Washington State Health Care Authority

Medicaid Administrative Claiming

Random Moment Time Study

Coordinator Manual

School Districts in Washington

January, 2016

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INTRODUCTION

This manual is intended to be used as a resource for school districts (SDs) in Washington, their staff who have been trained as Medicaid Administrative Claiming (MAC) Coordinators and backups for the Random Moment Time Study (RMTS). The manual provides an overview of the MAC Coordinator/backup role, their duties, and a detailed explanation of the tasks the MAC Coordinator is responsible for.

Medicaid Administrative Claiming

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

Purpose of the Washington State MAC Program

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

Examples of Reimbursable MAC Activities

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

Application assistance activities solely for the purpose of determining eligibility for a qualified health plan within the Exchange will be coded as Non-Medicaid application assistance.

Health Care Authority

HCA oversees the Medicaid program including the Medicaid Administrative Claiming (MAC) program. HCA is the sole State Medicaid Agency and manages the day-to-day administration of Medicaid Administrative Claiming program.

University of Massachusetts Medical School

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

Contact Information	
University of Massachusetts Medical School Center for Health Care Financing RMTS & School-Based Medicaid Program 333 South Street Shrewsbury, MA 01545 MedicaidAdmMatch@UMassmed.edu Phone: 800-535-6741 Fax: 508- 856-7643	**Health Care Authority** Medicaid Administrative Claiming P.O. Box 45530 Olympia, WA 98504-5530 MAC@hca.wa.gov Phone: 360-725-1907 Fax: 360-664-4371

Random Moment Time Study

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

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

The System is comprised of the web-based time study and the claiming system. After the end of the quarter, the System calculates all the random moments to determine the percentage of time staff spent performing various activities. These time study results are used in the claiming system to calculate the amount of time staff spent performing various activities including MAC activities and calculate the MAC reimbursement amount. The System will use this data in conjunction with the SD specific expenditure data to generate the SDs quarterly A19-1A Invoice Voucher (A19).

Role of the MAC Coordinator

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

The MAC Coordinator is responsible for:

- Ensuring all qualified participants complete the online training provided in the system
- Ensuring all new qualified participants receive MAC training
- Ensuring all participants receive annual MAC training (refresher training)
- Providing general System support
- Specific duties related to setting up a time study quarter
- Specific duties related to processing a claim
- Monitoring the time study participants RMTS responses

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

- How to use the System
- How to ensure all qualified participants complete the online training
- How to monitor the time study
- How to identify and correct areas of concern
- The overall MAC program

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

Program Administration

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

HCA Administration

HCA will provide oversight to the SDs MAC program by:

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

HCA conducts fiscal monitoring at least once every three (3) years for each contracted SD. HCA fiscal review will consist of an in depth analysis of one quarter of claims. HCA may select additional quarters for further claims review as needed.

HCA Financial Services, Accounting staff will:

- Compare a 15% sampling of SDs payroll records to the information in the System.
- An HCA public information data analyst will generate the sample of 15% or a minimum of ten (10) participants (whichever is greater)
- Review source of funding to ensure CPE complies with all federal, state, HCA and MAC regulations.

UMMS Technical Support

UMMS provides technical support to HCA and the SDs. UMMS has built this time study and claiming systems based on the unique needs of Washington school districts. UMMS supports the dynamic needs in Washington by updating the System as needed and producing reports that consolidate various data elements. These reports are used for monitoring and reviewing time study and claiming results. The reports provide information such as:

Total numbers of:

- Participants
- Moments per participant
- Moments not answered

Identification of:

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

Trends in time study results:

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

School District Oversight

The SDs are required to ensure their MAC program complies with all HCA, state, and federal guidelines, and is in support of the State Medicaid Plan. Major components of proper oversight include but are not limited to:

Training:

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

Monitoring:

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

SDs oversight and monitoring also includes monitoring any MAC subcontractor participation. The SD must ensure compliance with state and federal guidelines. The SD is responsible for all subcontractors' participation with prior approval from the HCA. SDs must submit to HCA any audit finding related to MAC within 30 calendar days of issuance. HCA will review, follow up and pursue a corrective action plan to ensure compliance.

Random Moment Time Study Methodology

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

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

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

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

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

Staff Eligible to Participate

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

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

Positions Excluded from Participation

Any position included in the indirect rate must be excluded from participation.

Note: Small school districts may include superintendents as eligible participants if their positions are not already included in the indirect rates.

Examples of Eligible Position/Job Titles

Administrative Services Pool	Social and Health Related Services Pool	Educational Pool
Elementary Principal	Counselor	Paraprofessional
Elementary Vice Principal	Health Room Assistant	Elementary Teacher
Office/Clerical	Nurse	Secondary Teacher
School Administrator	Occupational Therapist	Other Teacher
Secondary Principal	Physical Therapist	
Secondary Vice Principal	Psychologist	
	Social Worker	
	Speech-Language Pathologist or Audiologist	

RMTS Process Overview

Annually:

- The SDs update the RMTS calendar in the System by May 1 each year. (The calendar year mirrors the state fiscal year and runs from July 1st through June 30th.)

Quarterly:

Prior to the Quarter Start

- SDs enter/confirm a list of eligible participants, staff hours, and any updates to the calendar in the System 30 days prior to the start of each quarter.
- New participants receive "welcome" emails with usernames and instructions for establishing a password, and completing online training (participants cannot complete moments until they have completed the online training).
- Five days prior to the start of the quarter, HCA cues the System to generate the random moments for the quarter.

During the quarter:

- Participants receive email notifications at the exact designated moment.
- Moment reminder emails are sent to participants at 24 hours, 12 hours and 4 hours before the moment's expiration date.
    - The MAC Coordinator and/or supervisor are notified by email at 24 hours, 12 hours and 4 hours prior the expiration date.
- Participants complete the RMTS moment using predefined answers or free typed responses.
- Participants have up to two (2) working days to complete moments. After two (2) working days, a moment expires and the participant will not be able to complete or edit the response.
- HCA reviews 100% of all non-auto mapped moments/responses and assigns the appropriate code throughout the quarter.
    - If responses are Illogical or need clarification, HCA will follow-up via email with the participant.

After the quarter:

- HCA will review a random 5% sample generated by the System to verify the accuracy of the coding.
- The System verifies the results to ensure the 95%/2% threshold for statistical validity is met and that the threshold for compliance with 85% valid moments is met.
- SDs enter/confirm actual staff salary and benefits in the System to be used for claim calculation within 120 days after the close of the quarter. (All salaries and benefits entered into the System must be reconciled with SDs Financial statements).
- Complete Change of Status form if a participant's status changes during a quarter. For example, if a participant is:
    - No longer employed
    - Retired
    - On extended leave / vacation
    - Change of job position

Ongoing Responsibilities

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

Non-Responses and Minimum Response Rate

Non-responses are moments not completed by the participant within two (2) working days. The return rate of valid responses must be a minimum of 85**%**. To ensure enough moments are completed for a statistically valid sample, HCA oversamples by 15%.

A moment will be considered a non-response when it has expired or if HCA has requested additional information from a participant and the information has not been received within 2 weeks. HCA and UMMS will monitor the response rate of SDs

by reviewing the RMTS Compliance Status Report. Any non-response rate greater than 15% is unacceptable, and HCA will require remedial action:

- **Non-response rates greater than 15%:**
  - HCA will send written notification to the SD requesting a corrective action plan.
  - SDs must develop and submit the corrective action plan to HCA for approval within 30 working days of HCA's notification.
  - Failure to provide a timely corrective action plan may result in contract termination.
  - 85% compliance rate must be met in the following quarter.
- N**on-response rates greater than 15% for two (2) consecutive quarters:**
  - HCA will reduce reimbursement by 35% for the second consecutive quarter.
  - SDs will be notified via certified mail of the reduced reimbursement.
  - 85% compliance rate must be met in the following quarter.
- N**on-response rates greater than 15% for three (3) consecutive quarters:**
  - HCA will deny all reimbursement for the third consecutive quarter.
  - HCA will evaluate on individual basis the SD continue participation in the MAC program.
  - The SD will be notified via certified mail of the withheld reimbursement and HCA decisions regarding continue participation of the MAC program.

SDs must abide by all rules and limitations as outlined in the contract and this Manual.

HCA will perform on-site monitoring visits for SDs that are not in compliance, and/or need any additional support at any time in the program

Managing the RMTS System

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

Uploading Participant Files

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

Overview

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

Creating the Participant Upload File

UMMS provides a template to complete the initial upload. Drop down menus where provided must be used to populate information. For subsequent uploads the MAC Coordinator will extract the participant file from the System and make any changes and verify the extracted file is accurate before uploading it for the subsequent quarter.

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

This is an example of the participant spreadsheet. Each field must be completed. If the System does not recognize any data entered, it will not allow the file to upload. Rather than completing a brand new spreadsheet each quarter, the MAC Coordinator extracts the current participant list from the system. Once extracted, new staff can be added, and updates to any of the fields made. After the spreadsheet is updated it must be uploaded for use in the upcoming quarter.

The following page explains what is required in each field.

Employee ID	Last Name	First Name	Email Address	Job Description	Job Type E or C	Active Y or N	FFP	Med. Yes or No	Schedule	Supervisor Email #1	Supervisor Email #2	Supervisor Email #3
1234	Special	Someone	special.someone@wastateschools.rmts	Teacher	E	Y		Y	Standard	Supervisor1@wastateschools.rmts	Supervisor2@wastateschools.rmts	Supervisor3@wastateschools.rmts.
1235	Rex	Tyrano	tyrano.rex@wastateschools.rmts	Principal	E	Y		Y	Standard	Supervisor11@wastateschools.rmts	Supervisor21@wastateschools.rmts	Supervisor31@wastateschools.rmts
1236	Foo	Bunny	bunny.foo@wastateschools.rmts	Program Coordinator	C	Y		Y	Thurs. p.m. off	Supervisor113@wastateschools.rmts	Supervisor23@wastateschools.rmts	Supervisor23@wastateschools.rmts
1237	Cow	Clara	clara.cow@waststateschools.rmts	Social Worker	C	Y		Y	Friday a.m. off	Supervisor114@wastateschools.rmts	Supervisor24@wastateschools.rmts	Supervisor23@wastateschools.rmts
1238	Bear	Brown	brown.bear@wastateschools.rmts	Nurse	E	Y		Y	Standard	Supervisor115@wastateschools.rmts	Supervisor25@wastateschools.rmts	Supervisor23@wastateschools.rmts
1239	Rice	Jasmin	rice.jasmin@wastateschools.rmts	Health Assistant	E	Y		Y	Standard	Supervisor116@wastateschools.rmts	carrie.jenkins@hca.wa.gov	Supervisor23@wastateschools.rmts

- It is ***critical*** that all uploaded files be named according to the naming convention provided by UMMS
  *HP_TS_WA-SCHOOLS_**MAC VENDOR NUMBER**_Qtr_Year_ file#.*xls

    - **Example:** HP_TS_WA-SCHOOLS_MAC VENDOR NUMBER_2_2015_01.xls

- In order to upload an additional file, the naming convention provided by UMMS must be used, but simply change the version number at the end of the file name.
    - **Example:** HP_TS_WA-SCHOOLS_2_2015_02.xls

- The System will <u>not</u> accept the upload if there are errors in the spreadsheet or naming convention.

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

Explanation of the Information Needed for the Participant Upload File

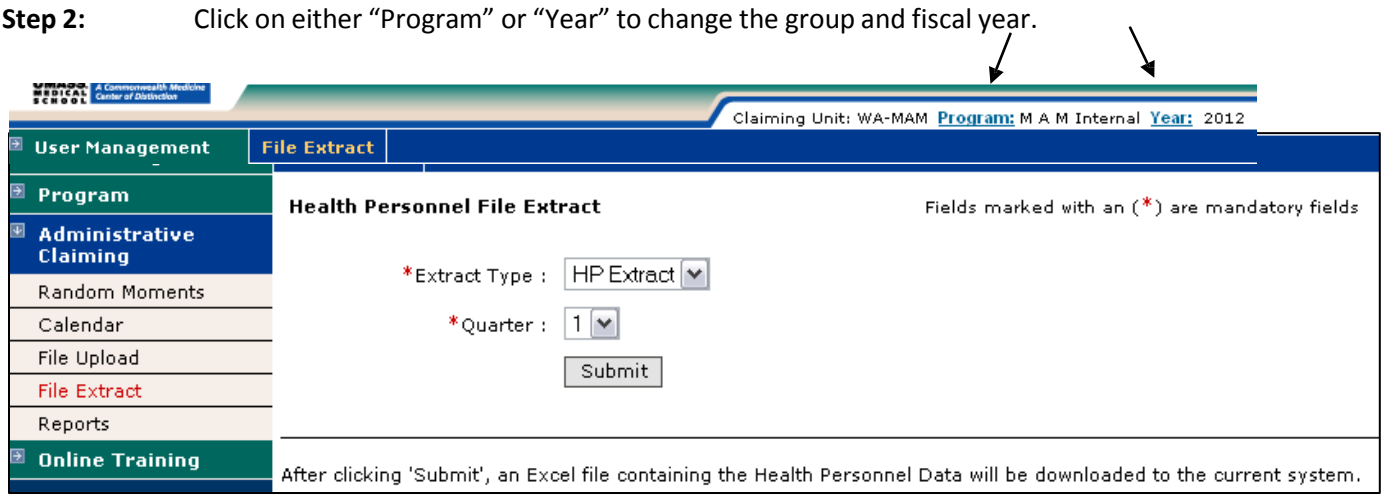
Title	Explanation
Employee ID:	This is a number that is assigned by UMMS. The participant will be identified by this number across participating quarters.
Last Name:	The last name of the participant.
First Name:	The first name of the participant.
Email address:	The worksite email address of the participant. No personal email addresses.
Job Description	The participant's job title/classification.
Job Type (E or C):	Employee of the SD or a contracted staff
Active:	This indicates the participant is actively participating in the time study.
FFP:	The percentage of salary that is paid from federal funds.
Medical:	Enter Y if the participant is contracted for or works in the School Based Health Care Services (SBHS) program. Otherwise, enter N.
Schedule:	Each MAC Coordinator is able to enter calendar information for the SD and may expand that detail to building and/or individual level.
Supervisor email #1:	This is the first person other than the participant to receive a reminder if a participant fails to complete their moment 4 hours, 12 hours and 24 hours before the moment's expiration date.
Supervisor email #2:	This is the second person other than the participant to receive a reminder at if a participant fails to complete 4 hours, 12 hours and 24 hours before the moment's expiration date.
Supervisor email #3:	This is the third person other than the participant to receive a reminder if a participant fails to complete their moment 4 hours, 12 hours and 24 hours before the moment's expiration date.

Extracting Participant Files

Following the initial quarter, the MAC Coordinator can extract a file listing all of the time study participants from the System. This file can be edited to create the next quarter's eligible participant list and uploaded.

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

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



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

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

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

Step 6: Add new participants.

Step 7: Delete any participant as necessary

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

Step 8: Save file for upload according to the naming convention provided by UMMS.

This file is ready for upload

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

Uploading Participant Files

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

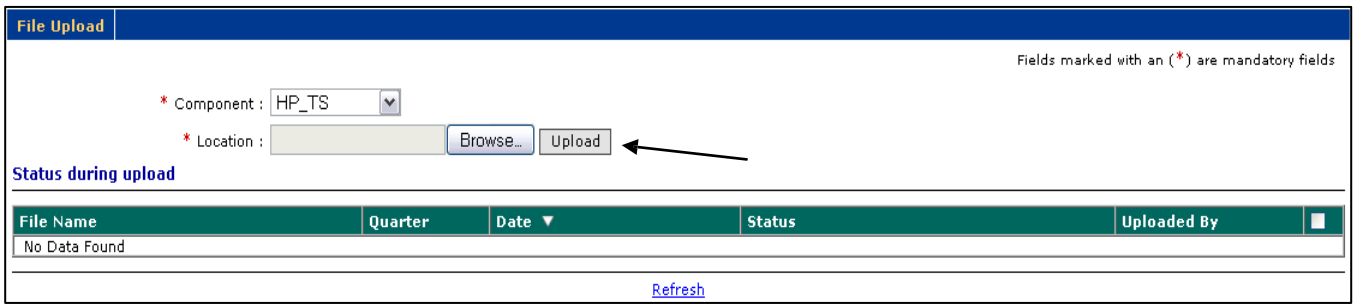
Step 1: Under the "Administrative Claiming" tab, select "File Upload."

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

Step 3: Click "Browse" to find your file. Click "Open."

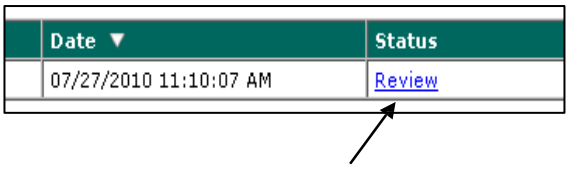
Note: *Files **must** follow the naming convention provided by UMMS.*

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

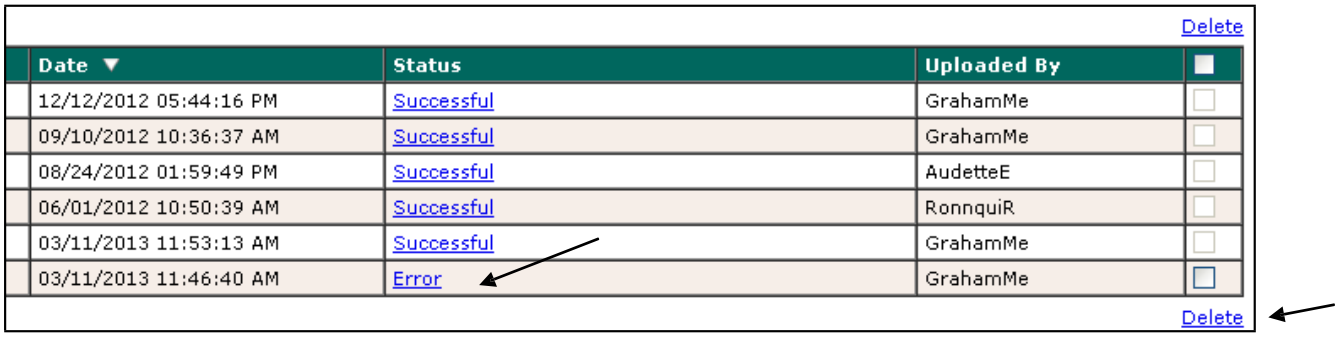


Step 5: Click "Refresh" after a few minutes to verify if the file status has change.

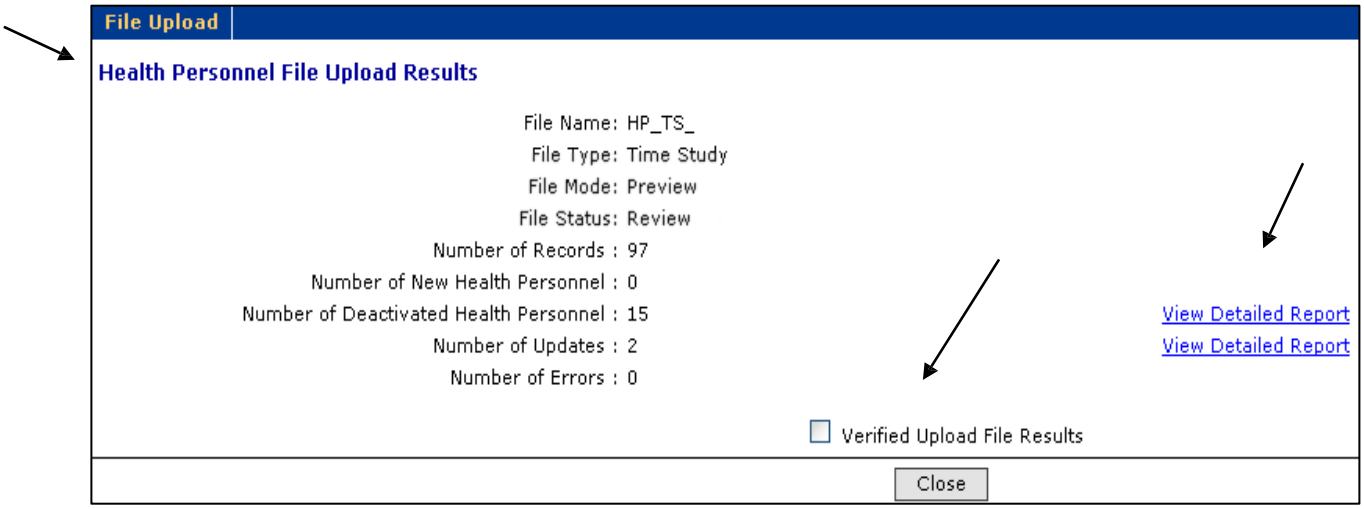
Step 6: After the file is uploaded and there are no errors, click "Review" to review the file for changes.



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



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



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

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

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

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

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

Mid quarter participant changes

Changes can be made during the quarter by contacting HCA at MAC@hca.wa.gov or UMMS at MedicaidAdmMatch@UMassmed.edu Phone: 800-535-6741- press 0.

Mid quarter changes include:

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

RMTS Calendars

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

Fiscal Year	*First Quarter*	*Second Quarter*	*Third Quarter*	*Fourth Quarter*
2016	*July'15 –Sept '15*	*Oct. '15—Dec. '15*	*Jan. '16– March '16*	*April '16—June '16*
2017	*July'16 –Sept '16*	*Oct. '16—Dec. '16*	*Jan. '17– March '17*	*April '17—June '17*
2018	*July'17 –Sept '17*	*Oct. '17—Dec. '17*	*Jan. '18– March '18*	*April '18—June '18*

The First Quarter of each claiming state fiscal year is an average of the three previous quarters. Please note that for the initial startup year, since the implementation date is October 2015; SDs will not be able to submit a claim for the 1st quarter (July'15-Sept'15).

Calendar Overview

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

There are four tabs for customizing the RMTS calendar.

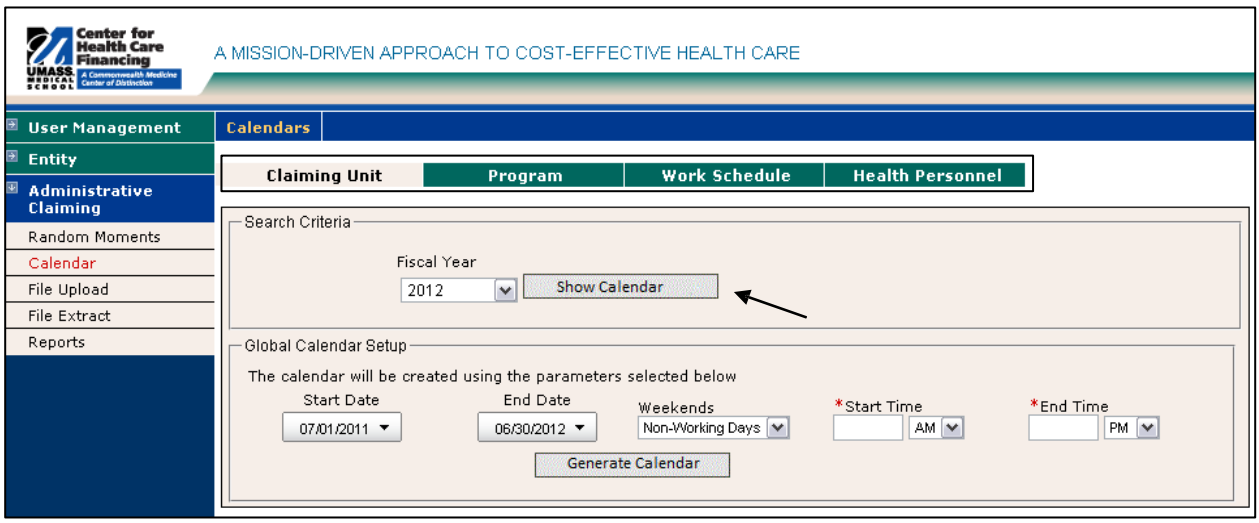
1. **Claiming Unit:** Basic calendar information including;
   a. Non-school days
   b. Holidays
   c. Scheduled closures such as school vacations
2. **School District:** Hours of operation for individual clinics/offices/branches, etc.
   Example**:** Outreach Office 8am-5pm, Medical Clinic West 7am-7pm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

Entering Calendars

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

Step 2: The system should default to "Claiming Unit," otherwise, click on "Claiming Unit."

Step 3: Select the year for the calendar to be created and click "Show Calendar."



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

See example on next page

Center for Health Care Financing

A MISSION-DRIVEN APPROACH TO COST-EFFECTIVE HEALTH CARE

- User Management
- Entity
- Administrative Claiming
  - Random Moments
  - Calendar
  - File Upload
  - File Extract
  - Reports

Calendars

Claiming Unit | Program | Work Schedule | Health Personnel

Search Criteria

Fiscal Year: 2012 — Show Calendar

Global Calendar Setup

The calendar will be created using the parameters selected below

Start Date: 07/01/2011 — End Date: 06/30/2012 — Weekends: Non-Working Days (Non-Working Days / Working Days) — *Start Time: 07:30 AM — *End Time: 05:00 PM

Generate

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

July 2011 | August 2011 | September 2011

October 2011 | November 2011 | December 2011

January 2012 | February 2012 | March 2012

April 2012 | May 2012 | June 2012

Mark As Working Days

Mark as Non-Working Days

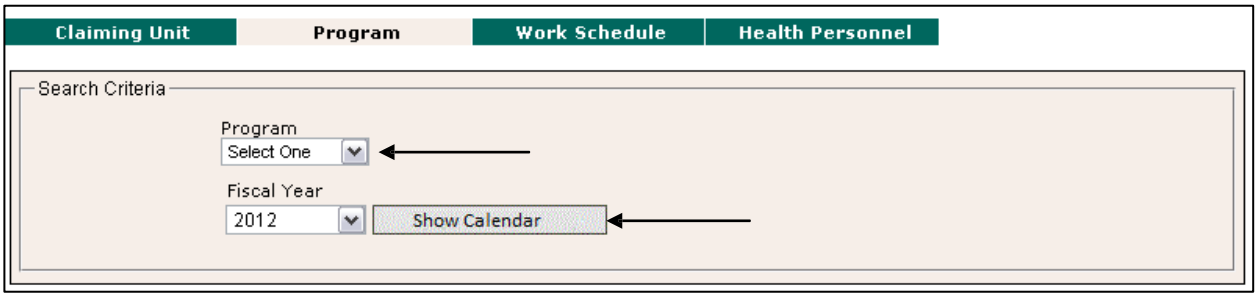
Modify Shifts

Color Codes

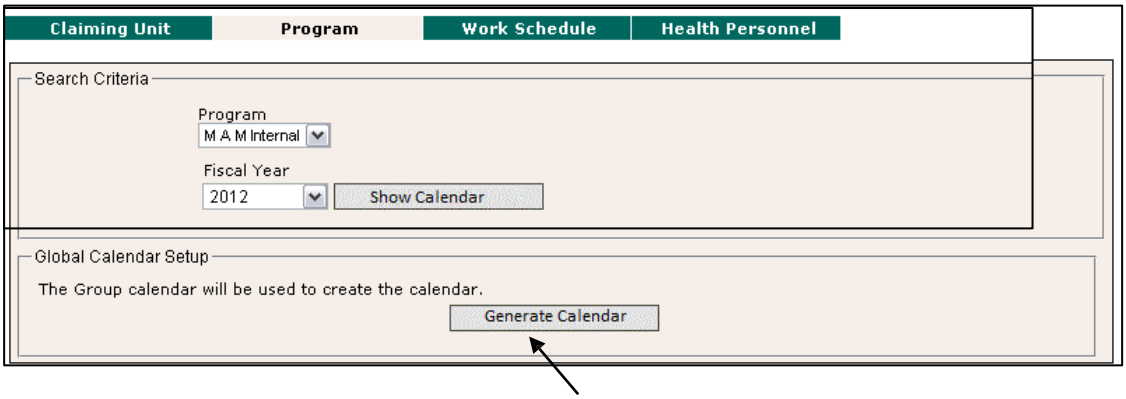
- Standard Working Day (Editable)
- Non-Working Day (Editable)
- Different Shifts Configured (Editable)
- Selected for Editing
- Outside the Fiscal Year Calendar Days (Non-Editable)
- Day not of current month (Non-Editable)
- Day highlighted (Editable)
- Standard Working Day (Non-Editable)
- Non-Working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

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

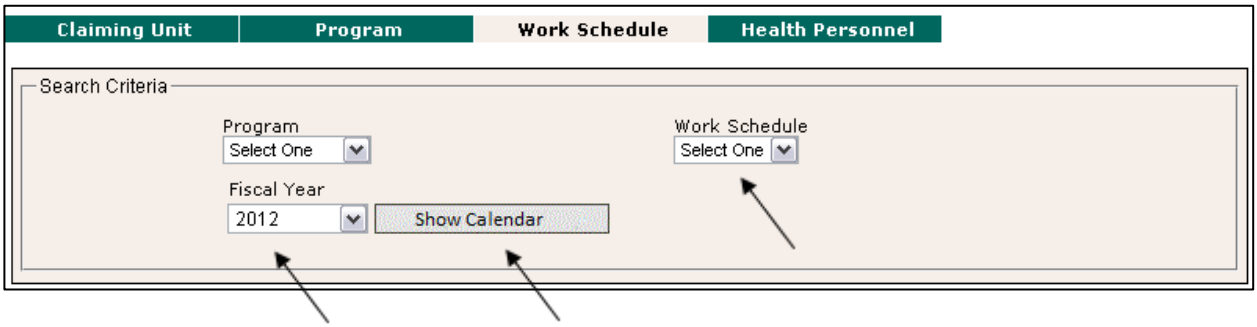
Note: *Each individual unit, office, branch etc., will be listed in the drop down menu.*



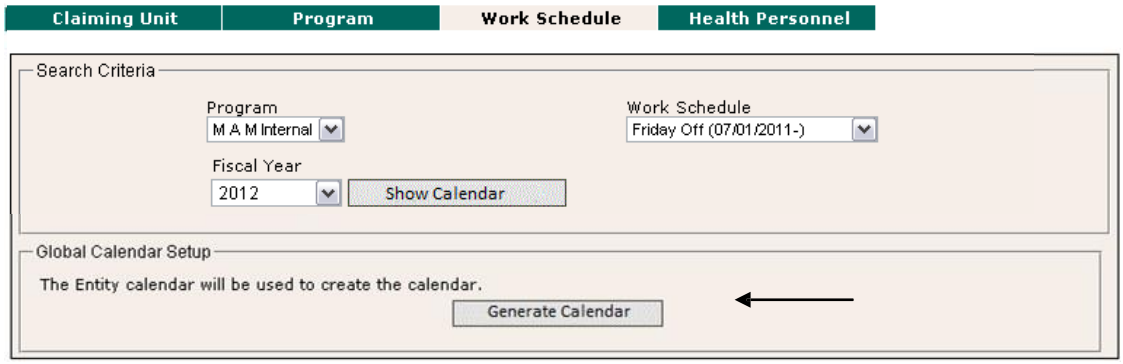
Step 6: Click "Generate Calendar" which will show the current Claiming Unit calendar and allow it to be edited for that individual Program:



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



Step 8: Click "Generate Calendar:"

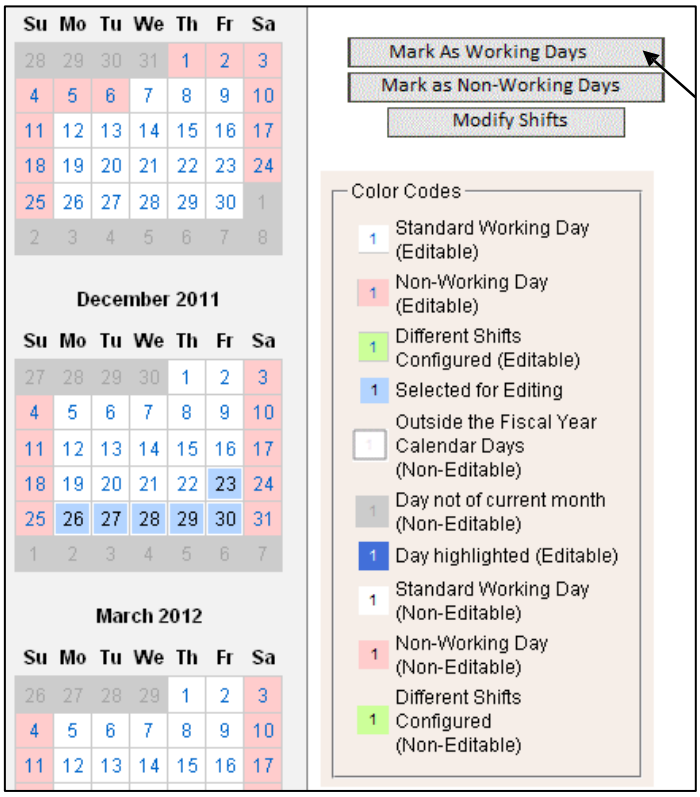


Note: *At this point, the MAC coordinator is able to confirm and finalize the calendars for your SD. Individual participant calendars may be modified by completing the following steps:*

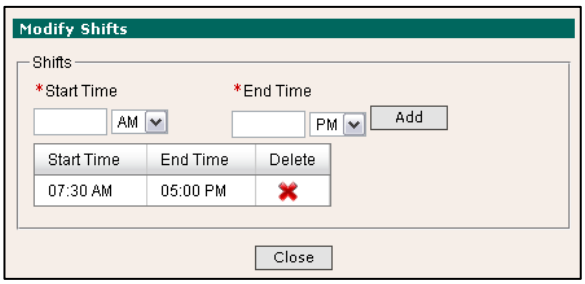
Step 9: Once the Work Schedule is complete, click "Health Personnel" (participant).

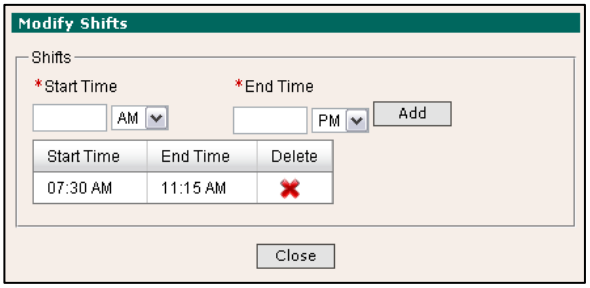
Step 10: To change a participant's specific days to "Non-Working Days," select the days to be changed and they will turn blue. Click "Mark as Non-Working Days." The selected dates will turn pink:

Non-Working Days



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





RMTS Moments

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

Participant Training

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

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

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

Participants can access the training module by:

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

Receiving a Moment

Participants will receive an email notification at the exact designated moment. The notice will include the date and time of the moment. Participants have up to two (2) working days to complete moments. Moments are no longer available after the two (2) working day grace period. If a moment is not completed, participants will receive email reminders from the System at 24 hours, 12 hours and 4 hours before the moment expires.

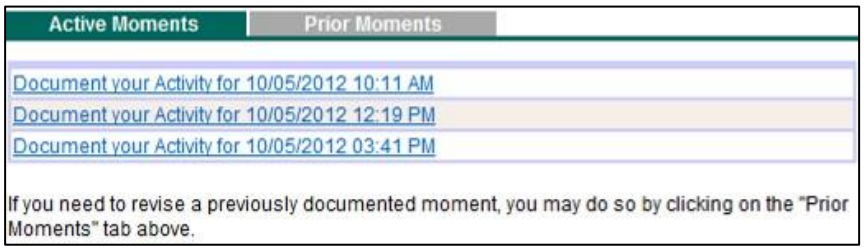
- The MAC Coordinator and/or supervisor(s) are notified by email at 4 hours, 12 hours and 24 hours before the moment expires.

It is the responsibility of the MAC Coordinator to ensure participants are responding to moments in a timely manner by following up with the participant and monitoring the RMTS Participant Moment Not Completed Report.

Viewing Moments

Once participants log into the System they will see two tabs: 'Active Moments' and 'Prior Moments'. All unanswered moments will be listed under the Active Moments tab. All moments that have either been answered or have expired moments that were not answered within two (2) working days will be listed under Prior Moments.

Example of Active Moments:



Answering and Completing a Moment

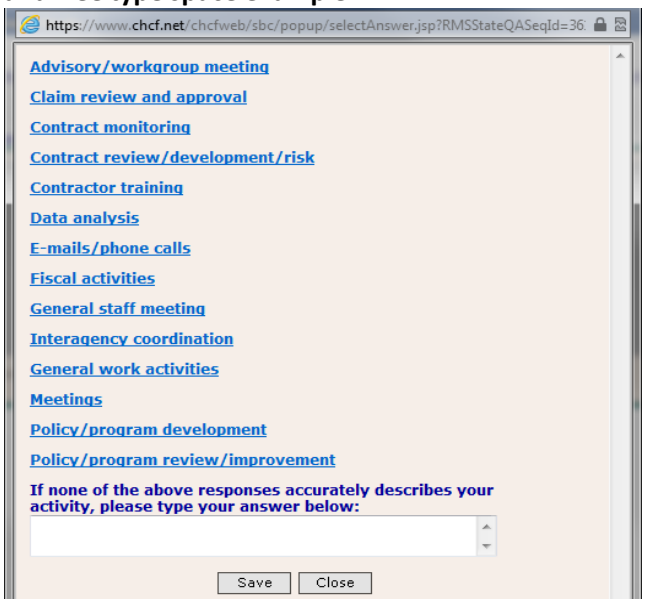
A moment consists of a series of questions the participant will answer according *to the activity* they performed precisely at the random moment. Only one response is allowed for each question. Participants must select the box indicating they certify the answers submitted are accurate and complete in order to submit their responses. Participants must complete moments within two (2) working days after the sampled moment.

Predefined Dropdown Responses

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

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

Predefined responses and free type space example:



Documentation to Support a RMTS Moment

HCA requires all participants maintain documentation for the activities they were performing during all time study moments. This documentation must be sufficiently detailed in order for HCA to determine whether the activities were necessary for the proper and efficient administration of the state Medicaid plan. It is the MAC Coordinator's responsibility to ensure participants maintain adequate documentation and ensure it is accessible for review for a minimum of six (6) years as per RCW 40.14.060.

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

- Calendars
- Chart notes
- Activity log
- Narrative *

*Narratives must clearly describe why the activity was being performed and who was involved. Referral activities should specifically state to whom or where a referral was made, and coordination activities should clearly explain what services were being coordinated and specifically state who was involved. Narrative elements include:

- Who were you working with and/or who was involved
- What were you doing
- Why were you doing it

Examples:

- I was working with the counselor and student A.J.H. regarding student's inability to complete homework assignments.
- I was completing the daily attendance report to be forwarded to the front office.

Narrative Description

In addition to the above required documentation, participants must provide a narrative description of the activity they recorded through the predefined dropdown responses. Once the participant selects a response for each question, a free type box appears, and the participant may enter up to 250 characters in the space provided to record their narrative. HCA validates 5% of all moments.

Free Type Box Example:

Observation Moment : 03/19/2015 04:57 PM

* What type of activity were you doing? Answer the Question
Training/professional development

* What were you doing? Answer the Question
Training to maintain professional medical credentialing /license

* Who were you with? Answer the Question
Alone

* Why were you performing this activity? Answer the Question
Maintain professional medical credential/license

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

☐ I certify that the answers submitted are accurate and complete.

Submit Close

Editing an Answered Moment

Participants have two (2) working days after the moment to edit responses. All moments previously completed within the quarter will be listed under the *Prior Moments* tab. Participants select the moment they wish to edit to make changes.

Prior Moments example:

Active Moments | Prior Moments

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

10/04/2012 04:44 PM
10/04/2012 03:36 PM
10/04/2012 01:40 PM
10/04/2012 12:13 PM
10/04/2012 09:46 AM
10/04/2012 08:57 AM
10/03/2012 02:21 PM
10/03/2012 01:28 PM
10/02/2012 01:35 PM

RMTS Management Reports

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

Accessing the Reports

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

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

RMTS Statistics Report

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

SCHOOL DISTRICT RMTS Statistics

Run Date:	04/25/2013		
Run Time:	04:02:48 PM PDT		
Claiming Unit:	WA-SCHOOLS		
Year:	2015		
Quarter:	4		
Job Code:	3		
Number of Moments Required:	45		
Over Sampling Percentage:	15		
Total Number of Moments:	45		
Initial Moments Generated:	60	**Date Generated:**	01/01/2015
Number of Moments occurred:	60		
Number of Moments completed and expired:	45		
Number of Moments completed and not expired:	20		
Number of Moments not completed and expired:	0		
Number of Moments not completed and not expired:	2008		
Moments Complete and Expired / Moments Occurred:	82.48%		
All Moments Complete / Moments Occurred:	96.42%		

RMTS Compliance Report

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

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

WA-SDs RMTS Compliance Report

Run Date:	01/02/2015
Run Time:	02:14:23 PM PDT
Claiming Unit:	SDs-MAC
Program:	SCHOOLS
Year:	2015
Quarter:	3
Job Code:	3
Total Number of Moments for quarter:	52
Number of Moments occurred to date:	50
Number of Moments completed to date:	50
Number of Moments: Left - LOA:	0
Number of Moments not completed and expired:	0
Number of Moments not completed and not expired:	0
Number of Moments completed to date/Total Number of Moments for quarter:	100 %

Training Documents Viewed Report

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

Training Documents Viewed Report

State:	WA-SCHOOLS
School District:	Abc School District
Name:	ALL
Training Docume	ALL
Run Date:	4/15/2015
Run Time:	01:07 PM PT

School District	Last Name	First Name	Employee Id	Job Type	Job Description	Email Address	Training Material Title	Date Accessed	Certification Da	Certification
	Cucumber	Bill	1225	Employee	Guidance Counselor	Bill.Cucumber@abcschools.wa.edu	MAC RMTS Training	09/01/2015		No
Abc School District	Banana	Betty	1235	Employee	Guidance Counselor	Betty.Banana@abcschools.wa.edu	MAC RMTS Training	09/02/2015		No
Abc School District	Grape	George	1240	Employee	Guidance Counselor	George.Grape@abcschools.wa.edu	MAC RMTS Training	09/10/2015		No
Abc School District	Sample	Joyce	1245	Employee	Guidance Counselor	Joyce.Sample@abcschools.wa.edu	MAC RMTS Training	09/02/2015	09/02/2015	Yes

Training Documents Not Viewed Report

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

	A	B	C	D	E	F	G	H
1	**Training Documents Not Viewed Report**							
2	**State:**	**WA-SCHOOLS**						
3	**School District:**	**Abc School District**						
4	**Name:**	**ALL**						
5	**Training Document:**	**ALL**						
6	**Run Date:**	**09/09/2015**						
7	**Run Time:**	**03:13 PM PT**						
8								
9								
10	**School District**	**Last Name**	**First Name**	**Employee ID**	**Job Type**	**Job Description**	**Email Address**	**Training Material Title**
11	Abc School District	Cucumber	Bill	1236	Employee	Guidance Counselor	Bill.Cucumber@abcSchools.WA.edu	MAC RMTS Training
12	Abc School District	Dill	Jim	1237	Employee	Guidance Counselor	Jim.Dill@abcSchools.WA.edu	MAC RMTS Training
13	Abc School District	Eggplant	David	1238	Employee	Guidance Counselor	David.Eggplant@abcSchools.WA.edu	MAC RMTS Training
14	Abc School District	Fruit	Elaine	1239	Employee	Guidance Counselor	Elaine.Fruit@abcSchools.WA.edu	MAC RMTS Training
15	Abc School District	Grape	George	1240	Employee	Guidance Counselor	George.Grape@abcSchools.WA.edu	MAC RMTS Training
16	Abc School District	Sample	Anne	1244	Employee	Guidance Counselor	Anne.Sample@abcSchools.WA.edu	MAC RMTS Training
17	Abc School District	Sample	Fran	1247	Employee	Guidance Counselor	Fran.Sample@abcSchools.WA.edu	MAC RMTS Training
18	Abc School District	Sample	Patricia	1246	Employee	Guidance Counselor	Patricia.Sample@abcSchools.WA.ed	MAC RMTS Training
19	Abc School District	Sample	Peter	1248	Employee	Guidance Counselor	Peter.Sample@abcSchools.WA.edu	MAC RMTS Training

RMTS Participant Moments Completed to Date Report

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

A	B	C	D	E	F	G	H	I
RMTS Participant Moments Completed to Date Report								
Run Date:	09/11/2015							
Run Time:	01:52 PM PT							
State:	WA-SCHOOLS							
School District:	Abc School District							
Job Position:	ALL							
Work Schedule:	ALL							
Year:	2016							
Quarter:	1							
	Name	**Emp ID**	**Job Desc**	**Job Code**	**Work Schedule**	**Moment Date**	**End of Grace Period**	**Email**
	Dill,Jim	1237	Guidance Counselor	1	Schedule A	09/01/2015 02:19 PM	09/03/2015 02:19 PM	Jim.Dill@abcschools.wa.edu
	Sample,Joyce	1245	Guidance Counselor	1	Schedule A	09/07/2015 02:38 PM	09/09/2015 02:38 PM	Joyce.Sample@abcschools.wa.edu
	Sample,Joyce	1245	Guidance Counselor	1	Schedule A	09/09/2015 10:12 AM	09/11/2015 10:12 AM	Joyce.Sample@abcschools.wa.edu
	Banana,Betty	1235	Guidance Counselor	1	Schedule A	09/09/2015 10:45 AM	09/11/2015 10:45 AM	Betty.Banana@abcschools.wa.edu
	Banana,Betty	1235	Guidance Counselor	1	Schedule A	09/10/2015 02:31 PM	10/01/2015 02:31 PM	emily.audette@umassmed.edu

RMTS Participant Moment Not Completed Report

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

RMTS Participant Moment Not Completed Report

Run Date: 5/10/2015
Run Time: 02:08 PM PT
State: WA-SCHOOLS
School District: Abc School District
Job Position: ALL
Work Schedule: ALL
Year: 2016
Quarter: 1
Date:

Name	Emp ID	Job Desc	Job Code	Work Schedule	Moment Date	End of Grace Period	Email	Status	Supervis
Grape,George	1240	Guidance Counselor	1	Schedule A	09/01/2015 08:27 AM	09/03/2015 08:27 AM	george.grape@abcschools.wa.edu	Incomplete Expired	
Sample,Patricia	1246	Guidance Counselor	1	Schedule A	09/01/2015 08:32 AM	09/03/2015 08:32 AM	patricia.sample@abcschools.wa.edu	Incomplete Expired	
Eggplant,David	1238	Guidance Counselor	1	Schedule A	09/01/2015 10:19 AM	09/03/2015 10:19 AM	david.eggplant@abcschools.wa.edu	Incomplete Expired	
Sample,Joyce	1245	Guidance Counselor	1	Schedule A	09/01/2015 01:10 PM	09/03/2015 01:10 PM	joyce.sample@abcschools.wa.edu	Incomplete Expired	
Grape,George	1240	Guidance Counselor	1	Schedule A	09/01/2015 01:28 PM	09/03/2015 01:28 PM	george.grape@abcschools.wa.edu	Incomplete Expired	
Banana,Betty	1235	Guidance Counselor	1	Schedule A	09/01/2015 01:33 PM	09/03/2015 01:33 PM	bette.banana@abcschools.wa.edu	Incomplete Expired	
Cucumber,Bill	1236	Guidance Counselor	1	Schedule A	09/02/2015 08:48 AM	09/04/2015 08:48 AM	bill.cucumber@abcschools.wa.edu	Incomplete Expired	

Health Personnel Time Study Upload Report

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

Health Personnel Time Study Upload Report

Run Date:	9/16/2013
Run Time:	03:25 PM PT
Claiming Unit:	SDs-MAC
Program:	SCHOOLS
Year:	2013
Quarter:	3

Program	File Name	Status	Uploaded By	Uploaded Date
SCHOOLS	HOOLS-MAC_SCHOOLS Internal_3_2013_01_2012122812	Successful	Program Specialist	12/28/2012

RMTS Calendar Configuration Report

This report is located under *Administrative Claiming, Reports,* and shows when the SD's calendar for the next quarter has b e e n updated for the subsequent quarter. It shows some standardized schedules that SDs may choose to use for participant schedules.

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

Calendar Data Entry Report

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

	A	B	C	D	E	F
1	**RMTS Calendar Configuration Report**					
2	**Run Date:**	09/11/2015				
3	**Run Time:**	01:49 PM PT				
4	**State:**	WA-SCHOOLS				
5	**School District:**	Abc School District				
6	**Year:**	2016				
7	**Quarter:**	1				
8	**Include Health Personnel:**	No				
9						
10	**State**	**School District**	**Work Schedule**	**Status**	**User ID**	**Date**
11	WA-SCHOOLS			Not Configured		
12	WA-SCHOOLS	Abc School District		Confirmed	SampleS2	07/22/2015
13	WA-SCHOOLS	Abc School District	Schedule A	Confirmed	AudetteE	08/31/2015
14	WA-SCHOOLS	Abc School District	Schedule B	Confirmed	AudetteE	08/31/2015
15	WA-SCHOOLS	Abc School District	Schedule C	Confirmed	AudetteE	08/31/2015
16	WA-SCHOOLS	Abc School District	Schedule D	Confirmed	AudetteE	08/31/2015

Technical Notes | System Requirements

UMMS recommends that all computer operating systems and browser versions be supported by their software vendor. Each vendor's policy varies so it is important to keep current with the supported software.

Workstation Requirements

Operating Systems

Windows XP and newer Macintosh

Web Browsers

Internet Explorer 5.0 – 11.0 with MS Windows XP, Windows 7, or Vista NOTE: RMTS Mobile and new UI, and Cost Reports require IE Version 9 or higher.
Safari 4.1 or Higher
Mozilla Firefox 2.0 or Higher; utilize all their automatic updates
Note: Internet Explorer web browser is not supported on Macintosh operating system. Safari should be used instead of IE.
Lifecycle policy and supported versions https://support.microsoft.com/en-us/lifecycle/search?sort=PN&alpha=internet%20explorer
Note: A change in support will occur on January 12 2016 https://support.microsoft.com/en- us/gp/microsoft-internet-explorer

Cookies

Workstations: Enable cookie in browser.
See **"**Instructions for Finding your Browser/Enabling Cookies**"**

Web Filters

Workstations should allow access to the following URL
Production Secure connection: https://www.chcf.net/chcfweb/ and https://cbe-rmts.chcf-umms.org/

Email

Email should allow delivery fromMAC@HCA.WA.gov and MedicaidAdmMatch@umassmed.edu in large quantities on a single day.

Instructions for Online Training Application

Flash Player is needed to run the Instructions for online training program. The following link has a connection to Player Download Center, which will walk you through the process of downloading the most recent version of Player. It takes about two minutes.
MP4 files can be opened with Windows Media Player, and other multi-format media players like VLC, QuickTime, and more.

System Administration Requirements

Cookies

System administrator: If there is a proxy server, set proxy NOT to cache the www.chcf.net domain.
Actual Web Site URL
https://www.chcf.net/chcfweb and https://cbe-rmts.chcf-umms.org/
Note: www.chcf.net cookies (sessions) are tied to the URL and IP address

Routers

If SBC IP address needs to be explicitly defined on routers, SBC IP address is 146.189.217.25, 146.189.217.92 and 146.189.217.21

Email

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

Email server IP – emails may be sent through the following mail gateways:
146.189.195.117
146.189.195.118
146.189.144.105
146.189.144.106
146.189.144.107
146.189.144.147
146.189.144.148

146.189.144.149

Web Filters

Allow access to the following URL
Production Site Secure Connection: https://www.chcf.net/chcfweb/ and https://cbe-rmts.chcf-umms.org/

Instructions for Finding your Browser/Enabling Cookies

Internet Explorer

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

Safari

1. Choose Help
2. Find out Safari version

Mozilla Firefox

1. Choose Help
2. Find out Mozilla version

Enabling Cookies

Internet Explorer 6 - 11

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

Internet Explorer 5

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

Mozilla Firefox

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

Download Internet Browser

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

Internet Explorer

http://www.microsoft.com/windows/ie/worldwide/ie6sp1downloads.asp

Apple's Safari Browser

http://www.apple.com/safari/download/

Mozilla Firefox

http://www.mozilla.com/en-US/products/firefox

Quarterly Maintenance Checklist

Status	Due Date	Task	Who's responsible?
Before the Quarter Begins			
	30 days before the quarter begins	Update SD quarterly calendar in the System	
	30 days before the quarter begins	Update any programmed work schedules	
	30 days before the quarter begins	Pull participant extract upload and update as needed	
	15 to 30 days before the quarter begins	Schedule and conduct additional staff training, if necessary	
	7 to 10 days before the quarter begins	Release and activate any new participants. Participants will be sent initial email with user name and temporary password.	
During the Quarter			
	First working day of quarter	Participants will begin to receive and respond to moments	Participants
	Ongoing	Monitor RMTS Participant Moment Not Completed Report to remind participants to complete all moments	
	Continuous throughout the quarter, within 5 working days of change	Inform HCA at MAC@hca.wa.gov as soon as any participant's employment status changes	
	Ongoing	Monitor the RMTS Participant Moment Not Completed Report to remind participants to complete all moments. This report should be kept with your audit file.	
After the Quarter Ends			
	Within 120 days after the close of the quarter	Upload and/or update staff salary and benefits to the System	
	Within 120 days after the end of the quarter	Enter quarterly MAC related materials, supply costs, and administrative staff costs into the System	
	Within 120 days after the end of the quarter	Submit quarterly Local Match Certification and CPE forms with the signed A19 (original) to HCA for reimbursement.	
Contact Information			

UMMS contact information	Telephone: 800 535 6741 Email: MedicaidAdmMatch@umassmed.edu
HCA MAC contact information	Telephone: 800 562 3022 x 55147 Email: MAC@hca.wa.gov

RMTS Participant Change of Status during the Quarter

Random Moment Time Study (RMTS)
Participant Change of Status during the Quarter

Instructions:

This form should be used when a RMTS participant is gone for (2) two or more working days for any of the following reasons that occur **during a quarter**:

- **Leave of absence (maternity, vacation, sick leave)**
- **Job changed to a non-qualified position**
- **Termination of employment (retirement, left the school district)**

Complete this form and email it to mac@hca.wa.gov (Please include your school district's name and change of status form in the subject line of the email)

Note: You must review the status of this RMTS participant prior to submitting/uploading the participant list into the UMMS system for the next quarter.

School District Name:	RMTS Participant Name:
Year:	☐ Quarter 1 (Jul 1 – Sep 30) ☐ Quarter 3 (Jan 1 – Mar 31) ☐ Quarter 2 (Oct 1 – Dec 31) ☐ Quarter 4 (Apr 1 – Jun 30)

Leave of Absence (such as maternity, vacation, sickness)

Type of leave (be specific)	Paid dates	Unpaid dates	Comments

Job Changed to a Non-Qualified Position

Previous position title	New position title	Effective date of new position	Comments

Termination of employment (such as retirement, left the school district)

Reason for termination of employment	date of termination	Comments

If you have any questions please email mac@hca.wa.gov

Medicaid Administrative Claiming (MAC)

Subcontractor Review

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

Please complete the following:

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

Please provide detailed responses for the following:

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

Medicaid Administrative Claiming (MAC) Audit File Checklist

Present Y/N	Location Identified Y/N	Required Documentation
		Current Interagency/Interlocal Agreement with HCA
		Dun and Bradstreet Data Universal Numbering System (DUNS) number
		Statewide Vendor (SWV) number
		SD MAC Organization Chart • Administrator • CFO and/or Business Manager • MAC Program Administrator • Consultant and/or billing agent • MAC Coordinator • Participating staff by claiming group(s) with names and job titles
		All MAC related contracts with consultants/billing agents
		All MAC Contracts/Grants related to outreach and linkage such as: • School districts • Outreach organizations • Community based organizations • Washington HealthPlanFinder
		MAC Subcontractor Documentation: • List of all MAC subcontracts • Copy of contract • Subcontractor information form (as submitted to HCA) • HCA approval notification from HCA
		MAC Financial claiming documentation • Copies of signed quarterly A-19 invoice vouchers and all detailed documents in support of that quarterly claim • MAC Subcontractor invoices for services provided under the MAC Contract • Signed copy of the quarterly Local Match Certification form • Signed Certified Public Expenditure worksheet listing funding sources, description and back-up documentation • Copy of Indirect Cost Rate Certification, methodology description and back-up documentation • Listing of all participants' salary/wages and benefits
		All HCA MAC Monitoring Report(s)
		All quarterly *Compliance Status Reports* as described in the Manual
		All State and/or federal audit reports, including the most recent OMB Circular A-133 Audit and any related documents and corrective action plans that relate to the MAC program
		All MAC related training documents (rosters and materials)

		All quarterly participant lists

Lost Password Process

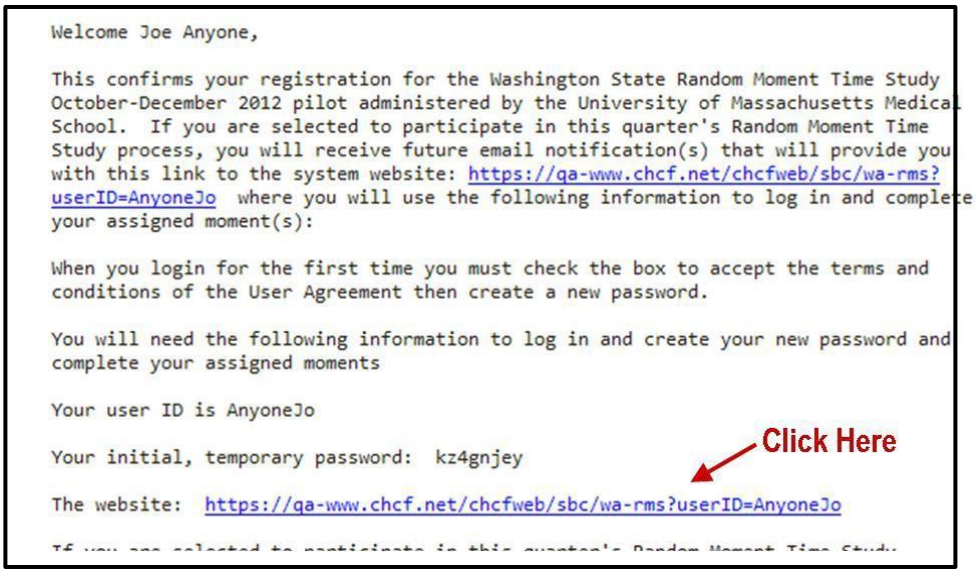
This document can be provided to Participants who need to reset their password.

RMTS Password Reset

Lost passwords can be reset quickly and easily.

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

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


Welcome Joe Anyone,

This confirms your registration for the Washington State Random Moment Time Study October-December 2012 pilot administered by the University of Massachusetts Medical School. If you are selected to participate in this quarter's Random Moment Time Study process, you will receive future email notification(s) that will provide you with this link to the system website: https://qa-www.chcf.net/chcfweb/sbc/wa-rms?userID=AnyoneJo where you will use the following information to log in and complete your assigned moment(s):

When you login for the first time you must check the box to accept the terms and conditions of the User Agreement then create a new password.

You will need the following information to log in and create your new password and complete your assigned moments

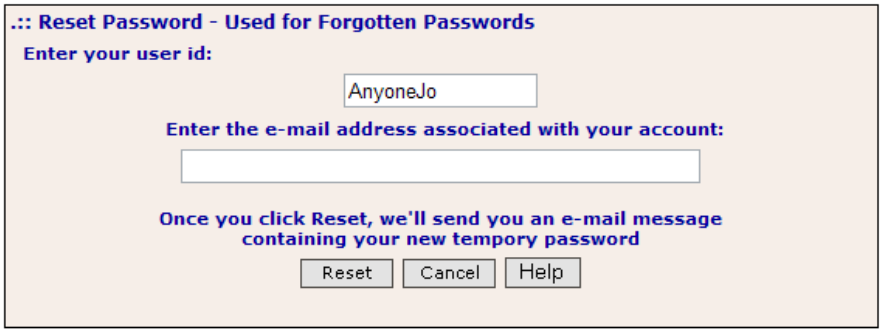
Your user ID is AnyoneJo

Your initial, temporary password: kz4gnjey

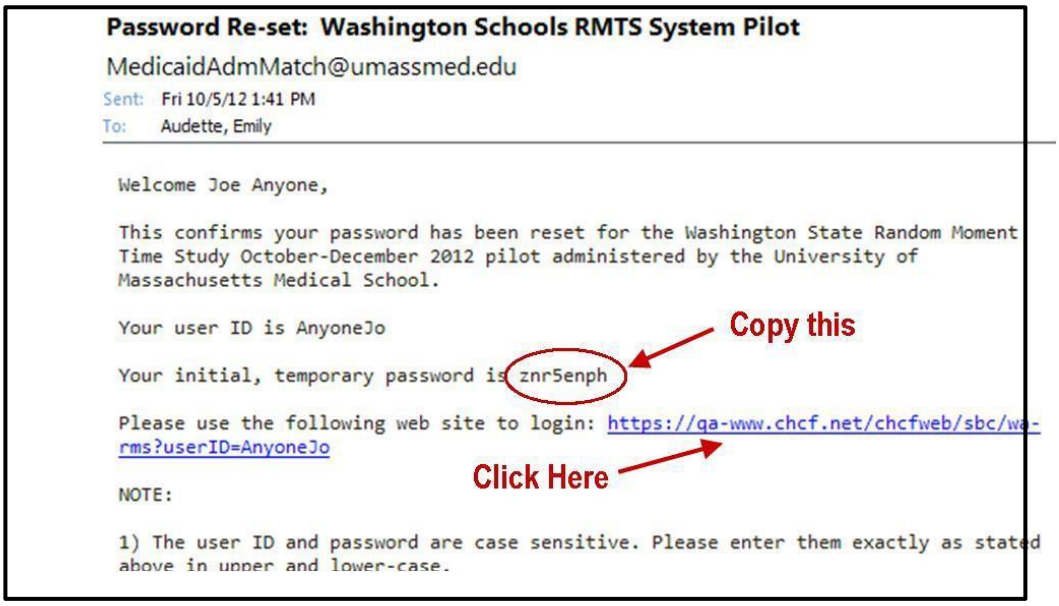
The website: https://qa-www.chcf.net/chcfweb/sbc/wa-rms?userID=AnyoneJo

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

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

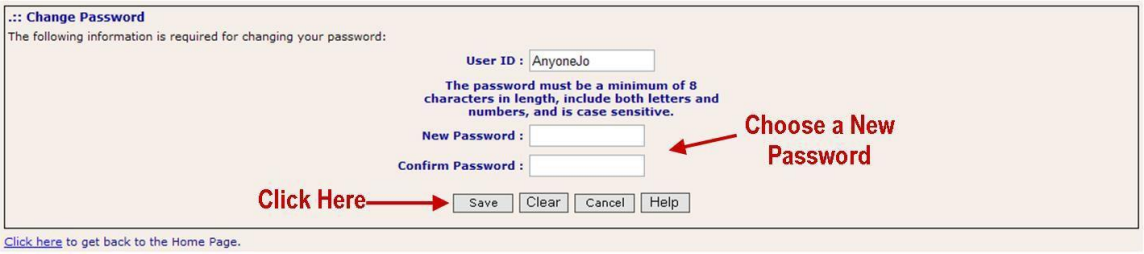


Step 4: An automated email will be delivered to your email box within a few minutes. This email contains your user ID and a temporary password that you can use to access the website. Copy the temporary password from the email, and then click on the website link in the email to return to the website.



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

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

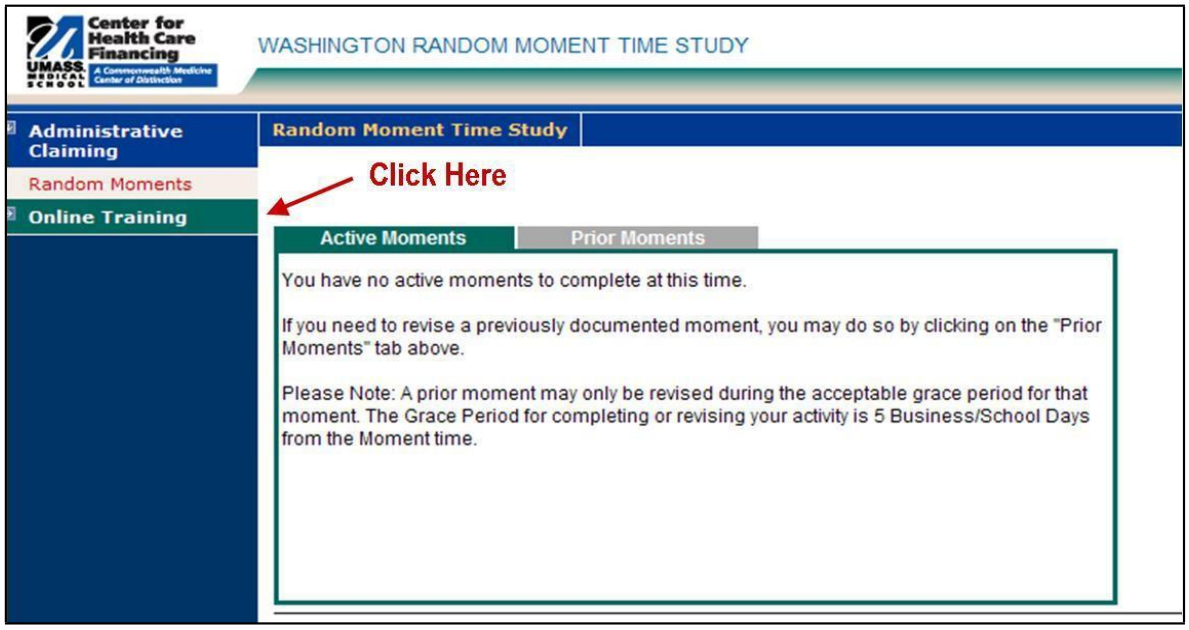


You're in!

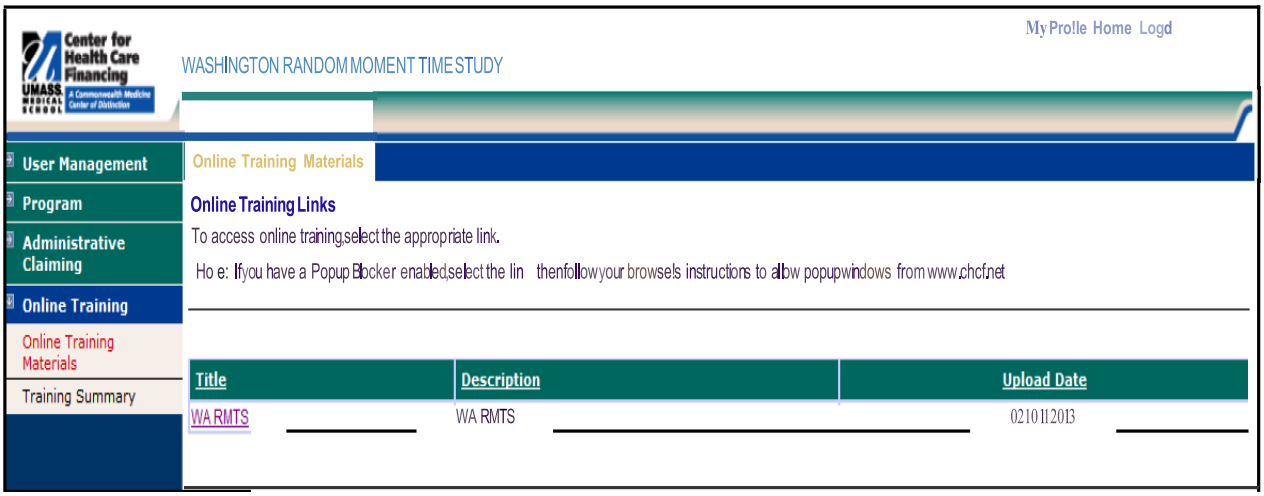
Online Training

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

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



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


Center for Health Care Financing
UMASS MEDICAL SCHOOL
A Commonwealth Medicine Center of Distinction
My Pro!le Home Logd
WASHINGTON RANDOM MOMENT TIME STUDY
User Management
Program
Administrative Claiming
Online Training
Online Training Materials
Training Summary
Online Training Materials
Online Training Links
To access online training,select the appropriate link.
Ho e: Ifyou have a Popup Blocker enabled,select the lin thenfollowyour browsels instructions to allow popupwindows from www.chcf.net
Title
Description
Upload Date
WA RMTS
WA RMTS
0210 11 2013

Participant Flyer

Medicaid Administrative Claiming

Washington State Health Care Authority

What is Medicaid?

Medicaid is a program funded by the federal and state governments, which pays for medical care for those who can't afford it. Eligibility for coverage is based on income. Special coverage is also available for children in certain circumstances through Apple Health for Kids.

Medicaid Resources

To apply for Medicaid programs:
www.washingtonconnection.org

General Medicaid information:
www.hca.wa.gov/medicaid/

Community/social program information:
www.washingtonconnection.org

Apple Health information:
http://www.hca.wa.gov/applehealth

What is Medicaid Administrative Claiming?

Government agencies who perform Medicaid related outreach and linkage activities may be eligible to receive reimbursement for their time spent performing those activities.

Staff who perform these activities regularly participate in a time study to document the percent of time they perform MAC activities.

The Health Care Authority's Medicaid Administrative Claiming (MAC) program administers the time study and authorizes the reimbursement.

RMTS Training

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

What is the Random Moment Time Study?

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

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

HCA Contact
MAC@hca.wa.gov
Phone: 360-725-1647

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

RMTS Claiming Description

Washington State
Health Care Authority

Medicaid Administrative Claiming
For
School Districts of Washington State

Overview

The following describes how to complete and submit a Medicaid Administrative Claiming (MAC) claim for three cost pools.

Filing Deadline and Certification

All quarterly claims must be approved by the school district in the System no more than one hundred and twenty (120) calendar days following the end of the quarter being claimed. HCA must receive the original signed and dated A19-1A Invoice Voucher (A19) from the school district through the mail no more than thirty (30) calendar days after HCA has approved the claim in the System.

The Certification of Public Expenditures Worksheet/Local Match Certification must be submitted with the A19 quarterly.

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

RMTS Medicaid Eligibility Rate (MER) Calculation Process for School Districts

- For each quarter, HCA staff extract an unduplicated report of all Medicaid enrolled children, ages 0-20 from HCA's ProviderOne data base.
- The data extracted is forwarded to the Washington State Office of the Superintendent of Public Instruction (OSPI).
- For each quarter OSPI staff completes a data match comparing the unduplicated count of Medicaid enrolled students (the numerator) with the student enrollment for each school district (the denominator). This comparison results in the MER for each district.
- HCA staff then enters the MER for each district into the claiming system.

Please see the below example:

School District Name	District Student Enrollment	Medicaid Enrolled	District MER
Onion Creek School District	2,808	791	28.17%

Monitoring of Trends

HCA staff monitors the MERs on a regular basis. Any significant variations from historical trending are noted and are communicated to OSPI for an explanation of the variance in the data; any needed adjustments to the MER are then applied.

Claiming Process Overview

HCA operates one statewide RMTS. Within that time study there are three cost pools (Education, Administration, and Social and Health Related Services). Each cost pool is randomly assigned the same number of random moments each quarter.

Elements of the claim include:

- Quarterly state-wide time study results for each RMTS group are calculated following the end of the quarter.
- The SDs MAC Coordinator prints the A19-1A invoice voucher (A19).
- The A19 is signed, dated and mailed to HCA.
- HCA staff review and approve the SDs quarterly A19. A19s are forward to fiscal to process.
    - If there are questions regarding the claim, HCA will notify the SD.
- Approved A19 invoices will be processed by HCA within thirty (30) calendar days.

MER

Part of the MAC claiming requires the application of a MER.

Indirect Rate

The restricted and unrestricted indirect rates approved by the federal cognizant agency, the federal Department of Education, are placed in the System by HCA at the beginning of the school year. The SDs must use the **restricted** indirect rate to be used in the claiming process. The formulas in the System apply the indirect rate to the appropriate costs. The SD is prohibited from claiming any expenses as Direct costs/Expenses on any A19 if those expenses are included in an approved indirect rate. All staff included in operating costs or an approved indirect rate is prohibited from participating in the time study.

Revenue Offset

Certain revenues must be offset to reduce costs to determine the total amount of costs in which the federal government will participate. (Federal Regulations (2CFR), Part 225).

Sample categories of revenue offset may include the following (not all inclusive):

- All federal funds
- All state expenditures which have been previously matched by the federal government (includes Medicaid funds for medical assistance, such as payments for services under fee-for-service)
- Insurance and other fees collected from non-governmental sources
- All applicable credits such as receipts or reduction of expenditure type transactions offsetting or reducing expense items allocable to federal awards as direct or indirect costs.
- When the costs of employees who provide medical services are fully met/covered by federal funding sources (Schools Based Health Services) or third party payers, those employees should not be included in the time study and their costs should not be included in the cost pool. (Example: Psychologist, Speech Therapist, Occupational Therapist, Physical Therapist)

Revenue Offset Process

- To determine the amount of total allowable salary and benefits for the quarter, the SD must first perform revenue offset by subtracting any federal or state grant dollars included in the salary and benefits. To comply with this requirement, the SD must subtract from the salary and benefits, any federal or state grants received, including but not limited to, any funds received on behalf of a program for the work they do.
- Time study statistics and MER must be applied to the remaining salary and benefits (total allowable staff salary).
- In some cases, the revenue offset amount could include donations if those donations were specifically given to a program.

Example - Revenue Offset Process and Claim

Quarterly Gross Staff Salary/ Benefits	$100,000
Other Federal/State funds received (Offset Amount)	($ 20,000)
Claimable Quarterly Net Salary/Benefits	$ 80,000
RMTS results (MAC 50% / Non-MAC 50%)	($ 40,000)
Adjusted Salary/Benefits	$ 40,000

In actuality, the Adjusted Salary/Benefits are added to those other RMTS participants in the RMTS group cost pool, before applying the MER percentage and the 50% Federal Financial Participation. But, to depict the effect in this example, applying a MER percentage of 30% to the Adjusted Salary/Benefits for the individual would create the Net Total Computable (TC): $12,000

$6,000 local funds & $6,000 Medicaid funds = $12,000 TC

The 50% Federal Financial Participation would be: $ 6,000

Local Match Certification and Sources of Funding and Certified Public Expenditures (CPE)

SDs must use Certified Public Expenditures (CPE) to obtain Federal Financing Participation (FFP). SDs must document the local matching funds quarterly. HCA will review the source of funds to ensure that they are allowable.

Federal statute and regulation permits SDs to provide the non-federal share of Medicaid expenditures. Funding for the non-federal share may be directly appropriated to a government unit by their legislature or other authority, transferred between government units, or actual expenditures incurred by the government units may be certified as public expenditures eligible for Medicaid FFP. Regardless of the method used to fund the non-federal share, the funding must be provided by a unit of government.

CMS policy is authorized by Section 1903 (W) (6) of the Social Security Act which specifically identifies states, and units of governments within a state, as the appropriate agencies to fund the non-federal share of Medicaid costs. The non-federal share may be funded with proceeds derived from:

- State and local taxes
- Funds appropriated to state university teaching hospitals
- Funds transferred from or certified by units of government within a state
- Funds of the unit of government not considered to be provider related donations
- Funds of the unit of government not derived from an impermissible health care related tax

SDs are prohibited from requiring or allowing private non-profits to participate in the financing of the non-federal share of expenditures unless they get approved by the National Institute Reimbursement Team (NIRT). Non-governmental units may not voluntarily provide, or be contractually required to provide, any portion of the non-federal share of the Medicaid expenditure.

Non-Duplication of Payment

Federal, state, and local government resources should be expended in the most cost effective manner possible.

SDs may not claim any FFP for administrative activities if related costs have already been paid by another revenue source. A government program may not be reimbursed in excess of its actual costs, i.e., make a profit.

Example activities where costs may not be claimable due to the potential for duplicate payments include but are not limited to:

- An activity that is an integral part or extension of a direct medical service, such as patient follow-up, patient assessment, patient education, or counseling.

- An activity that has been, or will be, paid for as a service of another non-Medicaid program.
- An activity that has been, or will be, paid for as a Medicaid administrative cost through another MAC program.
- An activity that is included as part of a managed care rate and is reimbursed by a managed care organization.
- Costs for activities that are included in a direct medical service encounter rate.

It is important to distinguish between duplicate payments for the same activity and an inefficient use of resources, which may result in the unnecessary repeated performance of an activity.
Duplicate performance of services or administrative activities must be mitigated through coordination of activities.

School Districts Administrative Fee

HCA will submit an invoice to the each SD twice each fiscal year for an administrative fee that will not exceed HCA's actual costs to administer the program. This fee is based on quarterly claims submitted by each SD.
SDs must pay HCA administrative fees within 45 days of the date on the administrative fee invoice using non-federal dollars. If the administrative fee is not paid within the allowed timeframe, HCA will not process any A19 submitted after the invoice date.

Claiming Process Instructions

Filing Deadline and Certification

- Claims will be submitted and calculated electronically through the System.
- All quarterly claims, including billing documentation required by the claiming module of the System or by HCA, must be completed and forwarded to HCA if requested. The original signed and dated A19-1A Invoice Voucher for the quarter must be mailed and received by HCA MAC staff no later than midnight 120 calendar days following the end of a quarter. An A19 received after 120 days of the quarter will not be processed for payment.
- The Local Match Certification must be mailed with the A19 quarterly.
- All A19s and the Local Match Certification must be signed by an authorized representative who is legally designated as a signatory for the SD.

Uploading Claiming Data

The Washington Schools User MAC RMTS Claiming User Guide provides step-by-step instructions for entering and calculating quarterly Medicaid administrative activity claims. This guide can be found in the Heath Care Authority Website/MAC; please follow the link: http://www.hca.wa.gov/medicaid/mac/pages/school.aspx