Medicaid Administrative Match Definition List

Below is a list of commonly used terms in the MAM program. For additional terms, please visit the Medical Assistance Glossary.

1. **A19-1A Invoice Voucher (A19):** The State of Washington Invoice Voucher used by Contractors and vendors to submit claims for payment in return for goods and/or services provided to HCA or its Clients.

2. **Activity:** Job duties and responsibilities performed by a time study participant.

3. **Activity Codes:** Codes assigned to MAM activities within a time study. These codes are used to identify the percentage of time spent on any given activity. The MAM codes are published in the CMS Claiming Guide.

4. **Administrative Fee:** The dollar amount charged to a Contractor by HCA is based on a percentage of each Contractor’s billing for FFP claimed at the federally approved match rate. The fee is used to offset HCA’s costs incurred in administering the MAM program. Administrative fees charged to MAM contractors are used to provide the state share of match required to operate the program.

5. **Apple Health:** A Washington State initiative aimed at streamlining applications for children’s healthcare coverage.

6. **Application Assistance:** To provide Medicaid applications and to assist potential Medicaid clients in completing Medicaid applications.

7. **Audit:** An investigation of a Contractor’s MAM program and financial information to ensure compliance with state, federal and local laws. The State Auditor’s Office completes an annual OMB Circular A-133 audit for all MAM contractors.

8. **Automap:** The process of RMTS moments being automatically coded by the System.

9. **Billing Quarter:** A consecutive three (3) calendar month period during the Contractors fiscal year. Most MAM contractors utilize the State Fiscal year (July-June) with billing quarters beginning on the first day of month one (1) and ending on the last day of month three (3).

   The State Fiscal Year Billing Quarters are:
   - Q1. July – September
   - Q2. October – December
   - Q3. January - March

10. **Case Management or Targeted Case Management:** Services that assist an individual in gaining access to medical, social, educational, and other services. These are considered direct services and are not claimable under the MAM program.
11. **Centers for Medicare and Medicaid Services (CMS):** The agency within the federal Department of Health and Human Services (DHHS) with oversight responsibility for the Medicare and Medicaid programs.

12. **Certificate of Indirect Costs:** The document submitted annually to HCA, by the Contractor, to certify their indirect cost rate.

13. **Certified Public Expenditure (CPE):** Expenditures eligible for federal financial participation. Funds used for local match must be certified that all requirements are met.

14. **Child Find:** Identifying children who need special education and related services is a basic function of the special education system as required by: 34 CFR 300.111 (a)(1) – The State must have in effect policies and procedures to ensure that – (i) All children with disabilities residing in the State, including children with disabilities who are homeless or are wards of the State, and children with disabilities attending private schools, regardless of the severity of their disability, and who are in need of special education and related services, are identified, located, and evaluated.

15. **Claiming Group:** A selection of participating staff grouped together for MAM timesudy and/or claiming purposes. The selection is grouped based on similarities such as, job duties, MAM activities performed, or work location.

16. **Claiming Unit:** The actual contracted entity claiming reimbursements for MAM activities.

17. **Client:** A person who receives or is eligible to receive services through HCA or HCA designee programs. [WAC 182-550-1050]

18. **CMS Guide (Guide):** The Medicaid School-Based Administrative Claiming Guide issued May 2003 and produced by CMS, and any supplements, amendments or successor; incorporated herein by reference into this Agreement.


20. **Coding:** The process of assigning an approved CMS activity code to a non-automapped moment. HCA staff review all illogical combinations and write in answers, and assign an appropriate code to the moment.

21. **Cognizant Agency:** The agency/entity responsible for reviewing, negotiating, and approving Indirect Cost Rates used by Contractors under OMB Circulars.

22. **Collateral or Related Activities:** An activity that is necessary for or incidental to the provision of a direct medical service.

23. **Confidential Information:** Information that is exempt from disclosure to the public or other unauthorized persons under Chapter 42.56, Revised Code of Washington or other federal or state laws.
24. **Consultant or Billing Agent**: Any individual or organization hired by the Contractor to provide support with the System. The Contractor is responsible for all work done by consultants/billing agents.

25. **Contractor**: An entity or claiming unit performing MAM services pursuant to an interagency/interlocal agreement.

26. **Corrective Action Plan**: A plan developed after completion of an audit/evaluation/review where a finding(s) of deficiency are identified. The plan specifies actions the facility or vendor must take to correct the finding of deficiency; the person responsible for the developing the plan; the date when the correction shall be completed; and the person responsible for correcting the deficiency.

27. **Coordination**: Facilitating the delivery of services.

28. **Coordinator Manual**: The HCA MAM Coordinator Manual or its successor, including any updates, that describes how to manage the MAM program including the time study and claiming.

29. **Core Hours**: The hours the Contractor’s facility may be open as defined by the Contractor’s policy.

30. **Cost Allocation Plan (CAP)**: An official document which describes the procedures that states use in identifying, measuring, and allocating state agency costs incurred in support of all programs administered or supervised by the state agency. The CAP must make explicit reference to the methodologies, claiming mechanisms, interagency agreements, and other relevant issues pertinent to the allocation of costs and submission of claims by MAM Contractors. The CAP must be reviewed and approved by CMS.

31. **Data-Share Agreement**: A contractual agreement between HCA and other entities to exchange data.

32. **Desk Review**: HCA review of a Contractor’s MAM program to ensure program integrity.

33. **Direct Cost**: Costs in direct support of MAM as reported on the quarterly A19 which are not already included in the indirect cost rate.

34. **Drop down(s)**: The predefined list of possible answers for each time study question in the System.

35. **Early and Periodic Screening, Diagnosis and Treatment (EPSDT)** - A comprehensive child health program that entitles infants, children, and youth to preventive care and treatment services. EPSDT is available to persons twenty years of age and younger who are eligible for any Agency healthcare program. Access and services for EPSDT are governed by federal rules at 42 CFR, Part 441, Subpart B. See also Chapter 182-534 WAC. [WAC 182-500-0030]

36. **Federal Financial Participation (FFP)**: The level of federal funding to which the federal government will participate to reimburse government agencies for certain Medicaid administrative activities.

37. **Federally Recognized Washington State Tribes**: A MAM Contractor who may perform outreach and linkage activities

38. **Free Care**: Services which are available to all clients without charge, and are not reimbursable by any third party.
39. **Free Typed**: A typed response to any time study question where the participant is unable to select a predefined response.

40. **Harborview Outreach**: A MAM Contractor who may perform outreach and linkage activities.

41. **Health Care Authority (HCA)**: The single state Medicaid agency that has complete authority and responsibility for administration of the State Medicaid Plan and Medicaid Administrative Match.

42. **Healthy Options (HO)**: The HCA’s Medicaid managed care program for low income people in the state of Washington.

43. **Individual Education Plan (IEP)**: The document that describes the special education program developed and designed by the IEP team (which includes parents) to address a student’s unique needs. The IEP is the cornerstone of a quality education for each child with a disability.

44. **Illogical combinations**: A completed moment which contains contradictory drop down selections.

45. **Indirect Cost(s)**: An operating expense that is allocated across more than one program.

46. **Indirect Cost Rate**: The ratio (expressed as a percentage) of the indirect costs to a direct cost base as approved by the Contractor’s Cognizant Agency.

47. **Individuals with Disabilities Education Act (IDEA)**: A United States federal law that governs how states and public agencies provide early intervention and special education.

48. **Interagency/ Interlocal Agreement (Agreement)**: Any two or more public agencies may enter into agreements with one another for joint or cooperative action.

49. **Job Title**: A short description of a job position.

50. **Job Description**: A summary of specific duties and responsibilities of a job position.

51. **King County Superior Court Juvenile Probation Services (KCSCJPS)**: A MAM Contractor who may perform outreach and linkage activities.

52. **Limited English Proficient (LEP)**: A person with limited ability or inability to speak, read, or write English well enough to understand and communicate effectively in normal daily activities.

53. **Linkage**: Connecting clients with appropriate Medicaid services.

54. **Local Health Jurisdiction (LHJ)**: A MAM Contractor who may perform outreach and linkage activities.

55. **Local Match Certification Form**: The form a Contractor uses annually to report local matching funds to HCA.

56. **Local Matching Funds (Local Match)**: The Contractor’s non-federal tax dollars that are not otherwise obligated and are designated or certified to match the FFP rate of reimbursement. This revenue must be
in the Contractor’s budget and under the Contractor’s control. These funds cannot be contributed by healthcare providers as local matching funds and subcontractors cannot certify local match funding. All local match funds must meet CPE requirements.

57. Medicaid: The federal aid Title XIX program of the Social Security Act under which medical care is provided to eligible persons.

58. Medicaid Administrative Match Program (MAM): The program within HCA’s, Division of Health Care Services, responsible for overseeing MAM activities and Contractors.

59. MAM Contractor (Contractor): A government agency contracted with HCA to perform MAM activities for federal reimbursement.

60. MAM Coordinator: An employee of the Contractor assigned MAM time study oversight responsibilities and to act as liaison between HCA and the Contractor for purposes of a MAM agreement

61. MAM Program Specialist: The HCA employee identified as the HCA contact on a MAM Interagency/Interlocal agreement.

62. Medicaid Eligibility Rate (MER): The calculation that determines the proportional share of Medicaid individuals to the total number of individuals within the Contractor’s jurisdiction.

63. Monitoring: Follow up activities related to the delivery of services.

64. Non-Responses: RMTS moments not completed within five (5) work days.

65. Office of Management and Budget (OMB): A division under the Executive Office of the President of the United States.

66. Onsite Visit: An HCA visit made to a Contractor’s location to review their MAM program to ensure program integrity.

67. Operating Costs: Costs incurred while performing business activities required to operate the Medicaid Administrative Match program that would not be a normal requirement of any business activity.

68. Outreach: Activities undertaken by the Contractor to inform families within its jurisdiction about Medicaid and services available and encourage access to these services.

69. Parallel Coding: A time study coding system distinguishing Medicaid activities from similar activities that are not Medicaid reimbursable.

70. Participant: Staff who are eligible to participate in a MAM time study.

71. Potential Medicaid Client: A Washington resident who may be determined by HCA to meet the eligibility criteria for enrollment in Medicaid.

72. ProviderOne: HCA’s primary Medicaid provider payment processing System.
73. **Public Hospital Interpreters**: A MAM Contractor who may perform outreach and linkage activities.

74. **Random Moment Time Study (RMTS)**: A statistically valid time study system that asks each participant to report the activity he/she was performing during a specific moment.

75. **Referral**: Providing information and support to clients that will assist them in accessing medical, social, education, or other services.

76. **Regulation**: Any federal, state or local regulation, rule or ordinance.

77. **School Districts**: A MAM Contractor who may perform outreach and linkage activities.

78. **Skilled Professional Medical Personnel (SPMP)**: Contractor employees who have completed a two or more year program leading to an academic degree or certificate in a medically related profession, demonstrated by possession of a medical license, certificate or other document issued by a recognized National or State medical licensure or certifying organization or a degree in a medical field issued by a college or university certified by a professional medical organization. SPMP claiming is limited to specific Contractors and employees.

79. **Standard Work hours**: The regularly scheduled hours an individual participant is expected to perform their normal duties.

80. **State Fiscal Year (SFY)**: A twelve (12) month period beginning on July 1st of one calendar year and ending on June 30th of the following calendar year. The SFY is broken into 4 billing quarters.

81. **State Medicaid Plan**: The comprehensive written commitment by HCA, submitted under 1902(a) of the Social Security Act and approved by CMS, to administer the Washington State Medicaid program in accordance with federal and state requirements.

82. **Subcontract**: Any separate agreement or contract between the Contractor and an individual or entity to perform MAM activities. MAM Contractors cannot enter into any subcontracts prior to receiving written approval from HCA.

83. **Target Population**: Low income Washington residents who reside in the Contractor’s jurisdiction.

84. **University of Massachusetts Medical School (UMMS)**: The HCA contracted vendor who oversees the statistically valid RMTS.