

Medicaid Administrative Claiming Program Operating Plan

Overview:

Districts participating in Medicaid Administrative Claiming (MAC) must submit a MAC Program Operating Plan (POP) and receive approval from the Health and Human Services Commission (HHSC). The POP is based on the MAC guidelines and other applicable state/federal policies. Starting with federal fiscal year (FFY) 2010, HHSC has facilitated the MAC POP submission and approval process by developing a uniform POP for participating districts to complete and submit for approval. The MAC POP is to be submitted to the HHSC Rate Analysis Department for review and approval. This requirement is stated in the *Texas Time Study Implementation Guide for Direct Services & Medicaid Administrative Claiming*, which was approved by the Centers for Medicare & Medicaid Services. Once the MAC POP is approved, it will remain in effect indefinitely or until the State and/or the Independent School District (ISD) decides to terminate the contractual agreement required for participation in MAC.

The following includes the information necessary for your district to submit the completed MAC POP. In addition to submitting the MAC POP, the district is required to update and maintain all contact information in the State of Texas Automated Information Reporting System (STAIRS). Once a MAC POP has been approved, the district is required to update STAIRS should program contacts change.

Instructions:

The cover page of the MAC POP must be submitted **on district letterhead**. A sample of a cover page has been included on the following page. Subsequent pages of the MAC POP are not required to be printed on letterhead.

The primary contacts listed on the MAC POP must be district employees of the district submitting the form. Fiscal agent employees cannot serve as the primary contact for a member district.

Mail the MAC POP to HHSC Rate Analysis.

<Cover Page Printed on District Letterhead>

<Insert HHSC Rate Analysis Address>

<Insert Date>

As required for participation in the Medicaid Administrative Claiming program and as specified in the current *Texas Time Study Implementation Guide for Direct Services & Medicaid Administrative Claiming*, please accept _____ ISD's MAC Program Operating Plan. The ISD understands that once the MAC POP is approved, it will remain in effect indefinitely or until the State and/or the ISD decide to terminate the contractual agreement required for participation in MAC.

Signature: _____ Title: _____

**Medicaid Administrative Claiming Program Operating Plan (MAC POP)
District Contact Information**

| | | |
|-----------------------|---------------------------|--------------------------------------|
| District Name: | HCAT (Contract) #: | County District Number (CDN): |
| | | |

Please provide the following information. **Note: See instructions as to who is permitted to be a primary contact.**

| | | |
|---|--------------|------------------------|
| Primary RMTS Coordinator/Contact Name: | | Title: |
| Mailing Address: | City: | Zip: |
| Phone: | Fax: | Optional Phone: |
| Email Address: | | |

| | | |
|--|--------------|------------------------|
| Primary MAC Financial Coordinator/Contact Name: | | Title: |
| Mailing Address: | City: | Zip: |
| Phone: | Fax: | Optional Phone: |
| Email Address: | | |

Superintendent/Executive Director Contact Information: (In addition to being a district employee, this must be someone who can legally and financially bind the district.)

| | | |
|-------------------------|--------------|------------------------|
| Contact Name: | | Title: |
| Mailing Address: | City: | Zip: |
| Phone: | Fax: | Optional Phone: |
| Email Address: | | |

Please Note: The district is required to update and maintain all contact information in the State of Texas Automated Information Reporting System (STAIRS).

Roles and Responsibilities

Each coordinator will initial his/her appropriate section, thus agreeing to the following:

To be initialed by the primary RMTS Coordinator/Contact:

Primary RMTS Coordinator/Contact Roles and Responsibilities

(initials)

Functions

The RMTS Coordinator/Contact will attend mandated/required training provided by HHSC or its designee, to understand the purpose of the RMTS, and understand the importance of updating and/or certifying the Participant List (PL), as to ensure that the updates and certifications are completed by the scheduled due dates. The RMTS Coordinator/Contact will ensure that all eligible participants are added to the web-based system and will add/delete program contacts as appropriate. The RMTS Coordinator/Contact will also provide required training to selected time study participants and ensure their availability to answer questions as specified in the current *Texas Timestudy Implementation Guide for Direct Services and Medicaid Administrative Claiming*.

Training

The RMTS Coordinator/Contact will ensure that sampled staff receives training prior to the completion of the RMTS for their sampled moment; therefore, mandatory training will be made available to selected time study participant staff. Staff identified to participate in a time study for the first time during a federal fiscal year will be provided interactive training. Refresher training will be provided to staff that have attended interactive training within a fiscal year and have been selected to participate in the time study. As new staff are added to the PL and selected for the time study, they will be trained in adherence with all training requirements. Training materials either issued by HHSC or approved by HHSC will be used. Districts utilizing training materials not issued by HHSC will submit them for approval 30 days prior to the scheduled training.

Oversight/Monitoring

The RMTS Coordinator/Contact will provide oversight of the RMTS and review the master participant list in the web-based system to ensure its accuracy prior to the beginning of each RMTS period. Necessary updates will be made to the participant list on the web-based system by the date the participant list closes for each quarter. Throughout the quarter, the district will follow-up with staff members that have not completed their sampled moment within the allowed response period. Follow up activities may include a phone call, email or live discussion and must be documented. Questions and/or concerns raised by RMTS sampled staff will be answered promptly. Time study participants will be instructed to first go to their supervisors who will then contact the RMTS Coordinator/Contact regarding questions on which they need assistance and provide the information back to staff.

In the event that a supervisor is not available, the RMTS Coordinator/Contact must be available for direct contact by time study participant staff. The RMTS Coordinator/Contact will ensure that the 85% participation/response requirement is met each quarter and will act as backup to the MAC Financial Coordinator/Contact when necessary. Questions regarding issues with the web-based system will be directed to the State's vendor for software support.

Documentation and Record Keeping

Supporting documentation of all training conducted will be kept in the ISD's quarterly supporting documentation file (audit file). Documentation for all follow-up activities, i.e., phone calls, email or live discussion will be kept in the supporting documentation file for the quarter they are conducted. The supporting documentation file will be maintained for a minimum of five years by the RMTS Coordinator/Contact and will be made available upon request from state and federal entities.

To be initialed by the primary MAC financial Coordinator/Contact:

Primary MAC Financial Coordinator/Contact Roles and Responsibilities

(initials)

Functions

The MAC Financial Coordinator/Contact's function is to attend mandated/required training provided by HHSC or its designee, understand the purpose of the RMTS and the PL and their importance in the calculation of the MAC claim. The web-based system will be utilized by the ISD for calculation of the MAC claim. The MAC Financial Coordinator/Contact will ensure that the financial data included in the calculation of the claim is based on actual expenditures incurred during the quarter for which a claim will be submitted. Only direct costs and indirect costs as defined in OMB A-87 and approved by CMS will be entered into the claim. Expenditures included in the MAC claim and funded with federal funds will be offset or reduced from the claim prior to the determination of the federal share reimbursable for each claim. Once the claim is calculated, the MAC Financial Coordinator/Contact will ensure that the information entered into the web-based system is accurate by certifying and printing the Quarterly Summary Invoice (QSI) generated by the system. The Chief Financial Officer, Chief Executive Officer, Executive Director, Superintendent or other individual designated as the financial contact by the ISD will be required to certify the accuracy of the submitted claim and the availability of matching funds necessary. The certification statement will be included as part of the invoice and will meet the requirements of 42 CFR 433.51. MAC claims will be submitted on a quarterly basis via the web-based system within two quarter's of the end of the claim period in order for the claim to be calculated.

Training

The MAC Financial Coordinator/Contact ensures that all applicable training requirements are met and that a minimum of two individuals attend all mandatory trainings and ensure compliance with policy directives.

Oversight/Monitoring

The MAC Financial Coordinator/Contact will provide oversight and monitoring and coordinate with the RMTS Coordinator/Contact to ensure the quarterly participant list data is accurate and appropriate for inclusion on the quarterly MAC claim, the certification of financial costs are true and accurate, the time study results are valid, financial data submitted for the quarter is true and accurate, and that appropriate documentation is maintained to support the time study and the claim each quarter.

Documentation and Record Keeping

The MAC Financial Coordinator/Contact will ensure that supporting documentation is maintained that appropriately identifies the certified funds used for MAC claiming. The documentation will identify all sources of funds used for certification and must ensure that said funds have not been used to match other federal funds. Supporting documentation will be kept in a quarterly supporting documentation file (audit file). The district will provide a list of sources of funds used to complete a MAC claim upon request by HHSC. The MAC Financial Coordinator/Contact will coordinate with the RMTS Coordinator/Contact to ensure that the audit file contains all required documentation as specified in the current *Texas Timestudy Implementation Guide for Direct Services and Medicaid Administrative Claiming* and that the file will be maintained at the ISD’s financial office, special education office or Medicaid office.

Term of the MAC Program Operating Plan

This plan will be effective upon approval and shall continue indefinitely or until the State and/or the ISD change the MAC POP processes or terminate the contractual agreement required for participation in MAC.

Authorized Signatures

Superintendent/Executive Director

Date

Primary RMTS Coordinator/Contact

Date

Primary MAC Financial Coordinator/Contact

Date