

**Attendees:**

<input type="checkbox"/>	Jennifer Inman	<input type="checkbox"/>	Aranza Granrose	<input type="checkbox"/>	Laureen Clark
<input type="checkbox"/>	Kathy Spoor	<input type="checkbox"/>	Leslie Hopkins	<input type="checkbox"/>	Annie Goodwin
<input type="checkbox"/>	April Fisk	<input type="checkbox"/>	Deanna Quinn	<input type="checkbox"/>	Cathy Mortell
<input type="checkbox"/>	John Abplanalp	<input type="checkbox"/>	Lynda Thomas	<input type="checkbox"/>	Yukari Odora
<input type="checkbox"/>	Patty Proctor	<input type="checkbox"/>	Hansine Fisher	<input type="checkbox"/>	Carrie Riemann
<input type="checkbox"/>	Adams County	<input type="checkbox"/>	Asotin County	<input type="checkbox"/>	Benton Franklin
<input type="checkbox"/>	Chelan-Douglas	<input type="checkbox"/>	Clallam County	<input type="checkbox"/>	Clark County
<input type="checkbox"/>	Columbia County	<input type="checkbox"/>	Cowlitz County	<input type="checkbox"/>	Grant County
<input type="checkbox"/>	Grays Harbor County	<input type="checkbox"/>	Island County	<input type="checkbox"/>	Jefferson County
<input type="checkbox"/>	King County	<input type="checkbox"/>	Kitsap Public Health	<input type="checkbox"/>	Kittitas County
<input type="checkbox"/>	Klickitat County	<input type="checkbox"/>	Lewis County	<input type="checkbox"/>	Mason County
<input type="checkbox"/>	NE Tri County	<input type="checkbox"/>	Okanogan County	<input type="checkbox"/>	Pacific County
<input type="checkbox"/>	San Juan County	<input type="checkbox"/>	Skagit County	<input type="checkbox"/>	Skamania County
<input type="checkbox"/>	Snohomish Health District	<input type="checkbox"/>	Spokane Reg Health District	<input type="checkbox"/>	Tacoma-Pierce County
<input type="checkbox"/>	Thurston County	<input type="checkbox"/>	Walla Walla County	<input type="checkbox"/>	Whatcom County
<input type="checkbox"/>	Whatcom County	<input type="checkbox"/>	Yakima Health District	<input type="checkbox"/>	

**Please Register for the webinar:**

<https://attendee.gotowebinar.com/register/6161559082050965764>  
Call-in: 1-888-407-5039/Participant PIN: 95523097

**Desired Outcome:**

✓ Program updates, question and answers.

Agenda Items (7-18-2016)	Lead	Comments	Summary Meeting Notes
Welcome	Jennifer	Attendance is tracked via webinar registration.	
Code 1 vs Code 10	Leslie	See handout: quick reference guides	
Reminder: MER proposal	Jennifer	Due December 1st	
Reminder: October fiscal trainings	Carrie	October 5 <sup>th</sup> : Olympia October 12 <sup>th</sup> : Moses Lake	
Preference on code reviewer training	Jennifer	Poll to be sent. End of year (2016) or early 2017; in person or webinar.	
Webinar on Home Visiting program guide	Carrie	Will be held during regularly scheduled consortium calls	
Client ID system correction <ul style="list-style-type: none"> <li>RMTS results to be corrected</li> <li>Invoices will need to be revised</li> </ul>	Hansine	See handout: Client ID Update LHJ Instructions	

• Ongoing QA activities		Revisions due after reconciliation	
Reviewing client IDs and navigating the URMTS	Carrie	Manually review RMTS until system generated report is ready.	
Revising historical invoices during reconciliation	Jennifer	Only need to revise if an error was identified. Any inappropriate claiming must be corrected prior to reconciliation.	
Reconciliation invoices deadline	Jennifer	October 15, 2016	
End of quarter updates	Carrie	Code review for Q2 2016	
General discussion/questions	Jennifer	Comments, questions, concerns	
<b>Next Meeting: Monday, November 21, 2016 from 3:30pm-4:00pm</b>			
<b>Adjourn</b>			

## Code 1b: Medicaid Outreach

### WHAT THIS CODE IS ABOUT

This code is about informing eligible or potentially eligible individuals, families, and communities about the Medicaid program and how to access it, and its covered benefits. It includes outreach campaigns that encourage individuals to access health services covered by Medicaid, such as First Steps, ABCD, and EPSDT.

### KEY VERBS

Use verbs that reflect outreach activities.  
 Examples:

- Informed
- Explained
- Provided (information about...)
- Gave out (program brochure)
- Encouraged (using a service)
- Planned (outreach strategy)
- Received/disseminated (updates on program eligibility) to staff to use in their outreach

### REMINDERS

- Medicaid outreach provides information about the Medicaid program or its covered benefits to individuals who are eligible or enrolled.
- Outreach can be done using written or oral methods.
- Washington Apple Health is the new name for Medicaid for children and adults.
- Training to inform individuals about the Medicaid program belongs in this code.

### WHAT CODE 1b IS NOT

- ✓ Explaining Medicaid eligibility rules and processes. This activity is Code 3b.
- ✓ Linking an individual to a Medicaid-covered service is Code 10b.
- ✓ Assisting an individual to complete application for Washington Apple Health (Medicaid). This activity is Code 3b.
- ✓ Encouraging individuals and families to access non-Medicaid prevention-based health and wellness services. This is a Code 1a activity.

### WRITING GOOD ACTIVITY DESCRIPTIONS

Use the "what I was doing", "with whom" and "why" format.

When informing about available services, specify the Medicaid benefit.

Some examples:

- Giving information to an individual about Medicaid benefits (ABCD, well child care, immunizations, mental health services, etc.) that she can get through enrollment in Medicaid.
- On phone, explaining additional Medicaid benefits that are available to children with special health care needs to a parent.
- Helped mom on Medicaid compare benefits of available managed care health plans to see which would be best for her family.
- Told a pregnant woman how enrolling in First Steps would help her get prenatal care.

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**Not so good:** Provided information about services during a community health fair.  
 ✓ **There is no tie to Medicaid.**

**Better:** Provided information about the Take Charge program, a Medicaid benefit, to a teenager asking about birth control during a community health fair.

**Not so good:** On the phone, encouraging a mom to enroll her children for needed dental care.  
 ✓ **This doesn't specify what program woman is being encouraged to enroll in.**

**Better:** On the phone, encouraging a mom to enroll her children in ABCD, a Medicaid benefit, for needed dental care.

**Not so good:** Putting out program brochures in our main waiting area - they contain information on eligibility and benefits and where to apply.  
 ✓ **This doesn't specify what program the brochures are for.**

**Better:** Putting out brochures on the Washington Healthplanfinder in our main waiting area - they contain information on Medicaid eligibility and benefits and where to apply.

**Definition:** Activities that inform eligible or potentially eligible individuals about Medicaid and how to access the program; such activities include bringing potential eligible into the Medicaid system for the purpose of the eligibility process. Both written and oral methods may be used. This includes related clerical work, correspondence, and travel. (MAC Cost Allocation Plan for LHJs, October 2014)

## Code 10b: Referral, Coordination, and Monitoring of Medicaid Services

### WHAT THIS CODE IS ABOUT

The focus of this code is helping individuals to access and utilize needed Medicaid services through case-management type activities. It is about referring an individual for and coordinating medical, dental, mental health, substance abuse, family planning, and other services covered by Medicaid. It includes arranging for the services, participating in discussions/meetings to review an individual's need for Medicaid services, and following up to ensure the services were received. Coordinating completion of services and referral to other providers to ensure continuity of care and providing information to other staff on an individual's services and plans are also part of this code. It includes monitoring of the medical components of a child's Individual Family Service Plan (IFSP).

#### KEY VERBS

Use verbs that reflect activity related to accessing services. Examples:

- Referred
- Linked
- Arranged
- Gathered information (for referral)
- Coordinated
- Followed up on (e.g., a referral)
- Discussed (need for service)

#### WRITING GOOD ACTIVITY DESCRIPTIONS

Use the "*what I was doing*", "*with whom*", and "*why*" format.

Name the Medicaid service that is the focus of the referral, coordination or monitoring activity. Some examples:

- Referring non-MSS client with symptoms of post-partum depression for a mental health assessment.
- Arranging follow-up appointments with orthopedist for a child with special health care needs.

Note the reason for a referral, service coordination or monitoring. It is often the link to Medicaid.

- Making arrangements for two preschoolers to receive X-rays in preparation for preventive TB therapy.
- Discussing case of an individual newly diagnosed with an STD with another LHJ to coordinate and assure access to medical care for partner of the individual.
- Following up with clinic to make sure a homeless individual kept appointment for wound care.

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**Not so good:** Calling parent about referral of her child for services.

✓ **Does not state that this is about a Medicaid service.**

**Better:** Calling parent **about** referral of her child to a pediatrician for chronic ear infection, reminding her about the appointment.

**Not so good:** Entering mammogram results into database.

✓ **No detail about the follow up, no link to Medicaid.**

**Better:** Entering mammogram results from our contracted BCCHP providers into database as part of setting up follow-up referrals of these women to a medical provider for further evaluation.

#### WHAT CODE 10b IS NOT

- ✓ **Explaining Medicaid benefits to someone who is applying for or enrolled in Medicaid is Medicaid outreach - Code 1b.**
- ✓ **Direct medical services** (medical, dental, mental health, substance abuse or family planning), including activities integral to or an extension of these services are Code 5.
- ✓ **Planning or coordinating the direct medical/therapy services you provide or writing your treatment plan or progress notes.** These activities are part of the direct medical service, and are Code 5.
- ✓ **Any activity related to Medicaid HIV/AIDS Targeted Case Management are Code 5.**
- ✓ **Processing incoming referrals to your agency for a service/program are Code 4 or 5.**

**Definition:** Making referrals for, coordinating, and monitoring the delivery of Medicaid covered services such as medical, dental, mental health, substance abuse, or family planning. This includes related clerical work, correspondence, and travel **Activities that are an integral part of or an extension of a medical service or targeted case management (e.g., patient follow-up, assessment, counseling, education and/or consultation, and billing activities) must be reported under Code 5, Direct Medical Services.** (MAC Cost Allocation Plan for LHJs, October 2014)

## Background

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In preparing the RMTS results for the reconciliation invoices, HFA staff discovered instances where data had been entered into the client ID field that appear to be text other than a client ID. This affects Quarter 2, 2015 – Quarter 1 2016.

The database that generates the RMTS results for each consortium uses all MAC linkage-related moments with data in the client ID field in the calculation of the activity percentage for these codes. Since not all LHJs use the same client ID format, the URMTS system was programmed to recognize anything entered into the field as a client ID.

Unfortunately, some client ID fields contain text other than a client ID. Counting them as client ID would inflate the percentage of moments in the linkage related MAC codes where a client ID is applied and would result in the LHJs being out of compliance with both the federally-approved Cost Allocation Plan that went into effect with Q2 15 and with the reconciliation plan covering the eleven quarters affected by the deferral.

## Required Action

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As a result, the erroneous data entered into the client ID field it must be corrected in order to get an accurate percentage of MAC linkage-related codes associated with a client ID.

The reason for correcting these errors in the client ID is threefold:

- To ensure compliance with the federally approved MAC Cost Allocation Plan and the Reconciliation proposal.
- To preserve the original RMTS files for audit purposes - they are source documentation for the original invoices. Their results were certified, and invoices were submitted to HCA using this data.
- To have a transparent process for correcting erroneous client IDs and to provide an audit trail that will clearly show how the corrected RMTS file was created.

### Reconciliation RMTS Results and Invoices

While the client IDs are being corrected, HFA will suspend processing RMTS results for the reconciliation invoices. However, HFA will continue to open each reconciliation invoice on the published schedule so that LHJs may begin entering expenditures and funding into URMTS.

The first two quarters of reconciliation results (Q3 and Q4 2012) that have already been processed will need to be revised. LHJs that previously certified these invoices will need to re-certify them once revised RMTS results have been entered.

Once all the client IDs are corrected, HFA will resume processing the RMTS results for the reconciliation invoices.

### Q2 2015 -Q4 2015 & Q1 2016 Invoices

The invoices for these quarters (Q2 2015-Q4 2015 & Q1 2016) will need to be revised to reflect the updated RMTS results.

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## Timeline & Checklist

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- **August 31<sup>st</sup>-September 1<sup>st</sup>:** HFA will delete the random moment coding certifications for all LHJs for quarters 2, 3, and 4 2015 and Q1 2016. The RMTS results will be unlocked and the original RMTS results archived.
- **September 9<sup>th</sup>:** LHJs will complete their client ID review, make necessary corrections, and recertify all quarters.
- **September 13<sup>th</sup>:** HFA will re-process the RMTS results for the four quarters affected by the inaccuracies in the client ID.
- **September 15<sup>th</sup>:** HFA will resume processing the RMTS results for the reconciliation invoices in the URMTS, as follows:
  - September 15: Q1-Q4 2013
  - September 19<sup>th</sup>: Q1-Q2 2014
  - September 26<sup>th</sup>: Q3 2014-Q4 2014
  - October 3<sup>rd</sup>: Q1 2015
- **October 14<sup>th</sup>:** LHJs will have completed all reconciled invoices and submitted an electronic copy of the excel-based A19 for HCA review.

## LHJ Tasks

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### Correcting the Client IDs

- Each LHJ will review its client IDs for Q2, Q3, Q4 2015, and Q1 2016 using the attached summary report.
  - All corrections must be done in the Code Review section of URMTS.
  - Any client IDs that are being modified should include a comment explaining why a change was made.
- The review of moments with client IDs, including any necessary corrections and certification of the final code review for each quarter, must be completed within **5 business days (no later than September 9<sup>th</sup>)**. This is a tight turnaround, but it is necessary to keep the overall reconciliation process moving as closely as possible to the original timeline in order to meet the October 14<sup>th</sup> deadline.
  - LHJs that have no corrections to their client IDs will still need to recertify their final code review.

### How to Correct Client IDs

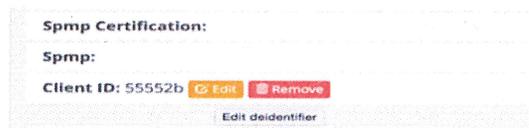
- Review the attached report to identify client IDs that need correction. This includes any ID that is invalid or contains erroneous text. (If there is no valid client ID, this field should be blank.)
- Login to URMTS.
- Click on the “Coding Queue” menu item.
- Select the quarter using the filter at the top of the page.

Filter by Code ▾

[history](#)

- Click on the “History” button to open the moments.

- Search for the moments using the filters (the code reviewer can search by RMTS participant or use the activity code filter – retrieve all moments assigned to the MAC-related linkage codes - 6b,7b,7d, 10b, and 12b)
- Click on “return to coding” next to the moment.
- Return to your coding page after you have returned all moments to the coding queue.
- Click on either “edit” or “remove” next to the client ID. Enter the change, and click save. Repeat this for all moments a



client ID that must be edited.

### How to Certify “Codings Finalized”

- When the LHJ has confirmed that all corrections to the client ID for a quarter are completed, go to the RMTS menu item.
- Select the appropriate quarter (for example 2015.Q2.Consortium 9)
- Click on the red “certify” button.
- Click the check box next to the certification statement, then click “submit”.
- Repeat for all four quarters (2015 Q2, 2015 Q3, 2015 Q4 and 2016 Q1).

### Reconciled Invoices

- LHJs should not certify any reconciled invoices until notified by HFA.
- LHJs who have already certified a Q3 or Q4 2012 reconciliation invoice will need to adjust funding, re-certify the invoice and the CPE form, once the revised RMTS results are populated in the reconciliation invoices.
  - HFA will unlock these invoices and delete the CPE form.
  - The LHJ will adjust funding as needed.
  - The LHJ will re-certify and submit the invoice and regenerate the CPE form.
- LHJs who have begun entering data may need to adjust funding once the new reconciled RMTS results are posted.
- HFA will notify each consortium when the revised RMTS results for reconciliation results have been entered into the URMTS’ reonciciation invoices.

### Submit Revised Invoices

- Each LHJ must submit revised invoices for 2015 Q2, 2015 Q3, 2015 Q4 and 2016 Q1.
- Invoices cannot be revised until the original invoice has been paid.
- Once the LHJ receives payment, a revised invoice will need to be created in URMTS. See the URMTS User Guide for step-by-step instructions for preparing and submitting a revised invoice.