

Medicaid Administrative Claiming Activity Codes

Summary of Activity Codes

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Code 99	Working and did not respond (Moment expired). These moments are considered invalid.

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Activity Code Descriptions

Code 1a NON-MEDICAID OUTREACH

Activities that inform individuals and families about social services, legal, education, or other services not covered by Medicaid; such activities may involve describing the range of benefits covered under these programs, how to access them, and how to obtain them. Both written and oral methods may be used. This includes related clerical work, correspondence, and travel.

Examples:

1. Conducting outreach campaigns that encourage people to access social, educational, legal, or other services not covered by Medicaid.
2. Providing outreach to potentially eligible individuals, families and communities regarding the availability of non-Medicaid programs.
3. Identifying and/or contacting medically at risk individuals about available non-Medicaid services and their benefits.
4. Informing individuals and families about the benefits and availability of non-Medicaid programs and services, such as the Breast, Cervical and Colon Cancer Health program; TANF; SNAP (food stamps); Women, Infants, and Children (WIC); Medicare: Head Start; legal aid; housing jobs; child care; food or clothing assistance; and encouraging them to apply and access the services and resources covered by these programs.
5. Providing information regarding non-Medicaid health insurance programs. Includes troubleshooting around eligibility and benefits of non-Medicaid health insurance on behalf of high-risk clients.
6. Encouraging individuals and families to access non-Medicaid prevention-based health and wellness services.
7. Coordinating arrangements for interpreter services for non-Medicaid outreach activities. Coordinating arrangements for interpreter services for Medicaid outreach activities by an interpreter not qualified by the State.
8. Maintaining and distributing educational materials and information about non-Medicaid programs and services, including information about their benefits, eligibility, and availability for display and/or distribution in the LHJ or the community.
9. Receiving and disseminating updates on eligibility for non-Medicaid programs.

Code 1b MEDICAID OUTREACH

Activities that inform eligible or potentially eligible individuals about Medicaid and how to access the program; such activities include bringing potential eligibles into the Medicaid system for the purpose of the eligibility process. Both written and oral methods may be used. This includes related clerical work, correspondence, and travel.

Examples:

1. Conducting outreach campaigns that encourage people to access health services covered by Medicaid.
2. Providing outreach to potentially eligible individuals, families and communities regarding the availability of Medicaid coverage.
3. Identifying and/or contacting medically at risk individuals about available Medicaid services and their benefits.
4. Informing eligible and potentially eligible individuals about the benefits of Medicaid programs and covered services such as First Steps, EPSDT, ABCD and encouraging them to apply and access services covered by these programs.

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5. Providing information regarding Medicaid managed care programs , and other health plans. Includes providing information about how to access Medicaid benefits not covered under these programs and troubleshooting around Medicaid eligibility and Medicaid benefits on behalf of high-risk clients.
6. Encouraging individuals and families to access Medicaid prevention-based health and wellness services.
7. Coordinating arrangements for interpreter services provided by an interpreter who has complied with the DSHS Language Testing and Certification Program requirements for Medicaid outreach activities.
8. Maintaining and distributing educational materials and information about Medicaid programs and services, including information about their benefits, eligibility, and availability for display and/or distribution in the LHJ or the community.
9. Receiving and disseminating updates on eligibility for Medicaid programs.

Code 2a OUTREACH TO NON-MEDICAID PROVIDERS TO ACCEPT UNDERSERVED CLIENTS

Targeted outreach activities that encourage non-Medicaid and/or non-medical providers to accept underserved clients into their services. This includes related clerical work, correspondence, and travel.

Use the non-Medicaid program planning code (Code 8a) when working with other agencies to increase provider participation in non-Medicaid programs.

Code 2b OUTREACH TO MEDICAID PROVIDERS TO ACCEPT MEDICAID PATIENTS

Targeted outreach activities that encourage Medicaid providers to accept Medicaid beneficiaries into their care (encouraging dentists to accept Medicaid children as their patients, for example). This includes related clerical work, correspondence, and travel.

Use the Medicaid program planning code (Code 8b) when working with other agencies to increase provider participation in the Medicaid program.

Code 3a FACILITATING APPLICATIONS FOR NON-MEDICAID PROGRAMS

Activities that assist individuals and families in applying for non-Medicaid programs such as Temporary Assistance for Needy Families (TANF); food stamps; Women, Infants, and Children (WIC); day care; legal aid; and other social or educational programs and referring them to the appropriate agency to make application. This includes related clerical work, correspondence, and travel.

Examples:

1. Explaining eligibility rules and the eligibility process for non-Medicaid programs to prospective applicants.
2. Assisting individuals and families collecting and/or gathering information for non-Medicaid program applications such as TANF, SNAP, WIC, SSI, and the EIP program for persons with HIV/AIDS.
3. Providing necessary forms and assisting individuals and families in completing an application for non- Medicaid services, including necessary translation activities.
4. Packaging all forms needed to submit an application for a non-Medicaid program, and assisting the individual to submit the application.
5. Assisting individuals in the application process for non-Medicaid services.
6. Following up or verifying initial and continuing eligibility for non-Medicaid programs.
7. Receiving and disseminating updates on eligibility for non-Medicaid programs.

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Code 3b FACILITATING APPLICATIONS FOR MEDICAID PROGRAMS

Activities that assist individuals and families in the Medicaid eligibility process. This includes related clerical work, correspondence, and travel. *This activity does not include the actual determination of Medicaid eligibility.*

Examples:

1. Explaining Medicaid eligibility rules and the eligibility process for Medicaid programs to prospective applicants.
2. Assisting individuals and families collecting and/or gathering information needed to submit a Medicaid application, including resource information and third party liability (TPL) information.
3. Providing necessary forms and assisting individuals and families to complete a Medicaid application.
4. Packaging all forms needed to submit an application for a Medicaid program, and assisting the individual to submit the application.
5. Referring an individual and/or family to an In Person Assister or Navigator for assistance with a Medicaid application.
6. Following up or verifying initial and continuing eligibility for Medicaid programs.
7. Receiving and disseminating updates on eligibility for Medicaid programs.

Code 4 NON-MEDICAID OTHER PROGRAM ACTIVITIES

Performing non-medical or non-Medicaid related service activities such as public health information, employment, job training, teaching, and social services that are not Medicaid related. Includes working on projects or programs that are unrelated to the administration of the Medicaid program. This includes related clerical work, correspondence, and travel.

Examples:

1. Conducting public health education activities.
2. Teaching parent education, first aid or CPR classes in the community.
3. Purchasing food, clothing or other supplies for a client.
4. Investigating or reporting communicable diseases and conducting infection control activities. Includes mandated surveillance reports required by the State or the Center for Disease Control and Prevention.
5. Performing direct services related to the WIC program – issuing checks, certification appointments, weighing and measuring infants and children, conducting breastfeeding or nutrition education, etc.
6. Teaching individuals and their family members about ways to improve or maintain their health status (e.g., nutrition, physical activity weight reduction).
7. Implementing IDEA-related requirements for the Individualized Family Service Plan (IFSP), which includes ensuring annual and other necessary reviews of the IFSP are conducted, parental sign offs are obtained, and actual IFSP meetings with the child's family are scheduled and held.
8. Planning and implementing educational goals of an IFSP.
9. Preparing for or conducting oral hygiene education or dental screenings, such as the screenings that are part of the Smile Survey.
10. Responding to requests for or processing vital records.
11. Preparing for and attending court appearances and any court-related activity.
12. Preparing for and participating in car passenger safety programs.
13. Transporting clients to services.

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Code 5 DIRECT MEDICAL SERVICES

Providing direct client care, treatment, education, and/or counseling services to an individual. This includes immunizations and administrative activities that are an integral part of or extension of a Medicaid service (e.g., patient follow-up, developmental assessments, and billing activities). This includes related clerical work, scheduling activities, charting, correspondence, and travel.

Examples:

1. Developing a plan of care if part of a Medicaid service.
2. Providing Medicaid covered direct clinical and treatment services, such as First Steps (MSS or ICM), Directly Observed Therapy, and other direct medical care.
3. Providing MSS or ICM services when the enrolled MSS or ICM client is out of billable units.
4. Administering first aid, injections, or medication to an individual.
5. Completing developmental assessments.
6. Providing Targeted Case Management (if covered as a medical service under Medicaid).
7. Assisting clients to complete a Take Charge application, when the LHJ is a Take Charge provider.
8. Testing for communicable disease.
9. Providing family planning services.
10. Administering immunizations, including travel-related vaccines.
11. Performing vaccine ordering and storage activities related to the administration of the LHJs' own immunization program – tracking vaccine inventory, monitoring refrigeration temperature logs, etc.

Code 6a ARRANGING TRANSPORTATION FOR NON-MEDICAID SERVICES

Assisting individuals and families in obtaining transportation to services not covered by Medicaid, or accompanying the client(s) to services not covered by Medicaid. This includes related clerical work, correspondence, and travel.

Example:

1. Scheduling or arranging transportation to social, vocational, and/or educational programs and activities.

Code 6b ARRANGING TRANSPORTATION FOR MEDICAID SERVICES

Assisting individuals and families in obtaining transportation to services covered by Medicaid. This does not include the provision of the actual transportation service or the direct costs of the transportation (bus fare, taxi fare, etc.), but rather the administrative activities involved in obtaining transportation. This includes related clerical work, correspondence, and travel.

Example:

1. Scheduling or arranging transportation to Medicaid covered services.

Code 7a INTERPRETATION FOR NON-MEDICAID SERVICES FOR ADULTS

Arranging for or providing translation or interpreter services as part of non-Medicaid service. This includes related clerical work, correspondence, and travel.

Example:

1. Arranging for interpreter services (oral or signing) that assists adults to access and understand social, educational, and vocational services, or providing these services as part of the delivery of a non-Medicaid service.

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Code 7b INTERPRETATION FOR MEDICAID SERVICES FOR ADULTS

Arranging for or providing translation or interpretation services (oral and signing) for adults as part of a Medicaid service. This includes related clerical work, correspondence, and travel. **NOTE:** *Employees of or interpreters under contract to the LHJ may only use Codes 7a-7d if they comply with the DSHS Language Testing and Certification Program requirements.*

Example:

1. Arranging for interpreter services by a State-qualified interpreter that assist adults to access and understand necessary care or treatment covered by Medicaid, or providing these services as part of the delivery of a Medicaid-covered service.

Code 7c INTERPRETATION FOR NON-MEDICAID SERVICES FOR CHILDREN UNDER 21 YEARS

Arranging for or providing translation or interpreter services as part of non-Medicaid service or providing these services as part of the delivery of a non-Medicaid service. This includes related clerical work, correspondence, and travel.

Example:

1. Arranging for or providing translation or interpreter services (oral or signing) that assist children under 21 years to access and understand social, educational, and vocational services, or providing these services as part of the delivery of a non-Medicaid service.

Code 7d INTERPRETATION FOR MEDICAID SERVICES FOR CHILDREN UNDER 21 YEARS

Arranging for or providing translation or interpretation services (oral and signing) for children under 21 as part of a Medicaid service. This includes related clerical work, correspondence, and travel. **NOTE:** *Employees of or interpreters under contract to the LHJ may only use Codes 7a-7d if they comply with the DSHS Language Testing and Certification Program requirements*

Example:

1. Arranging for interpreter services by a State-qualified interpreter that assist children under 21 to access and understand necessary care or treatment covered by Medicaid, or providing these services as part of the delivery of a Medicaid-covered service.

Code 8a PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO NON-MEDICAL SERVICES

Activities associated with developing strategies to improve the coordination and delivery of non-medical services to individuals and families. Non-medical services may include social, educational, vocational, and legal services. **Employees whose position descriptions include program planning, policy development, and interagency coordination may use this code.** This includes related clerical work, correspondence, and travel.

Examples:

1. Identifying gaps or duplication of non-medical services such as social, vocational, educational, and state mandated general health care programs to individuals and families and developing strategies to improve the delivery and coordination of these services.
2. Developing strategies to assess or increase the capacity and cost-effectiveness of non-medical services.
3. Monitoring non-medical service delivery systems.
4. Developing procedures for tracking requests for assistance with non-medical services and the providers of such services.

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5. Evaluating the need for non-medical services in relation to specific populations or geographic areas, including analyzing data related to a specific program, population, or geographic area.
6. Working with other agencies providing non-medical services to improve the coordination and delivery of services and to improve collaboration around the early identification of non-medical problems.
7. Defining the relationship of each agency's non-medical services to one another.
8. Developing advisory or work groups of professionals to provide consultation and advice around the delivery of non-medical services to targeted populations.
9. Developing non-Medicaid referral sources such as directories of providers of non-medical services. Includes the development of web-based referral sources.
10. Coordinating with interagency committees to identify, promote, and develop non-medical services for targeted populations.
11. Working with other agencies and/or providers that provide non-medical services to expand access to specific populations.

Code 8b PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO MEDICAL SERVICES

Activities associated with the development of strategies to improve the coordination and delivery of medical, dental, and mental health services, and when performing collaborative activities with other agencies and/or providers.

Employees whose position descriptions include program planning, policy development, and interagency coordination may use this code. This code refers to activities such as planning and developing procedures to track requests for services; the actual tracking of requests for Medicaid services would be coded under Code 10b, Referral, Coordination and Monitoring of Medicaid Services. This includes related clerical work, correspondence, and travel.

Examples:

1. Identifying gaps or duplication of medical/dental mental health services such as outreach, medical, dental, mental health, substance abuse or family planning to individuals and families and developing strategies to improve the delivery and coordination of these services.
2. Developing strategies to assess or increase the capacity and cost-effectiveness of medical/dental mental health services.
3. Monitoring medical/dental/mental health service delivery systems.
4. Developing procedures for tracking individual and family requests for assistance with medical/dental/mental health services and the providers of such services, including Medicaid.
5. Evaluating the need for medical, dental, mental health, substance abuse or family planning services in relation to specific populations or geographic areas, including analyzing Medicaid data related to a specific program, population, or geographic area.
6. Working with other agencies or providers of medical/dental/mental health and family planning services to improve the coordination and delivery of services and to improve collaboration around the early identification of these issues.
7. Defining the relationship of each agency's Medicaid services to one another. Includes working with the Medicaid agency, Medicaid managed care plans, and other Medicaid providers to make good faith effort to locate, promote and develop EPSDT health services referral relationships.

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8. Developing advisory or work groups of professionals to provide consultation and advice around the delivery of medical/dental/mental health services.
9. Developing medical referral sources, such as directories of Medicaid providers and managed care plans that provide services to targeted population groups; e.g., EPSDT children. Includes the development of web-based referral sources.
10. Coordinating with interagency committees to identify, promote, and develop Medicaid services for targeted populations.
11. Working with other agencies and/or providers that provide Medicaid services to expand access to specific populations; to increase provider participation by identifying, recruiting and promoting the enrollment of potential Medicaid providers; and to improve provider relations.

Code 9a NON-MEDICAL/NON-MEDICAID RELATED TRAINING

Coordinating, conducting, or participating in training events regarding the benefit of programs other than Medicaid. This includes related clerical work, correspondence, and travel.

Examples:

1. Participating in or coordinating training that improves the delivery of services for programs other than Medicaid.
2. Participating in or coordinating training that enhances early screening, identification, intervention, and referral of individuals and families to non-Medicaid services.
3. Participating in training on administrative requirements related to non-medical/non-Medicaid services.

Code 9b MEDICAL/MEDICAID RELATED TRAINING

Coordinating, conducting, or participating in training events regarding the benefits of Medicaid related services, and how to assist individuals and families to access such services and how to more effectively refer them for services. This includes related clerical work, correspondence, and travel.

Examples:

1. Participating in or coordinating training that improves the delivery of Medicaid covered services.
2. Participating in or coordinating training that enhances early screening, identification, intervention, and referral of individuals and families with special health needs to Medicaid covered services.
3. Participating in training on administrative requirements related to medical/Medicaid services.

Code 10a REFERRAL, COORDINATION, AND MONITORING OF NON-MEDICAID SERVICES

Making referrals for, coordinating, and monitoring the delivery of non-Medicaid services. This includes related clerical work, correspondence, and travel.

Examples:

1. Making referrals for and coordinating access to social and educational services such as childcare, employment, job training, and housing.
2. Gathering any information that may be required in advance of these referrals to services not covered by Medicaid.
3. Participating in a meeting or discussion to coordinate or review an individual's need for scholastic, vocational, and non-health related services not covered by Medicaid

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4. , including monitoring the non-medical components of an Individual Family Service Plan (IFSP), as appropriate. Providing follow-up contact to ensure that an individual has received needed non-Medicaid services.
5. Coordinating the delivery of community-based, non-Medicaid services for a child with special health care needs or with developmental delays.
6. Coordinating the completion of the prescribed services, termination of services, and the referral of an individual to other non-Medicaid service providers as may be required to provide continuity of care.
7. Providing information to other staff on the individual's related non-Medicaid services and plans.
8. Coordinating the provision of non-Medicaid services with other providers, as appropriate.

Code 10b REFERRAL, COORDINATION, AND MONITORING OF MEDICAID SERVICES

Making referrals for, coordinating, and monitoring the delivery of Medicaid covered services such as medical, dental, mental health, substance abuse, or family planning. This includes related clerical work, correspondence, and travel.

Activities that are an integral part of or an extension of a medical service or targeted case management (e.g., patient follow-up, assessment, counseling, education and/or consultation, and billing activities) must be reported under Code 5, Direct Medical Services.

Examples:

1. Making referrals for and coordinating medical, dental, mental health, substance abuse, or family planning services covered by Medicaid, including medical or physical examinations or necessary evaluations; and arranging for any Medicaid covered diagnostic or treatment services that may be required as the result of a specifically identified medical/dental/behavioral health condition.
2. Gathering any information that may be required in advance of these referrals to services covered by Medicaid.
3. Participating in a meeting or discussion to coordinate or review an individual's needs for health related services covered by Medicaid, including monitoring the medical components of an Individual Family Service Plan (IFSP), as appropriate.
4. Monitoring and evaluating the Medicaid components of an individual's ISFP as appropriate.
5. Providing follow-up contact to ensure that an individual has received prescribed Medicaid covered services.
6. Coordinating the delivery of community based medical/dental/behavioral health Medicaid services for a child with special health care needs.
7. Coordinating the completion of the prescribed services, termination of services, and the referral of an individual to other Medicaid service providers as may be required to provide continuity of care.
8. Providing information to other staff on the individual's related medical, dental, or mental health Medicaid services and plans.
9. Coordinating the provision of Medicaid services with other providers, including managed care plans, as appropriate.

Code 11a NON-MEDICAID PEDIATRIC IMMUNIZATION PROGRAM ACTIVITIES

Activities related to non-Medicaid Pediatric Immunization Programs. This includes related clerical work, correspondence, and travel.

Examples:

1. Retrieving information on the history of an individual's non-Medicaid covered vaccinations when requested by outside providers or parents.

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2. Reviewing non-Medicaid covered vaccination records to identify individuals who are due for scheduled immunizations, and sending out reminder notices.
3. Responding to other requests for information about non-Medicaid covered vaccinations.
4. Training outside medical providers on using the Washington Immunization Information System (WIIS) for vaccinations not covered by Medicaid.
5. Encouraging community medical providers to participate in non-Medicaid immunization programs.
6. Monitoring local supply of free non-Medicaid vaccines provided by federal government in response to a mass outbreak (H1N1, for example) to ensure vaccines are appropriately targeted.

Code 11b MEDICAID PEDIATRIC IMMUNIZATION PROGRAM ACTIVITIES

Activities related to the Medicaid Pediatric Immunization Program. This includes related clerical work, correspondence, and travel.

Examples:

1. Adding and editing information in the Washington Immunization Information System (WIIS) about a child's immunizations, including updating missing information on immunization history.
2. Retrieving information from WIIS on a child's vaccination history when requested by outside providers or parents.
3. Responding to other requests for information about Medicaid covered pediatric immunizations.
4. Training Medicaid pediatric immunization providers on using WIIS.
5. Encouraging community-based medical providers to participate in the Medicaid Pediatric Immunization (Vaccine for Children) Program, and assisting them with initial and annual enrollment
6. As directed by the Department of Health, monitoring local supply of Medicaid covered pediatric vaccines provided through the Vaccine for Children program to ensure medically appropriate vaccines are provided to all eligible children, monitor accountability of Medicaid pediatric immunization providers via site visits and review of reporting procedures; track vaccine distribution, and ongoing assessment of vaccine management practices.

Code 12a SPMP ACTIVITY NOT IN SUPPORT OF THE MEDICAID STATE PLAN

Only staff that meet the criteria for Skilled Professional Medical Personnel may use this code when their skilled professional medical education and training are required to perform the activity, and the activity is not related to the administration of the Medicaid State Plan. Includes assessing the need for or consulting with providers about the need for and/or adequacy of an individual's non-medical care and treatment. Includes related paperwork, travel, and training.

1. Clinical consultation with providers regarding best practices and adequacy of non-medical care.
2. Coordination of non- medical services for medically at-risk populations.
3. Case staffing on complex cases not requiring medical services.
4. Planning and coordination with local medical providers to facilitate earlier referrals and treatment for non-medical services for high-risk populations.
5. Providing medical consultation to the state on non-Medicaid topics.

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Code 12b SPMP ACTIVITY RELATED TO THE ADMINISTRATION OF THE MEDICAID STATE PLAN

Only staff that meet the criteria for Skilled Professional Medical Personnel may use this code when their skilled professional medical education and training are required to perform the activity, and the activity is in support of the Medicaid State Plan.

Medicaid providers must use Code 5 (Direct Medical Services) when performing any SPMP activity that is integral to or an extension of direct patient care, and reimbursed through the Medicaid program.

Use when skilled professional medical education and training is required to perform medically related activities in support of the Medicaid State Plan. Includes assessing the need for or consulting with Medicaid providers about the need for and/or adequacy of an individual's medical care and treatment. Includes related paperwork, travel, and training.

1. Clinical consultation with providers regarding best practices and adequacy of medical care.
2. Coordination of medical services for medically at-risk populations.
3. Case staffing on complex cases requiring medical services.
4. Planning and coordination with local medical providers to facilitate earlier referrals and treatment for high-risk populations.
5. Providing medical consultation to the State on the Medicaid State Plan.
6. Clinical strategies to improve rates for pediatric immunizations.

Code 13a COORDINATION, CLAIMS ADMINISTRATION, AND OVERSIGHT OF NON-MAC PROGRAMS

Reserved for use by the individuals designated by the LHJ to manage or coordinate components of non-MAC programs – the time surveys, invoicing, or overall program administration. Includes related clerical work, correspondence, travel and training

Examples:

1. Identifying staff to participate in time surveys for non-MAC programs.
2. Gathering data for preparing claims for grant-funded programs.
3. Ensuring that claims are submitted timely.
4. Monitoring compliance with grant requirements.

Code 13b COORDINATION, CLAIMS ADMINISTRATION, AND OVERSIGHT OF MAC PROGRAM

Reserved for use by the individuals designated by the LHJ to manage or coordinate components of the claiming unit's MAC program – the time surveys, invoicing, or overall program administration. Includes related clerical work, correspondence, travel and training.

Examples:

1. Identifying RMTS participants.
2. Reviewing participant coding for RMTS moments.
3. Gathering data for and preparing the MAC quarterly invoice and supporting documentation.
4. Ensuring that MAC invoices are submitted timely.
5. Monitoring compliance with MAC time survey participation and RMTS response rate , annual participant training and invoicing requirements.

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Code 14 GENERAL ADMINISTRATION

This code should be used by time study participants when performing activities that are not directly assignable to program activities. This includes related clerical work, correspondence, and travel. **Administrative functions that are included in the agency's indirect rate must not be reported to this code.**

Examples (these are typical activities but are not all inclusive):

1. Attending or facilitating agency or unit staff meetings, trainings, or board meetings.
2. Performing administrative or clerical activities related to general agency functions or operations.
3. Providing general supervision of staff, including supervision of interns or volunteers, and evaluation of employee performance.
4. Establishing goals and objectives of health-related programs as part of agency's annual or multi-year plan.
5. Reviewing agency procedures and rules.
6. Reviewing technical literature and research articles.
7. Other general administrative activities of a similar nature as listed above that cannot be specifically identified under other activity codes.
8. Taking paid breaks.
9. Developing and monitoring agency or program budgets.
10. Flex time when not recorded in the payroll system as either paid or unpaid time off, but rather as paid work time (usually used by an exempt employee).
11. Completing a random moment.

Code 15 Paid Time Off

Taking time off such as vacation, bereavement, paid sick leave, paid holiday time, or paid jury duty.

Code 16 Unpaid Time Off

Used when at unpaid lunch, not scheduled to work in the claiming unit, when working on a function or activity that is included in the agency's indirect rate, or when working in a federally funded program or other activity whose costs are not included in the MAC invoice. Also used for paid leave when the agency does NOT record paid leave as a discrete expense when taken. Flex time when recorded in the payroll as unpaid time off (usually used by non-exempt employees).

Code 99: Working and Did Not Respond. (Moment expired.) These moments are considered invalid.