

Ohio's Medicaid Administrative Claiming (MAC)

For
Local Public Health Departments



Why is there an Ohio MAC for LPHDs?

Public health agencies and the Medicaid Program share a focus on improving access to health care for low income Ohioans. Local Public Health Departments (LPHDs) know that a lack of health insurance, limited availability of providers, limited transportation, language barriers, and the complex health care system pose challenges to many Ohioans. Through MAC a LPHD can be reimbursed, in part, for their efforts that assist low income Ohioans in enrolling in Medicaid and accessing appropriate Medicaid covered services.

Who's involved?

Federal

- ✓ Centers for Medicare & Medicaid Services (CMS)

State

- ✓ Ohio Department of Job and Family Services (ODJFS)
Medicaid Program
- ✓ Ohio Department of Health (ODH)

Locals

- ✓ Local Public Health Departments



What is the MAC Time Study?

- Electronic time study 1 week during each quarter.
- Ohio Department of Job & Family Services randomly chooses the time survey week every quarter.
- Staff reports in 15-minute increments throughout their paid workday using a standard set of activity codes.



Why Time Study?

- Many traditional Public health activities focus on helping people get **enrolled** in Medicaid and helping them get **proper medical care**.
- The MAC time study will help you gain reimbursement for these services (MAC activities).

What is the Purpose of the Time Study?

- Capture how you spend all time in a typical week, to measure percentage of time spent on MAC activities and non-MAC activities.
- All reimbursement for MAC is based on time study results.

Medicaid Outreach

What are MAC activities?

Activities that improve access to Medicaid coverage or improves the use of Medicaid-covered services.

These activities include, but are not limited to:

- Informing an individual or group about the benefits of Medicaid, what it covers, how to use it and convincing people to apply is all considered **Medicaid Outreach**.

Facilitating Medicaid Eligibility

- Assisting an individual in applying for Medicaid via the Combined Programs Application (CPA) by either helping complete the form or gathering eligibility information is Facilitating Medicaid Eligibility.



Referral, Coordination and Monitoring of Medicaid Services

- Helping people find a doctor, schedule a medical, dental, or mental health appointment, or explaining the need for referral for a medical service.
- Coordinating care with families and doctors, providing follow-up contact to ensure care is received, or explaining the latest medical tests and advising on what services are needed first.
- Monitoring a person's care including medication, service management, and preparing and sending letters or phone calls to remind clients of upcoming appointments or needed services.



Medical Related Provider Relations

- Recruiting new providers and developing or maintaining directories of providers to expand or maintain the pool of medical/dental/mental health providers in a community.

Transportation and Translation for Medicaid Services

- Arranging and/or scheduling transportation to services or accompanying the individual to a Medicaid service.



Program Planning, Development & Interagency Coordination of Medical Services

- Working with other agencies to improve the coordination of and access to Medicaid services, reducing and closing gaps in services, are all MAC activities.

Medicaid Covered Services

Code 1 – Direct Patient Care

Code 3 – Medicaid Outreach

Code 5 – Facilitating Medicaid Eligibility Determinations

Code 7 – Referral, Coordination & Monitoring of Medicaid Services

Code 9 – Transportation and Translation for Medicaid Services

Code 11 – Program Planning, Development & Interagency Coordination of Medical Services

Code 13 – Medical Related Provider Relations

*All activities related to CPT codes are considered DP Care (Code 1). This avoids double dipping.

Examples of Medicaid covered services are:

- Ambulance/ambulette services
- Behavioral Health
- Chiropractic services (children only)
- Community alcohol and drug addiction services
- Community mental health services
- Dental services
- Durable medical equipment
- Family planning services and supplies
- Health Check (EPSDT) program
- Home and community-based waivers
(restricted enrollment, see listing)
- Home health services
- Hospice
- Inpatient hospital services
- Lab & X-ray services
- Managed Care (Molina, Care Source, etc.)
- Nursing home care
- Nurse-midwife, CFNP and CPN services
- Outpatient services (including those delivered at RHCs and FQHCs)
- Physical therapy, occupational therapy and speech therapy
- Physician services
- Podiatry
- Prescription drugs
- Transportation
- Vision care, including eyeglasses

What are NOT MAC Reimbursable Activities?

Direct Patient Care (Medicaid already Reimburses)

- Clinical Services such as Immunizations, Prenatal Care, Family Planning, Dental, Mental Health Services are already reimbursed via Managed Care (Molina, Care Source, etc.) or traditional fee-for-service reimbursement.

What are NOT MAC Reimbursable Activities?

Non Medicaid-Covered Services/Programs

- WIC, Head Start, housing, jobs training, employment, child care, etc. Any social or non-medical program.
- Same activities including Outreach efforts to enroll eligible individuals, Performing referral, coordination and monitoring activities. Arranging transportation and translation. System level such as program planning, development, interagency coordination and provider relations of Non-Medicaid services.

Non Medicaid-Covered Services

Code 2 – Non-Medicaid Other Program and Social Service Activities

Code 4 – Non-Medicaid Outreach

Code 6 – Facilitating Eligibility for Non-Medicaid Programs

Code 8 – Referral, Coordination and Monitoring of Non-Medicaid Services

Code 10 – Transportation and Translation for Non-Medicaid Services

Code 12 – Program Planning, Development & Interagency Coordination of Non-Medical Services

Code 14 – Non-Medical Provider Relations

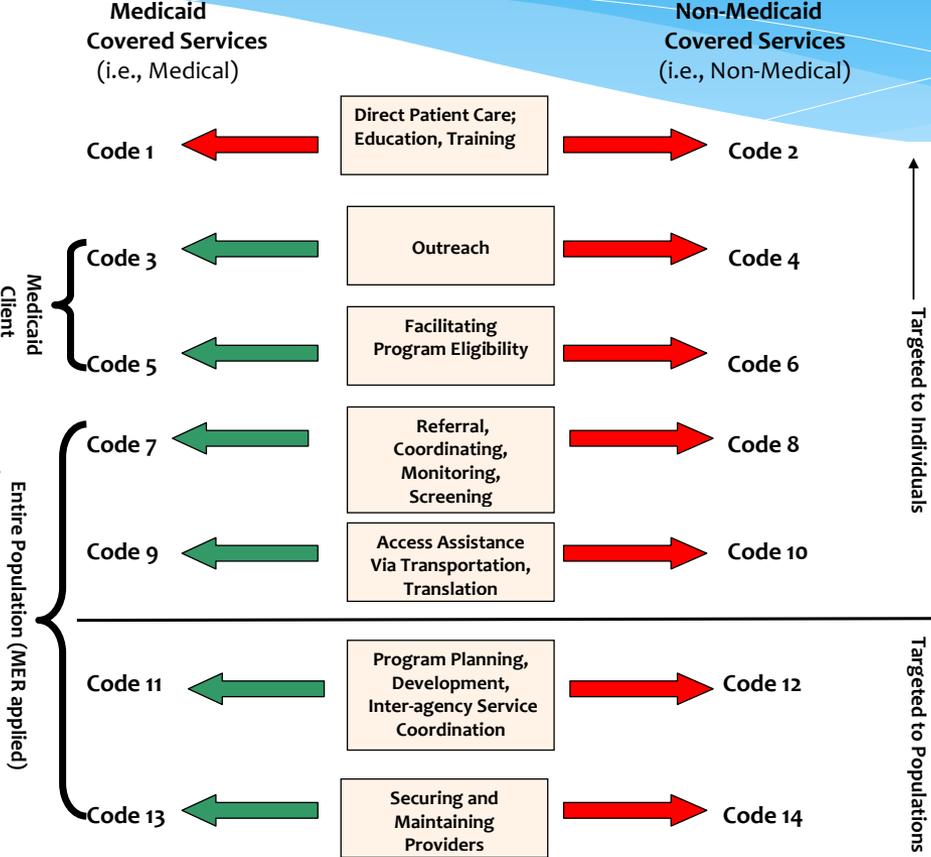
Some examples of Non-Medicaid Services include:

- Car passenger safety
- Clothing
- Environment safety
- Food stamps
- WIC
- Housing Assistance
- Jobs
- Parenting
- SSI
- TANF

The above listing is not intended to be a complete list. Each agency will have different Non-Medicaid Services.

Parallel Coding

Medicaid Claiming Code References



Do not Worry About Medicaid Status

Do not Worry About Medicaid Status

Concentrate on type of service!
(e.g. referral, coordination, etc.)

- ✓ Your time study is discounted by the percentage of people enrolled in Medicaid in your county.
- ✓ Allows you to not worry if the MAC activity is to a Medicaid or Non-Medicaid client.

MAC Color Coding

On the following MAC Activity Codes pages, you will encounter color-coded text. Here is a key to the colors that will be used:

Green – Activities for which you will be reimbursed

Red – Activities for which you will NOT be reimbursed

MAC Activity Codes

Your activities will be reported using codes.

Your activities may not require all codes.

Code Activity

1 Direct Patient Care

Providing client care, treatment and/or counseling services to an individual in order to correct or ameliorate a specific condition.

2 Non-Medicaid Other Program and Social Service Activities

This code should be used when performing any activities that are not health related, such as education, employment, job training, social services and other activities or services as well as non-Medicaid health related activities.

MAC Activity Codes

Code Activity

- 3 **Medicaid Outreach** cannot be used in the home setting
A campaign, program or ongoing activity targeted to 1) bringing potential eligibles into the Medicaid system for the purpose of determining eligibility or 2) bringing Medicaid eligible individuals into specific Medicaid services.
- 4 **Non-Medicaid Outreach**
Use when informing individuals about social, educational, legal or other services not covered by Medicaid and how to access them.

MAC Activity Codes

Code Activity

5 Facilitating Medicaid Eligibility Determinations

Use this code when assisting an individual in becoming eligible for **Medicaid**.

6 Facilitating Eligibility for Non-Medicaid Programs

Use when assisting an individual to become eligible for **non-Medicaid** programs, such as food stamps, SSI, TANF, WIC, Section 8 housing, etc.

MAC Activity Codes

Code Activity

- 7 Referral, Coordination & Monitoring of Medicaid Services
Use when performing referral, coordination, and monitoring activities that facilitate access to and coordination of **Medicaid covered services**.

- 8 Referral, Coordination & Monitoring of Non-Medicaid Services
Use when performing referrals, coordinating and/or monitoring the delivery of social, educational, legal, or other services not covered by **Medicaid**.

MAC Activity Codes

Code Activity

9 Transportation and Translation for Medicaid Services

Use when assisting an individual to access services covered by Medicaid through arranging or scheduling (by car, taxi, van, bus, etc., but not an ambulance) to a Medicaid covered service or accompanying the individual to a Medicaid service. Use when arranging, obtaining or providing translation services for the purpose of accessing Medicaid services.

10 Transportation and Translation for Non-Medicaid Services

Use when assisting an individual to access services not covered by Medicaid through arranging, scheduling or providing transportation, accompanying the individual to a non-Medicaid service, and obtaining translation services so the individual can access a non-Medicaid service.

MAC Activity Codes

Code Activity

11 Program Planning, Development & Interagency Coordination of Medical Services

Planning and development of services, programs and resources that relate to Medicaid covered medical/dental/mental health services, such as the development of policy, procedures and protocols for the delivery and coordination of care to individuals.

12 Program Planning, Development & Interagency Coordination of Non-Medical Services

Use when performing activities associated with the development of strategies to improve the coordination and delivery of non-medical services, including educational, social, vocational, and other services and when performing collaborative activities with other agencies.

MAC Activity Codes

Code Activity

13 Medical Related Provider Relations

Use this code when performing activities to secure and maintain the pool of eligible **Medicaid** (medical/dental/mental health) providers.

14 Non-Medical Provider Relations

Use when performing activities related to securing and maintaining non-health related providers.

MAC Activity Codes

Code Activity

15 General Administration

Performing general administrative activities (i.e., those that are not specific to any identified function or that relate to multiple functions of the agency) and paid time off.

16 Time Not Documented

The time study participant's supervisor can use this code if there is time not documented.

MAC Rules and Locally Created Descriptions

If you do not want to use the State suggested codes you have other options.

Custom Descriptions (Roll Your Own descriptions) – Entered by time study participants during the time-study process. The time-study process form is called a Daily Documentation Log (DDL). Custom descriptions exist only for the participant that enters the custom description and only during the time study during which the description is entered. Roll Your Own codes that are used during a time study can be viewed in “Roll Your Own” report at any time during the time study.

Local MAC Descriptions – These are descriptions entered by MAC Coordinators for the purpose of presenting them to the State Administrator for approval. The Agency Administrator and Time Study Coordinator currently have this authority.

MAC Rules and Locally Created Descriptions

Unapproved Local MAC Descriptions – Until the State Admin approves a Local MAC description, it is in the “unapproved” state and does not appear in the DDL “drop down box” for use during time studies.

Approved Local MAC Descriptions – Once the State Admin approves a Local MAC Description, it will appear in the DDL “drop down box” for participants within the appropriate Agency.

Time Constraints for approving Local MAC Descriptions – Local MAC descriptions can be approved up to a week before the time study begins. New descriptions for the next time study can be approved three weeks after the previous time study has ended.

“Tag Line”

Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

- Any and all activities that are associated with a code is to be charged to the code.
- Eliminates the overuse of code 15 (General Administration).



Code 7: Referral, Coordination & Monitoring of Medicaid Services

- Use when performing referral, coordination, and monitoring activities that facilitate access to and coordination of Medicaid covered services.
- Includes identifying the need for and types of medical care an individual needs, making referrals to Medicaid providers, and doing follow up or monitoring to assess individual's progress. This includes consultation with other providers to access Medicaid services for a client.
- Includes paperwork, clerical activities, staff travel or training directly related to performing these activities.

State Approved Suggested Descriptions for Code 7

Code 7: Referral, Coordination and Monitoring of Medicaid Services

7-A Making referrals to Medicaid-covered (Medical/Dental/Mental Health Waiver) services that facilitate access to proper care of an individual.

7-B Coordinating Medicaid-covered (Medical/Dental/Mental Health/Waiver) services on behalf of the individual.

7-C Monitoring Medicaid-covered (Medical/Dental/Mental Health/Waiver) services on behalf of an individual.

State Approved

Suggested Descriptions for Code 7

7-A

Making referrals to Medicaid (Medical/Dental/Mental Health) services that facilitate access to proper care of an individual.

The purpose of this description is to capture all activities (e.g. paperwork, clerical activities, staff travel or training), regardless of type of communication (phone, mail, e-mail, face-to-face, etc.) related to making a referral to Medical/Dental/Mental Health Services to an entire population. These are examples, but not limited to:

- Gathering information that may be required in advance of medical/dental/mental health referrals
- Providing information to a provider of medical/dental and mental health services for the purpose of making a referral on behalf of an individual
- Providing medical/dental/mental health referrals to the general public or the families of the medically fragile child regarding all medical/dental/mental health services.

What codes to use?

- Discuss within your Claiming Unit what activities are performed throughout a work day to help determine which code would be utilized for that particular activity. Enter the description and end the description with what you think the code number/letter might be (e.g. 7A, 7B or 7C). If you ever have any questions in determining a code for an activity, contact the MAC Administrator.

A woman with blonde hair is looking at a laptop screen. A blue speech bubble is positioned above her head, containing text. The background is white with a blue wave-like graphic at the top.

I think my activity is part of a code, but it is not listed!!

Reference to Code 1

Code 1: Direct Patient Care

- This code is to capture the activities that Medicaid is billed.
- Use this code for both Medicaid and Non-Medicaid patient (even though the non-Medicaid patient is not billed).
- This code is to be used regardless of setting.

The following codes have a reference to Code 1:

- Referral, Coordination and Monitoring of Medicaid-covered Services (Code 7)
- Transportation and Translation for Medicaid Services (Code 9) e.g. bilingual provider
- Transportation and Translation for Non-Medicaid Services (Code 10)

How Often Do I Choose My Descriptions?

Choose or write descriptions throughout the day at natural breaks of time.

Natural breaks are:

- You just finished with a client
- You just finished a meeting
- You just finished making a phone call



How Do I Code Travel Time?

- Travel should be coded according to the activities performed.
- Remember the “**Tag Line**”, *travel is coded to the same code used for the purpose of the trip.*



How Do I Split the Time?

What if I have more than one activity within the 15 minutes?

Example:

6 minutes on code 7

4 minutes on code 9

3 minutes on code 15

2 minutes on code 10



Code 7
is used

Review: How to Choose a Description of Activities

Parallel Codes

For example: Referrals are made to both Medicaid – Covered and Non-Medicaid – covered services.

Tag Line

All associated activities go to the specific description.

Do Not Worry About Medicaid Status

Do not need to be concerned if Medicaid client.

Medicaid Administrative Claiming (MAC)

This completes the MAC time study training. You will be required to complete a short MAC test and if all questions are answered correctly you will be issued a certificate through Ohio Train.

<https://oh.train.org>

