State of Washington
Tribal Governments

User Guide

For

Medicaid Administrative Claiming

using the

Claiming System
Developed by the
University of Massachusetts
Medical School

June 2015

_____

Table of Contents

Section I: <u>Overview</u>

The purpose of this guide is to provide direction managing the Administrative Activity Claiming system.

<u>**Introduction**</u>

This guide provides step-by-step instructions for entering and calculating quarterly Medicaid Administrative Activity Claims.

Contact Information:

University of Massachusetts Medical School (UMMS)

Center for Health Care Financing
School-Based Medicaid Program
333 South Street
Shrewsbury, Massachusetts 01545
Call Center: 1-800-535-6741 (hours 7:30am – 7:30pm ET)

Susan Fischer
(508) 856-7640
Or 1-800-535-6741 ext. 67640
Susan.Fischer@umassmed.edu

Emily Audette
(508) 421-5855
Or 1-800-535-6741 ext. 15855
Emily.Audette@umassmed.edu

_____

Section II. <u>Overview of Administrative Claiming Process</u>

The quarterly Medicaid Administrative Claiming process is designed to utilize the participant data and time study results from the RMTS as the building blocks for calculating an Administrative Activity Claim. Additional data on actual costs/expenditures per quarter are uploaded and/or entered into the system and the system performs the calculations.

An outline of the quarterly claiming process is provided below:

Step 1: Claim data is entered

Step 2: Claim data is checked/reports are reviewed

Step 3: Claims are approved

Step 4:   A-19 Form is printed and signed and submitted to HCA

Step 5: HCA reviews and finalizes claim for payment

_____

Section III: <u>Extracts and Uploads</u>

This section will go over how to add quarterly salary & fringe benefit data into the system. To create and manage data manually, please refer to Section IV.

<u>Extracting Files</u>

By the time an Administrative Activity Claim is being processed, the entities have already completed the RMTS for the quarter. Therefore, a list of active participants for that quarter can be extracted from the system. This list can be used to create an editable template to update in order to be uploaded with salary and benefit data.

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

Step 2:   Using the drop-down menus, select the State, School District, Year, and Quarter. Year and Quarter are based on fiscal year. For example:
Q1 2016 = July-September 2015
Q2 2016 = October-December 2015
Q3 2016 = January-March 2016
Q4 2016 = April-June 2016

Step 3:   Click "Submit". The file can be opened or saved in Excel.

_____

_____

Creating an Upload File

Step 1: Use the extracted data to populate the file to be uploaded.

	A	B	C	D	E	F	G	H
1	Employee ID	Last Name	First Name	Job Description	Active Y or N	Fed Fund %	Salary	Employer Paid Fringe Benefits
2	UMMS9955	Avenue	Amy	Receptionist	Y	0	15,085.00	1,250.00
3	UMMS9956	Boulevard	Linda	Clinic Nurse	Y	0	14,550.00	1,850.00
4	UMMS9957	City	Jean	Physician Assistant	Y	0	18,325.22	1,250.00
5	UMMS9958	Lane	Yvette	Chemical Health Representative/CHR	Y	0	11,209.85	1,250.00
6	UMMS9959	Road	Melanie	Dental Assistant	Y	0	10,322.58	750.58
7	UMMS9960	Street	Janette	Business Coordinator/Manager	Y	0	18,874.55	1,268.90
8	UMMS9961	Town	Nicole	Clinic Nurse	Y	0	17,550.65	1,850.00
9	UMMS9962	Zip	Lindsey	Receptionist	Y	0	9,888.52	1,250.00

The file must have the headings "Employee ID," "Last Name," "First Name," "Job Description," "Active Y or N," "Fed Fund %," "Salary," "Employer Paid Fringe Benefits."

Tip: Remove the extra columns first:
Email Address
Job Type E or C
FTE
Work Schedule
All 3 Supervisor columns

Then simply add "Salary" and "Employer Paid Fringe Benefits" to the right of "Fed Fund %"

Or… Copy and Paste the Employee ID, Last Name, First Name and Job Description from the extract file into the Claim Component Upload Template.

Step 2: Save the file as an 'Excel 97-2003 Workbook' file on your local PC or network.

File name:	HP_CC_WA-TRIBES_7835_4_2015_01.xls	▼
Save as type:	Excel 97-2003 Workbook (*.xls) ⟵	▼
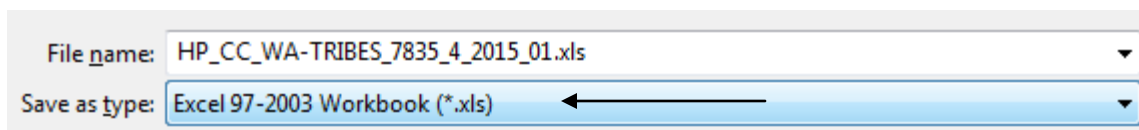
When saving the file to upload, the naming convention is:
HP_CC_*state_VendorID_Qtr_Year_Version#*.xls

Example:
Q2 2016, Example Tribal Council = HP_CC_WA-TRIBES_123456_2_2016_01.xls

Step 3: Add the correct actual quarterly Salary and Employer Paid Fringe Benefits amounts for each employee to the file.

_____

Uploading Files

Upload the file to add salary and benefits data to the claim.

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

Step 2: Click on "Year" to change the fiscal year if needed.

Step 3: Select "HP_CC" under component. Click "Choose File" to find your file. Click "Open."

Note: Files must follow the naming convention described on the previous page.

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. You will need to click "Refresh" after a few minutes for the file status to change.

Step 5: After the file is uploaded and there are no errors, click "Review" to review the file for errors and changes.

Note: If your file has errors, you will need to click on "Error" and then "View Detailed Report" to review the issues that caused the file to fail. Once you have fixed the problems 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	☐
05/01/2014 01:14:09 PM	Review	TestA115	☑

Delete

Step 6: Review the New Health Personnel, Deactivated Health Personnel, and Updates by clicking on the appropriate "View Detailed Report" link. If changes need to be made to the file, the file will need to be deleted and re-uploaded and checked again. Once everything is correct, check the "Verified Upload File Results" box and click "Upload" to upload the file.

Health Personnel File Upload Results

File Name: HP_CC_WA-TRIBES_7835_4_2015_01_20150619162857.XFR
File Type: Claim Component
File Mode: Preview
File Status: Review
Number of Records : 15
Number of New Health Personnel : 0
Number of Deactivated Health Personnel : 0
Number of Updates : 0
Number of Errors : 0

☑ Verified Upload File Results

[Upload] [Close]

Note: Changes and additions in the file will not be made to the system until this step has been completed.

Step 7: When the file is submitted and uploaded, the status will change to "Successful" when completed. You will need to click "Refresh" after a few minutes for the file status to change. You may review the detailed reports at any time by clicking "Successful" and "View Detailed Report."

File Name	Quarter	Date ▼	Status
HP_CC_WA-TRIBES_7835_4_2015_01.XFR	4	06/19/2015 04:28:57 PM	Successful

_____

Section IV: <u>Data Submission</u>

This section will go over how to review and/or manually enter salary data and other claim data. If you are beginning a new claim each component will show "NOT Received" and will change depending on the status of the claim. "Received" will show after data is submitted, "Calculated" if the claim has been calculated, "Approved" if the claim is approved, and "Final" after the claim has been finalized.

Quarterly Data

Status of various Quarterly Claim Components

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

<u>Salary Data:</u>

Step 1: Under the "Administrative Claiming" tab, select "Data Submission".

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

Step 3: If no data has been entered or uploaded, you will click "NOT Received" otherwise you will click "Received" next to the name of the claim component you wish to enter. In this case, choose the Salary component:

Salary

Last Name :	First Name :	Job Position :	
		▼	🔍 Search

Page 1

Last Name ▲	First Name	Job Position	Full Time Equivalency	Fed. Fund. %	Salary Amount ($)	Total Fringe Benefits ($)
Avenue	Beatrice	1	1	0	12045.00	541.00
Boulevard	Sam	1	1	0	3155.00	324.00
City	Tobias	1	1	0	14502.00	163.00
Lane	Dean	1	1	0	5210.00	352.00
Road	Dorothy	1	1	0	21403.00	142.00
Street	Lorelai	1	1	0	15430.00	157.00
Town	April	1	1	0	14255.00	366.00

Received Date : 04/25/2014 ▼
Notes History:

04/25/2014 Salary Submitted By Tester Another

Step 4: Click on the first employee you want to add/edit data for.

Salary Information

Last Name : Avenue	First Name : Beatrice
Job Position Code : 1	Job Position Description : B-32
FTE : 1	Fed. Fund. % : 0
Original Salary ($) : 12,045.00	Job Type : Employee
Quarterly Salary ($) : 12,045.00	

Fringe Benefit Details -

Workers Compensation ($) :	0.00	Unemployment ($) :	0.00
Medicare ($) :	0.00	Pension ($) :	0.00
Health Insurance ($) :	0.00	Life Insurance ($) :	0.00
Dental Insurance ($) :	0.00	Disability Insurance ($) :	0.00
Social Security Tax - Employer ($) :	0.00	Employer Paid Fringe Benefits ($) :	541.00
Employer Paid Fringe Benefits ($) :	0.00	Employer Paid Fringe Benefits ($) :	0.00
Employer Paid Fringe Benefits ($) :	0.00		

Next   Reset   Close

Step 5: Enter data in the "Original Salary" and "Employer Paid Fringe Benefits" fields and click "Next." This will save the data submitted and open the next employee's screen. If you are done entering data or want to review the data before the end of the list of employees, click "Close" to return to the front screen.

Step 6: When you have completed and checked all of the salary data, enter the date at the bottom of the screen and click "Save." This will generate a note in the system which includes who saved the data and the date it was saved.

Town	April	1	1	0	14255.00	0.00

Received Date : 04/25/2014 ▼

Notes History:

04/25/2014 Salary Submitted By Tester Another

Notes :

Save   Reset   Close

Note: If salary data was uploaded this screen, including the Received Date and Notes History, will be populated.

_____

Other Components:

Step 1: From the data submission screen, click the hyperlink next to the Other Components. If no data has been entered, you will click "NOT Received" otherwise you will click "Received."

Step 2: Enter Materials and Supplies Amount.

Step 3: Enter Consultant Services Amount.

Step 4: Enter Administrative Staff Amount.

Note: Medicaid Eligibility Rate and Indirect Cost Rate percentages are entered by HCA and will be pre-populated into the claim.

Step 5: Enter Received Date and click "Save."

Quarterly Materials and Supplies Costs

* Materials and Supplies Amount ($): 1,000.00

Received Date : 06/19/2015

Notes History :

06/19/2015: Updated by Emily Quileute

Notes :

Save   Reset   Close

_____

Section V: <u>Claim Calculation and Approval</u>

When all of the claim data has been entered and checked, the claim will need to be calculated.

<u>Claim Calculation:</u>

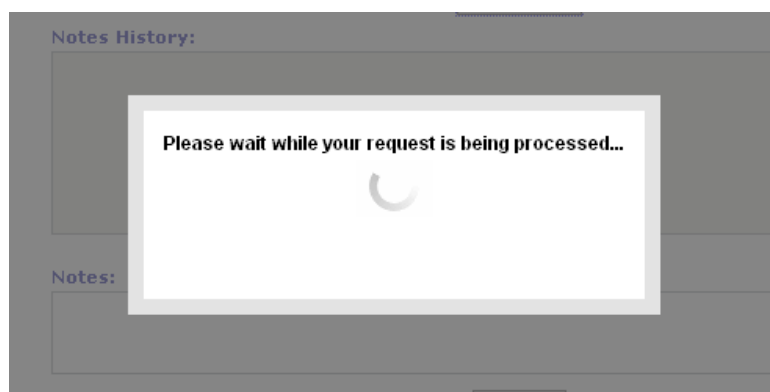**Step 1:** Under the "Administrative Claiming" tab, select "Claim Calculation".

Step 2: Click on either "Quarter," or "Year" to view the claim you wish to calculate.

Step 3: Click "Calculate." While the claim calculates, the screen will give the following prompt. You will not be able to do anything on the screen until the message closes, however, it should only appear for a few moments.

Step 4: When the claim has finished calculating, the screen will show that the Claim Status is "Calculated," the date it was calculated, and the User Name of the person who calculated the claim.

Note: To review reports before approving a claim, please refer to Section VII.

MAC Contractor: WA-TRIBES   Tribal Government: Example Tribal Council   **Quarter:** Fourth   **Year:** 2015

Claim Calculation

Claim Status: Calculated Date: 06/19/2015 User Name: Emily Audette	
Claim Components	
Salary Information	$ 212,429.43
Fringe Benefit Information	$ 19,055.44
Material and Supplies Information	$ 1,000.00
Medicaid Eligibility Rate	39.58 %
Consultant Services Costs	$ 1,000.00
Administrative Staff Costs	$ 25,000.00
Indirect Cost Rate	10.00 %
Net Claim Amount	$ 17,759.72

[Recalculate]   [Approve]

Notes History:

Note: Claims are finalized by HCA. The Claim Status will reflect this:

State Claim Calculation

Claim Status: Final Date: 05/02/2014 User Name:	
Claim Components	
Salary Information	
Fringe Benefit Information	

Approving a Claim:

Note: If any changes are made to the claim, you will need to "Recalculate" the claim. Only when the claim is complete, the data has been checked, and calculated for the last time should you approve the claim.

| Recalculate | Approve |

The page at https://qa-www.chcf.net says:

Are you sure you want to approve the claim calculation?

OK   Cancel

Step 1:   Click "Approve." When prompted, click "OK." While the claim calculates, the screen will give the following prompt. You will not be able to do anything on the screen until the message closes, however, it should only appear for a few moments.

Please wait while your request is being processed...

Notes:

Step 2:   When the claim is approved, the screen will show that the Claim Status is "Approved," the date it was approved, and the User Name of the person who approved the claim.

Claim has been approved successfully. You must unapprove the claim calculation to incorporate any changes.

Claim Status: Approved Date: 06/19/2015 User Name: Emily Quileute	
Claim Components	
Salary Information	$ 212,429.43
Fringe Benefit Information	$ 19,055.44
Material and Supplies Information	$ 1,000.00
Medicaid Eligibility Rate	39.58 %
Consultant Services Costs	$ 1,000.00
Administrative Staff Costs	$ 25,000.00
Indirect Cost Rate	10.00 %
Net Claim Amount	$ 17,759.72

Unapprove

Note: If there are changes that need to be made to the claim before it is submitted to HCA, you may "Unapprove" the claim. After making any changes, be sure to "Recalculate" the claim before Approving.

Section VI: <u>Claim Reports</u>

Under "Administrative Claiming" and "Reports," click on the report you wish to view. Each report is run by clicking "View in Excel" or "View as PDF" and can be saved. To return back to the list of reports, click "Back to Reports."

Claim Summary Report: Use the dropdown menus to select the MAC Contractor, year, and quarter you wish to view. This report can be viewed as a PDF.

Claim Summary Report

MAC Contractor :	Tribal Government :
WA-TRIBES ▾	Example Tribal Council ▾

Year :	Quarter :
2015 ▾	Fourth Quarter ▾

View As PDF | Back to Reports

Sample report:

Quarterly Claim Calculation Summary Report

Claim Year:	2015	**Print Date:**	06/22/2015
Claim Quarter:	4		
MAC Contractor:	Federally Recognized Tribes		
Tribal Government:	Example Tribal Council		
HCA MAC Contract #:	7835		

1	**Indirect Cost Rate**	10.00%
2	**Medicaid Eligibility Rate**	39.58%

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	$21,639.78
4	SUM OF QUARTERLY MATERIAL AND SUPPLIES COSTS AND ADMINISTRATIVE STAFF COSTS	$26,000.00
5	ADJUSTED QUARTERLY MATERIAL AND SUPPLIES COSTS AND ADMINISTRATIVE STAFF COSTS	$10,290.80
6	INDIRECT COSTS	$3,193.06
7	SUM OF QUARTERLY CONSULTANT SERVICES COSTS	$1,000.00
8	ADJUSTED QUARTERLY CONSULTANT SERVICES COSTS	$395.80
9	SUM OF QUARTERLY SUBCONTRACTED INTERPRETER SERVICES COSTS	$0.00
10	ADJUSTED QUARTERLY SUBCONTRACTED INTERPRETER SERVICES COSTS	$0.00
11	SUBTOTAL GROSS CLAIM AMOUNT	$0.00
12	INDIRECT COSTS	$0.00
13	TOTAL GROSS CLAIM AMOUNT FOR OUTREACH AND LINKAGE PAID AT 50% FFP	$35,519.43
14	TOTAL NET CLAIM AMOUNT FOR OUTREACH AND LINKAGE PAID AT 50% FFP	$17,759.72
15	TOTAL GROSS CLAIM AMOUNT FOR INTERPRETER SERVICES PAID AT 50% FFP	$0.00
16	TOTAL NET CLAIM AMOUNT FOR INTERPRETER SERVICES PAID AT 50% FFP	$0.00
17	SUM TOTAL GROSS CLAIM AMOUNT	$35,519.43
18	SUM TOTAL NET CLAIM AMOUNT	$17,759.72

_____

Claim Calculation Detail Report: Change the MAC Contractor, year, and quarter.
This report can be viewed as a PDF.

Claim Calculation Detail Report

MAC Contractor :	Tribal Government :
WA-TRIBES ▾	Example Tribal Council ▾
Year :	Quarter :
2015 ▾	Fourth Quarter ▾

View As PDF | Back to Reports

Sample report:

Claim Year:	2015	**Run Date:** 06/22/2015
Claim Quarter:	4	
MAC Contractor:	Federally Recognized Tribes	
Tribal Government:	Example Tribal Council	
HCA MAC Contract #:	7835	

WA-TRIBES Claim Calculation Report

Admin Cost Pool	Activity Code	Percent Of Time Spent On Activity	Total Cost Pool Costs Amount	Medicaid Eligibility Rate (MER)	General Administration Factor	Amount Of Total Cost Pool Costs	Subtotal Gross Claim Amount
1	1a	0.00	$231,484.87	N/A	N/A	$0.00	N/A
1	1b	0.26	$231,484.87	N/A	N/A	$601.86	$601.86
1	2a	1.30	$231,484.87	N/A	N/A	$3,009.30	N/A
1	2b	1.95	$231,484.87	N/A	N/A	$4,513.95	$4,513.95
1	3	10.77	$231,484.87	N/A	N/A	$24,930.92	N/A
1	4	24.77	$231,484.87	N/A	N/A	$57,338.80	N/A
1	5a	2.08	$231,484.87	N/A	N/A	$4,814.89	N/A
1	5b	0.00	$231,484.87	39.58	N/A	$0.00	$0.00
1	6a	0.13	$231,484.87	N/A	N/A	$300.93	N/A
1	6b	0.00	$231,484.87	39.58	N/A	$0.00	N/A
1	7a	1.56	$231,484.87	N/A	N/A	$3,611.16	N/A
1	7b	0.00	$231,484.87	39.58	N/A	$0.00	$0.00
1	8a	2.98	$231,484.87	N/A	N/A	$6,898.25	N/A
1	8b	0.00	$231,484.87	39.58	N/A	$0.00	$0.00
1	9a	4.28	$231,484.87	N/A	N/A	$9,907.55	N/A
1	9b	8.17	$231,484.87	39.58	N/A	$18,912.31	$7,485.49
1	10	41.76	$231,484.87	N/A	9.35	$96,668.08	$9,038.47
Totals :		100.01				$231,508.02	$21,639.78

Page 1 of 1

_____

_____

Cost Pool Calculation Report: Change the MAC Contractor, year, and quarter. This
report can be opened as a PDF or in Excel.

Cost Pool Calculation Report

MAC Contractor :	Tribal Government :
WA-TRIBES ▾	Example Tribal Council ▾
Year :	Quarter :
2015 ▾	Fourth Quarter ▾

View As PDF | View As Excel | Back to Reports

Sample report:

Cost Pool Calculation Report

Claim Year:	2015	**User Id:** QuileutE	**Print Date:**	06/22/2015
Claim Quarter:	4	**Environment:** QA		
MAC Contractor:	Federally Recognized Tribes	**Is Data Scrambled:** No		
Tribal Government:	Example Tribal Council			
HCA MAC Contract #:	7835			

Grand Total:	$231,484.87	**Average Cost Per FTE:** $15,432.32
Total Subcontracted Interpreter Services Costs:	$0.00	

Participant Last Name	Participant First Name	Participant Unique ID	Job Pos Code	Job Position Description Title	Job Position Federally Funded %	Quarterly Salary Amount	Salary Reduced by Federally Funded %	Quarterly Employer Paid Fringe Benefit Amount	Employer Paid Benefits Reduced by Federally Funded %	Employer Paid Tot Salary + Benefits Reduced by Federally Funded %
Avenue	Amy	UMMS26044	1	Receptionist	0.00%	$15,085.00	$15,085.00	$1,250.00	$1,250.00	$16,335.00
Boulevard	Linda	UMMS26045	1	Clinic Nurse	0.00%	$14,550.00	$14,550.00	$1,850.00	$1,850.00	$16,400.00
Circle	Sara	UMMS26054	1	Billing Manager	0.00%	$16,525.88	$16,525.88	$1,932.50	$1,932.50	$18,458.38
City	Jean	UMMS26046	1	Physician Assistant	0.00%	$18,325.22	$18,325.22	$1,250.00	$1,250.00	$19,575.22
Drive	Peter	UMMS26059	1	Health Administrator	0.00%	$20,652.34	$20,652.34	$790.88	$790.88	$21,443.22
Highway	Susan	UMMS26056	1	Dental Assistant	0.00%	$10,322.58	$10,322.58	$1,635.50	$1,635.50	$11,958.08
Lane	Yvette	UMMS26048	1	Chemical Health Representative/CHR	0.00%	$11,209.85	$11,209.85	$1,250.00	$1,250.00	$12,459.85

Page 1 of 2

A19 Form: Use the dropdown menus to select the MAC Contractor, year, and quarter
you wish to view. This report can be viewed in Excel.

Sample report:

FORM **A19-1A** (REV. 6/95)	STATE OF WASHINGTON **INVOICE VOUCHER**	AGENCY USE ONLY		
		AGENCY NO.	**LOCATION CODE**	**P.R. OR AUTH NO.**
AGENCY NAME		1070		1262-51586

Health Care Authority
Health Care Services
Medicaid Outreach Unit
PO Box 45530
Olympia WA 98504-5530

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 herin 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

VENDOR OR CLAIMANT

Example Tribal Council
100 Washington Street
Example, WA 99854

BY _____
(SIGN IN INK)

(TITLE) _____ (DATE) _____

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.)   RECEIVED BY   DATE RECEIVED

DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE
	For services rendered in performance under					
	Contract Number: 1262-51586					
	Period of Service: April - June 2015					
	Total Outreach & Linkage T19 Claimable Cost				$35,519.43	
	FFP Claimed at Match Rate 50%				$17,759.72	
				Total Claimable	$35,519.43	
				Total FFP	$17,759.72	

As the Designated Authorizing Representative: I certify the expended amount shown on this A19 invoice is accurate, valid, and represents expenditures eligible for federal financial participation (FFP) in accordance 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.

PREPARED BY		TELEPHONE NUMBER		DATE		AGENCY APPROVAL		DATE
DOC. DATE	PMT DUE DATE	CURRENT DOC. NO. HZ	REF DOC. NO.		VENDOR NUMBER		USE TAX	UBI NUMBER

ACCOUNT NUMBER 30 CHARS	VENDOR MESSAGE 25 CHARS
April - June 2015	Other Admin Claiming

TRANS CODE	FUND	MASTER INDEX APPN INDEX	MASTER INDEX PROGRAM INDEX	SUB OBJ	SUB SUB OBJ	ORG INDEX	ALLOC	MOS	PROJ	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE DATE	INVOICE # 30 CHARS
	001		A0912	ER	7330	A7V0	5156		8AM	5	15	86	$17,759.72		Contract # 1262-51586

ACCOUNTING APPROVAL FOR PAYMENT	DATE	WARRANT TOTAL	WARRANT NUMBER
		$17,759.72	