the Participant List for that quarter insuring that the fund and function information is completed for each entry.
- Report salaries and benefits of support staff that were not sampled but who provide direct support to the staff on the Participant List.
  - Direct support staff may or may not be on the Participant List.
  - If not on the Participant List, include the salary and benefits for the support person in the direct support personnel salary and direct support personnel benefits columns in the Special Education Administrator's row.
- Staff on Participant List and Financial Salary & Benefits should match.

# Financial Data Template

## Cost Data Tab 3

- Report all operating expenditures applicable to district-wide operations at the fund and function level for expenditures that support the Medicaid program.
- Report expenditures for any of the following functions and objects for which employee costs may be charged for financial reporting purposes.
- If using a Fund code for a column, **please** remember to list it at the top. The Department still sees a lot of forms with no Fund Code and yet dollars are reported underneath the blank column.



# Object Codes

- 1000 Instruction (function code)
  - 100 – Personal Services - Salaries (object code)
  - 200 – Personal Services - Employee Benefits
  - 300 – Purchased Professional & Technical Services
  - 400 – Purchased Property Services
  - 500 – Other Purchased Services
  - 600 – Materials and Supplies
  - 800 – Other Expenditures

Please continue to report all “object codes” (100 – 800) as listed above for all applicable function codes listed below:

- **NO 700 code allowed for this program**
- 2100 – 2600 - Support Services (all)
- 2700 – All Other Functions (as necessary)



# Function Codes

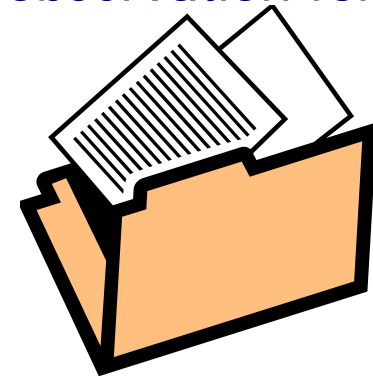
- Please remember that you only need to report costs for those functions that support the Medicaid program.
- These dollars should be divided by the following functions:

Remember to use the appropriate code at the top.

- 01 – General Fund
- 10 – Transportation
- 13 – Tuition
- 14 – Retirement
- 15 – Misc. Programs
- 21 – Comp Abs
- 24 – Metal Mines Tax Reserve
- 25 – State Mining Impact
- 28 – Technology
- 29 – Flexibility
- 82 – Interlocal Agreement Funds

# Audit File Requirements

- Any computations or allocation used in reimbursement calculation
- Copies of personnel listing, financial documentation, and invoice
- A detailed listing of all revenues offset from the claim, by source
- Copies of all training materials given to staff
- Names of attendees and instructors for the training session given for that quarter and year
- A copy of the remittance report
- A copy of the summary of RMS time study observation forms
- Organization charts, job descriptions, or other documents establishing a supervisory relationship between participants and direct support personnel



## Participant List

- If you don't have a clean one to use, you can always use an old one and update the information and the cover sheet to the correct period/date.
- Please check with Payroll to make sure the participant you may want to add is not 100% Federally Funded.
- A partially Federally Funded person can participate; just need to break out the Federal Portion when reporting on the Financial Data form.
- When choosing Work Schedules, see last instruction tab and choose an actual schedule that fits closest and use the word "Schedule." The department has to convert everything to a schedule list.

# Certification of Match

- Certification of Match is done quarterly on the invoice.
  - Expenditure Requirements
    - Paid with local or state dollars
    - Can include both direct and indirect expenses
  - Expenditure Restrictions
    - Not Federal funds
    - Not IDEA dollars
    - Not Medicaid Reimbursement



# WebRMS New Reporting Version

- MAC Coordinators will be responsible for data entry of activity per Random Moment Sample that gets generated.
- Coordinator will be given a password and user ID to log onto the Web page (The Department will give you a password) and find their own district or schools sample set to enter.
- Coordinator will have ability to print off all samples and distribute them and then enter data reported by participant. Paper copies of RMS forms will be kept by each district or school for audit purposes for 6 years and 3 months.

The following slides are step-by-step process through the new WebRMS electronic reporting system.



# MT-DHHS Random Moment Sampling

## Sign Into Your Account

User Id   
Password



# MT - DHHS Random Moment Sampling Home

Select the Reports heading

[Steyaert, Rena](#) | [Home](#) | [Logout](#)

Welcome Steyaert, Rena





# MT - DHHS Random Moment Sampling Home

[Steyaert, Rena](#)

- [Security](#)
- [Master Data](#)
- [Sample Data](#)
- [Participant Data](#)
- [Reports](#)

Welcome Steyaert, Rena

- [Master Reports](#)
- [Participant Reports](#)
- [Control List Reports](#)
- [Response Reports](#)

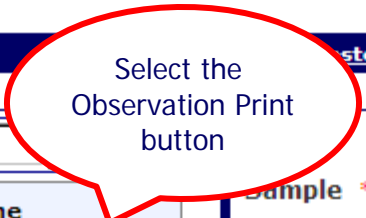
Select the Response Reports heading



# MT - DHHS Random Moment Sampling Response Reports

[Steyaert, Rena](#) | [Home](#) | [Logout](#)

[Master Data](#) | [Sample Data](#) | [Participant Data](#) | [Reports](#)



Select the  
Observation Print  
button

Report Name

Rpt Nbr	Name
<input checked="" type="radio"/> RR400	Observation Print
<input type="radio"/> RR401	Sample Detail
<input type="radio"/> RR402	Observation Status Summary By Region
<input type="radio"/> RR403	Observation Status Summary By Region and Location
<input type="radio"/> RR410	Activity Detail By Program
<input type="radio"/> RR411	Program Detail By Activity
<input type="radio"/> RR420	Activity Summary
<input type="radio"/> RR421	Program Summary
<input type="radio"/> RR422	Sample Summary
<input type="radio"/> RR440	No Response

Page: 1

Sample \* --Select--

Region [Dropdown]

Location \* [Dropdown]

Moment From Date [Text] (mm/dd/yyyy) Moment To Date [Text] (mm/dd/yyyy)

\* Required Field



### MT - DHHS Random Moment Sampling Response Reports

[Logout](#)

Security   Master Data   Sample Data   Participant Data   Reports

Choose the correct period from dropdown

Report Name  Search

Rpt Nbr	Name
<input checked="" type="radio"/> RR400	Observation Print
<input type="radio"/> RR401	Sample Detail
<input type="radio"/> RR402	Observation Status Summary By Region
<input type="radio"/> RR403	Observation Status Summary By Region and Location
<input type="radio"/> RR410	Activity Detail By Program
<input type="radio"/> RR411	Program Detail By Activity
<input type="radio"/> RR420	Activity Summary
<input type="radio"/> RR421	Program Summary
<input type="radio"/> RR422	Sample Summary
<input type="radio"/> RR440	No Response

Page: 1

**Sample \*** 2011 April - Ju - April - June 2011  
**Region** 100 - Harrison School  
**Location \*** 1001 - Harrison  
**Moment From Date** (mm/dd/yyyy)   **Moment To Date** (mm/dd/yyyy)  
View Report

\* Required Field



## MT - DHHS Random Moment Sampling Response Reports

Need to click on the word *View*.

[Security](#)   [Master Data](#)   [Sample Data](#)   [Participant Data](#)   [Reports](#)   [Logout](#)

Report Name  Search

Rpt Nbr	Name
<input checked="" type="radio"/> RR400	Observation Print
<input type="radio"/> RR401	Sample Detail
<input type="radio"/> RR402	Observation Status Summary By Region
<input type="radio"/> RR403	Observation Status Summary By Region and Location
<input type="radio"/> RR410	Activity Detail By Program
<input type="radio"/> RR411	Program Detail By Activity
<input type="radio"/> RR420	Activity Summary
<input type="radio"/> RR421	Program Summary
<input type="radio"/> RR422	Sample Summary
<input type="radio"/> RR440	No Response

Page: 1

[Back](#)

1 of 1+

[View](#) PDF

### Random Moment Observation Sampling Form MT DHHS - Medicaid Admin Claiming For the period: 04-Apr-2011 Thru 10-Jun-2011

**HEIDI DYKMAN**  
Administrators for Special Education  
Harrison School - Harrison

Sample May 2, 2011 2  
Sample Sequence 58311

CONTROL\_LIST;1.category\_desc\_txt (String)

Participant Signature \_\_\_\_\_ (Date)

*Please provide a brief answer to each of the questions below. You need to sufficiently describe what you were doing at the date and time in order to support your activity code selection. Please do not use individually identifiable health information in your description.*

What were you doing? \_\_\_\_\_

Who were you with?  Student  Family/Parent  Colleague  Self  Other

## Random Moment Observation Sampling Form

**MT DHHS - Medicaid Admin Claiming**

**For the period: 04-Apr-2011 Thru 10-Jun-2011**

**HEIDI DYKMAN**

Administrators for Special Education  
Harrison School - Harrison

**Sample**

May 2, 2011 2:19 pm

**Sample Sequence**

58311

Participant Signature \_\_\_\_\_

(Date) \_\_\_\_\_

*Please provide a brief answer to each of the questions below. You need to sufficiently describe what you were doing at the date and time listed above in order to support your activity code selection. Please do not use individually identifiable health information in your description.*

What were you doing? \_\_\_\_\_

Who were you with?  Student  Family/Parent  Colleague  Self  Other \_\_\_\_\_

Why were you doing this? \_\_\_\_\_

**Section I: Job Title (Please select only one)**

- 01 Administrators for Special Education
- 02 Audiologists and Audiology Assistant
- 03 Bilingual Specialists
- 04 Counselors
- 05 Diagnosticians
- 06 Dietitians
- 07 Coordinators/Liaisons for Spec. Ed.
- 08 Interpreters
- 09 Licensed Nurses or School Health

**Section II: Activities (Please select only one [x]) :**

- 01 Direct Medical and School Health-Related Services
- 02 Educational and Other Social Activities, Non-Medicaid
- 03 Outreach to Medicaid Programs
- 04 Outreach to Non-Medicaid Programs
- 05 Facilitating an Application for Medicaid
- 06 Facilitating an Application for Non-Medicaid Programs
- 07 Referral, Coordination and Monitoring of Medical Services
- 08 Referral, Coordination and Mntng of Non-Medical Srvcs



MT  
Random M

Select Sample Data.  
Choose  
Observation Details.

[Steyaert, Rena](#) | [Home](#) | [Logout](#)

Welcome Steyaert, Rena

- [Sample Details](#)
- [Observation Details](#)
- [Observation Batch Review](#)
- [Maintain Sample Basis and Fund](#)



### MT - DHHS Random Moment Sampling Observation Details

[Stevaert, Rena](#) | [Home](#) | [Logout](#)

[Master Data](#)   [Sample Data](#)   [Participant Data](#)   [Reports](#)

Please select an observation to view the details.

Status needs to read "ALL"

Sample Train 2011 - Tr  
Region 100 - Harrison Sch  
**Status** --All--

Participant ID. Search

ID	Name	Moment Dt
11922	Weber, Leslee	06/21/11 09:01

Page: 1



### MT - DHHS Random Moment Sampling Observation Details

[Stevaert, Rena](#) | [Home](#) | [Logout](#)

**Security**   **Master Data**   **Sample Data**   **Participant Data**   **Reports**

Sample Training for 2011

[History](#)

Sample Train 2011 - Training for 2011  
Region 100 - Harrison School  
Status --All--

Participant ID.  Search

ID	Name	Moment Dt
11922	Weber, Leslee	06/21/11 09:01

Page: 1

Participant Name Weber, Leslee      Moment 6/21/2011 9:01:00 AM  
Region Harrison School      Observation Type Paper  
Observation ID 60969      Observation Method Participant Coder  
--

Select from dropdown.  
Program needs to  
match Position

Location \* 1001 - Harrison  
Program \* **Select a program**  
Position \* 4 - Counselors  
Activity \* Select an activity  
Notes

- Pending
- Accept
- Reject
- Invalid

Sign off   Cancel





## MT - DHHS Random Moment Sampling Observation Details

[Stevaert, Rena](#) | [Home](#) | [Logout](#)

[Security](#) [Master Data](#) [Sample Data](#) [Participant Data](#) [Reports](#)

Sample: Train 2011 - Training for 2011  
Region: 100 - Harrison School  
Status: --All--  
Participant ID: [ ] Search

ID	Name	Moment Dt
11922	Weber, Leslee	06/21/11 09:01

Page: 1

Participant Name: Weber, Leslee  
Region: Harrison School  
Observation ID: 60969  
Moment: 6/21/2011 9:01:00 AM  
Observation Type: Paper  
Observation Method: Participant Coder  
Phone No: --

Select Activity and answer 3 questions below.

Location \*: 1001 - Harrison  
Program \*: 04 - Counselors  
Position \*: 4 - Counselors  
Activity \*: Select an Activity  
Notes: [ ]

What were you doing? \*  
Who were you with? \*  
What is the intent of this activity? \*

Pending



## MT - DHHS Random Moment Sampling Observation Details

[Stevaert, Rena](#) | [Home](#) | [Logout](#)

[Security](#)   [Master Data](#)   [Sample Data](#)   [Participant Data](#)   [Reports](#)

**Sample** Train 2011 - Training for 2011  
**Region** 100 - Harrison School  
**Status** --All--

Participant ID:  Search

ID	Name	Moment Dt
11922	Weber, Leslee	06/21/11 09:01

Page: 1

**Participant name** weber, Leslee      **Moment** 6/21/2011 9:01:00 AM  
**Region** Harrison School      **Observation Type** Paper  
**Observation ID** 60969      **Observation Method** Participant Coder  
**Phone No** --

**Location \*** 1001 - Harrison  
**Program \*** 04 - Counselors  
**Position \*** 4 - Counselors  
**Activity \*** 02 - Educational and Other Social Activities, Non-Medicaid  
**Notes**

**What were you doing? \*** assisting teacher in Math class  
**Who were you with? \*** student  
**What is the intent of this activity? \*** to help student with math skill they are lacking in

Pending  
 Accept

# What If You Have Questions?

- Contact DPHHS

Rena Steyaert, Program Officer  
Health Resources Division, DPHHS  
PO Box 202951  
Helena, MT 59602-2951  
Phone: (406) 444-4066  
Fax: (406) 444-1861  
[Email: rsteyaert@mt.gov](mailto:rsteyaert@mt.gov)

Beverly Clark, Claims Specialist  
Health Resources Division, DPHHS  
PO Box 202951  
Helena, MT 59602-2951  
Phone: (406) 444-2764  
Fax: (406) 444-1861  
[Email: bclark2@mt.gov](mailto:bclark2@mt.gov)

# Online Access

## [Provider Website: https://medicaidprovider.mt.gov](https://medicaidprovider.mt.gov)

- Under “Resources by Provider Type”, select “School-Based Services” then look for the “Medicaid Administrative Claiming” panes.
  - Manuals/Guides
  - Training Presentation
  - Definition of Activity Codes
  - Training Quiz
  - Medicaid Information

