

Washington State
Health Care Authority

The Medicaid Administrative Claiming Program “MAC”

*New Participant Training: Writing Activity
Descriptions and Understanding the Time
Survey Activity Codes
June 2015*

Discussion Topics

- Quick Recap of the MAC Program
- Responding to a Random Moment
- The Time Survey Activity Codes

Quick Recap of the MAC Program

The purpose of the LHJ's Medicaid administrative claiming (MAC) program is to assist the State Health Care Authority (HCA) with the administration of the state's Medicaid program by facilitating access to Medicaid services at the individual and systems level, through outreach, linkage, and program planning/interagency coordination activities.

Quick Recap of MAC (continued)

- Activities that are not allowable as MAC include:
 - Any activity that that can be billed to Medicaid or commercial insurance.
 - Any non-medical direct service activity
 - Any administrative activity that does not directly relate to or support a Medicaid service
- The Random Moment Time Survey (RMTS) is a sampling method used to determine the portion of time staff spend on allowable MAC activities.
- RMTS participants respond to random moments by writing a narrative description of what they were doing and assigning a time survey activity code to it.

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Responding to a Random Moment

Writing Activity Descriptions

Selecting an Activity Code

Reviewing Your Random Moment

Writing Activity Descriptions

You must write a brief, but concise, narrative that describes what you were doing during your random moment.

- Use the following format: "**what**" I was doing, "**who**" was I with" and "**why**" I was doing it.
- Describe your activity at the single moment, not a whole meeting, home visit, or event.
- All activity descriptions must have enough detail so that a third party can determine why the particular activity code was assigned.

RMTS moment = One minute in time

Writing Activity Descriptions (continued)

The description must tie to the activity code you select:

- It must have a clear link to a non-medical/non-Medicaid program when an "a" sub code is used.
- It must show a clear link to the Medicaid program or a Medicaid service when a "b" sub code is used.

Be specific:

- When you write about a linkage activity, name the service.
- When helping with an application, state what it's for.
- When providing a service, specify the service.
- When presenting or participating in training, state its type or purpose.

Selecting an Activity Code

- Select the activity code that best reflects what you were doing as stated in your activity description.
- When selecting an activity code for your random moment, the focus is on the *activity*, **not** the *Medicaid status* of the client.

Reviewing Your Random Moment

- Does your written description reflect a single moment and a specific activity?
- Does the activity code you selected align with your written description?
- Is it clear why one parallel activity code was selected instead of the other?

NOTE: “a” activity codes must link to non-Medicaid activities and “b” activity codes must link to Medicaid activities.

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The Time Survey Activity Codes

RMTS Activity Code Categories

What's in an RMTS Activity Code?

Outreach Activities

Other Program Activities & Direct Medical Services

Linkage Activities

Remaining Activities

RMTS Activity Code Categories

- Most of the activity codes are organized into broad categories of activities or job functions, such as outreach, linkage, program planning, and providing direct services.
- Some activity codes focus on your work with, or on behalf of individuals, while others are for activities done at the systems level with other agencies and providers or for targeted populations.
- Each activity that you complete during your work day has a correlating activity code.

RMTS Activity Code Categories (continued)

- Some of the activity codes have a Medicaid-related and a non-Medicaid related option, called “parallel” codes.
- Activity codes with an “a” are non-Medicaid related, and activity codes with an “b” are Medicaid-related.

Refer to *Parallel Codes: A Summary* to see how the parallel codes are organized into broad activity categories.

What's in a RMTS Activity Code?

- Each vey activity code includes a definition and examples.
- The activity codes also include all directly related clerical work, correspondence, and travel.

Refer to the *MAC Activity Code Descriptions* and the *RMTS Code Quick Reference* guides for more detail on each activity code.

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Outreach and Facilitating Applications Activities

Codes 1, 2, and 3

What are Outreach & Application Activities?

Code 1

- Outreach activities inform eligible or potentially eligible individuals about available programs and services and what they cover, and encourage them to apply. Written and oral methods may be used.

Code 2

- Outreach also occurs with service providers to encourage them to accept underserved patients or clients into care/services.

Code 3

- Facilitating application activities assist individuals in applying for benefits, or to enroll in programs and services. Often, outreach and informing is done first.

Outreach and Facilitating Applications Activities

- Code 1a:** Non-Medicaid Outreach
- Code 1b:** Medicaid Outreach
- Code 2a:** Outreach to Non-Medicaid Providers to Accept Underserved Clients
- Code 2b:** Outreach to Medicaid Providers to Accept Medicaid Patients
- Code 3a:** Facilitating Applications for Non-Medicaid Programs
- Code 3b:** Facilitating Applications for Medicaid Programs

Code 1: Outreach

- **Code 1a: Non-Medicaid Outreach** is about providing information about programs and services not covered by Medicaid and encouraging individuals to apply.
- It includes receiving and disseminating eligibility updates for non-Medicaid programs.

Some examples of non-Medicaid programs and services:

- Women, Infants & Children (WIC)
- Food stamps/SNAP
- Housing programs
- Breast and Cervical Health Program (BCHP)
- Children with Special Health Care Needs (CSHCN)
- Social, legal, and education services

Code 1: Outreach (continued)

- **Code 1b: Medicaid Outreach** is about informing individuals and families about the Medicaid program and how to access it, as well as encouraging them to apply.

Medicaid Outreach includes, but is not limited to:

- Bringing Medicaid clients into Medicaid services.
- Encouraging individuals to access Medicaid services such as First Steps, ABCD, and EPSDT.
- Troubleshooting around Medicaid eligibility and benefits on behalf of high-risk clients.
- Receiving and disseminating updates on Medicaid eligibility.

Code 2: Outreach to Providers

- **Code 2a: Outreach to Non-Medicaid Providers to Accept Underserved Clients** is targeted outreach to encourage non-Medicaid and/or non-medical providers to accept underserved clients into their services.
- It is **not** about increasing provider participation in non-Medicaid programs. (Code 8a would be used for this activity.)

Code 2: Outreach to Providers (continued)

- **Code 2b: Outreach to Medicaid Providers to Accept Medicaid Patients** is targeted outreach to encourage Medicaid providers to accept Medicaid beneficiaries into their care.
- The focus is on medical providers already enrolled as providers of Medicaid services to accept more Medicaid patients.
- It is **not** about encouraging medical providers to enroll as Medicaid providers. (Code 8b would be used for this activity.)

Code 3: Facilitating Applications

- **Code 3a: Facilitating Applications for Non-Medicaid Programs** are activities that assist individuals to apply for non-Medicaid programs. Examples include explaining eligibility rules and the eligibility process, as well as referring individuals to the appropriate agency to complete the application process.

Non-Medicaid programs include but are not limited to:

TANF

Food stamps/SNAP

Breast and Cervical Health Program (BCHP)

Commercial health insurance plans

WIC

Early Intervention Program (EIP) for persons with HIV/AIDS

Code 3: Facilitating Applications (continued)

- **Code 3b: Facilitating Applications for Medicaid Programs** are activities that assist individuals and families to apply for/enroll in Washington Apple Health (Medicaid).
- It also includes assisting with the Apple Health eligibility redetermination process.

Did You Know?

- Medicaid is called Washington Apple Health (Apple Health) and it covers children and adults.
- Individuals apply for Apple Health and commercial insurance plans through the Washington Health Benefit Exchange (HBE), which operates the www.wahealthplanfinder.org website.
- Applications can be submitted through the website, by phone or by mail.

Reminders About Clerical Work and Travel

Remember that the outreach activity codes include related clerical work, correspondence and travel:

- Making copies of an update on Food Stamps/SNAP eligibility changes for my co-workers that I got from a meeting I attended earlier today. (Code 1a)
- Traveling to an outreach event to present information about Apple Health (Medicaid) benefits for children. (Code 1b)
- Emailing a co-worker to answer her question about completing a SNAP application. (Code 3a)
- Writing down information from a voicemail in order to return a call to woman who asked for help applying for Medicaid for her children. (Code 3b)

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**Non-Medicaid
Other Program Activities
and Direct Medical Services
Codes 4 and 5**

Other Program Activities and Direct Medical Services

Code 4: Non-Medicaid Other Program Activities

Code 5: Direct Medical Services

These are non-parallel activity codes but are grouped together here because both include direct care/direct service activities that include related administrative activities such as charting, scheduling, and staff travel. Training that improves skills in delivering services to individual clients or patients is also part of these activity codes.

Code 4: Non-Medicaid Other Program Activities

Code 4: Non-Medicaid Other Program Activities are direct service activities that are not medical or cannot be billed to Medicaid or other third party insurers, and the administrative tasks that support these activities.

Examples:

- Providing public health information, health and wellness activities, health and oral hygiene education
- Communicable disease investigation and infection control activities
- Certification-related activities with WIC clients
- Processing vital records requests

Code 5: Direct Medical Services

- **Code 5: Direct Medical Services** is the provision of a medical, dental, vision, mental health, family planning, pharmacy, substance abuse or a Medicaid-covered service.
- It includes all related activities, administrative or otherwise, that are integral to, or an extension of, the healthcare service.
- These services may be billed to Medicaid or commercial insurance.
- Some examples of Medicaid covered services provided by LHJs are MSS, ICM, HIV/AIDS Targeted Case Management, immunizations, family planning, and TB treatment.

More on Direct Medical Services

Direct medical services also include activities that are considered to be integral to or an extension of the healthcare service.

These include but are not limited to:

- patient follow up
- assessment
- counseling
- Patient education and/or consultation
- charting
- billing activities
- patient registration, scheduling, and follow up
- quality assurance and monitoring
- or other physician extender activities

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**The Linkage Codes:
Transportation; Interpretation; and Referral,
Coordination and Monitoring
Codes 6, 7 and 10**

What are Linkage Activities?

These activities are performed on behalf of any individual, not just those enrolled in Medicaid. (You do not need to know the Medicaid status of an individual to use any of the linkage activity codes.)

Code 10

- Linkage activities assist an individual in accessing services through referral, coordination, and monitoring.

Code 6 and 7

- These focus of these activities is on reducing language and transportation barriers that affect clients being able to access, understand and use services for which they are eligible.

Linkage Activities

- Code 6a:** Arranging Transportation for Non-Medicaid Services
- Code 6b:** Arranging Transportation for Medicaid Services
- Code 7a:** Interpretation for Non-Medicaid Services for Adults
- Code 7b:** Interpretation for Medicaid Services for Adults
- Code 7c:** Interpretation for Non-Medicaid Services for Children under 21
- Code 7d:** Interpretation for Medicaid Services for Children under 21
- Code 10a:** Referral, Coordination & Monitoring of Non-Medicaid Services
- Code 10b:** Referral, Coordination & Monitoring of Medicaid Services

Code 6: Arranging Transportation

- **Code 6a: Arranging Transportation for Non-Medicaid Services** is assisting an individual to obtain transportation to a non-Medicaid service, such as arranging for transportation to WIC or employment counseling.
- This activity code includes accompanying a client to a non-Medicaid service.

NOTE: Code 6 is for assisting an individual in obtaining transportation.

This **does not** include providing the transportation. Providing transportation is reported to Code 4 (Non-Medicaid Other Programs).

Code 6: Arranging Transportation (continued)

- **Code 6b: Arranging Transportation for Medicaid Services** is arranging transportation to a Medicaid-covered service, including, but not limited to any work with the local Medicaid transportation broker.
- Accompanying an individual to a Medicaid service **is not** part of this activity code; and would be reported to Code 4: Non-Medicaid Other Programs.

NOTE: Code 6 is for assisting an individual in obtaining transportation.

This **does not** include providing the transportation. Providing transportation is reported to Code 4 (Non-Medicaid Other Programs).

Code 7: Interpretation Activates

Interpretation for Adults

- Code 7a: Interpretation for Non-Medicaid services for Adults
- Code 7b: Interpretation for Medicaid services for Adults

Interpretation for Children under 21

- Code 7c: Interpretation for Non-Medicaid services for Children under 21
- Code 7d: Interpretation for Medicaid services for Children under 21

Code 7: Interpretation

- **Code 7a: Interpretation for Non-Medicaid Services for Adults** is arranging for or providing translation or interpreter services as part of a non-Medicaid service.
- **Code 7b: Interpretation for Medicaid Services for Adults** is arranging for or providing translation or interpreter services (oral or signing) as part of a Medicaid service.

These activity codes can only be used if you comply with the DSHS Language Testing and Certification requirements. If you do not meet these requirements, or are speaking the individual's language because of your fluency, use the activity code that best describes what you were doing at the time of your moment.

Code 7: Interpretation

- **Code 7c: Interpretation for Non-Medicaid Services for Children under 21** is arranging for or providing translation or interpretation services (oral and signing) as part of a non-Medicaid service.
- **Code 7d: Interpretation for Medicaid Services for Children Under 21 Years** is arranging for or providing translation or interpreter services (oral or signing) as part of a Medicaid-covered service.

These activity codes can only be used if you comply with the DSHS Language Testing and Certification requirements. If you do not meet these requirements, or are speaking the individual's language because of your fluency, use the activity code that best describes what you were doing at the time of your moment.

Code 10: Referral, Coordination and Monitoring Activities

Code 10a: Referral, Coordination and Monitoring of Non-Medicaid Services

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

Code 10: Referral, Coordination and Monitoring of Services

- **Code 10a: Referral, Coordination and Monitoring of Non-Medicaid Services** includes making referrals for, coordinating, following up or monitoring non-Medicaid services or providing administrative support related to these activities.
- Use this activity code when linking callers, walk-ins, or clients to non-Medicaid services.

Code 10: Referral, Coordination and Monitoring of Services

- **Code 10b: Referral, Coordination and Monitoring of Medicaid Services** includes making referrals for, coordinating and monitoring the delivery of Medicaid services, such as medical, dental, mental health, substance abuse, or family planning.
- Use this activity code when linking callers, walk-ins, or clients to Medicaid-covered services.
- The Medicaid eligibility status of the individual does not matter. The focus is on the type of service that is the focus of the activity.

Reminder About Direct Medical Services and MAC Linkage Activities

- Referral and linkage activities that are an integral/routine part of a direct medical service or referrals for specialty care done as routine follow up to a patient visit **are not Code 10b**.
- Activities that are an integral/routine part of a direct medical service must be recorded to Code 5. Examples:
 - Referring a woman to an OB/GYN for specialty care during a family planning visit.
 - Participating in an MSS case conference to discuss the need for an outside referral for a severely depressed pregnant teenager.
 - Talking to MSS client about arranging medical appointment for her 3 week old infant, who has gained no weight since his birth.

The Client De-Identifier

- If you select Code 6b, 7b, 7d, or 10b for the activity description of your random moment, and the activity was for or on behalf of an individual who is a client of the agency, you must enter a de-identified client ID for the individual.
- The de-identifier is needed in order to calculate the percentage of Medicaid enrollees for whom a MAC linkage activity was performed.
- This requirement does not apply to RMTS participants in Public Health Seattle King County or its subcontractors.

Your RMTS coordinator will explain what to use for a de-identified client ID (e.g., a case number from one or more specific databases in your LHJ).

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**Program Planning, Policy Development and
Interagency Coordination
Code 8**

Program Planning, Policy Development and Interagency Coordination Activities

Code 8a: Program Planning, Policy Development and Interagency Coordination Related to Non-Medical Services

Code 8b: Program Planning, Policy Development and Interagency Coordination Related to Medical Services

NOTE: Only employees whose position descriptions include program planning, policy development, and interagency coordination can use these activity codes.

These activities occur at the systems level. Client- specific service coordination with another agency would be Code 10.

Code 8: Program Planning, Policy Development and Interagency Coordination

- **Code 8a: Program Planning, Policy Development and Interagency Coordination Related to Non-Medical Services**
activities improve the coordination and delivery of social, educational, vocational, legal and other non-medical services by increasing access and reducing barriers.
- Specific populations or geographical areas may be targeted.
- This activity code includes providing technical and capacity development assistance to providers of non-Medicaid services.

Use Code 8a when the focus of the activity is on a non-Medicaid service, even if Medicaid enrollees may also access the service.

Code 8: Program Planning, Policy Development and Interagency Coordination

- **Code 8b: Program Planning, Policy Development and Interagency Coordination Related to Medical Services**
activities improve the coordination of medical, dental and mental health services by increasing access and reducing barriers to care.
- It includes performing collaborative activities around these Medicaid-covered services with other agencies and providers and providing technical and capacity development assistance to providers of Medicaid services.
- Specific populations or geographical areas may be targeted.

To use Code 8b, there must be a link to a Medicaid-covered service, even if the target population is both Medicaid and non-Medicaid clients.

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Training
Code 9

Training Activities

Code 9a: Non-Medical/Non-Medicaid Related Training

Code 9b: Medical/Medicaid Related Training

Code 9: Training Activities

- Training activities include coordinating, conducting or participating in training events regarding benefits of non-Medicaid or Medicaid programs.
- The activity code definition also includes training that enhances early screening, identification, intervention and referral of individuals and families to services, and participating in training on administrative requirements related to services.

NOTE: Training related to the activities in Code 13 should be reported to either Code 13a or 13b.

Code 9: Training Activities

- **Code 9a: Non-Medical/Non-Medicaid Related Training** is coordinating, conducting or participating in training events regarding benefits of programs other than Medicaid.
- Includes training that enhances early screening, identification, intervention and referral of individuals and families to non-Medicaid services, and participating in training on administrative requirements related to non-medical/non-Medicaid services.
- This is **not** training that a participant attends to enhance his/her skills in delivering a non-medical direct service. That is a Code 4 activity.

Code 9: Training Activities

- **Code 9b: Medical/Medicaid Related Training** is coordinating, conducting or participating in training events regarding benefits of Medicaid-related services, and how to assist individuals and families to access such services and more efficiently refer them for services.
- This is **not** training that an RMTS participant takes to enhance his/her skills in delivering a direct medical service. That is a Code 5 activity.

See Coding LHJ MAC Training Activities: A Decision Tree for a guide to coding training activities.

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Pediatric Immunizations
Code 11

Pediatric Immunization Program Activities

Code 11a: Non-Medicaid Pediatric Immunization
Activities

Code 11b: Medicaid Pediatric Immunization Program
Activities

Remember these activity codes are for **CHILDREN ONLY!** Activities specifically related to adult immunizations are reported to other activity codes.

Code 11: Pediatric Immunization Program Activities

- **Code 11a** activities are related to **non-Medicaid Pediatric Immunization Programs**.
- The activities include, but are not limited to:
 - Retrieving information from WIIS on the history of a child's non-Medicaid vaccination history when requested by outside providers or parents.
 - Training outside medical providers on using WIIS for pediatric vaccinations not covered by Medicaid.
 - Reviewing non-Medicaid covered vaccination records to identify children who are due for scheduled immunizations, and sending out reminder notices.

Code 11: Pediatric Immunization Program Activities

- **Code 11b** activities are related to the **Medicaid Pediatric Immunization Program**.
- The activities include, but are not limited to:
 - Encouraging community-based medical providers to participate in the Medicaid Pediatric Immunization (Vaccine for Children) Program; assisting with initial and annual enrollment.
 - Adding and editing information in WIIS about children's Medicaid covered vaccinations; retrieving this information as requested by parents and outside providers.
 - Monitoring activities related to the Medicaid Pediatric Immunization (Vaccine for Children) program that are directed by the Department of Health.

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**Coordination, Claims Administration
and Oversight of non-MAC and MAC
Programs
Code 13**

Coordination, Claims Administration and Oversight Activities

Code 13a: Coordination, Claims Administration and Oversight of Non-MAC Programs

Code 13b: Coordination, Claims Administration and Oversight of the MAC Program

The activities in this activity code are performed by individuals designated by their LHJ to manage or coordinate components of programs – coordinating and overseeing time surveys, invoicing, or overall program administration.

Related clerical work, correspondence, travel and training are part of these activity codes.

Code 13: Coordination, Claims Administration and Oversight Activities

- **Code 13a: Coordination, Claims Administration and Oversight of Non-MAC Programs** is for participants responsible for managing or coordinating components of programs other than MAC, such as WIC, Breast and Cervical Cancer Health (BCHP), SNAP-Ed or other grant-funded programs.
- The activity code includes overseeing time surveys, budget development, invoicing, required reports, and other grant compliance activities.
- It also includes receiving training to perform these activities.

Code 13: Coordination, Claims Administration and Oversight Activities

- **Code 13b: Coordination, Claims Administration and Oversight of MAC Program** is for staff who have designated responsibilities for managing components of the MAC program, such as:
 - Managing or coordinating the RMTS
 - Reviewing random moments for coding accuracy
 - Invoicing
 - Preparing required reports, such as the MER
- It includes training participants on the RMTS and MAC, as well as receiving training on performing MAC coordination and claims administration activities.

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Other Activities

Code 14 – General Administration

Code 15 – Paid Time Off

Code 16 – Unpaid Time Off

Code 99 – Working and Did Not Respond

Other Activities

- Code 14:** General Administration
- Code 15:** Paid Time Off
- Code 16:** Unpaid Time Off
- Code 99:** Working and Did Not Respond

Codes 14, 15 & 16 Other Activities

- Codes 14, 15 and 16 encompass activities that relate to being an employee.
- The activities are not specific to clients, services or programs.
- Flex time can be reported to Code 14 or Code 16, depending on how it is recorded in an agency's payroll system.

Your RMTS coordinator will explain how to code flex time.

Code 14: General Administration

- **Code 14: General Administration** is for activities that:
 - Are not specific to any identified function or program, or
 - Relate to multiple functions or programs of your LHJ.
- It includes your paid breaks or paid lunch.
- Use this code for flex time when it is tracked in payroll as paid work time.

Use Code 14 for completing your random moments.

A Note on Code 14 & Email

- When generally skimming or checking emails, use Code 14.
 - Example: Checking email after returning from lunch.
- When initiating an email or responding to a specific email, code to the purpose of the email.
- Examples:
 - Responding to email regarding WIC clinic schedule. (Code 4)
 - Responding to email related to upcoming immunization clinic schedule. (Code 5)
 - Emailing a Medicaid Pediatric Immunization program provider with a question about their children's vaccine order. (11b)

When **Not** to Use Code 14

- Code 14 should **not** be used when:
 - It is an activity done for, with, or to a specific client.
 - The activity is being done in support of the delivery of a direct service or is specific to a program.

Refer to *Using Code 14 – What It Is and What It Isn't* for additional guidance on when to use Code 14.

Code 15: Paid Time Off

- **Code 15: Paid Time Off** is used when taking any paid time off from work:
 - holidays
 - vacation time
 - paid sick leave
 - jury duty
 - bereavement leave
 - any other paid time off

REMINDER: Paid breaks are Code 14: General Administration.

Code 16: Unpaid Time Off

- **Code 16: Unpaid Time Off** is used when you get a random moment when you are not working (and not being paid), when working on an activity that is included in the agency's indirect rate, or when working in a program whose costs are not included in the MAC invoice.
- Use this activity code if you are **not** paid for lunch.
- Use this activity code for flex time when it is tracked in payroll as unpaid time.

Code 99: Working and Did Not Respond

- **Code 99: Working and Did Not Respond** is for moments that have expired, and where the RMTS participant was working, but did not respond to the random moment within the 5 day deadline.
- Code 99 moments are considered invalid.