



Medicaid Administrative Claiming
Random Moment Time Study
Coordinator Manual

Washington State Federally Recognized Tribes

April 15, 2015

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Introduction

This manual is intended to be used as a resource for Washington State's Federally Recognized Tribes and their staff who have been trained as Medicaid Administrative Claiming (MAC) Coordinators and backups for the Random Moment Time Study (RMTS). The manual provides an overview of the MAC Coordinator role, their duties, and a detailed explanation of the tasks the MAC Coordinator is responsible for.

Medicaid Administrative Claiming

Some of Washington's most vulnerable residents experience difficulty accessing needed health care. Government agencies provide many services to Washington residents on a daily basis ensuring their overall well-being. Federal funds are available through the Health Care Authority's (HCA) MAC program to reimburse government agencies for some of the costs of their allowable Medicaid administrative activities, when those activities support provision of services as outlined in the [Washington State Medicaid Plan](#). HCA has complete authority and responsibility for the administration and oversight of the State Medicaid Program.

Purpose of the Washington State MAC Program

- Outreach to residents with no or inadequate medical coverage
- Explaining benefits of the Medicaid program
- Assisting residents in applying for Medicaid
- Linking residents to appropriate Medicaid covered services.

Examples of Reimbursable MAC Activities

- Informing Washington State Tribal residents about Medicaid and providing them with applications for the program.
- Assisting Tribal residents in completing and submitting the Medicaid application for eligibility determination, or referring them to the local Community Service Office (CSO) or online resources to apply.
- Arranging Transportation in support of Medicaid covered services.
- Evaluating and improving access to Medicaid covered services.
- Providing or receiving tribal staff training related to Medicaid specific topics.
- Linkage activities such as referring individuals to Medicaid covered medical, dental, mental health, substance abuse treatment, and/or family planning services. This also includes coordinating and monitoring the delivery of those services.

Health Care Authority

HCA oversees eight health care programs including the Medicaid and Medical Assistance programs. HCA is the sole State Medicaid Agency and manages the day-to-day administration of Medicaid Administrative Claiming program.

University of Massachusetts Medical School

HCA contracts with the University of Massachusetts Medical School (UMMS) for the operation of the statistically valid RMTS model, and for the day-to-day administration of the time study and claim calculations.

Contact Information	
University of Massachusetts Medical School Center for Health Care Financing RMTS & School-Based Medicaid Program 333 South Street Shrewsbury, MA 01545 MedicaidAdmMatch@umassmed.edu Phone: 800-535-6741, Option 6 Fax: 508- 856-7643	Health Care Authority Medicaid Administrative Claiming P.O. Box 45530 Olympia, WA 98504-5530 MAC@hca.wa.gov MAC Help Desk: 800-562-3022 ext. 55147 Fax: 360-664-4371

Definitions

Please visit: <http://www.hca.wa.gov/medicaid/MAC/pages/index.aspx>

Random Moment Time Study

The random moment time study system (System) is a web-based program designed to record and track the work activities of participating staff. The System will request participants to record their work activities at random moments during their standard work hours throughout the quarter. These random moments represent a one minute (1) interval.

When participants are responding to a moment, they will use the internet to log into the web-based System to record their activities. The participant will respond to several questions in the System to document what they were doing during that one (1) minute interval (moment). The questions will have several predefined responses to choose from, or the participant may free type a response. The System will randomly assign moments throughout the entire quarter to all staff who are participating in the RMTS.

The System is comprised of the web-based time study and the claiming system. After the end of the quarter, the System calculates all the random moments to determine the percentage of time staff spent performing various activities. These time study results are used in the claiming system to identify the amount of time staff spent performing MAC activities and calculate the MAC reimbursement amount. The System will use this data to generate the Tribe's quarterly A19. The MAC Coordinator is responsible for managing both of parts of the System on behalf of the tribe.

Role of the MAC Coordinator

The MAC Coordinator is responsible for managing the Tribe's time study and acting as liaison between the tribe and HCA. The Tribe is required to have a primary, and back up MAC Coordinator. Both should be equally trained and versed on the functions and requirements of tribe's MAC program.

The MAC Coordinator is responsible for:

- Training participants on the MAC program and how to use the System
- Providing general System support
- Specific duties related to setting up a quarter
- Specific duties related to generating a claim
- Monitoring the time study and participation rates

HCA will train the primary and back up MAC Coordinators on:

- How to use the System,
- How to train participants,
- How to monitor the time study
- How to identify and correct areas of concern.

HCA will work closely with the MAC Coordinator and will provide support and technical assistance as needed.

Program Administration

HCA is responsible for administration and oversight of all MAC programs in the State of Washington. Only government agencies are eligible to contract with HCA to participate in a MAC program. It is the responsibility of the contracted agency to ensure their MAC program and participating staff comply with all HCA, state, and federal guidelines.

HCA Administration

HCA will provide oversight to the Tribe's MAC program by:

- Training the primary and backup MAC Coordinators
- Monitoring MAC related training
- Collecting time study and claims data for review
- Identifying areas of concern and requesting corrective action plans, if necessary
- Managing all activity coding
- Reviewing 'real time' time study results
- Reviewing quarterly invoices and claimed costs
- Reviewing the tribe's supporting documentation for the time study and claim calculations

UMMS Technical Support

UMMS provides technical support to HCA and the Tribe. UMMS builds the time study and claiming systems based on the unique needs of the Tribe. UMMS supports the dynamic MAC programs by updating the System as needed and producing reports that consolidate various data elements. These reports are used for monitoring and reviewing time study and claiming results. The reports provide information such as:

Total numbers of:

- Participants
- Moments per participant
- Moments not answered

Identification of:

- Sampled participant
- Job title/description
- Assigned moments
- Participant responses

Trends in time study results:

- Incomplete or contradictory responses
- Non-responders
- Manually coded moments

MAC Contractor Oversight

The Tribe is required to ensure their MAC program complies with all HCA, state, and federal guidelines, and is in support of the State Medicaid Plan. Major components of proper oversight include:

Training:

- Required for MAC Coordinators, backups, and participants
- Must be provided by UMMS and/or HCA
- Proof of training must be documented
- Completion of moments is critical

Monitoring:

- Participant list for accuracy
- Salary and benefit data for accuracy
- Minimum response rates
- Resolving issues related to rates that fall below 85%
- Reports related to participation

Random Moment Time Study Methodology

The RMTS methodology quantifies work activities of time study participants. It polls participants at random moments during their standard workday, over the quarter, and calculates the results. Standard workdays and hours are identified before the beginning of the quarter, and entered into Tribe's RMTS calendar.

This method is a statistically valid means of determining what portion of the participant's time is spent performing activities that are reimbursable by Medicaid. The RMTS process is designed to be as quick and user friendly to participants as possible.

Participants only complete the time study when prompted during a randomly selected moment. The time study results represent a typical or average work day. Staff should NOT change their work activities, but should conduct their normal routine and respond to moments as they would any other day. This is essential to the accuracy and validity of the RMTS.

RMTS procedures are the same for all participants. For each randomly selected moment, the participant will select or provide a response to each of the following questions:

1. What type of activity were you doing?
2. What were you doing?
3. Who were you with?
4. Why were you performing this activity?

Staff Eligible to Participate

Positions eligible to participate in the RMTS must be for staff:

- Who are not participating in another HCA MAC time study
- Who are directly employed, or contracted by the Tribe or an HCA approved MAC subcontractor;
- Who are reasonably expected to perform MAC related activities
- Whose positions are not funded with federal dollars, or have been appropriately off-set according to Center for Medicare and Medicaid Services guidelines
- Whose positions are not included in an approved indirect rate.

Primary Care Case Management Program (PCCM)

Tribes have the option of participating in PCCM or MAC. To ensure that duplication of services and payment does not occur across programs, Tribes must participate in only one of the two programs, not both.

Examples of Eligible Tribal Position/Job Titles

Application Coordinator	Family Services Director	Nurse/Clinic Nurse/Community Health Nurse
	Family Support Specialist	
Billing & Benefits Specialist	Family Practice Physician	Office Manager
Billing Manager		
Business Coordinator/Manager	Health Administrative Specialist	Patient Benefits Tribal Assistor
	Health Administrator	Physician Assistant
Care Coordinator	Health and Human Services Director	Program Coordinator
Case Manager/Clinic Coordinator/Clinical Case Manager	Health Benefits Coordinator	Program Manager
Caseworker	Health Services Manager	Public Health Research and Program Manager
Chemical Dependency Counselor		
Chemical Dependency Professional	Indian Child Welfare Case Worker	Receptionist
Chemical Dependency Supervisor/Manager/Administrator	Indian Child Welfare Coordinator	Recovery Specialist
Clinical Supervisor		Referral Scheduler Medical Records
Community Health Administrator	Medical Assistant	
Community Health Representative (CHR)	Medical Receptionist	Substance Abuse Prevention Specialist
Contract Health Services Clerk/Specialist/Manager	Medical Records/Referrals	
	Medical Registration Clerk	Tribal Health Director
Data Entry Coder	Mental Health Supervisor	
Dental Assistant	Mental Health Therapist	Wellness Center Administrator
Dental Office Manager		Wellness Intake Administrator
Diabetes Case Manager		
Diabetes Community Health Representative		
Domestic Violence Counselor/Victim Resource		

RMTS Process Overview

Annually:

- The Tribe updates the RMTS calendar in the System by May 1 each year. (The calendar year mirrors the state fiscal year and runs from July through June.)

Quarterly:

Before the quarter

- The MAC Coordinator completes the duties outlined in the [Quarterly Maintenance Checklist](#)
- The Tribe confirms calendars and uploads the participant spreadsheet into the System 30 days prior to the start of each quarter.
- New participants receive User IDs and Passwords via email, and are reminded to complete online training before they receive their initial randomly selected moment.
- HCA releases all 'pending' (new) User IDs.
- Participants and moment times are randomly selected from the RMTS pool.

During the quarter:

- Participants receive email notifications approximately five (5) minutes before a sampled moment.
- Moment reminder emails are sent to participants at 24, 48, and 72 hours after the sampled moment occurs.
 - The MAC Coordinator and/or supervisor are notified by email at 72 hours.
- Participants complete the RMTS moment using predefined or free typed responses.
- After five (5) work days, a moment expires and the participant will not be able to complete or edit the response.
- Free typed responses are reviewed and coded by HCA throughout the quarter.
 - If responses are illogical or need clarification, HCA will follow-up via email with the participant.

After the quarter:

- The Tribe enters/confirms actual staff salary and benefits in the System to be used for claim calculation within 60 days after the close of the quarter. (All salary and benefits entered into the System must be reconciled with Tribe's financial statements).
- Complete [Change of Status](#) form if a participant's status changes during a quarter. For example, if a participant is:
 - No longer employed
 - Retired
 - On extended leave / Vacation
 - Change of job position

Ongoing Responsibilities

- Follow up with participants who have incomplete moments
- Monitor participation and minimum response rates
- Participate in scheduled Medicaid meetings
- Answer general participant questions throughout the quarter
- Maintain required documentation for audit file
- Serve as liaison between HCA, the Tribe, and/or MAC subcontractor
- Assist with providing HCA with any requested documentation

Minimum Response Rate and Non-Responses

Non-responses are moments not completed by the participant within five (5) work days. The return rate of valid responses must be a minimum of 85%. To ensure enough moments are completed for a statistically valid sample, HCA oversamples by 15%.

A moment will be considered a non-response when it has expired or if HCA has requested additional information from a participant and the information has not been received within 15 days. HCA and UMMS will monitor the response rate of the Tribe by reviewing the [RMTS Compliance Status Report](#) . Any non-response rate greater than 15% is unacceptable, and HCA will require remedial action:

- **Non-response rates greater than 15%:**
 - HCA will send written notification to the Tribe requesting a corrective action plan.
 - The Tribe must develop and submit the corrective action plan to HCA for approval within 30 days of HCA's notification.
 - Failure to provide a timely corrective action plan may result in contract termination.
 - 85% compliance rate must be met in the following quarter.
- **Non-response rates greater than 15% for two (2) consecutive quarters:**
 - HCA will reduce reimbursement by 35% for the second consecutive quarter.
 - The Tribe will be notified via Certified Mail of the reduced reimbursement.
 - 85% compliance rate must be met in the following quarter.
- **Non-response rates greater than 15% for three (3) consecutive quarters:**
 - HCA will deny all reimbursement for the third consecutive quarter.
 - The Tribe will be prohibited from participating in MAC for the following quarter (4th consecutive quarter).
 - The Tribe will be notified via Certified Mail of the withheld reimbursement and prohibited participation in MAC.

The Tribe may not claim for any denied or withheld reimbursement. The Tribe may begin participating in MAC following the prohibited quarter (5th consecutive quarter). Once the Tribe resumes claiming during the 5th consecutive quarter, and fails to meet the minimum response rate of 85%, the contract will be terminated.

The Tribe must abide by all rules and limitations as outlined in the contract and this manual.

Managing the RMTS System

The MAC Coordinator is responsible for loading the calendars, participant demographics, salaries and benefits into the System. The following provides detailed examples of how to set up eligible participants and upload files into the System.

Uploading Participant Files

This section describes how to create and manage eligible RMTS participants by uploading files into the System.

Overview

1. The MAC Coordinator must upload a participant spreadsheet file into the System 30 days before each quarter
 - a. The MAC Coordinator can extract the previous participant file from the System to be used for the following quarter
 - b. Once extracted the MAC Coordinator must make changes to the list such as editing staff names, adding *new* participants, or activating/deactivating participants to create a new participant file
 - c. The MAC Coordinator uploads this new participant file
2. If participant changes occur during the quarter the MAC Coordinator must submit the Participant [Change of Status Form](#) to HCA
 - a. Changes include: retirement, no longer employed, or extended leave, etc.
 - i. The moments for these individuals will be manually coded by HCA, and email notifications will no longer be generated

Creating the Participant Upload File

UMMS provides a template to complete the initial upload. Use the drop down menus where provided to populate or edit information. For subsequent uploads you will extract the participant file from the System and must make any changes and verify the extracted file is accurate before uploading it for subsequent quarters.

Note: *The Tribe may only include staff on the participant upload file if they are eligible to participate in the time study.*

This is an example of the participant spreadsheet. Each field must be completed. If the System does not recognize any data entered, it will not allow the file to upload. Rather than completing a brand new spreadsheet each quarter, you extract the previous quarter's participant spreadsheet. Once extracted, you can add new staff members, or update any of the fields. After the spreadsheet is updated you must then upload it for use in the upcoming quarter.

The following page explains what is required in each field.

Employee ID	Last Name	First Name	Email Address	Job Description	Job Type E or C	Active Y or N	FFP	FTE	Med. Yes or No	Schedule	Supervisor Email #1	Supervisor Email #2	Supervisor Email #s
1234	Special	Someone	special.someone@wastatetribe.rmts	Benefits Specialist	E	Y		1	Y	Standard	Error! Not a valid link.	Error! Not a valid link.	Error! Not a valid link.
1235	Rex	Tyrano	tyrano.rex@wastatetribe.rmts	Financial Specialist	E	Y		1	Y	Standard	Error! Not a valid link.	Error! Not a valid link.	Error! Not a valid link.
1236	Foo	Bunny	bunny.foo@wastatetribe.rmts	Program Coordinator	C	Y		1	Y	Thurs. p.m. off	Error! Not a valid link.	Error! Not a valid link.	Error! Not a valid link.
1237	Cow	Clara	clara.cow@wastatetribe.rmts	Social Worker	C	Y		1	Y	Friday a.m. off	Error! Not a valid link.	Error! Not a valid link.	Error! Not a valid link.
1238	Bear	Brown	brown.bear@wastatetribe.rmts	Patient Representative	E	Y		1	Y	Standard	Error! Not a valid link.	Error! Not a valid link.	Error! Not a valid link.
1239	Rice	Jasmin	rice.jasmin@wastatetribe.rmts	Care Coordinator	E	Y		1	Y	Standard	Error! Not a valid link.	carrie.jenkins@hca.wa.gov	Error! Not a valid link.

- It is **critical** that all uploaded files be named according to the naming convention provided by UMMS
 - **Example:** HP_TS_WA-Tribe_2_2014_01.xls
- In order to upload an additional file, you must use the naming convention provided by UMMS, but simply change the version number at the end of the file name.

- **Example:** HP_TS_WA-Tribe_2_2014_02.xls
- The System will not accept the upload if there are errors in the spreadsheet or naming convention.

UMMS and HCA staff are available to assist you at any time.

Explanation of the Information Needed for the Participant Upload File

Title	Explanation
Employee ID:	This is a number that is assigned by UMMS. The participant will be identified by this number across participating quarters.
Last Name:	The last name of the participant.
First Name:	The first name of the participant.
Email address:	The worksite email address of the participant. No personal email addresses.
Job Description	The participant's job title/classification.
Job Type (E or C):	Employee of the tribe or a Contracted staff
Active:	This indicates the participant is actively participating in the time study.
FFP:	The percentage of salary allowed for reimbursement.
FTE:	1=Full Time Employee or the percentage of hours worked entered as a decimal.
Medical:	This column is not used, enter 'N'
Schedule:	Each MAC Contractor is able to enter calendar information for the contracted agency and may expand that detail to building and individual level.
Supervisor email #1:	This is the first person other than the participant to receive a reminder if a participant fails to complete their moment within 72 hours.
Supervisor email #2:	This is the second person other than the participant to receive a reminder at if a participant fails to complete their moment within 72 hours.
Supervisor email #3:	This is the third person other than the participant to receive a reminder if a participant fails to complete their moment within 72 hours.

Extracting Participant Files

Once you have uploaded the initial quarter's eligible participant list, you can extract a file listing all of the users from the System. This file can be edited and uploaded to create the next quarter's eligible participant list.

Step 1: Under the "Administrative Claiming" tab, select "File Extract."

Step 2: Click on either "Program" or "Year" to change the group and fiscal year.

Step 3: Select the quarter for which you want the file. (Remember the System follows the fiscal year)

Step 4: Click "Submit." The file can be opened or saved in Excel.

Step 5: Make any required changes to participant's information.

Step 6: Add new participants.

Last Name	First Name	Email Address	Work Schedule	Supervisor 1	Supervisor 2	Supervisor 3
Doe	Jane	jane.doe@wa.state.gov	Mondays off	Tom.Smith@wa.state.gov	Alice.Smith@wa.state.gov	
Doe	John	john.doe@wa.state.gov	Fridays off	Tom.Smith@wa.state.gov		
Doe	Lisa	lisa.doe@wa.state.gov	Mondays off	Tom.Smith@wa.state.gov	Alice.Smith@wa.state.gov	
Doe	Alice	alice.doe@wa.state.gov	Mondays off	Tom.Smith@wa.state.gov		
Doe	William	william.doe@wa.state.gov	Fridays off	Tom.Smith@wa.state.gov		

Step 7: Save file for upload according to the naming convention provided by UMMS.

This file is ready for upload

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Employee ID	Last Name	First Name	Email Address	Job Description	Job Type E or C	Active Y or N	FFP	FTE	Medical Yes or No	School	Supervisor Email #1	Supervisor Email #2	Supervisor Email #3
2	100	Smith	Tom	email@hca.wa.gov	WA Time Study Participant	E	Y	0	1	YES	Standard Hours	email@hca.wa.gov	email@hca.wa.gov	
3	101	Jones	Alice	email@hca.wa.gov	WA Time Study Participant	E	Y	0	1	YES	Monday Off	email@hca.wa.gov	email@hca.wa.gov	
4	102	Diaz	Bill	email@hca.wa.gov	WA Time Study Participant	E	Y	0	1	YES	Monday Off	email@hca.wa.gov	email@hca.wa.gov	
5	103	Williams	John	email@hca.wa.gov	WA Time Study Participant	E	Y	0	1	YES	Standard Hours	email@hca.wa.gov	email@hca.wa.gov	
6	104	White	James	email@hca.wa.gov	WA Time Study Participant	E	Y	0	1	YES	Standard Hours	email@hca.wa.gov	email@hca.wa.gov	
7														

Uploading Participant Files

Participant files must be uploaded approximately 30 days before the start of each quarter, even if you have no changes from the current quarter. All participant files must be uploaded before moments are generated. This ensures an accurate pool of participants.

- Step 1:** Under the “Administrative Claiming” tab, select “File Upload.”
- Step 2:** Click on either “Program” or “Year” to change the group and fiscal year.
- Step 3:** Click “Browse” to find your file. Click “Open.”

Note: Files **must** follow the naming convention provided by UMMS.

- Step 4:** Click “Upload.” The file will show up on the uploaded list below and will take some time before it is ready to be checked.

File Upload

Fields marked with an (*) are mandatory fields

* Component : HP_TS

* Location :

Status during upload

File Name	Quarter	Date	Status	Uploaded By
No Data Found				

[Refresh](#)

- Step 5:** Click “Refresh” after a few minutes to verify if the file status has change.
- Step 6:** After the file is uploaded and there are no errors, click “Review” to review the file for changes.

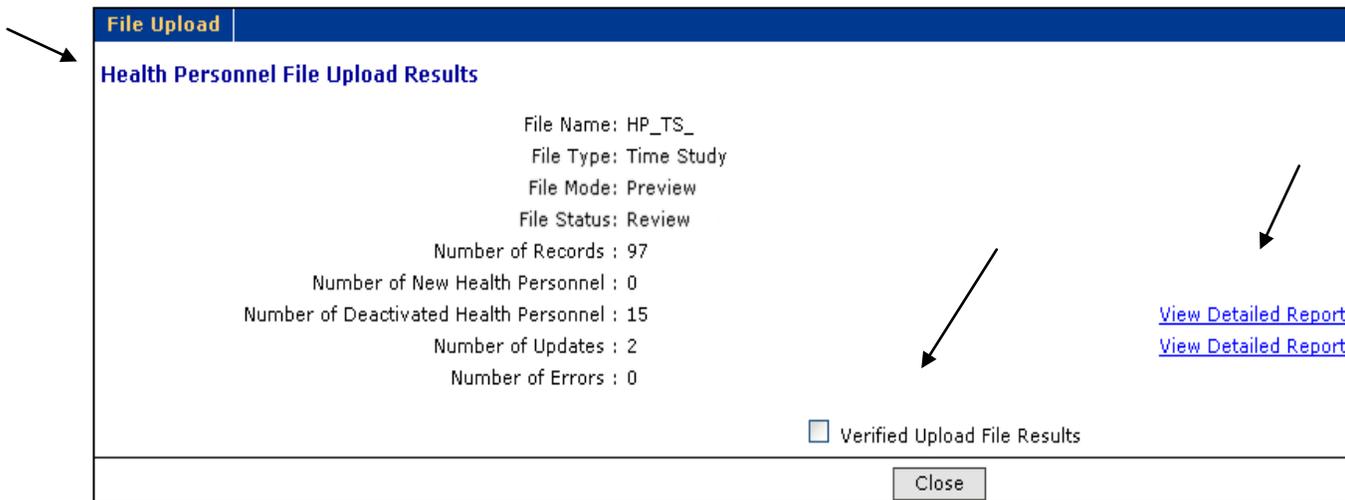
Date	Status
07/27/2010 11:10:07 AM	Review

Note: If the file has errors, click on “Error” and then “View Detailed Report” to review the issues that caused the file to fail. Correct any errors in your upload file in Excel. Once all problems are fixed in the file, delete the Error file by checking the box next to the file and clicking “Delete.” Then upload the corrected file.

Date	Status	Uploaded By	<input type="checkbox"/>
12/12/2012 05:44:16 PM	Successful	GrahamMe	<input type="checkbox"/>
09/10/2012 10:36:37 AM	Successful	GrahamMe	<input type="checkbox"/>
08/24/2012 01:59:49 PM	Successful	AudetteE	<input type="checkbox"/>
06/01/2012 10:50:39 AM	Successful	RonnquiR	<input type="checkbox"/>
03/11/2013 11:53:13 AM	Successful	GrahamMe	<input type="checkbox"/>
03/11/2013 11:46:40 AM	Error	GrahamMe	<input type="checkbox"/>

[Delete](#)

- Step 7:** Review the New Health Personnel (participants), Deactivated Health Personnel (participants), and Updates by clicking on the appropriate “View Detailed Report” link. If changes need to be made to the file, delete; re-load; and check the file again. When everything is correct, check the “Verified Upload File Results” box and upload the file.



Note: Changes and additions in the file will not be made to the system until this step has been completed. Participants who are NOT listed on the upload file will be deactivated for the upcoming quarter and will be reported on the “Deactivated Health Personnel” report.

Step 8: When the file is submitted and uploaded, the status will change to “Successful.” At this point, all changes and additions will be made to Health Personnel (participant) records. The detailed reports can be reviewed at any time by clicking “Successful” and “View Detailed Report.”

Quarter	Date ▼	Status
3	12/03/2012 08:41:24 AM	Successful - No Changes
2	08/22/2012 11:06:06 AM	Successful
4	02/26/2013 12:47:38 PM	Successful
4	02/25/2013 08:18:34 AM	Successful

Note: Any files uploaded that have no changes will read “Successful – No Changes” after clicking on “Review.” There will be no check box or upload process.

Note: Files should not be left in Review status. If any files are left in Review status, they must be deleted in order to upload future files.

Mid quarter participant changes

Changes can be made during the quarter by contacting HCA at MAC@hca.wa.gov or 1-800-562-3022 ext. 55147.

Mid quarter changes include:

- Updating participant email addresses
- Updating supervisor email addresses
- Updating participant name

RMTS Calendars

The System follows the state fiscal year which runs from July 1st through June 30th. The following table lists the dates for each quarter through the year 2018.

<i>Fiscal Year</i>	<i>First Quarter</i>	<i>Second Quarter</i>	<i>Third Quarter</i>	<i>Fourth Quarter</i>
2014	<i>July '13–Sept '13</i>	<i>Oct. '13–Dec. '13</i>	<i>Jan. '14 – March '14</i>	<i>April '14–June '14</i>
2015	<i>July '14 –Sept '14</i>	<i>Oct. '14–Dec. '14</i>	<i>Jan. '15 – March '15</i>	<i>April '15–June '15</i>
2016	<i>July '15 –Sept '15</i>	<i>Oct. '15–Dec. '15</i>	<i>Jan. '16– March '16</i>	<i>April '16–June '16</i>
2017	<i>July '16 –Sept '16</i>	<i>Oct. '16–Dec. '16</i>	<i>Jan. '17– March '17</i>	<i>April '17–June '17</i>
2018	<i>July '17 –Sept '17</i>	<i>Oct. '17–Dec. '17</i>	<i>Jan. '18– March '18</i>	<i>April '18–June '18</i>

Calendar Overview

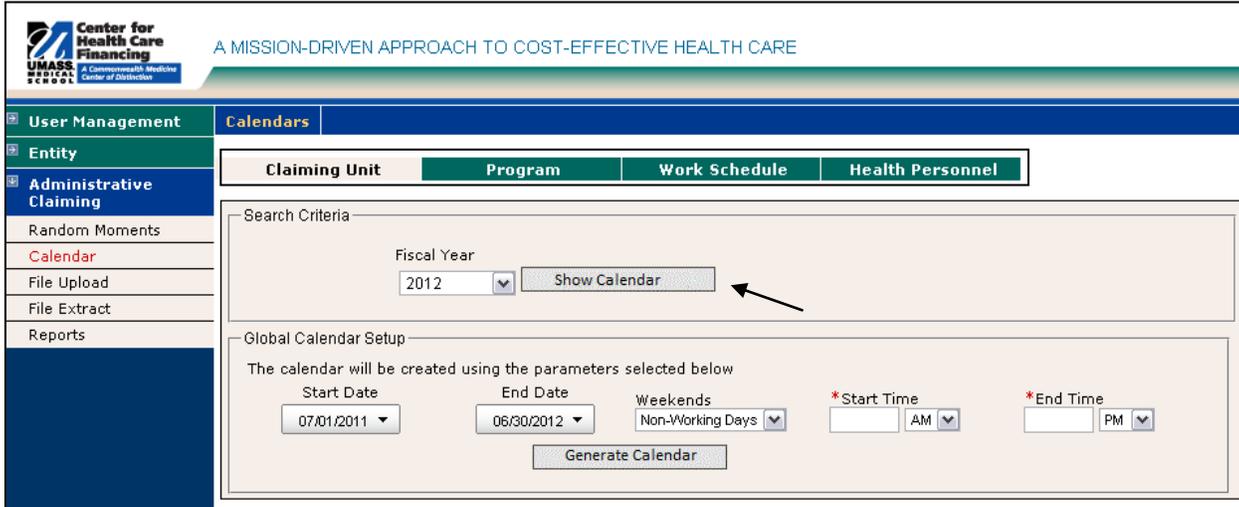
Prior to beginning the time study, the Tribe must identify their general work hours, work days, scheduled closures such as holidays or non-business days, and typical employee work shifts. The MAC Coordinator enters this calendar information into the System prior to the beginning of each quarter. All calendar changes must be made before moments are generated. Moments will only be generated during the days and hours the MAC Coordinator enters in the System’s calendar.

There are four tabs for customizing the RMTS calendar.

1. **Claiming Unit:** Basic calendar information including;
 - a. Non-business days
 - b. Holidays
 - c. Scheduled closures
2. **Program:** Hours of operation for individual clinics/offices/branches, etc.
 Example: Outreach Office 8am-5pm, Medical Clinic West 7am-7pm
3. **Work Schedule:** Basic work schedules/shifts
 Example: 8am-5pm (Standard), 12pm-8pm (Swing shift)
4. **Health Personnel:** Coordinators enter specific work schedules for individuals
 Example: John 7am-3pm, Brenda 8am-5pm, Kathy 11am-7pm

Entering Calendars

- Step 1:** Under the “Administrative Claiming” tab, select “Calendar.”
- Step 2:** The system should default to “Claiming Unit,” otherwise, click on “Claiming Unit.”
- Step 3:** Select the year for the calendar to be created and click “Show Calendar.”



- Step 4:** If a calendar has already been entered, it will appear on the screen. To edit this calendar, follow the steps below. If no calendar exists, select a “Start Date” and “End Date” (which defaults to the beginning and end of the fiscal year), indicate if weekends will be “Working Days” or “Non-Working Days,” and a general “Start Time” and “End Time,” then click “Generate Calendar.”

See example on next page

User Management

Calendars

Entity

Administrative Claiming

Random Moments

Calendar

File Upload

File Extract

Reports

Claiming Unit Program Work Schedule Health Personnel

Search Criteria

Fiscal Year

2012

Show Calendar

Global Calendar Setup

The calendar will be created using the parameters selected below

Start Date

07/01/2011

End Date

06/30/2012

Weekends

Non-Working Days

Non-Working Days

Working Days

*Start Time

07:30 AM

*End Time

05:00 PM

Generate

Quarter 1 , Quarter 2 , Quarter 3 , Quarter 4 Confirm Calendar

July 2011							August 2011							September 2011						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	1	2	31	1	2	3	4	5	6	28	29	30	31	1	2	3
3	4	5	6	7	8	9	7	8	9	10	11	12	13	4	5	6	7	8	9	10
10	11	12	13	14	15	16	14	15	16	17	18	19	20	11	12	13	14	15	16	17
17	18	19	20	21	22	23	21	22	23	24	25	26	27	18	19	20	21	22	23	24
24	25	26	27	28	29	30	28	29	30	31	1	2	3	25	26	27	28	29	30	1
31	1	2	3	4	5	6	4	5	6	7	8	9	10	2	3	4	5	6	7	8

October 2011							November 2011							December 2011						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	29	30	1	30	31	1	2	3	4	5	27	28	29	30	1	2	3
2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10
9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17
16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24
23	24	25	26	27	28	29	27	28	29	30	1	2	3	25	26	27	28	29	30	31
30	31	1	2	3	4	5	4	5	6	7	8	9	10	1	2	3	4	5	6	7

January 2012							February 2012							March 2012						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7	29	30	31	1	2	3	4	26	27	28	29	1	2	3
8	9	10	11	12	13	14	5	6	7	8	9	10	11	4	5	6	7	8	9	10
15	16	17	18	19	20	21	12	13	14	15	16	17	18	11	12	13	14	15	16	17
22	23	24	25	26	27	28	19	20	21	22	23	24	25	18	19	20	21	22	23	24
29	30	31	1	2	3	4	26	27	28	29	1	2	3	25	26	27	28	29	30	31
5	6	7	8	9	10	11	4	5	6	7	8	9	10	1	2	3	4	5	6	7

April 2012							May 2012							June 2012						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7	29	30	1	2	3	4	5	27	28	29	30	31	1	2
8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9
15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16
22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23
29	30	1	2	3	4	5	27	28	29	30	31	1	2	24	25	26	27	28	29	30
6	7	8	9	10	11	12	3	4	5	6	7	8	9	1	2	3	4	5	6	7

- Mark As Working Days
- Mark as Non-Working Days
- Modify Shifts

Color Codes

- 1 Standard Working Day (Editable)
- 1 Non-Working Day (Editable)
- 1 Different Shifts Configured (Editable)
- 1 Selected for Editing
- Outside the Fiscal Year Calendar Days (Non-Editable)
- 1 Day not of current month (Non-Editable)
- 1 Day highlighted (Editable)
- 1 Standard Working Day (Non-Editable)
- 1 Non-Working Day (Non-Editable)
- 1 Different Shifts Configured (Non-Editable)

Step 5: Once the Claiming Unit calendar is complete, generate a Program calendar to use for moment generation. Click “Program,” select the “Program” and “Year,” and click “Show Calendar:”

Note: Each individual unit, office, branch etc., will be listed in the drop down menu.

The screenshot shows a navigation bar with four tabs: 'Claiming Unit', 'Program', 'Work Schedule', and 'Health Personnel'. The 'Program' tab is active. Below the navigation bar is a 'Search Criteria' section containing a 'Program' dropdown menu (currently showing 'Select One'), a 'Fiscal Year' dropdown menu (currently showing '2012'), and a 'Show Calendar' button. Two black arrows point to the 'Program' dropdown and the 'Show Calendar' button.

Step 6: Click “Generate Calendar” which will show the current Claiming Unit calendar and allow it to be edited for that individual Program:

The screenshot shows the same navigation bar as in Step 5. The 'Program' dropdown is now set to 'M A M Internal'. Below the 'Search Criteria' section is a 'Global Calendar Setup' section with the text 'The Group calendar will be used to create the calendar.' and a 'Generate Calendar' button. A black arrow points to the 'Generate Calendar' button.

Step 7: Once the Program calendar is complete, a Work Schedule calendar can be created if desired. Click “Work Schedule,” select the “Program,” “Work Schedule,” and “Fiscal Year” and click “Show Calendar:”

The screenshot shows the navigation bar with the 'Work Schedule' tab active. The 'Search Criteria' section now includes three dropdown menus: 'Program' (set to 'Select One'), 'Fiscal Year' (set to '2012'), and 'Work Schedule' (set to 'Select One'). A 'Show Calendar' button is also present. Four black arrows point to the 'Program' dropdown, the 'Fiscal Year' dropdown, the 'Show Calendar' button, and the 'Work Schedule' dropdown.

Step 8: Click “Generate Calendar:”

Claiming Unit	Program	Work Schedule	Health Personnel
Search Criteria			
Program M A M Internal		Work Schedule Friday Off (07/01/2011-)	
Fiscal Year 2012		Show Calendar	
Global Calendar Setup			
The Entity calendar will be used to create the calendar.			
Generate Calendar			←

Note: At this point, you are able to [confirm](#) and finalize the calendars for your agency. You may also modify individual participant calendars by completing the following steps:

Step 9: Once the Work Schedule is complete, click “Health Personnel” (participant).

Step 10: To change a participant’s specific days to “Non-Working Days,” select the days to be changed and they will turn blue. Click “Mark as Non-Working Days.” The selected dates will turn pink:

Non-Working Days

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1
2	3	4	5	6	7	8

December 2011

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

March 2012

Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17

Mark As Working Days

Mark as Non-Working Days

Modify Shifts

Color Codes

- 1 Standard Working Day (Editable)
- 1 Non-Working Day (Editable)
- 1 Different Shifts Configured (Editable)
- 1 Selected for Editing
- 1 Outside the Fiscal Year
- 1 Calendar Days (Non-Editable)
- 1 Day not of current month (Non-Editable)
- 1 Day highlighted (Editable)
- 1 Standard Working Day (Non-Editable)
- 1 Non-Working Day (Non-Editable)
- 1 Different Shifts Configured (Non-Editable)

December 2011

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

December 2011

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

Step 11: To change the times of specific days, select the days and they will turn blue. Click “Modify Shifts.” A pop-up will show the current shift for that day. “Delete” the current shift (If certain, click “Yes” when prompted), then enter new start and end times, click “Add” and then “Close.” The dates changed will turn green:

Confirming Calendars

The Tribe’s calendar is loaded into the System prior to the beginning of each fiscal year. The MAC Coordinator is responsible for making any necessary changes and confirming the calendar entered is accurate on a quarterly basis.

Note:

- Changes can be made at any time before moments are generated for that quarter. Once moments are generated, the calendar is locked and changes cannot be made. The MAC Coordinator is responsible for ensuring all information is accurate and complete before the moments are generated.
- The System requires a calendar to be entered for both the current quarter, **and** the subsequent quarter before it will generate moments for the current quarter. For example, before generating moments for quarter 1, 2045, you must also enter the calendar for quarter 2, 2045.

Step 1: To confirm the calendar for any given quarter, start by clicking “Confirm Calendar”

Step 2: Select the quarter to confirm by checking the appropriate box, then click “Save.” A note will generate in the “History” box indicating when it was confirmed:

Step 3: Confirmed quarters will show check marks on the calendar screen:

RMTS Moments

The MAC Coordinator is responsible for monitoring and ensuring all participants complete moments in a timely manner. Participants receive a welcome email with their User ID and temporary password at the beginning of the quarter. The email provides instructions for creating a private password and completing the required training module. Participants will receive moments once the quarter begins.

Participant Training

Participants are required to complete annual online training in the System prior to participating in the time study. Participants are required to complete the training prior to answering their first moment, and then every 365 days after that. The online training will help participants to:

- Log into the RMTS System
- Understanding RMTS
- Answer a moment

The MAC Coordinator is responsible for monitoring the [training reports](#) in the System and following up with participants who have not completed the online training. Participants will be prevented by the System from answering moments until they have completed the online training.

Participants can access the training module by:

- Logging into the System and selecting 'online training'
- Following the link provided in UMMS emails

Receiving a Moment

Participants will receive an email notification approximately five (5) minutes prior to the scheduled time. The notice will include the date and time of the moment. Participants have up to five (5) working days to complete moments. Moments are no longer available after the five (5) day grace period expires. If a moment is not completed, participants will receive email reminders from the System at 24, 48, and 72 hours after the sampled moment occurs.

- The MAC Coordinator and/or supervisor are notified by email at 72 hours.

It is the responsibility of the MAC Coordinator to ensure participants are responding to moments in a timely manner by following up with the participant and monitoring the [Moments Completed Report](#).

Viewing Moments

Once participants log into the System they will see two tabs: 'Active Moments' and 'Prior Moments'. All unanswered moments will be listed under the Active Moments tab. All moments that have either been answered or have expired (moments that were not answered within five (5) work days) will be listed under Prior Moments.

Example of Active Moments

Active Moments	Prior Moments
Document your Activity for 10/05/2012 10:11 AM	
Document your Activity for 10/05/2012 12:19 PM	
Document your Activity for 10/05/2012 03:41 PM	

If you need to revise a previously documented moment, you may do so by clicking on the "Prior Moments" tab above.

Answering and Completing a Moment

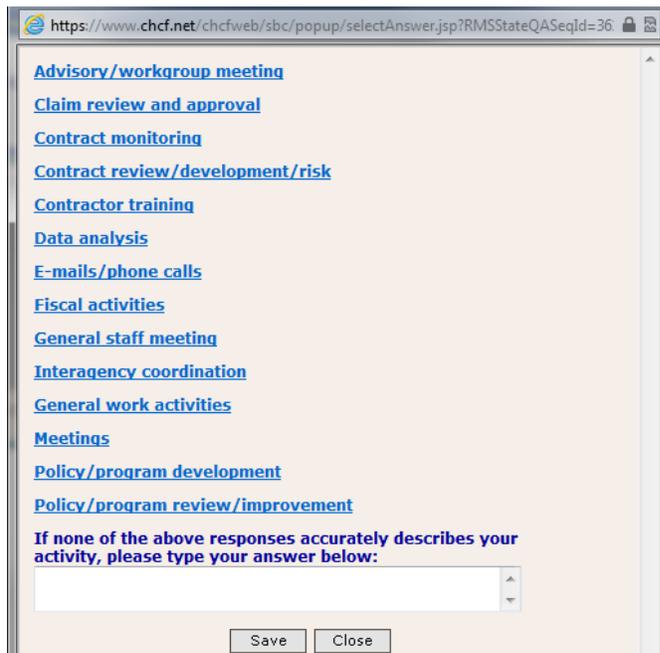
A moment consists of a series of questions the participant will answer according to *the activity* they performed precisely at the random moment. Only one response is allowed for each question. Participants must select the box indicating they certify the answers submitted are accurate and complete in order to submit their responses. Participants must complete moments within five (5) work days after the sampled moment.

Predefined Dropdown Responses

Once participants select an active moment, there will be four (4) questions to answer. Each question has a set of predefined dropdown responses which correspond with activities they perform. If none of the predefined responses apply to that given moment, participants must free type a response in the space provided. Once finished, participants must check the box indicating they certify the answers are true and complete, and select submit.

Note: *If the participant enters an illogical combination of answers, they will be prompted to review their choices. After they review the combinations and verify they are correct, the participant may select submit.*

Predefined responses and free type space example:



https://www.chcf.net/chcfweb/sbc/popup/selectAnswer.jsp?RMSStateQASeqId=36

- [Advisory/workgroup meeting](#)
- [Claim review and approval](#)
- [Contract monitoring](#)
- [Contract review/development/risk](#)
- [Contractor training](#)
- [Data analysis](#)
- [E-mails/phone calls](#)
- [Fiscal activities](#)
- [General staff meeting](#)
- [Interagency coordination](#)
- [General work activities](#)
- [Meetings](#)
- [Policy/program development](#)
- [Policy/program review/improvement](#)

If none of the above responses accurately describes your activity, please type your answer below:

Save Close

Documentation to Support Moment Recorded

HCA requires all participants maintain documentation for the activities they were performing during all time study moments. This documentation must be sufficiently detailed in order for HCA to determine whether the activities were necessary for the proper and efficient administration of the state Medicaid plan. It is the MAC Coordinator's responsibility to ensure participants maintain adequate documentation and ensure it is accessible for review for a minimum of six (6) years.

Examples of supporting documentation include, but are not limited to:

- Calendars
- Chart notes
- Activity log

Narrative Description

In addition to the above required documentation, participants must provide a narrative description of the activity they recorded through the predefined dropdown responses. Once the participant selects a response for each question, a free type box appears, and the participant may enter up to 250 characters in the space provided to record their narrative. HCA validates 15% of all moments.

Free Type Box Example:

Observation Moment : 09/27/2013 10:36 AM

* **Activity Description:** [Answer the Question](#)

MAM Staff Activities

* **What were you doing?** [Answer the Question](#)

Advisory/workgroup meeting

* **Who were you working with?** [Answer the Question](#)

Advisory Group

* **Why were you doing it?** [Answer the Question](#)

Increase program integrity

* **Where were you?** [Answer the Question](#)

Regular Job Site

Required: Narrative for documentation of activity (limited to 250 characters)

Identifying gaps or duplication of medical/dental



I certify that the answers submitted are accurate and complete.

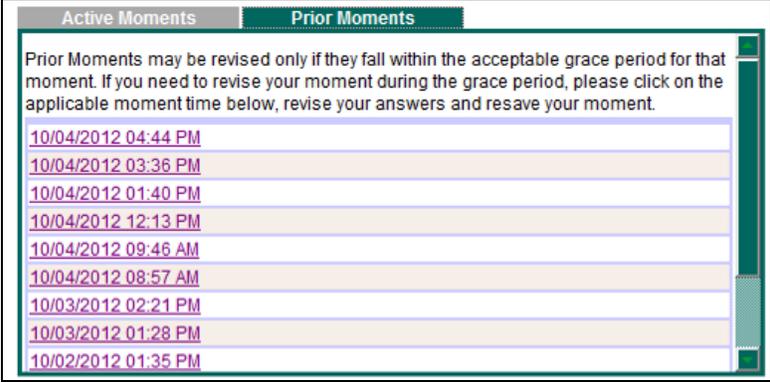
Submit

Close

Editing an Answered Moment

Participants have five (5) work days after the moment to edit responses. All moments previously completed within the quarter will be listed under the *Prior Moments* tab. Participants select the moment they wish to edit to make changes.

Prior Moments example:



Active Moments | **Prior Moments**

Prior Moments may be revised only if they fall within the acceptable grace period for that moment. If you need to revise your moment during the grace period, please click on the applicable moment time below, revise your answers and resave your moment.

- [10/04/2012 04:44 PM](#)
- [10/04/2012 03:36 PM](#)
- [10/04/2012 01:40 PM](#)
- [10/04/2012 12:13 PM](#)
- [10/04/2012 09:46 AM](#)
- [10/04/2012 08:57 AM](#)
- [10/03/2012 02:21 PM](#)
- [10/03/2012 01:28 PM](#)
- [10/02/2012 01:35 PM](#)

RMTS Management Reports

The System generates many reports for you to review and assist you in managing the time study. The reports display a wide range of historical or real-time information including moments, participant demographics, and compliance rates.

Accessing the Reports

Once logged into the System you can review reports of the online training, time study, and claiming. This section describes how to access and run reports for the online training and time study. Claiming reports are described in section (this space intentionally left blank at this time).

- To access training reports select “Online Training” then “Training Summary”.
- To access RMTS reports, select “Administrative Claiming” then “Reports”. A list of all available reports will be displayed. Simply click on the report you wish to run.

RMTS Statistics Report

This report is located under *Administrative Claiming, Reports*, and provides the status of various types of moments.

RMTS Statistics	
Run Date:	02/25/2015
Run Time:	04:02:48 PM PDT
Claiming Unit:	WA-Tribe
Year:	2015
Quarter:	3
Job Code:	1
Number of Moments Required:	2401
Over Sampling Percentage:	15
Total Number of Moments:	2762
Initial Moments Generated:	2762
Number of Moments occurred:	782
Number of Moments completed and expired:	645
Number of Moments completed and not expired:	109
Number of Moments not completed and expired:	0
Number of Moments not completed and not expired:	2008
Moments Complete and Expired / Moments Occurred:	82.48%
All Moments Complete / Moments Occurred:	96.42%
Date Generated:	02/25/2015

RMTS Compliance Report

This report is located under *Administrative Claiming, Reports*, and provides the following details:

- How many moments each MAC Contractor agency has during the quarter
- How many moments have occurred to date
- How many moments are completed, and the percentage of completed moments to total quarterly moments
- Number of moments not completed and expired
- Number of moments not completed and not expired
- Number of moments completed to date and total number of moments for the quarter

WA-Tribe RMTS Compliance Report	
Run Date:	08/25/2013
Run Time:	02:14:23 PM PDT
Claiming Unit:	Tribal-MAC
Program:	Tribal-Internal
Year:	2012
Quarter:	4
Job Code:	1
Total Number of Moments for quarter:	2762
Number of Moments occurred to date:	2762
Number of Moments completed to date:	2762
Number of Moments: Left - LOA:	0
Number of Moments not completed and expired:	0
Number of Moments not completed and not expired:	0
Number of Moments completed to date/Total Number of Moments for quarter:	100 %

Training Documents Viewed Report

This report is located under *Online Training, Training Summary* details the online training that RMTS participants have viewed and completed.

Training Documents Viewed Report										
Claiming Unit:	Tribal-MAC									
Program:	Tribal Internal									
Name:	ALL									
Training Document:	ALL									
Run Date:	9/17/2013									
Run Time:	09:55 AM PT									
Date Range:	07/01/2013 to 09/30/2013									
Program	Last Name	First Name	Employee Id	Job Type	Job Description	Email Address	Training Material Title	Date Accessed	Certification Date	Certification
Tribal Internal	Someone	Special	1073	Employee	Financial Specialist	special.someone@wasta	WA RMTS	9/13/2013		No
Tribal Internal	Duck	Donald	1074	Employee	Financial Specialist	donald.duck@wastatetri	WA RMTS	7/3/2013	7/3/2013	Yes
Tribal Internal	Bear	Brown	1075	Employee	Patient Representative	brown.bear@wastatetri	WA RMTS	7/3/2013	7/3/2013	Yes

Training Documents Not Viewed Report

This report is located under *Online Training, Training Summary* and lists participants who have not completed the RMTS on-line training. It includes participant email addresses for the MAC Coordinator to send reminders.

Training Documents Not Viewed Report							
Claiming Unit:	Tribal-MAC						
Program:	Tribal-Internal						
Name:	ALL						
Training Document:	ALL						
Run Date:	9-16-13						
Run Time:	01:27 PM PT						
Date Range:	07/01/2013 to 09/30/2013						
Program	Last Name	First Name	Employee ID	Job Type	Job Description	Email Address	Training Material Title
Tribal-Internal	Someone	Special	1073	Employee	WA Tribe Time Study Participant	special.someone@wa.state.tribe.com	WA RMTS
Tribal-Internal	Duck	Donald	1074	Employee	WA Tribe Time Study Participant	donald.duck@wa.state.tribe.com	WA RMTS
Tribal-Internal	Bear	Brown	1075	Employee	WA Tribe Time Study Participant	brown.bear@wa.state.tribe.com	WA RMTS

RMTS Participant Moments Completed to Date Report

This report is located under *Administrative Claiming, Reports* and gives information on moments already completed by the participants and the final status of the moment.

RMTS Participant Moments Completed to Date Report							
Run Date:	9-16-13						
Run Time:	02:38 PM PT						
Claiming Unit:	Tribal-MAC						
Program:	Tribal-Internal						
Job Position:	ALL						
Work Schedule:	ALL						
Year:	2013						
Quarter:	1						
Date:	07/01/2013 - 09/30/2013						
Name	Emp ID	Job Desc	Job Code	Work Schedule	Moment Date	End of Grace Period	Email
Someone, Special	1073	Financial Specialist	1	Standard Hours	7/1/2013 6:50	7/5/2013 6:50	special.someone@wa.state.tribe.com
Duck, Donald	1074	Financial Specialist	1	Standard Hours	7/1/2013 7:39	7/5/2013 7:39	donald.duck@wa.state.tribe.com
Bear, Brown	1075	Patient Representative	1	Standard Hours	7/1/2013 8:00	7/5/2013 8:00	brown.bear@wa.state.tribe.com

RMTS Participant Moment Not Completed Report

This report is located under *Administrative Claiming, Reports* and provides details of moments the participant has not completed. It allows the MAC Coordinator to identify participants who have not completed a moment so they can follow up with the participant.

RMTS Participant Moment Not Completed Report												
Run Date:	9/17/2013											
Run Time:	09:17 AM PT											
Claiming Unit:	Tribal-MAC											
Program:	Tribal Internal											
Job Position:	ALL											
Work Schedule:	ALL											
Year:	2014											
Quarter:	1											
Date:												
Name	Emp ID	Job Description	Job Code	Work Schedule	Moment Date	End of Grace Period	Email	Status	Supervisor Email #1	Supervisor Email #2	Supervisor Email #3	
Someone, Special	1073	Financial Speciali	1	Standard Hours	9/12/2013 8:31	9/17/2013 8:31	special.someone@wastetribe.com	Incomplete Expired	brandon.robinson@hca.wa.gov	carrie.jenkins@hca.wa.gov	paul.moore@hca.wa.gov	
Duck, Donald	1074	Financial Speciali	1	Standard Hours	9/12/2013 11:10	9/17/2013 11:10	donald.duck@wastetribe.com	Incomplete	brandon.robinson@hca.wa.gov	carrie.jenkins@hca.wa.gov	paul.moore@hca.wa.gov	
Bear, Brown	1075	Patient Represen	1	Standard Hours	9/12/2013 11:34	9/17/2013 11:34	brown.bear@wastetribe.com	Incomplete	brandon.robinson@hca.wa.gov	carrie.jenkins@hca.wa.gov	paul.moore@hca.wa.gov	
Rice, Jasmin	1083	Patient Represen	1	Standard Hours	9/12/2013 12:05	9/17/2013 12:05	rice.jasmin@wastetribe.com	Incomplete	brandon.robinson@hca.wa.gov	carrie.jenkins@hca.wa.gov	paul.moore@hca.wa.gov	

Health Personnel Time Study Upload Report

This report is located under *Administrative Claiming, Reports* and shows the participating staff list has been successfully uploaded into the UMMS System.

Health Personnel Time Study Upload Report				
Run Date:	9/16/2013			
Run Time:	03:25 PM PT			
Claiming Unit:	Tribal-MAC			
Program:	Tribal- Internal			
Year:	2013			
Quarter:	3			
Program	File Name	Status	Uploaded By	Uploaded Date
Tribal-Internal	HP_TS_Tribal-MAC_Tribal Internal_3_2013_01_20121228125241.XFR	Successful	Program Specialist	12/28/2012

RMTS Calendar Configuration Report

This report is located under *Administrative Claiming, Reports*, and shows when the MAC Contractor's calendar for the next quarter has been updated for the subsequent quarter. It shows some standardized schedules that MAC Contractors may choose to use for participant schedules.

RMTS Calendar Configuration Report					
Run Date:	9/16/2013				
Run Time:	03:49 PM PT				
Claiming Unit:	Tribal-MAC				
Program:	Tribal Internal				
Year:	2013				
Quarter:	4				
Include Health Personnel:	No				
Claiming Unit	Program	Work Schedule	Status	User ID	Date
Tribal-MAC			Not Configured	Program Specialist	3/13/2012
Tribal-MAC	Tribal Internal		Not Configured	Program Specialist	3/21/2012
Tribal-MAC	Tribal Internal	Friday Off	Not Configured		
Tribal-MAC	Tribal Internal	Monday Off	Not Configured		
Tribal-MAC	Tribal Internal	Standard Hours	Not Configured	Program Specialist	3/21/2012
Tribal-MAC	Tribal Internal	Wednesday Off	Not Configured		

Calendar Data Entry Report

This report is located under *Administrative Claiming, Reports*, and confirms that individual work schedules have been entered into the system for the quarter.

Calendar Data Entry Report						
Claiming Unit:	Tribal-MAC					
Year:	2013					
Quarter:	3					
Date:	9/16/2013					
	Total Minutes for Moments:			0	720	
	Day			1/1/2013	1/2/2013	
Program	Work Schedule:	HP's available for Moments	Minutes/Day	Start/End Time	Minutes/Day	Start/End Time
Tribal-Internal		Special, Someone			720	06:00 AM - 06:00 PM
Tribal-Internal		Duck, Donald			720	06:00 AM - 06:00 PM
Tribal-Internal		Bear, Arbor			720	07:00:00 AM - 04:30:00
Tribal-Internal		Rice, Jasmin			540	07:00:00 AM - 04:30:00
Tribal-Internal		Trout, Rainbow			540	08:00:00 AM - 05:00:00

Technical Notes | System Specifications

Workstation Requirements

Operating Systems

Win 98 or higher
Macintosh

Web Browsers

Internet Explorer 7.0, 8.0, 9.0 with MS Windows XP, Windows 7, or Vista (**Note:** IE 5.x to 6.x are no longer supported)

Safari 3.0 or Higher

Mozilla Firefox 4.x or Higher (**Note:** Firefox 2.x through 3.x are no longer supported)

Note: Internet Explorer web browser is not supported on Macintosh operating system. Safari should be used instead of IE.

Cookies

Workstations: Enable cookie in browser.

See below “**Instructions for Finding your Browser/Enabling Cookies**”

Web Filters

Workstations should allow access to the following URL

Production Secure connection: <https://www.chcf.net/chcfweb/sbc/wa-rms/>

Email

Email should allow delivery from MedicaidAdmMatch@umassmed.edu and MAC@HCA.wa.gov in large quantities on a single day.

Online Training Application

Flash Player is needed to run the online training program. The following link

<http://www.adobe.com/software/flash/about/> has a connection to Player Download Center, which will walk you through the process of downloading the most recent version of Player. It takes about two minutes.

System Administration Requirements

Cookies

System administrator: If there is a proxy server, set proxy NOT to cache the www.chcf.net domain.

Actual Web Site URL

<https://www.chcf.net/chcfweb/sbc/wa-rms/>

Note: www.chcf.net cookies (sessions) are tied to the URL and IP address.

Routers

If SBC IP address needs to be explicitly defined on routers, SBC IP address is 146.189.217.25

Email

Email servers should allow email delivery from MedicaidAdmMatch@umassmed.edu and MAC@HCA.wa.gov

Email server IP – emails may be sent through the following mail gateways:

146.189.195.117

146.189.195.118
146.189.144.105
146.189.144.106
146.189.144.107

Web Filters

Allow access to the following URL

Production Site Secure Connection: <https://www.chcf.net/chcfweb/sbc/wa-rms/>

Instructions for Finding your Browser/Enabling Cookies

Internet Explorer

1. Choose *Help > About Internet Explorer*
2. Find out Internet Explorer version.

Safari

1. Choose *Help*
2. Find out Safari version

Mozilla Firefox

1. Choose *Help*
2. Find out Mozilla version

Enabling Cookies

Internet Explorer 6, 7, 8, 9

1. Choose *Tools > Internet Options*
2. Click the *Privacy tab*
3. Click the *Default* and choose *Medium level*

Internet Explorer 5

1. Choose *Tools > Internet Options*
2. Click the *Security tab*
3. Click *Internet*, then *Default Level*
4. Select *Medium Level*

Mozilla Firefox

1. Choose *Tools > Options*
2. Select *Privacy*
3. Click *Accept cookies from sites*

Download Internet Browser

Use the following web sites to download a free copy of the latest browser for:

Internet Explorer <http://www.microsoft.com/windows/ie/worldwide/ie6sp1downloads.asp>

Apple's Safari Browser <http://support.apple.com/downloads#safari>

Quarterly Maintenance Checklist

Status	Due Date	Task	Who's responsible?
<i>Before the Quarter Begins</i>			
	30 days before the quarter begins	Update MAC Contractor 's quarterly calendar in the System	
	30 days before the quarter begins	Update any programmed work schedules	
	30 days before the quarter begins	Pull participant extract upload and update as needed	
	15 to 30 days before the quarter begins	Schedule and conduct additional staff training, if necessary	
	7 to 10 days before the quarter begins	Release and activate any new participants. Participants will be sent initial email with user name and temporary password.	
<i>During the Quarter</i>			
	First working day of quarter	Participants will begin to receive and respond to moments	Participants
	Ongoing	Monitor RMTS Participant Moment Not Completed Report to remind participants to complete all moments	
	Continuous throughout the quarter, within 5 working days of change	Inform HCA at MAC@hca.wa.gov as soon as any participant's employment status changes	
<i>After the Quarter Ends</i>			
	3 to 5 days after the end of the quarter	Monitor the RMTS Participant Moment Not Completed Report to remind participants to complete all moments. <u>This report should be printed and kept in your audit file.</u>	
	Within 60 days after the close of the quarter	Upload and/or update staff salary and benefits to the System	
	Within 365 days after the end of the quarter	Enter quarterly MAC related materials, supply costs, and administrative staff costs into the System	
	Within 365 days after the end of the quarter	Print, sign, and send A19 and companion paperwork to HCA for reimbursement	
<i>Contact Information</i>			
UMMS contact information	Telephone: 800 535 6741 Email: MedicaidAdmMatch@umassmed.edu		
HCA MAC contact information	Telephone: 800 562 3022 x 55147 Email: MAC@hca.wa.gov		

Change of Status Form

Washington Random Moment Time Study

Change of Status during the Quarter

In the event a RMTS participant leaves your agency (temporarily or permanently), changes job positions, or is no longer eligible to complete the time study, the designated MAC Coordinator for the Tribe must complete this form and email it to: MAC@hca.wa.gov

MAC Contractor Name:

Time Study Participant Name:

Please complete the following:

<p><u>Temporary Leave of Absence:</u></p> <p>Paid Dates:</p> <p>Unpaid Dates:</p> <p>Pay not determined Dates:</p>	<p><u>Change of Job Position:</u></p> <p>Previous position title:</p> <p>New position title:</p> <p>Date of change:</p>
<p><u>Terminated Employment with Agency:</u></p> <p>Date of Termination:</p>	<p><u>Other change:</u></p>

<p>Affected Year:</p> <p>Select affected Quarter</p>	<p><input type="checkbox"/> Quarter 1 (Jul 1 – Sep 30)</p> <p><input type="checkbox"/> Quarter 2 (Oct 1 – Dec 31)</p> <p><input type="checkbox"/> Quarter 3 (Jan 1 – Mar 31)</p> <p><input type="checkbox"/> Quarter 4 (Apr 1 – Jun 30)</p>
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<p>Comments:</p>

Your Name:

Date:

Job Title:

Please email completed form to MAC@hca.wa.gov

If you have any questions please email MAC@hca.wa.gov or call 800 562 3022, Ext. 55147

*If a participant takes a temporary Leave of Absence, they will be included in the next quarters' RMTS participant list and their status should be reviewed prior to submitting the list to UMMS. If the participant has terminated employment with the Tribe, they will be made inactive and not be included in subsequent time studies.

Medicaid Administrative Claiming (MAC)

Subcontractor Review

All subcontracts for MAC activities must be reviewed by Health Care Authority (HCA). This includes contracts that you plan to initiate, amend, or renew. Please provide a detailed response to the following questions and return it to your HCA program specialist with a copy of the proposed contract or amendment.

Please complete the following:

Name of your agency:	Name of Proposed Subcontractor:
Point of Contact:	Point of Contact:
Mailing Address:	Mailing Address:
Email Address:	Email Address:
Telephone:	Telephone:
Subcontract Start Date:	Subcontract End Date:

Please provide detailed responses for the following:

1. Why does your agency need this proposed subcontract and what goals do you expect the subcontractor to achieve?
2. Describe how the activities of the proposed subcontractor will be in direct support of the state Medicaid agency and the Washington Medicaid State Plan.
3. List all sources of funding the proposed subcontractor is receiving.
4. List all job titles for the proposed subcontractor staff who will be participating in MAC.
5. Describe the specific population(s) to be served through this subcontract.
6. List all geographic areas to be served by this proposed subcontractor.
7. Describe, in detail, your agency's plan for training subcontractor staff about the Medicaid program and Medicaid Administrative Claiming.
8. Describe, in detail, your agency's plan for monitoring the proposed subcontractor.

Medicaid Administrative Claiming (MAC) Audit File Checklist

Present Y/N	Location Identified Y/N	Required Documentation
		Current Interagency/Interlocal Agreement with HCA
		Dun and Bradstreet Data Universal Numbering System (DUNS) number
		Statewide Vendor (SWV) number
		MAC Contractor MAC Organization Chart <ul style="list-style-type: none"> • Administrator • CFO and/or Business Manager • MAC Program Administrator • Consultant and/or billing agent • MAC Coordinator • Participating staff by claiming group(s) with names and job titles
		All MAC related contracts with consultants/billing agents
		All MAC Contracts/Grants related to outreach and linkage such as: <ul style="list-style-type: none"> • School districts • Outreach organizations • Community based organizations • Washington HealthPlanFinder
		MAC Subcontractor Documentation: <ul style="list-style-type: none"> • List of all MAC subcontracts • Copy of contract • Subcontractor information form (as submitted to HCA) • HCA approval notification from HCA
		MAC Financial claiming documentation <ul style="list-style-type: none"> • Copies of signed quarterly A-19 invoice vouchers and all detailed documents in support of that quarterly claim • MAC Subcontractor invoices for services provided under the MAC Contract • Signed copy of annual Local Match Certification form • Signed Certified Public Expenditure worksheet listing funding sources, description and back-up documentation • Copy of Indirect Cost Rate Certification, methodology description and back-up documentation
		All HCA MAC Monitoring Report(s)
		All quarterly <i>Compliance Status Reports</i> as described in the Manual
		All State and/or federal audit reports , including the most recent OMB Circular A-133 Audit and any related documents and corrective action plans that relate to the MAC program
		All MAC related training documents (rosters and materials)
		All quarterly participant lists

Lost Password Process

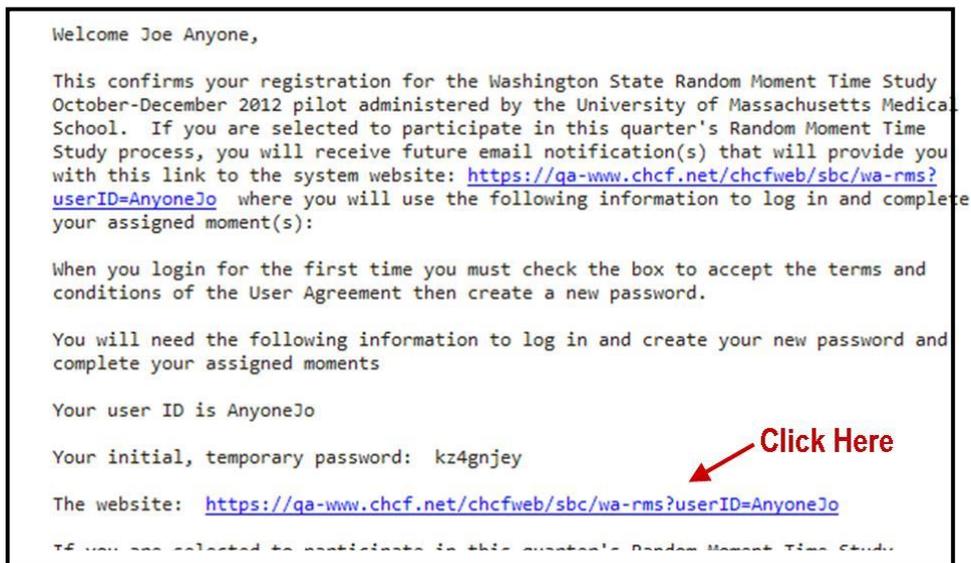
This document can be provided to Participants who need to reset their password.

RMTS Password Reset

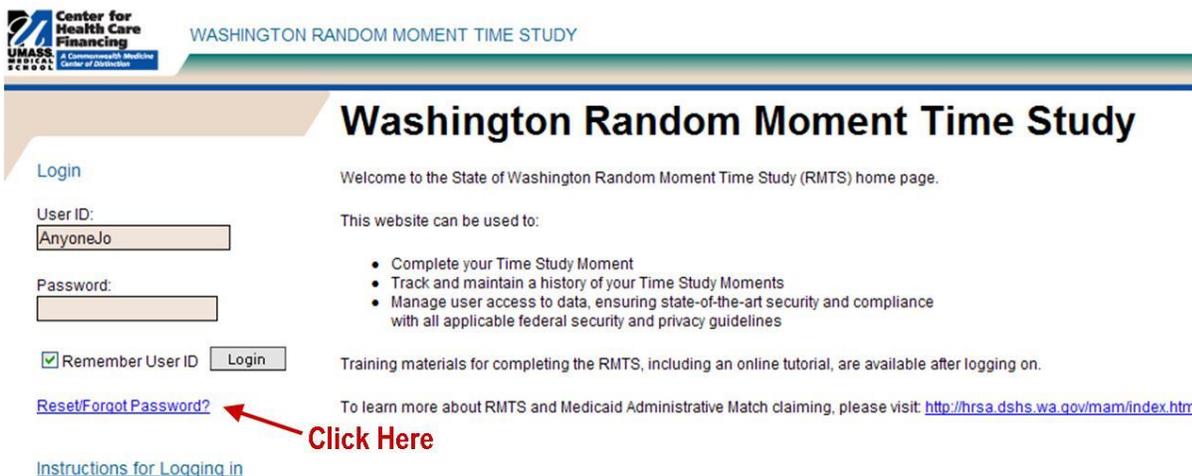
Lost passwords can be reset quickly and easily.

Just follow the step by step directions and screen shot examples:

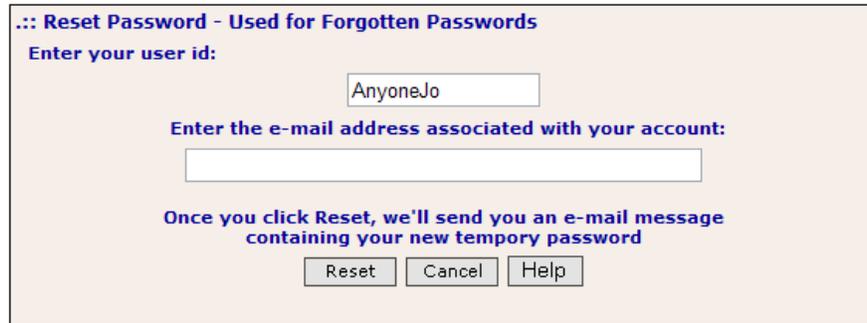
Step 1: Starting from any of the RMTS emails you have received notifying you of a random moment, click on the hyperlink to take you to the RMTS website.



Step 2: From the login page of the RMTS website, click on the "Forgot/Reset Password" hyperlink.

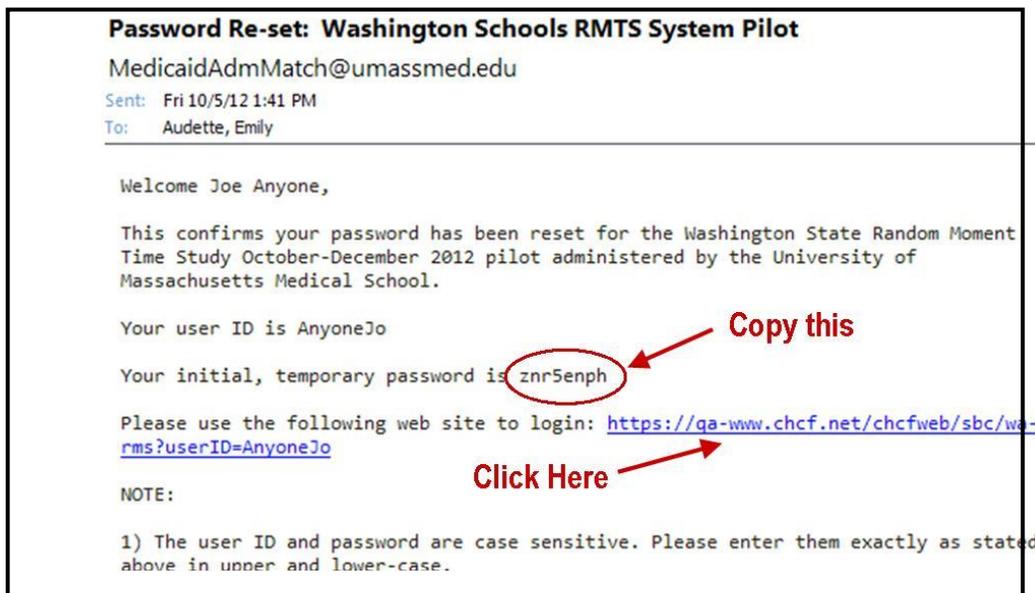


Step 3: Enter your e-mail address where indicated, and click the 'reset' button.

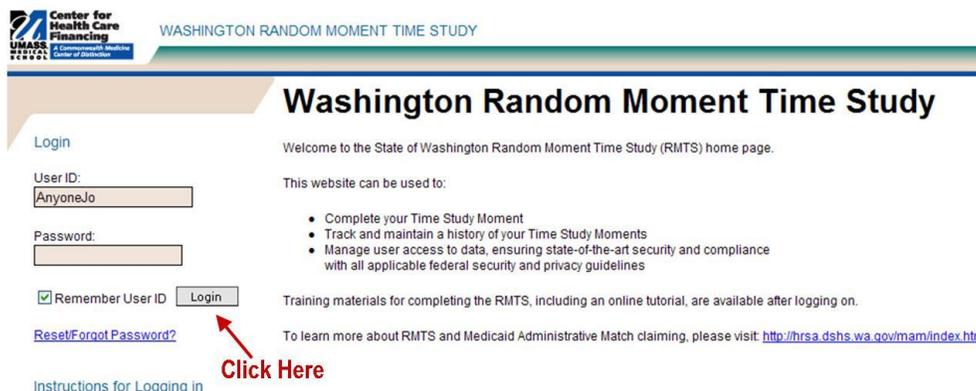


Reset Password - Used for Forgotten Passwords
Enter your user id:
AnyoneJo
Enter the e-mail address associated with your account:
Once you click Reset, we'll send you an e-mail message containing your new temporary password
Reset Cancel Help

Step 4: An automated email will be delivered to your email box within a few minutes. This email contains a temporary password that you can use to access the website. Copy the temporary password from the email, and then click on the website link in the email to return to the website.



Step 5: At the login page of the RMTS website, paste in the temporary password where indicated (your User ID will already be pre-populated) and click the 'login' button.



Step 6: If you have never logged in before, you will need to accept the User Access Agreement. Whether you have logged in before or not, you will be prompted to change your password. Choose a password you will easily remember, and click the 'save' button.

Change Password
 The following information is required for changing your password:

User ID :

The password must be a minimum of 8 characters in length, include both letters and numbers, and is case sensitive.

New Password :

Confirm Password :

[Click Here](#) →

Choose a New Password

[Click here](#) to get back to the Home Page.

You're in!

Online Training

If you have not yet completed the Online Training for RMTS Participants, you can do so by following these step by step directions and screen shot examples:

Step 1: Clicking on "Online Training" from the left navigation bar.

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

WASHINGTON RANDOM MOMENT TIME STUDY

Random Moment Time Study

Click Here

Online Training

Active Moments | Prior Moments

You have no active moments to complete at this time.

If you need to revise a previously documented moment, you may do so by clicking on the "Prior Moments" tab above.

Please Note: A prior moment may only be revised during the acceptable grace period for that moment. The Grace Period for completing or revising your activity is 5 Business/School Days from the Moment time.

Step 2: To complete the Online Training module, click on the Hyperlink for 'WA RMTS'.

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

WASHINGTON RANDOM MOMENT TIME STUDY

My Profile | Home | Logoff

Online Training Materials

Online Training Links
 To access online training, select the appropriate link.
 Note: If you have a Popup Blocker enabled, select the link, then follow your browser's instructions to allow popup windows from www.chcf.net.

Title	Description	Upload Date
WA RMTS	WA RMTS	02/01/2013

Participant Flyer

Medicaid Administrative Claiming

Washington State Health Care Authority

What is Medicaid?

- ▶ Apple Health (Medicaid) is a program funded by the federal and state governments, which pays for medical coverage for children and adults who meet specific income criteria.

What is Medicaid Administrative Claiming?

- ▶ Government agencies who perform Medicaid related outreach and linkage activities may be eligible to receive reimbursement for their time spent performing those activities. Staff who perform these activities regularly participate in a time study to document the percent of time they perform MAM activities. The Health Care Authority's Medicaid Administrative Claiming (MAC) program administers the time study and authorizes the reimbursement.

Medicaid Resources

To apply for Medicaid programs:
<http://wahealthplanfinder.org/>

General Medicaid information:
<http://www.hca.wa.gov/medicaid/>

Community/social program information:
www.washingtonconnection.org

RMTS Training

- ♦ Is mandatory
- ♦ Shows you examples
- ♦ Is quick and easy

What is the Random Moment Time Study?

- ▶ The Random Moment Time Study (RMTS) is an electronic randomized time study process. As a participant, you document your work activities randomly throughout a quarter. The RMTS system will notify you by email when it is time for you to complete a random moment.

Documenting your activity in the RMTS system is quick and easy. Just follow the link included in your welcome email!

HCA Contact
MAC@hca.wa.gov
800-562-3022 ext 55147

UMMS Contact
MedicaidAdmMatch@umassmed.edu
800-535-6741, Option 6

RMTS Claiming Description

Washington State
Health Care Authority

Medicaid Administrative Claiming
For
Washington State's Federally Recognized Tribes

Description for Claiming
Single Administrative Activities Cost Pool

Developed in conjunction with the
University of Massachusetts Medical School (UMMS)
Center for Health Care Financing

Overview

This document describes how to complete and submit a Medicaid Administrative Claiming (MAC) claim for a single administrative activities cost pool's costs to the Washington State Health Care Authority (HCA) through the University of Massachusetts Medical School (UMMS), Center for Healthcare Financing MAC claiming system (the System).

Filing Deadline and Certification

All quarterly claims, including the signed [A19-1A Invoice Voucher](#) (A19) and any other billing documentation required by the System, must be received by HCA no later than midnight, 365 calendar days following the end of the claiming quarter.

The [Certification of Public Expenditures Worksheet/Local Match Certification](#) must be submitted with the A19 for the last quarter of the state fiscal year (April-June).

The [Certificate of Indirect Costs](#) must be submitted to HCA Financial Services Accounting staff annually before submitting the 1st quarter claim.

The A19 for the respective quarter, annual Local Match Certification, Certification of Public Expenditures worksheet and Certificate of Indirect Costs must be signed by a representative of the government agency (MAC Contractor) who is legally designated as a signatory for the agency.

Medicaid Eligibility Rate (MER)

Each Tribe will calculate the MER based on how they deliver services. This will respect tribal sovereignty, and account for each Tribe's unique health delivery system.

Tribes have the possibility of two MERS, resulting in one claim:

a) "Client" based MER calculation is based on native and nonnative populations who receive services provided by the clinic staff.

The "Client" based MER is calculated according to the following formula:

$$\frac{\text{Total number of unduplicated clients eligible for Medicaid served by the clinic}}{\text{Total number of unduplicated clients provided with services by the clinic}}$$

b) "Social Services" based MER. This MER calculation is program specific and based on caseload. The "Social Services" based MER is calculated according to the following formula:

$$\frac{\text{Total number of unduplicated clients eligible for Medicaid served by the social service program}}{\text{Total number of unduplicated clients provided services by the program}}$$

Claim Calculation

The single administrative activities cost pool consists of MAC activities and costs organized for one or multiple claiming groups that a tribal MAC Contractor has participating in the program. It is the Tribal MAC Contractors choice whether it reports activities and costs by service program (one service program per claiming group) or lumps the activities and costs for all service programs into one claiming group.

See the sample [Contractor Specific Quarterly MAC-related Operating Costs Report](#) for the sample claiming groups. Quarterly operating costs are provided by the MAC Contractor to the System separate from salary and benefit cost for the cost pool.

MAC-related consultant services costs are provided by the MAC Contractor through an input screen to the System and are automatically transferred to Line A of the Contractor Specific Quarterly MAC-related Operating Costs Report for the respective claiming group. These costs are then automatically transferred from Line A on this report to Line 7 on the Quarterly Claim Calculation Summary Report for the respective claiming group.

MAC-related material and supplies costs and administrative staff costs for those not participating in the time study are also provided by the MAC Contractor through an input screen to the System and are automatically transferred to Lines B and C of the Contractor Specific Quarterly MAC-related Operating Costs Report respectively. The sum of Lines B and C is calculated and appears on Line D of that report. The amount on Line D is automatically transferred from this report to Line 4 of the Contractor Specific Quarterly Claim Calculation Summary Report for the respective claiming group.

See the sample [Contractor Specific Quarter Detail Expenditure Report—Single Administrative Activities Cost Pool](#) for the sample claiming groups.

The single administrative activities cost pool activities and costs for each respective claiming group is established based on the Random Moment Time Study (RMTS) organized for the time study and claiming.

Participating staff information uploaded by the MAC Contractor before the beginning of the claiming quarter is directed by the System to the respective claiming group in the administrative activities cost pool. It is subsequently aligned with the quarter's actual salary and fringe benefits data uploaded by the MAC Contractor into the System for the respective claiming group's claim preparation. This information is reported in the cost pool's Contractor Specific Quarterly Detail Expenditure Report—Single Administrative Activities Cost Pool for the respective claiming group.

The participating staff information is transferred by the System to the respective claiming group with a designation embedded by the MAC Contractor in the job description code that is uploaded with the staff information before quarter begins. This job description code assists in identifying data related to specific types of time study participants in the claiming group.

See the sample [Contractor Specific Quarterly Claim Calculation Detail Report—Single Administrative Activities Cost Pool](#) for the sample claiming groups.

Separate Contractor Specific Quarterly Claim Calculation Detail Reports are prepared for each respective claiming group. Each line in the respective claiming group's report represents one of the various reimbursable and non-reimbursable activities for the single administrative activities cost pool. The data and calculations in this report indicate the claim calculation process taking place in the System.

Salary and fringe benefit costs are distributed by the System to the various reimbursable and non-reimbursable activities for the respective claiming group based on the time percentage for each activity accumulated during the quarter as determined by the statistically valid time study.

The total adjusted salary and fringe benefit costs as indicated on Line A in the Contractor Specific Quarterly Detail Expenditure Report—Single Administrative Activities Cost Pool for the respective claiming group are automatically transferred by the System to Column D in the Contractor Specific Quarterly Claim Calculation Detail Report for the claiming group to align with RMTS activity codes in Column B for claim calculation.

Next, each claiming group's time percentage for each reimbursable and non-reimbursable activity, as determined by the statistically valid time study, is transferred respectively by the System to Column C in the Contractor Specific Quarterly Claim Calculation Detail Report for the claiming group to align with RMTS activity codes for claim calculation.

As indicated in the Contractor Specific Quarterly Claim Calculation Detail Report for each claiming group, the Column D amount on each line is multiplied by the corresponding Column C activity code percentage to determine the activity cost. A Medicaid Eligibility Rate (MER) is applied to each reimbursable activity's cost to determine the Subtotal Gross Claim Cost for the activity and quarter in the cost pool. A 100% MER is applied to activity costs for activity codes 1b and 2b. No MER is applied to non-reimbursable activity codes because costs related to those activities are not claimed.

The General Administrative Activity Factor percentage and Subtotal Gross Claim Cost for each claiming group is also calculated as indicated on the Contractor Specific Quarterly Claim Calculation Detail Report for the claiming group.

The Subtotal Gross Claim Amount for each claiming group from the cost pool's outreach and linkage activities is automatically summed by the System.

See the sample [Contractor Specific Quarterly Claim Calculation Summary Report—Single Administrative Activities Cost Pool](#) for the sample claiming groups.

The Contractor Specific Quarterly Claim Calculation Summary Report for the respective claiming group indicates claim calculations in the System that summarize claim data from the Contractor Specific Quarterly Claim Calculation Detail Report for the claiming group.

HCA staff enters the MAC Contractor's indirect cost rate and MER for each claiming group through use of an input screen. The MAC Contractor cannot claim until these rates have been entered into the System. These rates are transferred to Line 1 and Line 2 respectively of the Contractor Specific Quarterly Claim Calculation Summary Report for the claiming group.

The Subtotal Gross Claim Amount in the Contractor Specific Quarterly Claim Calculation Detail Report for each claiming group, less that for activity code 6b, is transferred by the System to Line 3 of the Contractor Specific Quarterly Claim Calculation Summary Report for the claiming group.

MAC- related material and supplies costs and administrative staff costs identified separately from RMTS participants costs for each claiming group are also provided by the MAC Contractor to the System through an input screen. These amounts automatically transfer respectively on Lines B and C of the Contractor Specific Quarterly MAC-related Operating Costs Report for the claiming group. The sum of these amounts is calculated and appears on Line D of that report and is automatically transferred to Line 4 of the Contractor Specific Quarterly Claim Calculation Summary Report for the claiming group. On Line 5 of the summary report this amount is multiplied by the MER from Line 2 to determine the Adjusted Quarterly Material and Supplies Costs and Administrative Staff Costs for the claiming group.

On Line 6 of the Contractor Specific Quarterly Claim Calculation Summary Report the amounts from Lines 3 and 5 are automatically added together and the result is multiplied by the indirect rate from Line 1 to determine the indirect costs

related to these 50% FFP outreach and linkage, material and supplies costs and administrative staff costs for the quarterly claim.

The MAC-related consultant services costs for each claiming group are automatically transferred from Line A on the Contractor Specific Quarterly MAC-related Operating Costs Report for the claiming group to Line 7 of the Contractor Specific Quarterly Claim Calculation Summary and on Line 8 this amount is multiplied by the MER from Line 2. The result is the Adjusted Quarterly Consultant Services Costs for the claiming group.

The total subcontracted interpreter services costs as indicated on Line B in the Contractor Specific Quarterly Detail Expenditure Report—Single Administrative Activities Cost Pool for the respective claiming group are automatically transferred by the System to Line 9 in the Contractor Specific Quarterly Claim Calculation Summary Report for the claiming group. On Line 10 those costs are multiplied by the MER on Line 2 to determine the adjusted quarterly subcontracted interpreter services costs for the claiming group.

The Subtotal Gross Claim Amount in the Contractor Specific Quarterly Claim Calculation Detail Report for activity code 6b is transferred by the System to Line 11 of the Contractor Specific Quarterly Claim Calculation Summary Report for the claiming group. On Line 12 those costs are multiplied by the indirect rate on Line 1 to determine the indirect costs associated to activity code 6b for the claiming group.

The amounts on Lines 3, 5, 6 and 8 are summed on Line 13 to determine the claiming group's Total Gross Claim amount for outreach and linkage activities (codes 1b, 2b, 5b, 7b, 8b, 9b and code 10) to be reimbursed at 50% Federal Funds Participation (FFP). 50% FFP is applied to the Total Gross Claim amount to determine the Total Net Claim amount which is located on Line 14.

The amounts on Lines 10, 11 and 12 are summed on Line 15 to determine the claiming group's Total Gross Claim amount for interpreter services activities (code 6b and subcontracted interpreter services) to be reimbursed at 50% Federal Funds Participation (FFP). 50% FFP is applied to the Total Gross Claim amount to determine the Total Net Claim amount which is located on Line 16.

The amounts on Lines 13 and 15 are summed on Line 17 to determine the claiming group's Sum Total Gross Claim amount.

The amounts on Lines 14 and 16 are summed on Line 18 to determine the claiming group's Sum Total Net Claim amount.

Finally in preparation for transferring data to the Stratified Model Worksheet the following calculations are made:

- The total number of full time equivalents (FTE's) representing all claiming groups
- The Net Claim Amount (Unadjusted Claiming Amount) representing all claiming groups

These two statistics are then transferred to the respective #of FTE's and Unadjusted Claiming Amount columns in the [Stratified Model Worksheet](#).

The Adjusted Claiming Amount for the Contractor is transferred from the Stratified Model Worksheet to the A19 Invoice.

The MAC Coordinator enters [Claim Header Information](#) in the System.

The following pages are descriptions of the reports/tables prepared through the System.

[Contractor Specific Quarterly MAC-related Operating Costs Report—Single Administrative Activities Cost Pool](#) for each claiming group

None of the costs recorded in the operating expenses can be part of the costs used to calculate the indirect rate.

- Line A:** **Consultant Services:** The Contractor Specific Quarterly MAC-related Consultant Services Costs for the respective claiming group are automatically transferred to this report from data provided by the MAC Contractor through an input screen. This amount is automatically transferred to Line 7 of the Quarterly Claim Calculation Summary Report for the claiming. The cost of consultant services used in the delivery of health-related services should not be included.
- Line B:** **Material and Supplies Costs:** The Contractor Specific Quarterly MAC-related Material and Supplies Costs for the respective claiming group are automatically transferred to this report from data provided by the MAC Contractor through an input screen. The cost of material and supplies used in the delivery of health-related services should not be included. Any costs included in the indirect cost rate may not be claimed as Material and Supplies Costs.
- Line C:** **Administrative Staff Costs:** The Contractor Specific Quarterly MAC-related Administrative Staff Costs for the respective claiming group are automatically transferred to this report from data provided by the MAC Contractor through an input screen. The cost of administrative staff used in the delivery of health-related services should not be included. Any costs included in the indirect cost rate may not be claimed as Administrative Staff Costs.
- Line D:** **Total Material and Supplies Costs and Administrative Staff Costs:** The Contractor Specific Quarterly MAC-related Material and Supplies Costs and Administrative Staff Costs for the respective claiming group are automatically summed and transferred to this report from data provided by the MAC Contractor through an input screen. This amount is automatically transferred to Line 4 of the Quarterly Claim Calculation Summary Report for the claiming group.

[Contractor Specific Quarterly Detailed Expenditure Report—Single Administrative Activities Cost Pool](#) for each claiming group

Each time study participant is assigned to a claiming group in the Single Administrative Activities Cost Pool and identified on the Quarterly Detailed Expenditure Report—Single Administrative Activities Cost Pool for the respective claiming group.

Note: Only allowed tribal government funding sources are included in the actual expenses. Non-allowed federal funding is removed as a federal offset.

A. Total Salary and Benefits Costs:

Non-allowed federal funds used for salaries and benefits are removed/offset when determining the total allowed salaries and benefits for each claiming group. See [\(Column L\)](#).

B. Personnel Information

This information is entered by the MAC Coordinator and appears on the Contractor Specific Quarterly Detailed Expenditure Report—Single Administrative Activities Cost Pool for each claiming group.

- Column A: Participant’s last name as loaded in the System before the beginning of the quarter
- Column B: Participant’s first name as loaded in the System before the beginning of the quarter
- Column C: Participant’s unique identifier
- Column D: Participant’s job position code
- Column E: Participant’s job position description title.
- Column F: SPMP Certified Indicator: indicate “N/A”

C. Salary and Benefits

This information is entered by the MAC Coordinator by claiming group for each participant and appears on the Contractor Specific Quarterly Detailed Expenditure—Single Administrative Activities Cost Pool as follows:

Only actual costs may be used to calculate the state/local funded portion of salary and benefits claimed for MAC activities. *The use of a fringe benefit percentage is not allowed.*

Column G:	Offset Federal Funded Percentage (Percentage of the salary and benefits paid with non-allowed federal funds)
Column H:	Actual quarterly salary
Column I:	Actual quarterly salary reduced by the offset federal funded percentage in column G, e.g., column H multiplied by (100% minus offset federal funded percentage)
Column J:	Actual quarterly amount of employer paid fringe benefits
Column K:	Actual quarterly amount of employer paid fringe benefits reduced by the offset federal funded percentage in column G, e.g., column J multiplied by (100% minus the offset federal funded percentage)
Column L:	Total of quarterly amount of salary and employer paid fringe benefits reduced by the offset federal funded percentage in column G, e.g., column I plus column K

D. Other Related Costs

Line A: Total Adjusted Salary + Benefits: Enter sum of adjusted salary + benefits (from Column L) to be assigned to the claiming group. These are costs transferred to Column D of the claiming group's Quarterly Claim Calculation Detail Report—Single Administrative Activities Cost Pool for the claiming group.

Line B: Total Subcontracted Interpreter Services Costs: Enter sum of the total subcontracted interpreter services costs for interpreter services provided to LEP clients for the quarter for the claiming group. These are costs transferred to Line 9 of the Contractor Specific Quarterly Claim Calculation Summary Report—Single Administrative Activities Cost Pool for the claiming group.

[Contractor Specific Quarterly Claim Calculation Detail Report—Single Administrative Activities Cost Pool](#) for each claiming group

Reports for each claiming group indicate claim calculations by activity code.

Column A: Time study participant claiming group for the Single Administrative Cost Pool (Entered by the System)

Column B: The System transfers the activity codes

Column C: The System transfers the percentage of time spent on each activity code

Column D: The System transfers the total cost pool amount from Line A. of the respective Quarterly Detailed Expenditure Report

Column E: HCA enters the MAC Contractor's [MER](#) applied to activity codes 5b, 6b, 7b, 8b, and 9b. (No entry is required for activity codes 1a, 1b, 2a, 2b, 5a, 6a, 7a, 8a, 9a, 3 and 10)

Column F: The System calculates and enters the General Administration Factor for activity code 10 (No entry is required for activity codes 1a, 1b, 2a, 2b, 5a, 5b, 6a, 6b, 7a, 7b, 8a, 8b, 9a, 9b, 3 and 4)

Column G: The System calculates the amount of total cost pool costs for each activity code by multiplying Columns C and D

Column H: The System calculates the Total Gross Claim Amount for each activity code by multiplying Columns C, D, E, and F

The General Administration Factor is calculated to allocate costs for performing general administration in support of Medicaid administrative activities by MAC activity code. The formula for calculating the time study General Administration Factor is as follows:

$$\frac{[1b \% + 2b \% + (5b \% * MER) + (6b \% * MER) + (7b \% * MER) + (8b \% * MER) + (9b \% * MER)]}{[1a \% + 1b \% + 2a \% + 2b \% + 5a \% + 5b \% + 6a \% + 6b \% + 7a \% + 7b \% + 8a \% + 8b \% + 9a \% + 9b \% + 3 \% + 4 \%]}$$

[Contractor Specific Quarterly Claim Calculation Summary Report—Single Administrative Activities Cost Pool](#) for each claiming group

The Contractor Specific Quarterly Claim Calculation Summary Report—Single Administrative Activities Cost Pool for each claiming group summarizes claim data for the respective claiming group.

HCA staff enters the MAC Contractor’s MER and indirect cost rate for each claiming group through use of an input screen. The MAC Contractor cannot claim until these rates have been entered into the System.

These rates are automatically transferred by the System respectively to Line 1 and Line 2 of the Contractor Specific Quarterly Claim Calculation Summary Report—Single Administrative Activities Cost Pool for the respective claiming group.

In each claiming group’s report, the System calculates the Sum Total Line for the Column H Subtotal Gross Claim Amount on the bottom line of claiming group’s Contractor Specific Quarterly Claim Calculation Detail Report—Single Administrative Activities Cost Pool.

For each claiming group, the Subtotal Gross Claim Amount from the cost pool’s outreach and linkage activities, less the interpreter service activity code 6b costs, to be reimbursed by 50% FFP is automatically summed by the System and the summed amount is transferred by the System to Line 3 of the claiming group’s Contractor Specific Quarterly Claim Calculation Summary Report—Single Administrative Activities Cost Pool.

The sum of total MAC Contractor specific Material and Supplies Costs and Administrative Staff Costs for each claiming group are automatically transferred to Line 4 of the Contractor Specific Quarterly Claim Calculation Summary Report—Single Administrative Activities Cost Pool from Line D of the Contractor Specific Quarterly MAC-related Operating Costs Report—Single Administrative Activities Cost Pool. On Line 5 the MER from Line 2 is applied to the Line 4 amount for the claiming group to determine the Adjusted Material and Supplies Costs and Administrative Staff Costs.

On Line 6 for each claiming group the MAC Contractor’s indirect cost rate is applied to the sum of Lines 3 and 5 amounts to determine indirect costs for these outreach and linkage costs for the quarter.

The Contractor Specific Quarterly Consultant Services Cost for each claiming group is automatically transferred to Line 7 of the Contractor Specific Quarterly Claim Calculation Summary Report—Single Administrative Activities Cost Pool from Line A of the Contractor Specific Quarterly MAC-related Operating Costs Report—Single Administrative Activities Cost Pool. On Line 8 the MER from Line 2 is applied to the Line 7 amount to determine the Adjusted Consultant Services Costs for the claiming group.

The Contractor Specific Quarterly Subcontracted Interpreter Services Costs for each claiming group is automatically transferred to Line 9 of the Contractor Specific Quarterly Claim Calculation Summary Report—Single Administrative Activities Cost Pool from Line B of the Contractor Specific Quarterly Detailed Expenditure Report—Single Administrative Activities Cost Pool. On Line 10 the MER from Line 2 is applied to the Line 9 amount to determine the Adjusted Subcontracted Interpreter Services Costs for the claiming group.

The Contractor Specific Quarterly Subtotal Gross Claim Amount for activity code 6b for each claiming group is automatically transferred from Column H from the Quarterly Claim Calculation Detail Report—Single Administrative Activities Cost Pool to Line 11 of the Contractor Specific Quarterly Claim Calculation Summary Report—Single Administrative Activities Cost Pool. On Line 12 the indirect rate from Line 1 is applied to the Line 11 amount to determine the indirect costs related to the Activity Code 6b costs for the claiming group.

For each claiming group, the amounts on Lines 3, 5, 6, and 8 are summed on Line 13 of the Quarterly Claim Calculation Summary Report—Single Administrative Activities Cost Pool to determine the Total Gross Claim amount for outreach and linkage activities (codes 1b, 2b, 5b, 7b, 8b, 9b and code 10) reimbursed at 50% FFP. FFP is applied to the Total Gross Claim amount to determine the Total Net Claim amount for these activities which is located on Line 14.

For each claiming group, the amounts on Lines 10, 11 and 12 are summed on Line 15 of the Quarterly Claim Calculation Summary Report—Single Administrative Activities Cost Pool to determine the Total Gross Claim amount for interpreter services activities reimbursed at 50% FFP. FFP is applied to the Total Gross Claim amount to determine the Total Net Claim amount which is located on Line 16.

For each claiming group, the amounts on Lines 13 and 15 are summed on Line 17 of the Quarterly Claim Calculation Summary Report—Single Administrative Activities Cost Pool to determine the Sum Total Gross Claim amount for the quarter all activities which are reimbursed at 50% FFP.

For each claiming group, the amounts on Lines 14 and 16 are summed on Line 18 of the Quarterly Claim Calculation Summary Report—Single Administrative Activities Cost Pool to determine the Sum Total Net Claim amount for all activities which are reimbursed at 50% FFP.

Finally in preparation for transferring data to the Stratified Model Worksheet the following calculations are made:

- The total number of full time equivalents (FTE's) representing all claiming groups
- The Sum Total Net Claim Amount (Unadjusted Claiming Amount) representing all claiming groups

These two statistics are then transferred to the respective “# of FTE's” and “Unadjusted Claiming Amount” columns in the [Stratified Model Worksheet](#).

The Adjusted Claiming Amount for the Contractor is transferred from the Stratified Model Worksheet to the A19 Invoice.

ACTIVITY GROUPS: ADMINISTRATIVE COST POOL'S GROSS CLAIM AMOUNTS BY CLAIMING GROUP

- Line 1:** HCA staff enters the MAC Contractor's indirect cost rate for the respective claiming group as calculated by the Contractor. This rate is transferred to this line.
- Line 2:** HCA staff enters the MAC Contractor's MER for the respective claiming group as calculated by the Contractor. The rate amount is transferred to this line.
- Line 3:** The System enters the Contractor Claiming Group subtotal gross claim amount for participants federally funded at 50% match from the [Quarterly Claim Calculation Detail Report](#) (p 63), for the Single Administrative Activities Cost Pool. This is completed by adding the subtotal gross claim amounts (Column H) for activity codes 1b, 2b, 5b, 7b, 8b, 9b and 10 from the claiming group's Quarterly Claim Calculation Detail Report—Single Administrative Activities Cost Pool.
- Line 4:** The System automatically transfers the sum of total Contractor Specific Material and Supplies Costs and Administrative Staff Costs from Line D of the Contractor Specific Quarterly MAC-related Operating Costs Report.
- Line 5:** The MER from Line 2 is applied to the Line 4 amount to determine the Adjusted Material and Supplies Costs and Administrative Staff Costs.
- Line 6:** Indirect costs are calculated by multiplying the total of Lines 3 and 5 by Line 1.
- Line 7:** The Contractor Specific Quarterly Consultant Services Cost for each claiming group is automatically transferred to Line 7 of the Contractor Specific Quarterly Claim Calculation Summary Report—Single Administrative

Activities Cost Pool from Line A of the Contractor Specific Quarterly MAC-related Operating Costs Report—Single Administrative Activities Cost Pool.

- Line 8:** The MER from Line 2 is applied to the Line 7 amount to determine the Adjusted Consultant Services Costs.
- Line 9:** The Contractor Specific Quarterly Subcontracted Interpreter Services Costs for each claiming group is automatically transferred to Line 9 of the Contractor Specific Quarterly Claim Calculation Summary Report—Single Administrative Activities Cost Pool from Line B of the Contractor Specific Quarterly Detailed Expenditure Report—Single Administrative Activities Cost Pool.
- Line 10:** On Line 10 the MER from Line 2 is applied to the Line 9 amount to determine the Adjusted Subcontracted Interpreter Services Costs for the claiming group.
- Line 11:** The Contractor Specific Quarterly Subtotal Gross Claim Amount for activity code 6b for each claiming group is automatically transferred from Column H from the Quarterly Claim Calculation Detail Report—Single Administrative Activities Cost Pool to Line 11 of the Contractor Specific Quarterly Claim Calculation Summary Report—Single Administrative Activities Cost Pool.
- Line 12:** On Line 12 the indirect rate from Line 1 is applied to the Line 11 amount to determine the indirect costs related to the Activity Code 6b costs for the claiming group.
- Line 13:** The total gross claim amount for outreach and linkage paid at 50% FFP is calculated by adding Lines 3, 5, 6 and 8.
- Line 14:** The total net claim amount for outreach and linkage paid at 50% is calculated by multiplying Line 13 by 50%.
- Line 15:** The total gross claim amount for interpreter services paid at 50% FFP is calculated by adding Lines 10, 11 and 12.
- Line 16:** The total net claim amount for interpreter services paid at 50% FFP is calculated by multiplying Line 15 by 50%.
- Line 17:** The sum total gross claim amount for the claiming group paid at 50% FFP is calculated by adding Lines 13 and 15.
- Line 18:** The sum total net claiming amount for the claiming group paid at 50% FFP is calculated by adding Lines 14 and 16.

Finally in preparation for transferring data to the Stratified Model Worksheet the following calculations are made:

- The total number of full time equivalents (FTE's) representing all claiming groups
- The Sum Total Net Claim Amount (Unadjusted Claiming Amount) representing all claiming groups

These two statistics are then transferred to the respective “# of FTE's” and “Unadjusted Claiming Amount” columns in the [Stratified Model Worksheet](#).

The Adjusted Claiming Amount for the Contractor is transferred from the Stratified Model Worksheet to the A19 Invoice.

[Claim Header Information](#)

This information is entered by the HCA claiming module of the System.

Sample A19, Certification of Public Expenditures Worksheet, and Certificate of Indirect Cost follow on next 3 pages.

Sample A19

FORM A19-1A <small>(REV. 089)</small>		 STATE OF WASHINGTON INVOICE VOUCHER		AGENCY USE ONLY										
AGENCY NAME Health Care Authority Health Care Services Medicaid Outreach Unit PO Box 45530 Olympia WA 98504-5530		VENDOR OR CLAIMANT Cowlitz Indian Tribe DBA Cowlitz Indian Tribal Health Services PO Box 2429 Longview, WA 98632		AGENCY NO. 1070	LOCATION CODE	P.R. OR AUTH NO. 1262-51571								
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Pay)				RECEIVED BY		DATE RECEIVED								
DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE								
	For services rendered in performance under Contract # 1262-51571 for the period:													
	Total Outreach & Linkage T19 Claimable Cost				\$0.00									
	Program:	FFP Claimed at Match Rate 50%			\$0.00									
	Total Outreach & Linkage T19 Claimable Cost				\$0.00									
	Program:	FFP Claimed at Match Rate 50%			\$0.00									
The amount shown on this A19 invoice is accurate, valid, and represents expenditures eligible for federal financial participation (FFP) in accordance of 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 (CMS)/National Institutional Reimbursement Team.					Total	\$0.00								
PREPARED BY		TELEPHONE NUMBER		AGENCY APPROVAL		DATE								
DOC. DATE	PMT DUE DATE	CURRENT DOC. NO. HZ	REF. DOC. NO.	VENDOR NUMBER SWV0085858-00		U.S. UBI NUMBER								
ACCOUNT NUMBER 30 CHARS				VENDOR MESSAGE 25 CHARS Medicaid Admin Claiming										
TRANS CODE	FUND	MASTER INDEX APPR INDE	PROGRAM INDEX	SUB OBJ	SUB SUB OBJ	ORG INDEX	ALLOC	MOS	PROJ	FFY	FY	AMOUNT	INVOICE DATE	INVOICE # 30 CHARS
	001	A0912	ER	7330	A7V0	5156			8AM5	15	71	0.00		Contract # 1262-51571
ACCOUNTING APPROVAL FOR PAYMENT				DATE		WARRANT TOTAL \$0.00		WARRANT NUMBER						

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 _____
 (SIGNATURE) _____
 (TITLE) _____ (DATE) _____

Certificate of Indirect Costs



Certificate of Indirect Costs

NAME OF LOCAL GOVERNMENT

CONTACT'S NAME	
CONTACT'S TELEPHONE NUMBER ()	CONTACT'S EMAIL ADDRESS
INDIRECT COST PROPOSAL RATE	TIME PERIOD THE RATE COVERS FROM _____ TO _____

This is to certify that I have reviewed the indirect cost rate submitted with this contract and to the best of my knowledge and belief:

- All costs included in this rate proposal _____ to establish a billing or final
(DATE)
indirect costs rate(s) for _____ are allowable with the requirements
(PERIOD COVERED BY RATE)
of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State, Local, and Indian Tribal Governments." Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.
- All costs included in this proposal are properly allocated to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently and the Federal Government will be notified of any accounting changes that would affect the predetermined rate.

I declare that the foregoing is true and correct.

SIGNATURE	DATE OF EXECUTION
PRINTED NAME OF OFFICIAL	TITLE

Claiming and Reporting Description

Health Care Authority
Medicaid Administrative Claiming
For
Washington State's Federally Recognized Tribes

Description of the Activity Claiming Module
For Claiming and Reporting
Single Administrative Activities Cost Pool

Reports Format Specification for Excel File

Contractor Specific Quarterly MAC-related Operating Costs Report—Single Administrative Activities Cost Pool-1st Claiming Group

Produced for HCA from information entered into the HCA MAC UMMS time study system by the MAC Contractor

Note: Only enter Costs that are not included in the Indirect Cost Rate Calculation

Line A—Consultant Services Costs: \$0.00

Line B—Material and Supplies Costs: \$0.00

Line C—Administrative Staff Costs: \$0.00

Line D—Total of Material and Supplies Costs and Administrative Staff Costs: \$0.00 (Sum of Lines B and C)

Contractor Specific Quarterly Detailed Expenditure Report—Single Administrative Activities Cost Pool-1st Claiming Group

Produced for HCA from information entered into the MAC UMMS time study system by the MAC Contractor

Average Cost Per
FTE/Quarter
\$0.00

Line A—Grand Total Column L (Adjusted Salary and Benefits) Costs for the Contractor Claiming Group: \$0.00

Line B—Total Subcontracted Interpreter Services Costs for interpreter services provided to LEP Clients: \$0.00

Total Line A Cost Pool Costs are transferred to Column D of the respective claiming group’s Quarterly Claim Calculation Detail Report.

Total Line B Costs are transferred to Line 9 on the Calculation Summary Report.

Participant Last Name	Participant First Name	Participant Unique ID	Job Position Code	Job Position Description Title	SPMP Certified (Y or N)	Job Position Offset Federal Funded %	Quarterly Salary Amount	Salary Reduced by Offset Federal Funded %	Quarterly Employer Paid Fringe Benefit Amount	Employer Paid Benefits Reduced by Offset Federal Funded %	Paid Tot Salary & Benefits Reduced by Offset Federal Funded %
A	B	C	D	E	F	G	H	I	J	K	L
name	name	#	#	title	N/A	%	\$	\$	\$	\$	\$
etc.	etc.	etc.	etc.	etc.	etc.	etc.	etc.	etc.	etc.	etc.	etc.
Contractor Group total	>>>>	>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	\$
name	name	#	#	title	N/A	%	\$	\$	\$	\$	\$
etc.	etc.	etc.	etc.	etc.	etc.	etc.	etc.	etc.	etc.	etc.	etc.
Subcontractor Group total	>>>>	>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	\$
Grand Total	>>>>	>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	\$

Amounts in columns I, K and L must be actual salary and respective benefit amounts reduced by the Offset Federal Funded % in column G---column H multiplied by (100% minus offset federal funded percentage) and column J multiplied by (100% minus offset federal funded percentage). Column L is the total of columns I and K.

Data in columns A, B, C, D, E and F are transferred from the MAC Contractor’s staff upload file information submitted to the System at the beginning of the quarter. Data uploaded by the MAC Contractor to the System for each employee participating in the statistically valid time study is transferred to this report.

Data in columns G, H and J are transferred from the MAC Contractor’s claim upload file information submitted to the System during the claiming quarter.

All dollar amounts uploaded must be quarterly dollar amounts.

Contractor Specific Quarterly MAC-related Operating Costs Report—Single Administrative Activities Cost Pool-2nd Claiming Group

Produced for HCA from information entered into the HCA MAC UMMNS time study system by the MAC Contractor

Note: Only enter Costs that are not included in the Indirect Cost Rate Calculation

Line A—Consultant Services Costs: \$0.00

Line B—Material and Supplies Costs: \$0.00

Line C—Administrative Staff Costs: \$0.00

Line D—Total of Material and Supplies Costs and Administrative Staff Costs: \$0.00 (Sum of Lines B and C)

Contractor Specific Quarterly Detailed Expenditure Report—Single Administrative Activities Cost Pool-2nd Claiming Group

Produced for HCA from information entered into the MAC UMMS time study system by the MAC Contractor

Line A—Grand Total Column L (Adjusted Salary and Benefits) Costs for the Contractor Claiming Group: \$0.00

Line B— Total Subcontracted Interpreter Services Costs for interpreter services provided to LEP Clients: \$0.00

Average Cost Per

FTE/Quarter

\$0.00

Total Line A Cost Pool Costs are transferred to Column D of the respective claiming group’s Quarterly Claim Calculation Detail Report.

Total Line B Costs are transferred to Line 9 on the Calculation Summary Report.

Participant Last Name	Participant First Name	Participant Unique ID	Job Position Code	Job Position Description Title	SPMP Certified (Y or N)	Job Position Offset Federal Funded %	Quarterly Salary Amount	Salary Reduced by Offset Federal Funded %	Quarterly Employer Paid Fringe Benefit Amount	Employer Paid Benefits Reduced by Offset Federal Funded %	Paid Tot Salary & Benefits Reduced by Offset Federal Funded %
A	B	C	D	E	F	G	H	I	J	K	L
name	name	#	#	title	N/A	%	\$	\$	\$	\$	\$
etc.	etc.	etc.	etc.	etc.	etc.	etc.	etc.	etc.	etc.	etc.	etc.
Contractor Group total	>>>>	>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	\$
name	name	#	#	title	N/A	%	\$	\$	\$	\$	\$
etc.	etc.	etc.	etc.	etc.	etc.	etc.	etc.	etc.	etc.	etc.	etc.
Subcontractor Group total	>>>>	>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	\$
Grand Total	>>>>	>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	>>>>>	\$

Amounts in columns I, K and L must be actual salary and respective benefit amounts reduced by the Offset Federal Funded % in column G---column H multiplied by (100% minus offset federal funded percentage) and column J multiplied by (100% minus offset federal funded percentage). Column L is the total of columns I and K.

Data in columns A, B, C, D, E and F are transferred from the MAC Contractor’s staff upload file information submitted to the System at the beginning of the quarter. Data uploaded by the MAC Contractor to the System for each employee participating in the statistically valid time study is transferred to this report.

Data in columns G, H and J are transferred from the MAC Contractor’s claim upload file information submitted to the System during the claiming quarter.

All dollar amounts uploaded must be quarterly dollar amounts.

Contractor Specific Quarterly Claim Calculation Detail Report—
Single Administrative Activities Cost Pool
Contractor Claiming Group

Column C indicates time percentage for the activity recorded for the entire Cost Pool.

SINGLE ADMINISTRATIVE ACTIVITIES COST POOL CONTRACTOR CLAIMING GROUP A	ACTIVITY CODE B	PERCENT OF TIME SPENT ON ACTIVITY C	TOTAL COST POOL COSTS AMOUNT D	MEDICAID ELIGIBILITY RATE (MER) E	GENERAL ADMINISTRATION FACTOR F	AMOUNT OF TOTAL COST POOL COSTS (C * D) G	SUBTOTAL GROSS CLAIM AMOUNT (C * D * E * F = H) H
1 st Claiming Group	1a	%	\$	N/A	N/A	\$	N/A
"	1b	%	\$	N/A	N/A	\$	\$
"	2a	%	\$	N/A	N/A	\$	N/A
"	2b	%	\$	N/A	N/A	\$	\$
"	5a	%	\$	N/A	N/A	\$	N/A
"	5b	%	\$	%	N/A	\$	\$
"	6a	%	\$	N/A	N/A	\$	N/A
"	6b	%	\$	%	N/A	\$	\$
"	7a	%	\$	N/A	N/A	\$	N/A
"	7b	%	\$	%	N/A	\$	\$
"	8a	%	\$	N/A	N/A	\$	N/A
"	8b	%	\$	%	N/A	\$	\$
"	9a	%	\$	N/A	N/A	\$	N/A
"	9b	%	\$	%	N/A	\$	\$
"	3	%	\$	N/A	N/A	\$	N/A
"	4	%	\$	N/A	N/A	\$	N/A
"	10	%	\$	N/A	%	\$	\$
		%				\$	\$

Code 10 General Administration Factor Formula=

$$\frac{[1b \% + 2b \% + (5b \% * MER) + (6b \% * MER) + (7b \% * MER) + (8b \% * MER) + (9b \% * MER)]}{[1a\% + 1b\% + 2a\% + 2b\% + 5a\% + 5b\% + 6a\% + 6b\% + 7a\% + 7b\% + 8a\% + 8b\% + 9a\% + 9b\% + 3\% + 4\%]}$$

Contractor Specific Quarterly Claim Calculation Detail Report—
Single Administrative Activities Cost Pool
Subcontractor Claiming Group

Column C indicates time percentage for the activity recorded for the entire Cost Pool.

SINGLE ADMINISTRATIVE ACTIVITIES COST POOL SUBCONTRACTOR CLAIMING GROUP A	ACTIVITY CODE B	PERCENT OF TIME SPENT ON ACTIVITY C	TOTAL COST POOL COSTS AMOUNT D	MEDICAID ELIGIBILITY RATE (MER) E	GENERAL ADMINISTRATION FACTOR F	AMOUNT OF TOTAL COST POOL COSTS (C * D) G	SUBTOTAL GROSS CLAIM AMOUNT (C * D * E * F = H) H
2 nd Claiming Group	1a	%	\$	N/A	N/A	\$	N/A
"	1b	%	\$	N/A	N/A	\$	\$
"	2a	%	\$	N/A	N/A	\$	N/A
"	2b	%	\$	N/A	N/A	\$	\$
"	5a	%	\$	N/A	N/A	\$	N/A
"	5b	%	\$	%	N/A	\$	\$
"	6a	%	\$	N/A	N/A	\$	N/A
"	6b	%	\$	%	N/A	\$	\$
"	7a	%	\$	N/A	N/A	\$	N/A
"	7b	%	\$	%	N/A	\$	\$
"	8a	%	\$	N/A	N/A	\$	N/A
"	8b	%	\$	%	N/A	\$	\$
"	9a	%	\$	N/A	N/A	\$	N/A
"	9b	%	\$	%	N/A	\$	\$
"	3	%	\$	N/A	N/A	\$	N/A
"	4	%	\$	N/A	N/A	\$	N/A
"	10	%	\$	N/A	%	\$	\$
		%				\$	\$

Code 10 General Administration Factor Formula=

$$[1b \% + 2b \% + (5b \% * MER) + (6b \% * MER) + (7b \% * MER) + (8b \% * MER) + (9b \% * MER)]$$

$$[1a \% + 1b \% + 2a \% + 2b \% + 5a \% + 5b \% + 6a \% + 6b \% + 7a \% + 7b \% + 8a \% + 8b \% + 9a \% + 9b \% + 3 \% + 4 \%]$$

Contractor Specific Quarterly Claim Calculation Summary Report

The indirect cost rate is applied to these costs where applicable. The MER is also applied to some costs where applicable. Finally gross and net totals of all costs are then calculated by category as shown in the sample report on this and the next page and transferred to the A19.

Contractor Specific Quarterly Claim Calculation Summary Report-

Single Activities Administrative Cost Pool-1st Claiming Group

1	INDIRECT COST RATE	%
2	MER FOR ADMINISTRATIVE COST POOL	%
ACTIVITY GROUP ONE	ADMINISTRATIVE COST POOL TOTAL GROSS CLAIM AMOUNTS FROM QUARTERLY CALCULATION DETAIL REPORT	COSTS FOR WHICH THE FFP = 50%
3	SUBTOTAL GROSS CLAIM AMOUNT (Activity Codes 1b, 2b, 5b,7b, 8b, 9b and 10) Column H from the Contractor Quarterly Claim Calculation Detail--Single Administrative Activities Cost Pool for the Claiming Group	\$
4	SUM OF QUARTERLY MATERIAL AND SUPPLIES COSTS AND ADMINISTRATIVE STAFF COSTS from Line D of the Contractor Specific Quarterly MAC-related Operating Costs Report for the Claiming Group	\$
5	ADJUSTED QUARTERLY MATERIAL AND SUPPLIES COSTS AND ADMINISTRATIVE STAFF COSTS (Line 4 multiplied by Line 2)	\$
6	INDIRECT COSTS (Sum of Lines 3 and 5 multiplied by Line 1)	\$
7	SUM OF QUARTERLY CONSULTANT SERVICES COSTS from Line A of the Contractor Specific Quarterly MAC-related Operating Costs Report for the Claiming Group	\$
8	ADJUSTED QUARTERLY CONSULTANT SERVICES COSTS (Line 7 multiplied by Line 2)	\$
9	SUM OF QUARTERLY SUBCONTRACTED INTERPRETER SERVICES COSTS for Medicaid LEP clients from Line B of the Contractor Specific Quarterly Detailed Expenditure Report— Single Administrative Activities Cost Pool for the Claiming Group	\$
10	ADJUSTED QUARTERLY SUBCONTRACTED INTERPRETER SERVICES COSTS from Line B of the Contractor Specific Quarterly Detailed Expenditure Report— Single Administrative Activities Cost Pool for the Claiming Group (Line 9 multiplied by Line 2)	\$
11	SUBTOTAL GROSS CLAIM AMOUNT (Activity Code 6b) Column H from the Quarterly Claim Calculation Detail from the Single Administrative Activities Cost Pool for the Claiming Group	\$
12	INDIRECT COSTS (Sum of Line 11 multiplied by Line 1)	\$
13	TOTAL GROSS CLAIM AMOUNT FOR OUTREACH AND LINKAGE PAID AT 50% FFP (Total of Lines 3, 5, 6 and 8)	\$
14	TOTAL NET CLAIM AMOUNT FOR OUTREACH AND LINKAGE PAID AT 50% FFP (Line 13 multiplied by 50%)	\$
15	TOTAL GROSS CLAIM AMOUNT FOR INTERPRETER SERVICES PAID AT 50% FFP (Total of Lines 10, 11 and 12)	\$
16	TOTAL NET CLAIM AMOUNT FOR INTERPRETER SERVICES PAID AT 50% FFP (Line 15 multiplied by 50%)	\$
17	SUM TOTAL GROSS CLAIM AMOUNT for the Claiming Group (Sum of Lines 13 and 15)	\$
18	SUM TOTAL NET CLAIM AMOUNT for the Claiming Group (Sum of Lines 14 and 16)	\$

Contractor Specific Quarterly Claim Calculation Summary Report-

Single Activities Administrative Cost Pool-2nd Claiming Group

1	INDIRECT COST RATE	%
2	MER FOR ADMINISTRATIVE COST POOL	%
ACTIVITY GROUP ONE	ADMINISTRATIVE COST POOL TOTAL GROSS CLAIM AMOUNTS FROM QUARTERLY CALCULATION DETAIL REPORT	COSTS FOR WHICH THE FFP = 50%
3	SUBTOTAL GROSS CLAIM AMOUNT (Activity Codes 1b, 2b, 5b,7b, 8b, 9b and 10) Column H from the Contractor Quarterly Claim Calculation Detail--Single Administrative Activities Cost Pool for the Claiming Group	\$
4	SUM OF QUARTERLY MATERIAL AND SUPPLIES COSTS AND ADMINISTRATIVE STAFF COSTS from Line D of the Contractor Specific Quarterly MAC-related Operating Costs Report for the Claiming Group	\$
5	ADJUSTED QUARTERLY MATERIAL AND SUPPLIES COSTS AND ADMINISTRATIVE STAFF COSTS (Line 4 multiplied by Line 2)	\$
6	INDIRECT COSTS (Sum of Lines 3 and 5 multiplied by Line 1)	\$
7	SUM OF QUARTERLY CONSULTANT SERVICES COSTS from Line A of the Contractor Specific Quarterly MAC-related Operating Costs Report for the Claiming Group	\$
8	ADJUSTED QUARTERLY CONSULTANT SERVICES COSTS (Line 7 multiplied by Line 2)	\$
9	SUM OF QUARTERLY SUBCONTRACTED INTERPRETER SERVICES COSTS for Medicaid LEP clients from Line B of the Contractor Specific Quarterly Detailed Expenditure Report— Single Administrative Activities Cost Pool for the Claiming Group	\$
10	ADJUSTED QUARTERLY SUBCONTRACTED INTERPRETER SERVICES COSTS from Line B of the Contractor Specific Quarterly Detailed Expenditure Report— Single Administrative Activities Cost Pool for the Claiming Group (Line 9 multiplied by Line 2)	\$
11	SUBTOTAL GROSS CLAIM AMOUNT (Activity Code 6b) Column H from the Quarterly Claim Calculation Detail from the Single Administrative Activities Cost Pool for the Claiming Group	\$
12	INDIRECT COSTS (Sum of Line 11 multiplied by Line 1)	\$
13	TOTAL GROSS CLAIM AMOUNT FOR OUTREACH AND LINKAGE PAID AT 50% FFP (Total of Lines 3, 5, 6 and 8)	\$
14	TOTAL NET CLAIM AMOUNT FOR OUTREACH AND LINKAGE PAID AT 50% FFP (Line 13 multiplied by 50%)	\$
15	TOTAL GROSS CLAIM AMOUNT FOR INTERPRETER SERVICES PAID AT 50% FFP (Total of Lines 10, 11 and 12)	\$
16	TOTAL NET CLAIM AMOUNT FOR INTERPRETER SERVICES PAID AT 50% FFP (Line 15 multiplied by 50%)	\$
17	SUM TOTAL GROSS CLAIM AMOUNT for the Claiming Group (Sum of Lines 13 and 15)	
18	SUM TOTAL NET CLAIM AMOUNT for the Claiming Group (Sum of Lines 14 and 16)	\$

Total number of FTE's and the Sum Total Net Claim Amount from all claiming groups for the Contractor for the quarter are added together and the totals are placed in the respective columns (# of FTE's and Unadjusted Claiming Amount) in the [Stratified Model Worksheet](#). The Adjusted Claiming Amount for the Contractor is transferred from the Stratified Model Worksheet to the A19 Invoice.

Claim Header Information

This information is generated for HCA by the System

Claim Year	
Claim Quarter	
HCA MAC Contract #	
State (pre-populated)	WA
HCA MAC Contractor Name	

Sample Draft of a Stratified Model Worksheet

Stratified Sampling Model for Calculating Tribal MAM Participation Rates

Illustration based recent claiming data provided by HCA

CMS quarterly target sample size 2,766

Minimum tribal sample size assumption (w/15% oversample) 230

TRIBAL MAM CONTRACTOR	# of FTE's	Proportional Stratified Sample Moments	Adjusted Proportional Stratified Sample Moments	Relative Weight for Statewide Claiming Calculation	Unadjusted Claiming Amount	Adjusted Example Claiming Amount	Based on Claims Data From Quarter Indicated Below
Confederated Tribes of the Colville Reservation	11	227	230	98.72%	\$2,233	\$2,356	Jan-Mar 11
Cowlitz Indian Tribe	28	578	578	100.00%	\$20,398	\$21,523	Jan-Mar 11
Lower Elwha Klallam Tribe	5	103	230	44.87%	\$9,146	\$9,651	Jan-Mar 11
Port Gamble S'kallam Tribe	6	124	230	53.85%	\$24,467	\$25,817	Jan-Mar 11
Quileute Tribe	13	268	268	100.00%	\$7,587	\$8,005	Jan-Mar 11
Samish	4	83	230	35.90%	\$2,536	\$2,676	Jan-Mar 11
Shoalwater Bay Tribe	11	227	230	98.72%	\$3,929	\$4,146	Jan-Mar 11
Snoqualmie Tribe	20	413	413	100.00%	\$21,218	\$22,388	Jan-Mar 11
Spokane Tribe	12	248	248	100.00%	\$14,672	\$15,482	Jan-Mar 11
Suquamish Tribe	2	41	230	17.95%	\$1,125	\$1,187	Jan-Mar 11
Swinomish Tribe	22	454	454	100.00%	\$14,225	\$15,010	Apr-Jun 11
					\$121,537	Unadjusted statewide	
Statewide	134	2,766	3,341		\$128,240	Re-weighted statewide	

Note: This analysis is based on Random Week 100% Time Study Data from mostly 2011. RMTS Activity Code Time Percentages will be different causing a different result in the claiming amounts.