WA-Schools: Answering the Random Moment Time Study from a Mobile Device

RMTS Participants can answer their assigned moments from any mobile device (including web-enabled cell phones and tablets) where the participant has access to their work email account by simply tapping on the hyperlink included in all email notifications and reminders.

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Reminder to Complete your RMTS Moment 02/20/2019 09:32 5						
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Original Message From: test.umassmed@gmail.com <test.umassmed@gmail.com></test.umassmed@gmail.com>						
Subject: Reminder to Complete you 02/20/2019 09:32 AM (Esd 121)	IR RMTS	Momen	t			
Dear George Washington,						
You were recently selected State's, Medicaid Administra Time Study (RNTS) for Scho University of Nassachusetts indicate you have not yet co	ment da expirat	ate/tim ion dat	n ne mer y th rds nt.	nt e		
Your participation is an important part of the Medicaid Administrative Claiming program that helps ensure all Washington residents have access to appropriate health care.						
Please complete your moment whi 02/20/2019 09:32 AM before it exp AM.	ch occu pires on	rred on \ 02/22/2	Wednes 2019 09:	day, 32		
Your User ID is WashinG7	User	ID				
Simply click on the link below and r assigned time:	ecora yo	our activ	ity for tl	ne		
https://urldefense.proofpoint.com/ 2Drmts-2Duat.chcf-2Dumms.org3 3DWashinG7&d=DwIBAg&c= WJBJ9sUF1mbpVIAf3biu3CPHX4M Y_w4DerPlOmhQ&r=J21UyxWOr1h G3Ipmb3CFIDV9T8&m=Wjg99QejA LWyJfB8WIouIQTU&s=b8QkeTigb4 xVrE0uG1k3JRWHQ&e=	'v2/url?u BFuserna IeRj WvOgAł Q-j1xxsa wD5tRj\	ı=https∹ ame- nDZoW1 aJcXGff ∕RCFWv	3Acbe RYCCu- MInhR TBZSC-	<u>-</u>		
Thank you for your attention and co moment time tudy program	ommitm	ent to th	nis rando	om		
NOTE: Your User ID, Washir Link to to enter your Password. If your need reset, on the main login screen sele follow the instructions.	o RMT a to nav ect Forge	S webs	ite ussivoro vord and	eed d d		
For help accessing the system, please email call 1-800-535- 6741 or email MedicaidAdmMatch@umassmed.edu.						
For other assistance, questions or training please contact your School District MAC Coordinator.						
Thank you for your participation.						
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Moment Notification Email:



Login Page:

Participant Home Page (Answer a Moment):

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Q	Tue, Feb 19 20 Expires Thu,	19 9:43 AM Feb 21 2019 9:4	43 AM			
٩	Wed, Feb 20 20 Expires Fri, F	0 19 12:30 PM Feb 22 2019 12:3	30 PM			
٩	Wed, Feb 20 20 Expires Fri, F)19 2:35 PM Feb 22 2019 2:33	5 PM			
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For fur e-mail <u>6741</u> . Distric	ther assistance I MedicaidAdmMa For program ques MAC Coordinate	ogging on or aca <u>atch@umassme</u> stions please co or.	cessing the si <u>d.edu</u> or <u>1-800</u> ntact your Scl	te, plea <u>)-535-</u> nool	ase	

Participant Home Page (Prior Moments):



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Select a training video (if applicable):



View of training video (if applicable):



Answering a moment:



Typing a narrative:



Moment Submission:

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Rev	iew Your Answers					
Tue, F	Feb 19 2019 9:43 AM					
Q:	Q: What type of activity were you doing?					
A: Educational/Instructional Activities (including related paperwork/travel)						
Q:	Q: What specifically were you doing?					
A:	A: Prep/planning period work					
Q:	Q: Why were you performing this activity?					
A:	A: Assigned duties/job requirement					
Q: •	Q: Who were you primarily working with? A: School/District Staff					
Q:	Q: REQUIRED: Narrative for documentation of activity (limited to 250					
A:	characters) A: I was on my prep period planning for a educational event.					
	I certify that the answers submitte	d are accurate ar	nd complet	e.		
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Pre	evious Start Over Submit	box mus	st be			
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Moment Confirmation:

