Authorized Designee Information for Medicaid Administrative Claiming Program

This form designates personnel to have coordinator access to the RMTS system. Please read below for [instructions](#_Authorized_Designee_Information) on this form.

**Public School District Information**

|  |  |
| --- | --- |
|  |  |
| Public School District Name | Date |
|  |  |
| Public School District Representative Authorizing this Designee Form | |

# **Primary MAC Coordinator Designee Information**

**Check all that applies:**

Full Access RMTS Functions  Administrative Activity Claiming Functions

|  |  |
| --- | --- |
|  |  |
| MAC Coordinator Designee | Effective date |
|  |  |
| Title | Email |

# **Back-up MAC Coordinator Information**

**Check all that applies:**

Full Access RMTS Functions  Administrative Activity Claiming Functions

|  |  |
| --- | --- |
|  |  |
| Back-up MAC Coordinator | Effective date |
|  |  |
| Title | Email |

**Check all that applies:**

Full Access RMTS Functions  Administrative Activity Claiming Functions

|  |  |
| --- | --- |
|  |  |
| Back-up MAC Coordinator | Effective date |
|  |  |
| Title | Email |

**Check all that applies:**

Full Access RMTS Functions  Administrative Activity Claiming Functions

|  |  |
| --- | --- |
|  |  |
| Back-up MAC Coordinator | Effective date |
|  |  |
| Title | Email |

# **Remove Coordinator Access**

|  |  |
| --- | --- |
|  |  |
| Name of Coordinator | Effective date |

|  |  |
| --- | --- |
|  |  |
| Name of Coordinator | Effective date |

### **Authorized Designee Information Form Instructions**

The purpose of this form is to identify the individuals designated by the Public School District that will be responsible for monitoring and providing information necessary for successful participation in MAC. This includes access to upload, view and update data in the RMTS system as outlined in the [Coordinator Manual](https://www.hca.wa.gov/assets/billers-and-providers/19-080.pdf).

The designee’s listed above will be given a user ID and Password to access the RMTS system applications and will be able to view and alter data in the system. This form is also used for removing access to individuals who no longer need it.

**Please submit completed forms to:**

HCA Medicaid Administrative Claiming,[MAC@hca.wa.gov](mailto:MAC@hca.wa.gov)

Upon HCA approval, the form will be sent to the RMTS Help Desk to establish your access. You will receive an email from the Help Desk with your User ID and instructions for setting up your account in the RMTS system.

