

Medicaid Administrative Claiming Program



# Medicaid Administrative Claiming

Coordinator and Financial Officer Training  
2015

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Medicaid Administrative Claiming Program



## What Is Medicaid Administrative Claiming?

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

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Medicaid Administrative Claiming Program



## 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.




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**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

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**Random Moment Observation Sampling Form**  
 Michigan - Medicaid Admins Claiming  
 For the period: October 2007 to 23 November 2007

Your Name Here  
 Job Title \_\_\_\_\_  
 School Name - Building \_\_\_\_\_

Sample Moment: **Mon/09/2005 0:00**  
 Sample Sequence #: **0**

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

*Please provide a brief answer to each of the questions below. You need to reflectively describe what you were doing at the time and then list all activities in order to support your activity code selection. Please do not use uncheckably identified Activity Sequence numbers in your description.*

What were you doing?  
 Why were you doing it?  
 Why was your activity?

**Activity Codes - Please check all that apply**

<input type="checkbox"/> 01 Administration for Special Education	<input type="checkbox"/> 05 Direct Medical and School Health Related Services
<input type="checkbox"/> 02 Administrators and Building Activities	<input type="checkbox"/> 06 Education and Other Social Activities - Non-Medical
<input type="checkbox"/> 03 Managerial Functions	<input type="checkbox"/> 07 Outreach to Medicaid Program
<input type="checkbox"/> 04 Compliance	<input type="checkbox"/> 08 Outreach to Non-Medicaid Program
<input type="checkbox"/> 09 Disposition	<input type="checkbox"/> 09a Purchasing or Acquisition for Medicaid
<input type="checkbox"/> 10 Discharge	<input type="checkbox"/> 09b Purchasing or Acquisition for Non-Medicaid Program
<input type="checkbox"/> 11 Compliance/Enforcement for Spec. Ed.	<input type="checkbox"/> 10a Referral, Coordination and Monitoring of Medical Services
<input type="checkbox"/> 12 Insurance	<input type="checkbox"/> 10b Referral, Coordination and Monitoring of Non-Medical Services
<input type="checkbox"/> 13 Liaison Services to School Health Admins	<input type="checkbox"/> 11a Referral Services to Access Medicaid Services
<input type="checkbox"/> 14 Medical Billing Claims	<input type="checkbox"/> 11b Referral Services to Access Non-Medicaid Services
<input type="checkbox"/> 15 Occupational Therapies and Activities	<input type="checkbox"/> 12a Paper Processing, Origination & Mgmt of Medicaid Services
<input type="checkbox"/> 16 Occupational and Medical Services	<input type="checkbox"/> 12b Paper Processing, Origination & Mgmt of Non-Medicaid Services
<input type="checkbox"/> 17 Physical Therapies and Activities	<input type="checkbox"/> 13 General Administration
<input type="checkbox"/> 18 Program and Facility Operations	<input type="checkbox"/> 14 Not Scheduled to Work
<input type="checkbox"/> 19 Psychological and Social	
<input type="checkbox"/> 20 Psychological Support	
<input type="checkbox"/> 21 Psychological Therapies	
<input type="checkbox"/> 22 Psychological Services	
<input type="checkbox"/> 23 Speech and Language Pathologies and Aides	
<input type="checkbox"/> 24 Student Services Personnel	
<input type="checkbox"/> 25 Work Study Candidates	

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

1. Check the name and job title at the top of the sample form. Make a note of the date and time.
2. Check the activity codes, provide a brief answer to each of the questions.
3. Describe the activity in detail. Why were you doing it? Be as specific as possible.
4. In Section A, provide all of the activity codes that you were doing at the time.
5. In Section B, provide all of the activity codes that you were doing at the time.
6. In Section C, provide all of the activity codes that you were doing at the time.
7. In Section D, provide all of the activity codes that you were doing at the time.
8. In Section E, provide all of the activity codes that you were doing at the time.
9. In Section F, provide all of the activity codes that you were doing at the time.
10. In Section G, provide all of the activity codes that you were doing at the time.
11. In Section H, provide all of the activity codes that you were doing at the time.
12. In Section I, provide all of the activity codes that you were doing at the time.
13. In Section J, provide all of the activity codes that you were doing at the time.
14. In Section K, provide all of the activity codes that you were doing at the time.
15. In Section L, provide all of the activity codes that you were doing at the time.
16. In Section M, provide all of the activity codes that you were doing at the time.
17. In Section N, provide all of the activity codes that you were doing at the time.
18. In Section O, provide all of the activity codes that you were doing at the time.
19. In Section P, provide all of the activity codes that you were doing at the time.
20. In Section Q, provide all of the activity codes that you were doing at the time.
21. In Section R, provide all of the activity codes that you were doing at the time.
22. In Section S, provide all of the activity codes that you were doing at the time.
23. In Section T, provide all of the activity codes that you were doing at the time.
24. In Section U, provide all of the activity codes that you were doing at the time.
25. In Section V, provide all of the activity codes that you were doing at the time.
26. In Section W, provide all of the activity codes that you were doing at the time.
27. In Section X, provide all of the activity codes that you were doing at the time.
28. In Section Y, provide all of the activity codes that you were doing at the time.
29. In Section Z, provide all of the activity codes that you were doing at the time.
30. In Section AA, provide all of the activity codes that you were doing at the time.
31. In Section AB, provide all of the activity codes that you were doing at the time.
32. In Section AC, provide all of the activity codes that you were doing at the time.
33. In Section AD, provide all of the activity codes that you were doing at the time.
34. In Section AE, provide all of the activity codes that you were doing at the time.
35. In Section AF, provide all of the activity codes that you were doing at the time.
36. In Section AG, provide all of the activity codes that you were doing at the time.
37. In Section AH, provide all of the activity codes that you were doing at the time.
38. In Section AI, provide all of the activity codes that you were doing at the time.
39. In Section AJ, provide all of the activity codes that you were doing at the time.
40. In Section AK, provide all of the activity codes that you were doing at the time.
41. In Section AL, provide all of the activity codes that you were doing at the time.
42. In Section AM, provide all of the activity codes that you were doing at the time.
43. In Section AN, provide all of the activity codes that you were doing at the time.
44. In Section AO, provide all of the activity codes that you were doing at the time.
45. In Section AP, provide all of the activity codes that you were doing at the time.
46. In Section AQ, provide all of the activity codes that you were doing at the time.
47. In Section AR, provide all of the activity codes that you were doing at the time.
48. In Section AS, provide all of the activity codes that you were doing at the time.
49. In Section AT, provide all of the activity codes that you were doing at the time.
50. In Section AU, provide all of the activity codes that you were doing at the time.
51. In Section AV, provide all of the activity codes that you were doing at the time.
52. In Section AW, provide all of the activity codes that you were doing at the time.
53. In Section AX, provide all of the activity codes that you were doing at the time.
54. In Section AY, provide all of the activity codes that you were doing at the time.
55. In Section AZ, provide all of the activity codes that you were doing at the time.
56. In Section BA, provide all of the activity codes that you were doing at the time.
57. In Section BB, provide all of the activity codes that you were doing at the time.
58. In Section BC, provide all of the activity codes that you were doing at the time.
59. In Section BD, provide all of the activity codes that you were doing at the time.
60. In Section BE, provide all of the activity codes that you were doing at the time.
61. In Section BF, provide all of the activity codes that you were doing at the time.
62. In Section BG, provide all of the activity codes that you were doing at the time.
63. In Section BH, provide all of the activity codes that you were doing at the time.
64. In Section BI, provide all of the activity codes that you were doing at the time.
65. In Section BJ, provide all of the activity codes that you were doing at the time.
66. In Section BK, provide all of the activity codes that you were doing at the time.
67. In Section BL, provide all of the activity codes that you were doing at the time.
68. In Section BM, provide all of the activity codes that you were doing at the time.
69. In Section BN, provide all of the activity codes that you were doing at the time.
70. In Section BO, provide all of the activity codes that you were doing at the time.
71. In Section BP, provide all of the activity codes that you were doing at the time.
72. In Section BQ, provide all of the activity codes that you were doing at the time.
73. In Section BR, provide all of the activity codes that you were doing at the time.
74. In Section BS, provide all of the activity codes that you were doing at the time.
75. In Section BT, provide all of the activity codes that you were doing at the time.
76. In Section BU, provide all of the activity codes that you were doing at the time.
77. In Section BV, provide all of the activity codes that you were doing at the time.
78. In Section BV, provide all of the activity codes that you were doing at the time.
79. In Section BV, provide all of the activity codes that you were doing at the time.
80. In Section BV, provide all of the activity codes that you were doing at the time.

PLEASE NOT USE WHITEOUT

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**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.

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**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**

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**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

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**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

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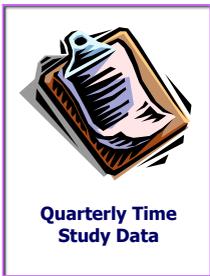
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## Components of Calculating a Claim/Invoice



Medicaid Administrative Claiming Program



Quarterly Time Study Data



Medicaid Eligibility Rate & Indirect Cost Ratio



District Quarterly Financial Data

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## Sample Templates



Medicaid Administrative Claiming Program



Financial Data



Participant List



Invoice

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## Financial Data Requirements



Medicaid Administrative Claiming Program

- 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.

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### 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.

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Medicaid Administrative Claiming Program

### 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.

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Medicaid Administrative Claiming Program

### 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 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.

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Medicaid Administrative Claiming Program



### 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)

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

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Medicaid Administrative Claiming Program



### 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




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Medicaid Administrative Claiming Program



### 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.

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Medicaid Administrative Claiming Program



### 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



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Medicaid Administrative Claiming Program



### 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.

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Medicaid Administrative Training Program



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

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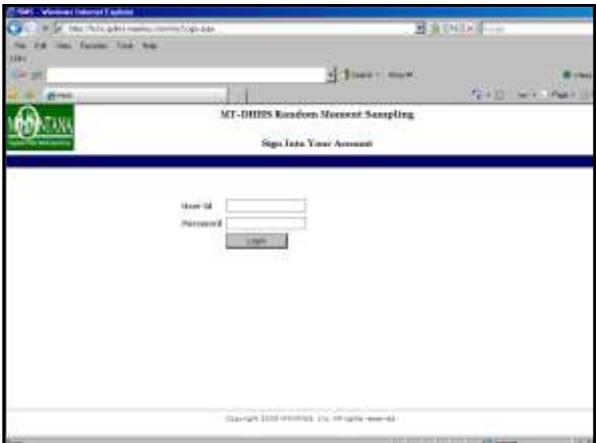
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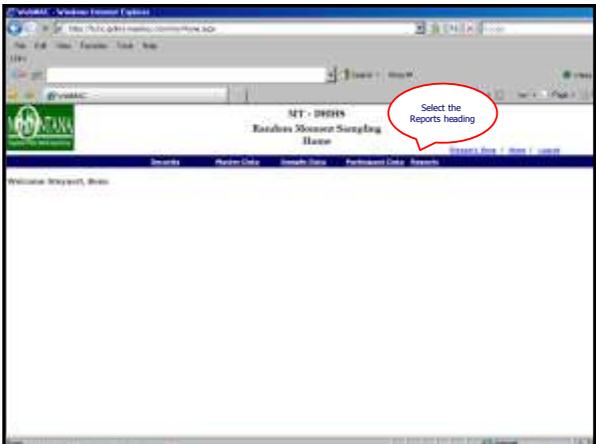
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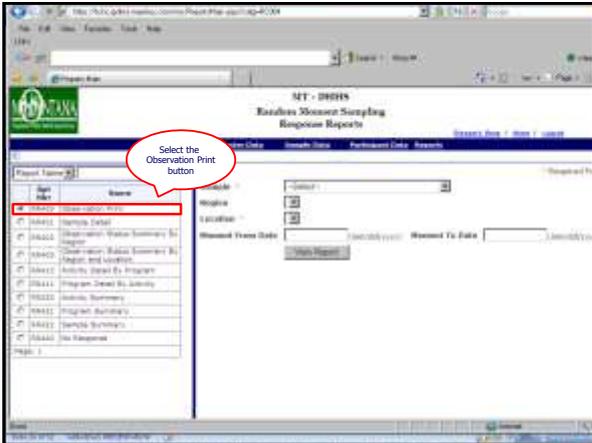
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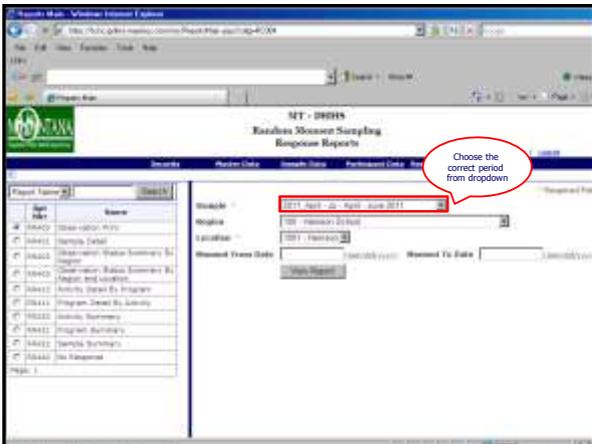
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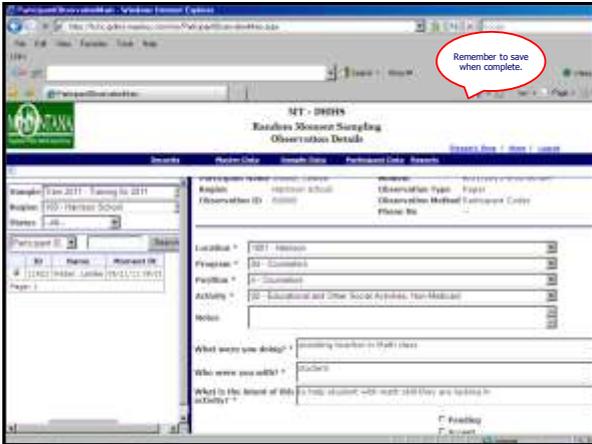
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**What If You Have Questions?**

- Contact DPHHS

<p><b>Rena Steyaert</b>, Program Officer          Health Resources Division, DPHHS          PO Box 202951          Helena, MT 59602-2951          Phone: (406) 444-4066          Fax: (406) 444-1861          Email: <a href="mailto:rsteyaert@mt.gov">rsteyaert@mt.gov</a></p>	<p><b>Beverly Clark</b>, Claims Specialist          Health Resources Division, DPHHS          PO Box 202951          Helena, MT 59602-2951          Phone: (406) 444-2764          Fax: (406) 444-1861          Email: <a href="mailto:bclark2@mt.gov">bclark2@mt.gov</a></p>
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**Online Access**

<http://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

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