



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MassHealth
Municipally Based Health Services
Bulletin 12
May 2007

TO: Municipally Based Health Service Providers Participating in MassHealth
FROM: Tom Dehner, Acting Medicaid Director 
RE: **Administrative Activities Claiming and General Payment Conditions for Direct Services**

Background

This document provides guidance on:

- the methodology for local education authorities (LEAs) to determine what proportion of the tuition payments made to out-of-district schools can be attributed to conducting school-based Medicaid administrative activities;
- the process for submitting amended administrative activity claims (ACCs); and
- the employment status information that must be included on the Detailed Expenditure report.

This bulletin also reminds providers about the general payment conditions for MassHealth providers.

**Clarification of
the Methodology for
Claiming Tuition
Payments to
Out-of-District Schools
in Administrative
Activities Claims**

This section provides additional guidance about the methodology for including out-of-district tuition expenditures in an AAC. It is intended to supplement information already provided in the Claiming Manual for School-Based Administrative Activities (the "Claiming Manual").

As described in the Claiming Manual, LEAs can claim, on a quarterly basis, the portion of tuition expenditures they make to both day and residential out-of-district schools that is attributable to Medicaid administrative activities. To do this, LEAs must first calculate the health-related portion of quarterly day school and residential school tuition. The formulas for calculating the health-related portion of both the quarterly day school tuition and the quarterly residential school tuition are shown on page 33 of the Claiming Manual.

(continued on next page)

**Clarification of
the Methodology for
Claiming Tuition
Payments to
Out-of-District Schools
in Administrative
Activities Claims**
(cont.)

The health-related portion of the quarterly day school tuition and the quarterly residential school tuition must be calculated separately within each job position group (01 through 08). Once calculated, the health-related portions of both the day school and the residential program within each job position group are added together. The result is then placed into the appropriate job position group section of the Detailed Expenditure report. (See pages 30 through 32 of the Claiming Manual for examples.)

If no personnel from a particular job position group participate in an LEA's quarterly time study, then that LEA cannot include costs for the health-related portion for an out-of-district tuition payment for that job position group in the same quarter's AAC.

Please note that only placements where the LEA retains financial responsibility for a child's education under the Department of Education's special education regulations (603 CMR 28.10) qualify as out-of-district placements.

**Process for Submitting
Amended Administrative
Activities Claims**

This section provides additional guidance on the information that must be included in an amended AAC. All amended AACs submitted after July 1, 2007, must be submitted on the LEA's letterhead and include:

- the LEA's name;
- the LEA's provider number;
- the dates of the quarter during which the administrative activities expenditures were made;
- the original gross claim amount;
- the original net claim amount;
- the amended gross claim amount;
- the amended net claim amount;
- the gross claim difference;
- the net claim difference;
- the dated signature of an authorized LEA official; and
- a statement certifying that the AAC for the given quarter represents actual expenses accumulated under the LEA's provider agreement with the Office of Medicaid, and that the claim amount is solely related to the LEA's administrative activity agreement with the Office of Medicaid and does not duplicate any federal claims for reimbursement.

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***Process for Submitting
Amended Administrative
Activities Claims***
(cont.)

The new Administrative Activity Claim Quarterly Claim Certification form is attached to this bulletin as Attachment A. Providers may photocopy this for their use or may request a supply by sending a written request by mail or fax to

MassHealth
Attn: Forms Distribution
P.O. Box 9118
Hingham, MA 02043
Fax: 617-988-8973

Please Note: In the first paragraph of this form, in the first blank, insert the months and year for the applicable quarter. In the second blank, insert the name of the applicable LEA.

For original claim submissions, LEAs should continue to certify using the sample form provided on page 16 of the Claiming Manual.

***Indicating Employment
Status on the Detailed
Expenditure Report***

For AACs for dates of service on or after July 1, 2007, LEAs must indicate on the Detailed Expenditure report whether each individual is an LEA employee or a contracted individual without benefits. Refer to Attachment B of this bulletin for an excerpt from this report.

***General Payment
Conditions***

As a reminder, providers may not seek payment from MassHealth for direct services unless, on the date of service, the provider was participating in MassHealth and the person receiving the services was a MassHealth member. Providers are considered to have begun participating in MassHealth as of the date on which their provider agreement was executed. See MassHealth regulations at 130 CMR 450.231.

Questions

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

Administrative Activity Claim Quarterly Claim Certification

LEA Provider Number: _____

I certify that, to the best of my knowledge, the administrative activity claim (AAC) for the quarter _____ (*date range for quarter including months and year*) represents actual expenses accumulated under the _____ (*LEA name*) provider agreement with the Office of Medicaid. The claim amount is solely related to our Administrative Activity Agreement with the Office of Medicaid and does not duplicate any federal claims for reimbursement.

Administrative Activity Claim Expenses:

\$ _____ Original gross claim amount

\$ _____ Original net claim amount

\$ _____ Amended gross claim amount

\$ _____ Amended net claim amount

\$ _____ Gross claim difference

\$ _____ Net claim difference

Signature/Title

Date

Submit this completed form to:

Center for Health Care Financing—UMMS
Attn: Municipal Medicaid Program
100 Century Drive
Worcester, MA 01606

Excerpt of Detailed Expenditure Report

STAFF LAST NAME	STAFF FIRST NAME	JOB TYPE	JOB CATEGORY	JOB POSITION GROUP NUMBER	QUARTERLY SALARY	UNEMPLOYMENT	HEALTH, LIFE, ETC.	MEDICARE	WC/INJURY PAYMENTS	PENSION	OTHER	TOTAL
					(A)	(B)	(B)	(B)	(B)	(B)	(B)	(B)
		Employee	Speech	01	\$2,604.00	\$2.54	\$238.63	\$29.23	\$11.70	\$23.20	\$0.00	\$2,909.31
		Employee	Speech	01	\$12,636.00	\$12.34	\$1,157.98	\$141.84	\$56.79	\$112.59	\$0.00	\$14,117.54
		Contractor	Speech	01	\$6,130.00							\$6,130.00
Materials- Speech												\$19.00
Ch 766- Speech												\$1,684.60
Total Cost Pool					\$21,370.00							\$24,860.45