

MSB's Massachusetts RMTS Outline

- I. The Study
 - a. Quantifies the work of a statewide group of health professionals and support staff involved in the delivery of medical and health related services provided through the school Medicaid program by sampling the work efforts of these individuals
 - b. These folks are polled at random moments over a quarter of a calendar year
 - c. The methodology calculates the result of the polling
 - d. Yields a statistically valid means of determining which portion of the group's time is spent performing activities that are reimbursable by Medicaid:
 - i. In the Direct Services Claiming program; or the
 - ii. Administrative Activity Claiming program
 - e. The results are combined with provider-specific costs, submitted in an annual cost report to:
 - i. Determine provider reimbursement for Direct Service Claiming;
 - ii. And will be submitted as part of the quarterly Administrative Activity Claims
 - f. Completed online
 - g. Does not replace the requirement to document direct medical services provided to students
 - h. The Process:
 - i. Schools enter district-wide calendars and work schedules into the RMTS system on-line prior to the first Friday of the month preceding the start of each quarter
 - ii. Quarters
 1. October 1- December 31
 2. January 1- March 31
 3. April 1- End of School Year
 - iii. Schools upload the list of eligible RMTS participants into the system 30 days prior to the start of the quarter
 - iv. RMTS participants receive passwords via e-mail as needed
 - v. Participants, moment dates and times are randomly selected from the statewide pool through the system
 - vi. Notification is received of the moment at the time of the moment
 - vii. Participants respond to the moment within the 5 calendar day grace period
 - viii. Participants will be contacted as needed for clarification
 - ix. Follow-up e-mails are received a set number of hours after the moments if the moment is not accounted for
 - x. After 5 calendar days, the participant will not be able to complete or edit the moment
 - xi. Quarterly statewide time study results are calculated by UMMS and distributed to schools for:
 1. Inclusion in the AAC claims
 2. The Direct Service Cost report will also include statewide time study results
- II. Medicaid Provider Responsibilities
 - a. Designate an administrative time study contact and send the proper info to UMMS
 - b. Identify the personnel who are eligible to participate in the time study¹

¹ "It is important to review the information for each participant on the list to ensure that it is accurate for the quarter being uploaded. By including a participant on the list, you are certifying that he/she has the qualifying credentials for the job description listed *and is reasonably expected to provide/perform* Medicaid-covered, IEP-related, direct medical services, Medicaid-related administrative activities, or School-Based Medicaid billing services for the quarter being requested." MassHealth School-Based Medicaid Program Instruction Guide for Statewide Random Moment Time Study (RMTS), July 2015, p. 9

- i. Direct Services Practitioners
 - 1. Meet the credentialing requirements of Direct Service Practitioners, and
 - 2. Are reasonably expected as part of current job duties to provide Medicaid covered IEP related direct medical services to students (Medicaid eligible and/or non—Medicaid eligible) in the quarter being requested; or
 - 3. Are reasonably expected as part of current job duties to provide Medicaid related administrative activities in the quarter to be requested and will not provide Medicaid covered IEP related direct medical services to students (Medicaid eligible and/or non—Medicaid eligible) in the quarter being requested.
 - 4. Medicaid Billing Personnel - Reasonably expected as part of their current job duties to perform School-based Medicaid billing functions in the quarter being requested
 - 5. Staff whose salary costs are duplicative of costs reimbursed through the application of the Indirect Cost rate must be excluded from the RMTS²
 - ii. Administrative Only Staff
 - 1. Include health personnel who do not meet the provider qualifications but will be reasonably expected as part of their current job duties to provide Medicaid covered, IEP related direct medical services to students (Medicaid eligible and/or non-Medicaid eligible) in the quarter being requested.
 - 2. Include Health personnel who do not meet the provider qualifications but who will be reasonably expected as part of their current job duties to perform Medicaid related administrative activities in the quarter being requested.
 - 3. Include other personnel who will be reasonably expected as part of their current job duties to perform Medicaid related administrative activities in the quarter being requested
 - 4. Staff whose salary costs are duplicative of costs reimbursed through the application of the Indirect Cost rate must be excluded from the RMTS³
 - c. Reimbursable Administrative Activities
 - i. Described in detail in the School-Based Medicaid provider contract
 - ii. Include the following
 - 1. Medicaid outreach- Performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access it
 - 2. Facilitating/Assisting in the MassHealth Application Process- Assisting individuals in applying for Medicaid
 - 3. Provider Networking/Program Planning/Interagency Coordination- Performing activities associated with the development of strategies to improve the coordination and delivery of Medicaid covered services to school-age children and when performing collaborative activities with other agencies regarding Medicaid covered services
 - 4. Individual Care Planning, Monitoring, Coordination and Referral - Making referrals for, coordinating, and/or monitoring the delivery of Medicaid covered services
 - 5. Arrangement of Transportation and Translation Related to Medicaid Services - Assisting an individual to obtain Medicaid covered transportation or translation services
- III. On-Line Training for Study Participants
- IV. Time Study Participant Responsibilities

² See, School-Based Medicaid Bulletin 28, July 2015

³ Id.

- a. Answer 4 questions in a timely matter
 - b. Certify the responses: (How does one certify if not qualified? Is the certification specific to different type of providers, i.e. qualified and unqualified?)
- V. Participation Requirements and Monitoring Compliance
- a. Participation is crucial
 - b. Statewide compliance (participation) rate of 85% per RMTS pool per quarter has been set by CMS
 - c. If the statewide participation rate is not met, a statewide penalty will be applied. The penalty is that non-reimbursable time will be added to the time-study results for all non-responses.
 - d. The RMTS manager designee for each provider is required to monitor compliance
 - e. Each provider whose response rate is lower than 85% in either RMTS pool in a given quarter will receive a notification letter
 - f. If the statewide response rate for either RMTS pool does not reach 85% in a given quarter, providers who received a notification letter within the last two years and whose response rate was lower than 85% in that quarter will be unable to claim reimbursement for that quarter
- VI. Technical Notes/System Requirement s- See Instruction Guide