# The Medicaid Administrative Claiming Program "MAC"

## New Participant Training

### REV. November 2019

# Discussion Topics

- URMTS, Welcome Email, & Online Training

- Overview of the MAC Program

- The Time Survey Activity Codes

- Responding to a Random Moment

# URMTS & Welcome Email

- URMTS (https://wsalpho.hfa3.org) is the online resource for completing your moments, responding to clarifying questions, and finding training resources.

- New participants receive a Welcome Email as soon as their RMTS record is created. It includes instructions on how to login and to complete online training.

- If you have not received your Welcome Email, please let your coordinator know.

# Online Training

- In addition to this training, new participants are required to take an online training on URMTS to review how to complete the RMTS form using the website.

- To access online training, login to URMTS, and click on Trainings.

- Review the assigned trainings and click the certification statement and then submit.
  - **Note:** Depending on your browser, you may need to scroll to the bottom of the page to see the certification.

# What is MAC?

The purpose of the LHJ's Medicaid administrative claiming (MAC) program is to assist the State Health Care Authority (HCA) in the efficient 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.

# What is MAC?

The LHJ MAC program benefits the Medicaid program because:

- it increases cost effectiveness – health conditions are identified early,

- individuals get to the right service at the right time; and services are accessible.

# Overview of MAC Activities

## Allowable

Activities that are allowable as MAC include:

- Outreach or application assistance for a Medicaid-covered program

- Referral, coordination and monitoring of a Medicaid-covered service

- Program planning and interagency coordination related to a Medicaid program

## Non Allowable

Activities that are <u>not</u> 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

# What is the RMTS?

- The Random Moment Time Survey (RMTS) is a sampling method used to determine the portion of time staff spend on allowable MAC activities.

- Most LHJs are grouped to create a consortium.  Moments are spread  among all LHJ participants in the consortium. The RMTS is made up 2,761 moments per quarter.

- Other LHJs, such as PHSKC, are a standalone RMTS and are not grouped with other LHJs.

- RMTS results are used by all consortium members—your responses will affect other programs/LHJs that are in your consortium.

# What is a Random Moment?

- Random moments (RMTS) are delivered to your email address at the time of the moment. There is no advance notification.

- Email notifications will include a link to the online RMTS form, where you will record your response.

- Participants receive about 35-50 moments a quarter, depending on the number of participants in your consortium.

# Responding to a Random Moment

Writing Activity Descriptions
Selecting an Activity Code
Clarifying Questions

# Writing Activity Descriptions

You will write a concise narrative that specifically describes what you were doing at the time of your random moment.

- Use the following format: "*what*" I was doing, "*who*" was I with" and "*why*" I was doing it.

- Describe your activity <u>at the single moment.</u>

- **Do not** summarize a whole meeting, home visit, or an event.

See the "Writing Good Activity Descriptions" handout for tips.

# Writing the Who, What, and Why

- Talking with a person recently diagnosed with a communicable disease. Specifically, discussing recommended measures to prevent the spread of disease. (Code 4-Non-Medicaid Other Program Activities)

- In the car, driving to the adult family home to do a case management home visit to an Alzheimer's patient with pulmonary TB in order to assess her tolerance to treatment. (Code 5-Direct Medical Services)

Remember to follow the format: *"what"* I was doing, *"who"* was I with" and *"why"* I was doing it.

# Writing the Who, What, and Why

- Informing client about pregnancy Medicaid benefits in order to encourage her to apply. (Code 1b-Medicaid Outreach)

- On the phone with specialist's office, coordinating the surgery dates for a child with special health care needs to ensure they receive adequate care. (Code 10b- Referral, Coordination and Monitoring of Medicaid Services)

> Remember to follow the format: "*what*" I was doing, "*who*" was I with" and "*why*" I was doing it.

# Tips for Writing Activity Descriptions

**Be specific:**

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

# The Importance of "Why" in Narratives

## Not so good

**Narrative:** *I was reviewing the electronic medical record of a person with hepatitis C.*

- The purpose or the "why" isn't clear in this activity. Without knowing why the writer was reviewing the record, it's unclear what code should be selected.

## Better

**Narrative:** *I was reviewing the electronic medical record of a person with hepatitis C so that I could determine what medical service to refer them to.*

- Adding the reason the writer was reviewing the record makes it clear that this could be coded to 10b-Referral, Coordination and Monitoring of Medicaid Services.

**Remember**: Include *"what"* I was doing, *"who"* was I with" and *"why"* I was doing it when writing a narrative.

# Selecting an Activity Code

- Select the activity code that best reflects the description of what you were doing.

- When selecting an activity code for your random moment, the focus is on the *activity* you were performing, **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 select align with your written description?

- Is it clear why one activity code was selected instead of another?

**Note**: "a" activity codes must link to non-Medicaid activities and "b" activity codes must link to Medicaid activities.

# The Time Survey Activity Codes

What's in an RMTS Activity Code?

Outreach Activities

Other Program Activities & Direct Medical Services

Linkage Activities

Remaining Activities

# What's in an RMTS Activity Code?

- Each activity code includes a definition and examples.

- The activity codes also include all directly related <u>clerical work</u>, <u>correspondence</u>, and <u>travel</u>.

**Handouts**: Refer to the *MAC Activity Code Descriptions* and the *RMTS Code Quick Reference* guides for more detail.

# Washington State Health Care Authority

## Outreach and Facilitating Applications Activities
### Codes 1, 2, and 3

# What are Outreach & Application Activities?

**Code 1**

- Outreach activities <u>inform</u> eligible or potentially eligible individuals about available programs and services and what they cover, and <u>encourage</u> them to apply.

**Code 2**

- <u>Outreach to service providers</u> to encourage them to accept underserved patients or clients into care/services.

**Code 3**

- Facilitating application activities assists individuals in <u>applying for benefits</u>, or to enroll in programs and services.

# Code 1a: 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.

- Written and oral methods may be used.

**Examples of non-Medicaid programs and services:**

- Food stamps/SNAP

- Housing programs

- Breast and Cervical Health Program (BCHP)

- Children with Special Health Care Needs (CSHCN)

- Social, legal, and education services

# Code 1b: 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.

# Outreach Examples

- Working to produce a food resource list to distribute at farmer's markets to provide information about these resources to the public.  (Code 1a)

- Sending letter to pregnant client about available Medicaid services and how to access them. (Code 1b)

- Meeting with a local dental hygiene professor about ways we could possibly jointly reach out to potential families who could benefit from ABCD services. (Code 1b)

- Travel to a high school to speak with school nurse about Nurse Family Partnership program in order to inform students about this program. (Code 1a)

# Code 2a: 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 <u>to accept underserved clients</u> into their services.

- It is **not** about increasing provider participation in non-Medicaid programs.  (Code 8a would be used for this activity.)

# Code 2b: 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 <u>already</u> enrolled as providers of Medicaid services to accept more Medicaid patients.

- Code 2b is <u>not</u> about encouraging medical providers to enroll as Medicaid providers. (Code 8b would be used for this activity.)

# Code 3a: Facilitating Applications

- **Code 3a: Facilitating Applications for Non-Medicaid Programs** is assisting individuals to apply for non-Medicaid programs. Examples: explaining eligibility rules and the eligibility process; 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
- Early Intervention Program (EIP) for persons with HIV/AIDS

# Code 3b: Facilitating Applications

- **Code 3b:  Facilitating Applications for Medicaid Programs** are activities that assist individuals and families to apply for/enroll in Washington Apple Health (Medicaid) and expanded Medicaid plans.

- 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: Clerical Work and Travel

Remember that the outreach activity codes <u>include</u> 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-Non Medicaid Outreach)

- *Traveling to* an outreach event to present information about Apple Health (Medicaid) benefits for children. (Code 1b-Medicaid Outreach)

- *Emailing* a co-worker to answer her question about completing a SNAP application. (Code 3a Facilitating Applications for Non-Medicaid Programs)

- *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-Facilitating Applications for Medicaid Programs)

# 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 because both include direct care/direct service activities.

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 includes the administrative tasks that support these activities.

**Examples:**
- Public health information/education and health and wellness activities.
- 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.

- These services can 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 <u>integral to or an extension</u> of the healthcare service.

- **Examples**:

  - Patient follow up
  - Patient assessment
  - Counseling
  - Patient education or consultation
  - Charting

  - Billing activities
  - Patient registration, scheduling, and follow up
  - Quality assurance and monitoring
  - Other physician extender activities

**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 <u>any</u> individual, not just those enrolled in Medicaid.

## Code 10

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

## Code 6 and 7

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

> **Remember:** You do not need to know the Medicaid status of an individual to use any of the linkage activity codes. Rather, focus on the activity you were performing.

# Code 6a: 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 <u>assisting</u> an individual to <u>obtain</u> transportation. It <u>does not</u> include providing the transportation. Providing transportation is reported to Code 4 (Non-Medicaid Other Programs).

# Code 6b: Arranging Transportation

- **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.

# Code 7: Interpretation Activities

**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**

- Includes making referrals for, coordinating, following up or monitoring <u>non-Medicaid services</u> or providing administrative support related to these activities.

- Use this activity code when linking callers, walk-ins, or clients to non-Medicaid 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.

# Linkage Examples

- I was emailing a list of low income housing options to an NFP client who is at risk of becoming homeless. (Code 10a)

- Searching for contact information on a partner of a syphilis patient so I can link the contact to medical care. (Code 10b)

- Helping a client to make a transportation appointment to get to her mammogram. (Code 6b)

**Remember:** When using these activity codes, remember that the focus is <u>not</u> on the Medicaid eligibility status of the individual. The focus is on <u>the type of service</u> that is the purpose of the activity.

# Reminder: Direct Medical Services and MAC Linkage Activities

- Referral and linkage activities that are an <u>integral/routine</u> part of a direct medical service or referrals for specialty care done as routine follow up to a patient visit **are not code 10b and should be coded to code 5.**

**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 ID
## (for LHJs that use a Client Identifier)

- LHJs have the option of entering a client ID when selecting Code 6b, 7b, 7d, or 10b to describe a random moment, and the activity is for or on behalf of an individual who is a client of the agency.

- The client ID is needed in order to calculate a client-specific 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 whether your LHJ uses the client ID and what you should use for the ID (e.g., a case number from one or more specific databases in your LHJ).

Washington State
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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

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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 8a: 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.

**Note**: 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 8b: 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.

**Note:** To use Code 8b, there must be a link to a <u>Medicaid-covered service,</u> even if the target population is both Medicaid and non-Medicaid clients.

# Examples

- Project team meeting for Environmental Health Marine Recovery Act project discussing communication goals to improve water quality and health among low-income residents. (Code 8a)

- Attending the Washington State annual immunization summit off-site. Presently listening to a presentation about applying equity principles to the native American population to increase immunization rates in this population. (Code 8b)

**Washington State Health Care Authority**

**Training**
Code 9

# Code 9: Training Activities

- Training activities include coordinating, conducting or participating in training events regarding the 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.

**Handout:** See the "Training Guidance" for additional information and examples.

# Code 9a: 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 enhances a participant's skills in delivering a direct service.  These trainings would be assigned to Code 4 or Code 5.

# Code 9b: 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 4 or code 5 activity.

> **Reminder:** Completing your RMTS training would be coded to 9b.

# A Note on Training

- Training activities may fall under several activity codes, depending on the purpose of the training. Code 9a and 9b are used specifically for training around Non-Medicaid or Medicaid programs and benefits.

- Training activity may also be coded to:
  - Code 4 or 5: Training related to providing direct services.
  - Code 13b: Training related to the <u>administration</u> of the MAC program.
  - Code 14: Training required for all employees or required to maintain licensure.

- Refer to the handout "Training Activities Guidance" for details and specific examples.

**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 11a: 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 WAIIS on a child's non-Medicaid vaccination history as requested by outside providers or parents.

  - Training outside medical providers to use WAIIS 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 11b: 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 Childhood Vaccine Program (CVP) Program (formerly known as the VFC program); assisting with initial and annual enrollment.
  - Adding and editing information in WAIIS about children's Medicaid covered vaccinations; retrieving this information requested by parents and outside providers.
  - Monitoring activities related to the Medicaid Pediatric Immunization (Childhood Vaccine Program) program that are directed by the Department of Health.

# Examples

- Responding to an email from a local Medicaid pediatric immunization provider's office regarding vaccine inventory questions in WAIIS and answering the question on how they might best find the solution in WAIIS. (Code 11b)

- Talking to the nurse at a Medicaid Pediatric Provider's Clinic where I am conducting a scheduled CVP compliance Provider Site Visit today about her certificate of calibration for her refrigerator which is a part of the CVP compliance site visit. (Code 11b)

**Washington State Health Care Authority**

## 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 <u>and training</u> are part of these activity codes.

# Code 13a: 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, SNAP-Ed or other non-Medicaid 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 13b: 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.

**Washington State Health Care Authority**

**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 another MAC activity code.

- Flex time can be reported to Code 14 or Code 16, depending on how it is recorded in an agency's payroll system.

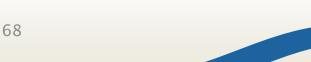Your RMTS coordinator will explain how to code flex time.

# Code 14: General Administration

- **Code 14: General Administration** is for activities that:
  - Are <u>not</u> specific to any identified function or MAC activity code, 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.

# Code 14 Examples

- Restarting computer after power outage.

- Accepting by email an invitation from administration to attend a management level orientation at DOH.

- Approving a staff leave request.

- Completing required HIPAA training.

# Code 14: General Administration

Email and Voicemail Activity:

- If you are reviewing or responding to a email at the time of your random moment, please describe the content or purpose of the specific email.

- Code 14 should <u>only</u> be used when the participant is triaging or organizing emails.

# Email & Voicemail Activities Examples

**Not so good**

- Listening to a voicemail from a client.

- Reading email.

- Checking email.

**Better**

- Listening to a voicemail from a client wanting to confirm their WIC appointment time. (Code 4)

- Reading email from my manager regarding my leave request. (Code 14)

- Checking email after long weekend so I can see what I need to answer first. (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

**Remember:** When writing your narrative, be sure to be clear if the time is paid or unpaid time.

# 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.

# The Life of a Moment

Participant responds to moment within 5 business days.

Code reviewer approves moment, revises code, or asks a clarifying question.

Participant is notified of clarifying question or if code is revised.

If needed, participant responds to clarifying question and code reviewer makes final determination.

A random 10% sample of moments are reviewed by WSALPHO's contractor. Suggestions are made and the RMTS coordinator may make additional corrections.

Moments are final and RMTS results are generated.

# Reminders

- Avoid acronyms in your RMTS narratives.

- Describe a single moment and focus on a specific activity.

- Remember to include the purpose or "why" you were doing the activity.

- Moments must be completed within 5 business days to be considered valid.

  – Respond to **all** moments, even if they are expired. If you are on leave, respond to all moments when you return.

  – If a moment is expired, the RMTS form will only allow you to choose from paid, unpaid time off or code 99 (invalid).

- Clarifying questions should be answered as soon as possible.

# Training Documents

- All handouts, including the complete list of activity codes, referenced in this training can be found by logging into URMTS (https://wsalpho.hfa3.org)

- Click on "Documents". Then select the "Training" tab.

- **Handouts**:
  - MAC Activity Code Descriptions
  - Activity Code Quick Reference Guides
  - Writing Good Activity Descriptions
  - Training Activities Guidance
  - Work Leave

# Program Guides

- Program Guides with specific information for each program including examples, are also located in the Documents section of URMTS.

- Review any guides that are applicable to the work you do. The guides currently available are:
    – Communicable Diseases
    – WIC
    – MSS/ICM
    – OST
    – Grants and Contract Activities
    – Foundational Public Health
    – Home visiting