



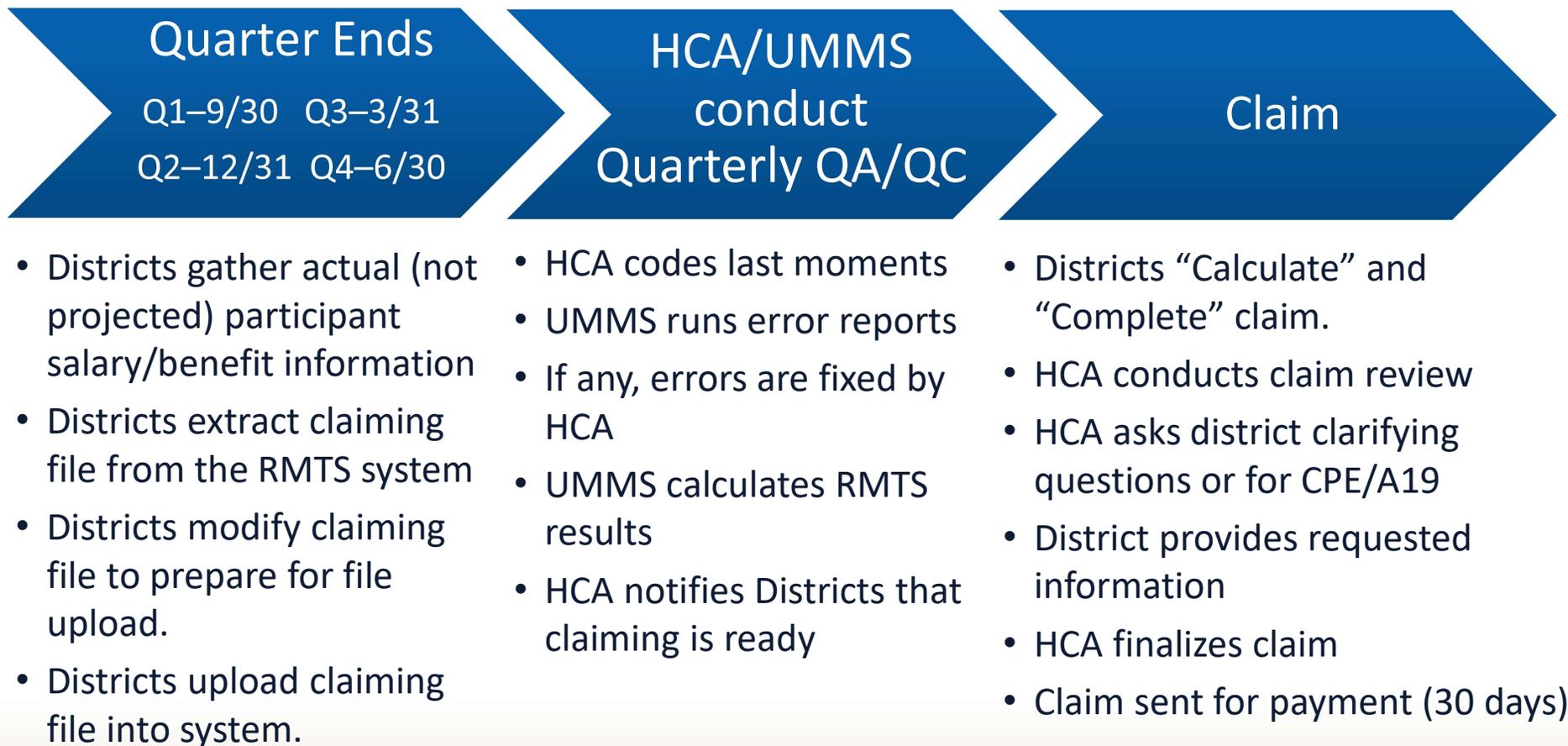
MAC Claiming 101

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Program Specialists, School District MAC
October 23, 2017

Today's Objectives

- Claiming Timeline
- What to do when a quarter ends
- Claiming File Extract, modification, naming convention, and upload
- Adding Materials & Supplies or Consultant Costs
- Calculating and completing the claim
- Updating claiming information after claim completion
- A19-1A (A19) Invoice form
- Certified Public Expenditure (CPE) local match form
- Live claiming demonstration
- Questions & Answers

Claiming Timeline



Claiming File Extract

 Center for Health Care Financing
WASHINGTON RANDOM MOMENT TIME STUDY

School District	File Extract
Administrative Claiming	Health Personnel File Extract
Random Moments	*Extract Type : Health Personnel Extract ▾
Data Submission	
ICR/MER	*Claiming Unit : WA-SCHOOLS ▾
Calendar	*School District: ALL ▾
File Upload	*Year : 2017 ▾
Claim Calculation	*Quarter : Fourth Quarter ▾
File Extract	<input type="button" value="Submit"/>
Reports	
Online Training	
RMTS Admin	

After clicking 'Submit', an Excel file containing the Health Personnel Data will be downloaded to the current system.

1. Click on “Administrative Claiming”
2. Click on “File Extract”
3. Select the Claiming “Year” and “Quarter”
4. Click “Submit”

Claiming File and Modifications

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Employee ID	Last Name	First Name	Email Address	Job Pool	Job Description	Job Type E or C	Active Yes or No	Fed Fund %	Work Schedule	Supervisor Email #1	Supervisor Email #2	Supervisor Email #3	Building
2	12345	Smith	Bob	bsmith@abc	Social and Hea	Nurse	E	Y	0	Sch A	sup1@abc	sup2@abc	sup3@abc	Bldg 1
3	65132	Nelson	Sue	snelson@abc	Education Pool	Paraeducator	E	Y	0	Sch B	sup1@abc	sup2@abc	sup3@abc	Bldg 2
4	32155	Johns	Jim	jjohns@abc	Administration	School Admini:	E	Y	0	Sch B	sup1@abc	sup2@abc	sup3@abc	Bldg 4
5	23156	Taylor	Nan	ntaylor@abc	Administration	Office/Clerical	E	Y	0	Sch C	sup1@abc	sup2@abc	sup3@abc	Bldg 2
6	13248	Free	Rick	rfree@abc	Education Pool	Elementary Te:	E	Y	0	Sch A	sup1@abc	sup2@abc	sup3@abc	Bldg 1
7	18986	Waite	Peggy	pwaite@abc	Administration	Secondary Pri:	E	Y	0	Sch D	sup1@abc	sup2@abc	sup3@abc	Bldg 4
8	98315	Small	Grace	gsmall@abc	Social and Hea	Nurse	E	Y	0	Sch D	sup1@abc	sup2@abc	sup3@abc	Bldg 2
9	75616	Dodge	Lisa	ldodge@abc	Education Pool	Other Teacher	E	Y	0	Sch B	sup1@abc	sup2@abc	sup3@abc	Bldg 3
10	54315	Pope	Evan	epope@abc	Social and Hea	Nurse	E	Y	0	Sch A	sup1@abc	sup2@abc	sup3@abc	Bldg 2

This is the initial layout of the claiming file. Let's make some changes:

- Delete columns:

D – Email Address

E – Job Pool

G – Job Type E or C

K – Supervisor Email #1

J – Work Schedule

L – Supervisor Email #2

M – Supervisor Email #3

N - Building

Claiming File and Modifications

A	B	C	D	E	F	G	H
Employee ID	Last Name	First Name	Job Description	Active Y or N	Fed Fund %	Salary	Employer Paid Benefits
12345	Smith	Bob	Nurse	Y	0		
65132	Nelson	Sue	Paraeducator	Y	0		
32155	Johns	Jim	School Administrator	Y	0		
23156	Taylor	Nan	Office/Clerical	Y	0		
13248	Free	Rick	Elementary Teacher	Y	0		
18986	Waite	Peggy	Secondary Principal	Y	0		
98315	Small	Grace	Nurse	Y	0		
75616	Dodge	Lisa	Other Teacher	Y	0		
54315	Pope	Evan	Nurse	Y	0		

Your file should now look like the above. Just a few more modifications:

- Add Columns:
 - G – Salary
 - H – Employer Paid Benefits
- Modify Column Heading:
 - E – “Active Yes or No” to “Active Y or N”

Only make the modifications outlined in this webinar.

*Note - Make sure you enter the **actual** salary and benefit figures for your participants.

Claiming File naming convention

Save the claiming file to your computer and use the following naming convention:

HP_CC_WA-SCHOOLS_provider number_quarter_year_version

*Provider Number – 3 to 5 characters – i.e. 12345, K1234

*Quarter – the quarter in which you are claiming – i.e. 1, 2, 3, or 4

*Year – the fiscal year in which you are claiming – i.e. 2017, 2018, etc.

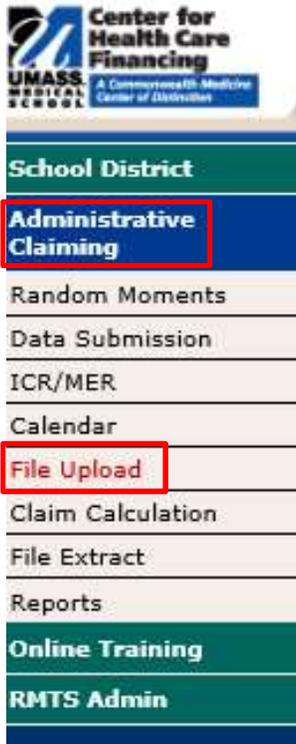
*Version – two digit number representing the file number – i.e. 01, 02

Your file name will look something like this:

HP_CC_WA-SCHOOLS_12345_1_2018_01

*Note - Save file as an .xls file (Excel 97–2003 workbook) to avoid file upload errors

Uploading the Claiming File



Claiming Unit: WA-SCHOOLS School District: ABC School District Year: 2017

* Component : Health Personnel CC
* Location : Browse... Upload



1. Click on “Administrative Claiming”
2. Click on “File Upload”
3. Click on “Browse” and find your claiming file
4. Click “Upload”

Note Don't forget to change the claiming year!

Uploading the Claiming File

Status during upload

Page 1

File Name	Quarter	Date ▼	Status	Uploaded By	<input type="checkbox"/>
HP_CC_WA-SCHOOLS_12345_1_2017_03.XFR	1	11/29/2016 02:44:35 PM	Preview Queue	RushJon	<input type="checkbox"/>
HP_CC_WA-SCHOOLS_12345_1_2017_02.XFR	1	11/14/2016 05:10:34 PM	Review	RushJon	<input type="checkbox"/>
HP_CC_WA-SCHOOLS_12345_1_2017_01.XFR	1	11/02/2016 07:08:29 PM	Upload Queue	RushJon	<input type="checkbox"/>
HP_CC_WA-SCHOOLS_12345_3_2017_01.XFR	3	07/24/2017 04:42:51 PM	Successful	RushJon	<input type="checkbox"/>

[Delete](#)

[Delete](#)

[Refresh](#)

Review Status

1. Preview Queue – System is loading data
2. Review – Data Loaded, needs to be verified
 - a. Click “Review”
 - b. Check the “Verified Upload” box
 - c. Click “Upload”
3. Upload Queue – Finalization of data
4. Successful – Claim is ready for calculation

File Name: HP_CC_WA-SCHOOLS_12345_4_2017_01_20171016150353.XFR
 File Type: Claim Component
 File Mode: Preview
 File Status: Review

Number of Records : 170
 Number of New Health Personnel : 0
 Number of Deactivated Health Personnel : 0
 Number of Updates : 12
 Number of Errors : 0

[View Detailed Report](#)

Verified Upload File Results

Entering Materials & Supplies or Consultant Costs



- School District
- Administrative Claiming**
- Random Moments
- Data Submission
- ICR/MER
- Calendar
- File Upload
- Claim Calculation
- File Extract
- Reports
- Online Training
- RMTS Admin

Status of various Quarterly Claim Components	
Salary	Received
Material and Supplies Costs	NOT Received
Medicaid Eligibility Rate	Received
Consultant Services Costs	NOT Received
Indirect Cost Rate	Received
Compliance Penalty %	NOT Received

1. Click on "Administrative Claiming"
2. Click on "Data Submission"
3. Click on "Not Received" for "Material and Supplies Costs" or "Consultant Services Costs"
4. Enter amount
5. Click on "Save"

Quarterly Materials and Supplies Costs

* Materials and Supplies Amount (\$):

Received Date : ▼

Notes History :

Notes :

Save Reset Close

Calculate the Claim



- School District
- Administrative Claiming**
- Random Moments
- Data Submission
- ICR/MER
- Calendar
- File Upload
- Claim Calculation**
- File Extract
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Claiming Unit: WA-SCHOOLS School District: ABC School District **Quarter: First Year: 2018**

Claim Status: Date: User Name:

Claim Components	
Salary Information	Received
Benefits Information	Received
Material and Supplies Information	Received
Medicaid Eligibility Rate	Received
Consultant Services Costs	Received
Indirect Cost Rate	Received

} Your info was received!

Calculate

1. Click on “Administrative Claiming”
2. Click on “Claim Calculation”
3. Click on “Calculate

Note Don't forget to change the claiming quarter and year!

Calculate the Claim

Claim Status: Calculated	Date: 10/16/2017	User Name: Jon Rush
Claim Components		
Salary Information		\$ 1,900,000.00
Benefits Information		\$ 40,000.00
Material and Supplies Information		\$ 0.00
Medicaid Eligibility Rate		43.00 %
Consultant Services Costs		\$ 0.00
Indirect Cost Rate		4.00 %
Net Claim Amount		\$ 11,000.00

Complete

1. Notice the claim status – Calculated
2. Notice the “Net Claim Amount”
3. Click on “Complete”

Claim Status: Complete	Date: 10/16/2017	User Name: Jon Rush
Claim Components		
Salary Information		\$ 1,900,000.00
Benefits Information		\$ 40,000.00
Material and Supplies Information		\$ 0.00
Medicaid Eligibility Rate		43.00 %
Consultant Services Costs		\$ 0.00
Indirect Cost Rate		4.00 %
Net Claim Amount		\$ 11,000.00

1. Notice the claim status – Complete
2. HCA staff can “Return to re-calculate”.
 - a) This unlocks the claim
 - b) You can update salary/benefits
 - c) You will need to click “calculate” and “complete”
 - d) This will complete claim recalculation

Updating Salary/Benefit information



- School District
- Administrative Claiming**
- Random Moments
- Data Submission**
- ICR/MER
- Calendar
- File Upload
- Claim Calculation
- File Extract
- Reports
- Online Training
- RMTS Admin

Status of various Quarterly Claim Components	
Salary	Calculated
Material and Supplies Costs	Calculated
Medicaid Eligibility Rate	Calculated
Consultant Services Costs	Calculated
Indirect Cost Rate	Calculated
Compliance Penalty %	Not Received

1. Click on “Administrative Claiming”
2. Click on “Data Submission”
3. Click on “Calculated” for “Salary”

Last Name ▲	First Name	Job Position	HP ID Number	Full Time Equivalency	Fed. Fund. %	Salary Amount (\$)	Total Benefits (\$)
Smith	Bob	3	12345	1	0	13247.09	5778.39
Nelson	Sue	2	65132	1	0	7284.12	1869.62
Johns	Jim	1	32155	1	0	17008.92	6471.04
Taylor	Nan	1	23156	1	0	9908.70	2549.67
Free	Rick	2	13248	1	0	18190.92	4271.56
Waite	Peggy	1	18986	1	0	13632.37	5733.45

4. Click on the last name of the participant you want to update info for

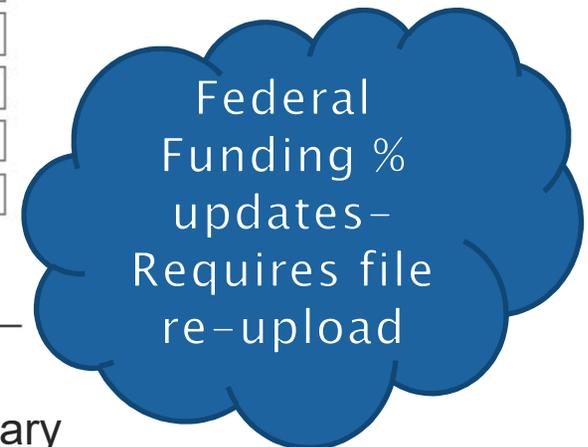
Updating Salary/Benefit information

Salary Information

Last Name : **Smith** First Name : **Bob**
Job Position Code : **2** Job Position Description : **Nurse**
FTE : **1** Job Type : **Employee**
Original Salary (\$) : HP ID Number : **12345**
Quarterly Salary (\$) : Fed. Fund. % : **0**

Benefit Details -

Workers Compensation (\$) :	<input type="text" value="0.00"/>	Unemployment (\$) :	<input type="text" value="0.00"/>
Medicare (\$) :	<input type="text" value="0.00"/>	Pension (\$) :	<input type="text" value="0.00"/>
Health Insurance (\$) :	<input type="text" value="0.00"/>	Life Insurance (\$) :	<input type="text" value="0.00"/>
Dental Insurance (\$) :	<input type="text" value="0.00"/>	Disability Insurance (\$) :	<input type="text" value="0.00"/>
Social Security Tax - Employer (\$) :	<input type="text" value="0.00"/>	Other (\$) :	<input type="text" value="\$6,000"/>
Other (\$) :	<input type="text" value="0.00"/>	Other (\$) :	<input type="text" value="0.00"/>
Other (\$) :	<input type="text" value="0.00"/>		



1. Update the "Original Salary" & "Quarterly Salary" for salary
2. Update "Other" for benefits
3. Click on "Next"
4. Click on "Close"

What now?

- HCA staff will conduct a claim review
 - May include communications asking clarifying questions
- Upon claim review completion, HCA staff will ask for:
 - Certified Public Expenditure (CPE) local match form
 - A19-1A (A19) Invoice
 - Send these to the MAC program specialist who emailed you. Also, “cc” the mac@hca.wa.gov inbox.

A19-1A Invoice



Center for Health Care Financing
UMASS MEDICAL SCHOOL
A Commonwealth Medical Center of Distinction

- School District
- Administrative Claiming**
- Random Moments
- Data Submission
- ICR/MER
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Other AAC Reports

[AAC Claim Status Report](#)

[A19 Form](#)

A19 Form

Claiming Unit : WA-SCHOOLS ▾	School District : ABC School District ▾
Year : 2018 ▾	Quarter : Second Quarter ▾

[View As PDF](#) | [View As Excel](#) | [Back to Reports](#)

1. Click on “Administrative Claiming”
2. Click on “Reports”
3. Click on “A19 Form”
4. Select the Claiming “Year” and “Quarter”
5. Click on “View as PDF”

A19-1A Invoice

Form A19-1A (REV. 6/95) STATE OF WASHINGTON INVOICE VOUCHER

AGENCY NAME		AGENCY USE ONLY												
Health Care Authority Health Care Services Medicaid Outreach Unit PO Box 45530 Olympia WA 98504-5530		AGENCY NO.	LOCATION CODE.	P.R. OR AUTH NO.										
VENDOR OR CLAIMANT ABC School District PO Box 123 Olympia WA 98501-0200		1070		K1234										
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to L.R.S.)		INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item. Vendor's certificate: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans Status												
RECEIVED BY		DATE RECEIVED												
DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE								
	For services rendered in performance under Contract Number: K1234 Period of Service: April - June 2017													
	Total Outreach & Linkage T19 Computable Cost				\$22,000									
	FFP Match Rate 50%				\$11,000									
	Total Computable				\$22,000									
	Total FFP Reimbursement				\$11,000									
As the Designated Authorizing Representative, I certify the expended amount shown on this A19 invoice is accurate, valid, and represents expenditures eligible for federal financial participation (FFP) in accordance with Certification of Public Expenditure (CPE) CFR 42, Sec 433.81; that applied matching funds are not already used as matching funds in other federal programs and being reimbursed by other federal grants; and any applied donated matching funds have been preapproved for use by Centers for Medicare and Medicaid (CMS). I also certify indirect costs are accurate and allowable under OMB Circular A-87 and comply with all applicable rules and regulations. Costs that have been treated as indirect costs have not been claimed as direct costs.														
PREPARED BY		TELEPHONE NUMBER	DATE	AGENCY APPROVAL		DATE								
MA				SWW0012345-00 VENDOR MESSAGE 28 CHARS Medicaid Admin Claiming										
TRANS CODE	FUND	MASTER INDEX AFFN PROGRAM INDEX	SUB OBJ	SUB SUB OBJ	ORG INDEX	ALLOE	MOB	PROJ	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE DATE	INVOICE # 38 CHARS	
	001	A0912	ER	7310	A7V0	5156		MAC K	16	06	\$11,000		Contract# K1234	
ACCOUNTING APPROVAL FOR PAYMENT												DATE	WARRANT TOTAL	WARRANT NUMBER
													\$11,000	

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's certificate: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans Status

BY _____
(SIGN IN INK)

(TITLE)

(DATE)

BY *Signing Authority*
(SIGN IN INK)

Signing Authority Title
(TITLE)

Date
(DATE)

1. District information
2. Claiming information
3. Signing Authority Section
4. Coordinator Section

PREPARED BY: *Coordinator* TELEPHONE NUMBER: *Phone #* DATE: *Date*

Certified Public Expenditure (CPE) form

Health Care Authority (HCA)
Certification of Public Expenditures (CPE)
Local Match Certification

This form must be completed and submitted per the terms of the contract.

Federal Financial Participation (FFP) @ 50%/50% Split

<u>FFP (50%)</u>	<u>Local Match (50%)</u>	<u>Total Computable</u>
\$11,000	\$11,000	\$22,000

HCA Contractor Name: ABC School District

HCA Contract #: K1234

Invoice Time Period: April – June 2017

Federal Financial Participation (FFP) @ 50%/50% Split

<u>FFP (50%)</u>	<u>Local Match (50%)</u>	<u>Total Computable</u>
<u>Net claim amt</u>	<u>Net claim amt</u>	<u>Auto Sum</u>

List only the non-federal funds eligible to be used as local matching funds per CFR 42.Sec 433.51.

<u>Name of Local Match (Funding Source)</u>	<u>Prescribed Revenue Account Code</u>	<u>Amount</u>
<u>General Apportionment</u>	<u>3100</u>	<u>\$5,500</u>
<u>School or Local Levy</u>	<u>1100</u>	<u>\$5,500</u>

Current summation of funding sources → \$11,000
 Remaining funding to account for → Check Point: Net Zero \$0.00

List only the non-federal funds eligible to be used as local matching funds per CFR 42.Sec 433.51.

<u>Name of Local Match (Funding Source)</u>	<u>Prescribed Revenue Account Code</u>	<u>Amount</u>
<u>Name of funding source 1</u>	<u>Funding source 1 Acct Code</u>	<u>Source 1 Amt</u>
<u>Name of funding source 2</u>	<u>Funding source 2 Acct Code</u>	<u>Source 2 Amt</u>

Auto Sum
\$0.00

Check Point: Net Zero

As the Designated Authorizing Representative: I certify the expended amount shown on this document is accurate, valid, and represents expenditures eligible for federal financial participation (FFP) in accordance with Certification of Public Expenditure (CPE) CFR 42.Sec 433.51; that applied matching funds are not already used as matching funds in other federal programs and being reimbursed by other federal grants; and any applied donated matching funds have been preapproved for use by Centers for Medicare and Medicaid

Signing Authority Date

Authorizing Representative's Signature Date

Signing Authority Title

Title

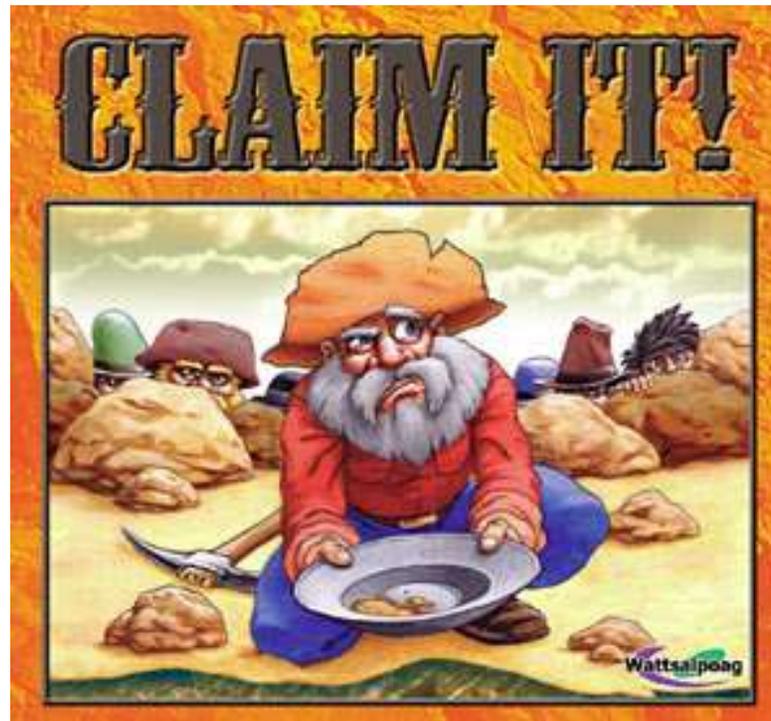
Signing Authority Name

Printed Name of Authorizing Representative

Signing Authority Phone

Telephone Number (Including Area Code)

Live Claiming Demonstration



Questions?

HCA MAC program website:

<https://www.hca.wa.gov/billers-providers/programs-and-services/medicaid-administrative-claiming-mac>

MAC email:

mac@hca.wa.gov

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