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Medicaid Administrative Claiming (MAC) – FFY 2024

Early Childhood Intervention (ECI)

Local Health Departments/Districts (LHD)

**Mental Health/Individuals with an Intellectual and
Developmental Disability (MH/IDD)**

Housekeeping (1 of 2)



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- Today's training may last up to 3 hours. A 10-minute break will be provided.
- Ask questions by sending a message through the GoToWebinar chat feature or by emailing us.
- Must be present and attentive throughout the entire training presentation to obtain credit
 - System tracking (time in session, active screen, and polling questions)
 - Must have registered for the training





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Housekeeping (2 of 2)

- Send email to MedicaidAdministrativeClaiming@hhs.texas.gov if you:
 - Have dual monitors
 - Are sitting with coworkers
 - Are using an iPad/tablet
- To listen to the presentation, you have two options:
 - Dial in using your telephone: you must use the telephone number, access code, and audio pin found on the GoToWebinar window
 - Listen through your computer: you must have speakers to listen
- If you experience technical difficulties, please contact Webinar Support at 1-800-263-6317



Welcome (1 of 3)



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Who is eligible to take today's training?

- Anyone attending today's training is eligible.
- No longer conducting Initial vs. Refresher training.
- Entity employee (Primary MAC Financial Contact) must attend a MAC Financial Training each Federal Fiscal Year (FFY), even if using vendors. See [Texas Administrative Code](#), Paragraph (e)(3).
- MAC Financial Overviews do NOT count towards training credit (nor do RMTS Trainings/Overviews, or MAC Financial Trainings for a different FFY).
- FFY 2024 is October 1, 2023 – September 30, 2024.
- Training credit is for MAC quarterly claim submission based on date of service, not date of submission.

Welcome (2 of 3)



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- No longer conducting Random Moment Time Study (RMTS) overviews.
 - **RMTS Website:** [Time Study | Provider Finance Department \(texas.gov\)](#)
(Follow the links at the bottom of each provider type webpage for info about RMTS training)
 - **Time Study Unit Phone:** (737) 867-7794
 - **Time Study Unit Email:** TimeStudy@hhs.texas.gov
- Today's training includes a Fairbanks system demonstration.
 - **Fairbanks, LLC Phone:** (888) 321-1225
 - **Fairbanks, LLC Email:** info@fairbanksllc.com

Welcome (3 of 3)



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- **MAC Email Address:** MedicaidAdministrativeClaiming@hhs.texas.gov
- **MAC Website:** [Medicaid Administrative Claiming | Provider Finance Department \(texas.gov\)](#) (includes links to each program webpage)
- **MAC Training Webpages** (Training Materials are at the bottom of each page):
 - ECI: [MAC ECI Training Information | Provider Finance Department \(texas.gov\)](#)
 - LHD: [MAC LHD Training Information | Provider Finance Department \(texas.gov\)](#)
 - MH/IDD: [MAC MH/IDD Training Information | Provider Finance Department \(texas.gov\)](#)

District Employee Training Requirement

- Entity employees (Primary MAC Financial Contact) must attend a MAC Financial Training each Federal Fiscal Year (FFY), even if using vendors.
- [Texas Administrative Code](#), Paragraph (e)(3) (A-C):
 - MAC financial training. HHSC provides annual training to participating governmental entities.
 - (A) Each primary MAC financial contact must attend and receive credit for training for each FFY in which the governmental entity chooses to participate.
 - (B) Training is provided for each FFY and is not retroactive.
 - (C) A governmental entity that does not have a trained MAC financial contact who is an employee of the entity is prohibited from submitting a MAC Financial Claim. Governmental entity-contracted vendors are not permitted to enter an entity's data into STAIRS for any entity that does not have a trained MAC financial contact who is an employee of the entity.



Agenda (1 of 2)



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- MAC Participation Requirements
 - Enrollment and Renewal Process
 - Participation documents
 - MAC Contact Responsibilities



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Agenda (2 of 2)

- Reportable Costs & Revenues
 - Participant list
 - Reportable costs
 - Fairbanks System Demonstration
 - Reportable costs (cont'd)
 - Revenues
- Important Reminders
 - Wrap Up and Polling Questions

Medicaid Definitions



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Medicaid

An entitlement program designed to provide health-related services to categorically needy populations.

Medicaid Administrative Claiming (MAC)

Federal Medicaid reimbursement for administrative activities associated with linking recipients to appropriate Medicaid/health-related services.

MAC Activities (1 of 2)



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Activities that improve access to Medicaid coverage or improve the use of Medicaid-covered services, including but not limited to:

- Informing Medicaid-eligible and potentially Medicaid-eligible clients about the benefits and availability of services provided by Medicaid;
- Assisting clients in completing Medicaid eligibility applications;
- Scheduling or arranging transportation to Medicaid-covered services;

MAC Activities (2 of 2)



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- Providing translation services for the purpose of accessing Medicaid services;
- Developing strategies to assess or increase the capacity of medical, dental, or mental health programs; and
- Arranging for any Medicaid-covered service that may be required as a result of a specifically identified medical, dental, or mental health condition.



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Section I

MAC Participation Requirements

MAC Participation Requirements (1 of 2)



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- A MAC contract must be filed and executed with HHS to enter financial expenditure information. CAPM_MedicaidAdministrativeClaimsContracts@hhsc.state.tx.us
- Received appropriate MAC and RMTS training for the FFY
- Have a certified Participant List
- Appropriate financial information must be collected, entered, and certified to calculate a claim.
- Copies of all signed documents and financial statements must be readily available to HHSC for review.

MAC Participation Requirements (2 of 2)



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Public Entities must:

- Maintain Contact Information
 - RMTS Contact
 - MAC Financial Contact
 - Executive Director
- Adhere to roles and responsibilities as defined by HHSC staff and HHSC's MAC Participant Guide
- Electronically approve, sign off, scan, and upload signed documentation agreeing to adhere to HHSC's MAC participant requirements, mandates or both.

Documentation Requirements (1 of 2)



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- Required for participation in MAC:
 - A contract executed with HHS
 - Data Use Agreement (DUA)
 - Security and Privacy Inquiry (SPI) Form
 - Active Unique Entity Identifier (UEID)

Documentation Requirements (2 of 2)



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- Application for Texas Identification Number (TIN)
- Vendor Direct Deposit Form
- Vendor Information Form (VIF)
- Contracting documents must be renewed every five years based on the enrollment date
- Documents and instructions are available on the HHSC MAC website at this link:
[MAC Contracting Information | Provider Finance Department \(texas.gov\)](#)
- **MUST use current forms**

Enrollment and Renewal



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- Contracting instructions: [MAC Contracting Information | Provider Finance Department \(texas.gov\)](#)
- Entities new to MAC must send completed and signed SPI, TIN Application, Vendor Direct Deposit, and Vendor Information Forms along with their active UEID to CAPM_MedicaidAdministrativeClaimsContracts@hhsc.state.tx.us
- SPI, TIN, and VIF documents must be resubmitted when renewing MAC contract.

MAC Contract & Data Use Agreement (1 of 2)



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Entity Agrees

- To account for activities of staff providing Medicaid administration
- To submit quarterly participation data through the cost reporting system
- To provide expenditure information on a quarterly basis
- To spend an amount equal to the federal match received on health-related services for clients
- To designate a liaison to work with HHSC
- To comply with Health Insurance Portability and Accountability Act (HIPAA) regulations

MAC Contract & Data Use Agreement (2 of 2)



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HHSC Agrees

- To pass on to the entities 95% of Title XIX federal share for Medicaid Administration
- To reimburse allowable administrative costs at the appropriate FFP rate (50% or 75%)
- To include the expenditures for Medicaid administration in the claim it submits to CMS
- To designate a liaison to work with the entities
- To comply with HIPAA regulations

Security and Privacy Inquiry (SPI) Form



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- Questionnaire that includes a list of the minimum HHS information security and privacy requirements needed for accessing HHS confidential information
- Form with instructions available at HHS SPI web page: [HHS Information Security and Privacy Initial Inquiry \(SPI\) | Texas Health and Human Services](#)



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Unique Entity Identifier (UEID)

- Entities doing business with the federal government must use a Unique Entity Identifier (UEID, a.k.a. UEI) created in the System for Award Management (SAM) website:
[SAM.gov | Home](https://sam.gov)
- Entities must send UEID with contracting forms. Register or check the status of your UEID at sam.gov.
- See [Unique Entity Identifier Update | GSA](#) for more information.

Direct Deposit Form



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Direct deposit allows MAC reimbursements to be posted automatically to an entity's account instead of being issued as paper warrants sent by mail.

Form 4108
January 2022-E

Direct Deposit Authorization

Alterations must be initialed. Check all appropriate boxes. Retain a copy for your records.

Section 1 – Transaction Type

Section 2 – Payee Identification

1. Social Security No. or Employer's ID No. (EIN)	1.A. Facility/Provider/Contract/Vendor No.		
2. Mail Code (if not known, will be completed by paying state agency)	3. Name (Required)		
4. Business or Daytime Area Code and Phone No. (Required)	Vendor Contact Name and Title (Required for vendor)		
5. Mailing Address (Required)	6. City (Required)	7. State (Required)	8. ZIP Code (Req.)

Section 3 – International Payments Verification (Required)

9. Will these payments be forwarded to a financial institution outside the U.S.? Yes No
If "Yes," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).

Section 4 – Authorization for Setup, Changes or Cancellation

I authorize the state agency that issues my state of Texas payments via the Texas Comptroller of Public Accounts to electronically deposit my payments to my financial institution. I understand that any payments deposited in error to my account will be reversed by the agency that issues my state of Texas payments via the Texas Comptroller of Public Accounts.

I further understand that the agency that issues my state of Texas payments and the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, contact your financial institution.)

10. Authorized Signature (Required)	11. Printed Name (Required)	12. Date (Required)
-------------------------------------	-----------------------------	---------------------

Section 5 – Current Financial Institution (Required for all transaction types; completion by financial institution is recommended for new setups.)

13. Financial Institution (Bank) Name	14. City	15. State
16. Routing Transit No. (8 digits)	17. Customer Account No. (max. 17 digits) Dash Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Type of Account <input type="radio"/> Checking <input type="radio"/> Savings
19. Financial Institution Representative Name (Please print)	20. Title	
21. Financial Institution Representative Signature (Optional)	22. Area Code and Phone No.	23. Date

Section 6 – New Financial Institution/Account (Required for all transactions; completion by financial institution is recommended.)

24. Financial Institution (Bank) Name	25. City	26. State
27. Routing Transit No. (8 digits)	28. Customer Account No. (max. 17 digits) Dash Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	29. Type of Account <input type="radio"/> Checking <input type="radio"/> Savings
30. Financial Institution Representative Name (Please print)	31. Title	
32. Financial Institution Representative Signature (Optional)	33. Area Code and Phone No.	34. Date

Section 7 – Cancellation by Agency

35. Reason	36. Date
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Note: With a few exceptions, you have the right to request and be informed about the information that the Health and Human Services Commission (HHSC) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask HHSC to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, contact HHSC Accounting at 737-667-7560.

Vendor Information Form



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- The Vendor Information Form is required for every new contract, amendment, renewal, and extension. It indicates who is legally responsible as well as the point of contact for the contract.
- Send the original, signed copy to HHSC: CAPM_MedicaidAdministrativeClaimsContracts@hhsc.state.tx.us.

PCS 504

Texas Health and Human Services Commission
Vendor Information Form (VIF)

Instructions: This form must be completed and submitted with each new contract, amendment, renewal, and/or extension.
(Please type or print information.)

SECTION 1: Contractor's General Information

Legal Contractor's Name:	
Legal Doing Business As (DBA) Name:	
Physical Address:	
Remit To (Payment) Address:	
Enter one of the following:	<input type="checkbox"/> Texas Identification Number (TIN): <input type="checkbox"/> Federal Employer Identification Number (FEIN): <input type="checkbox"/> Social Security Number (SSN):
Select the Legal Status:	<input type="checkbox"/> For-profit Entity <input type="checkbox"/> Non-profit Entity
Select the Business Structure:	<input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership*
	<input type="checkbox"/> Limited (Liability) Company <input type="checkbox"/> Limited (Liability) Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Governmental Entity (must specify): <input type="checkbox"/> Other (must specify): * If Partnership, must provide SSN or TIN for minimum of two partners
	Partner Name: _____ TIN or SSN: _____
	Partner Name: _____ TIN or SSN: _____
If applicable, enter appropriate information:	State of Incorporation: _____ Texas Charter Number: _____ Name of Parent Entity: _____

SECTION 2: Contractor's Contact Information

Person Who Will Sign the Contract	Point of Contact for Contract
Name: _____	Name: _____
Title: _____	Title: _____
Mailing Address: _____	Mailing Address: _____
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____
E-mail: _____	E-mail: _____

SECTION 3: Contractor's Authorized Signature (or HHSC Contract Manager)

Printed Name	Signature	Date	Phone Number
_____	_____	_____	_____

SECTION 4: PCS Contract Administration Office Use Only

Contractor to Receive Payment: No Yes

Contract Number: _____

Effective Date: June, 2009 Revision Date: March 3, 2017

Primary MAC Financial Contact Responsibilities (1 of 2)



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Primary MAC Financial Contacts must:

- Be an employee of the entity
- Serve as financial liaison between HHSC & Fairbanks LLC
 - Also ensure compliance with policy directives
- Must attend MAC Financial Training for each FFY
 - And ensure applicable training requirements are met

Primary MAC Financial Contact Responsibilities (2 of 2)



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- Provide oversight and monitoring
 - Enter, verify and certify the MAC financial data in Fairbanks, print, sign, notarize, scan and submit or upload quarterly MAC financial reports
 - Ensure financial data submitted for the quarter is true and accurate
 - Maintain financial documentation and supporting materials to support the time study and the claim
- Must be listed as the primary MAC Financial Contact in Fairbanks
- Must maintain the accuracy of ALL contacts in Fairbanks



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Required Updates

- Vendor Direct Deposit Form
 - Financial institution, account number, and account type changes
 - Must complete again and submit to
CAPM_MedicaidAdministrativeClaimsContracts@hhsc.state.tx.us
- System Contacts (Primary and/or Secondary)
 - Entity is required to update and maintain ALL contact information in the Fairbanks system in both the:
 - Manage Contacts Tab
 - Step 1 – MAC Provider Data

Documentation & Recordkeeping (1 of 4)



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- Entities should keep all MAC participation documents
- Entities should also collect and maintain quarterly:
 - Financial data used to develop the expenditures and revenues for the claim calculations including local/state match used for certification
 - Copies of computations used to calculate financial costs
 - All revenues offset from the claim, by source
 - Signed and notarized Quarterly Summary Invoice (QSI)

Documentation & Recordkeeping

(2 of 4)



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- Documentation should support positions and costs reported
 - Must include evidence of the MAC activities performed during the quarter
- Entity should include routine MAC activities in the job description

Documentation & Recordkeeping

(3 of 4)



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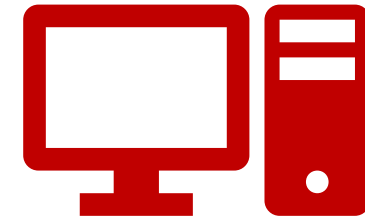
- Entity should retain the following documentation:
 - Brochures and materials that are distributed when conducting Medicaid outreach with the date(s) that such outreach was conducted;
 - Records that confirm Medicaid transportation has been scheduled or arranged;
 - Records that confirm Medicaid translation has been arranged;
 - Records that confirm Medicaid services have been referred or scheduled; and
 - Training handouts or presentations that are distributed for medical or Medicaid-related training with the date(s) of when such training was held.

Documentation & Recordkeeping (4 of 4)



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- Information must be available upon request by state or federal agencies.
- Documents must be stored in a readily accessible location and format.
- Records should be maintained for a period of no less than three years. Or if an audit has started, the records shall be retained until three years after the audit is completed and all issues are resolved.





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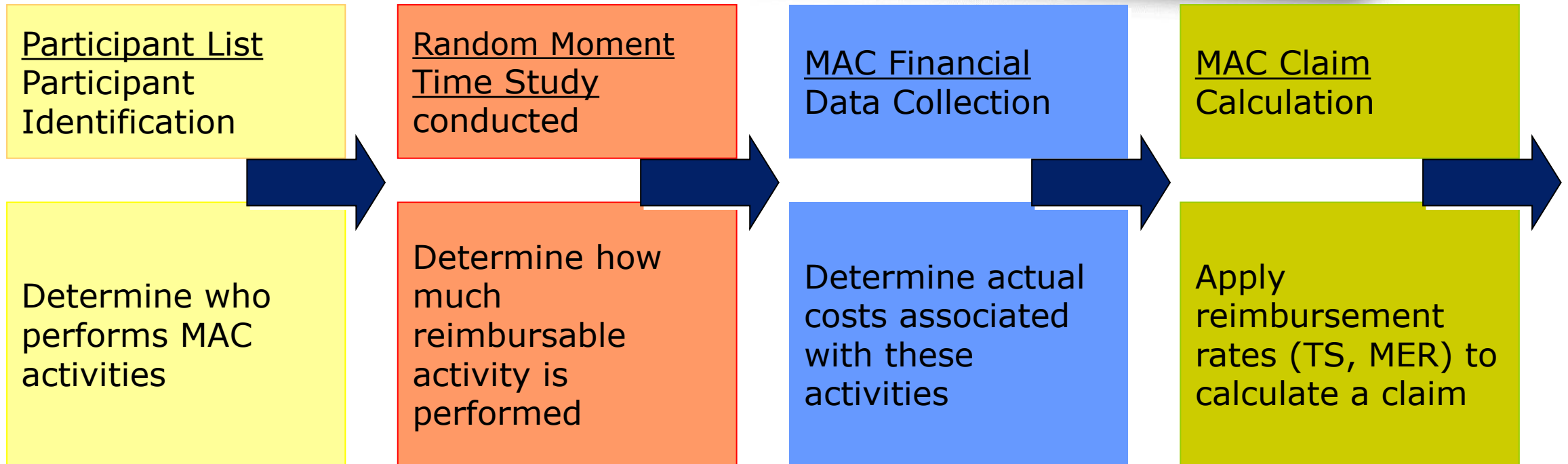
Section II

Reportable Costs & Revenues

MAC Process



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Please be aware that failure to complete the RMTS requirements will result in **disqualification** from submitting MAC Financial Information for the quarter during which the non-compliance occurred.

Participant List/Reportable Costs



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- To report employee and contractor costs, eligible time study staff positions are added to the time study “Participant List” prior to each quarter.
- Costs reported are “position-specific” not “person-specific.”
 - Substitutes - Individual replacing a provider on leave
 - Direct replacements
 - Individuals hired to fill a vacant position



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Participant List/Reportable Costs

The Participant List

- Drives the number of eligible MAC participants
- Determines the MAC financial cost eligible for time study staff
- Is critical to ensuring the MAC claim is eligible for payment

If a Participant List is not certified for a quarter by a public entity, the entity will not be able to participate in RMTS and will not be able to report MAC costs for that quarter.



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What Cost Can I Report? (1 of 2)

- Compensation
 - Entity Employee Salaries
 - Payroll Taxes & Benefits
 - Only Report "True" Expenditures
 - If your entity sets funds aside for future Workers' Comp claims, then these "set aside" funds are not true expenditures.
 - This also includes "on behalf of" payments



What Cost Can I Report? (2 of 2)

- Contracted Staff
- Revenues (Federal Revenues offset expenditures) – to include both Recognized and Unrecognized
- Costs associated with implementing MAC projects:
 - Travel & Training
 - Materials & Supplies
 - Equipment & Other Operating Costs

Medicaid Eligibility Rate (MER) and Claimable Percentage (CP%)



Medicaid Eligibility Rate (MER)

- Numerator: Medicaid-eligible total unduplicated clients served for the quarter
- Denominator: Total unduplicated clients served for the quarter
- Explanation of significant changes to MER may be required.

Claimable Percentage (CP%)

- Calculated by multiplying state-wide aggregate time study results by your entity's MER.
- Different CP% for Non-Enhanced and Enhanced

Financial Reporting



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There are two options to enter financial data:

- Provider Specific Costs
 - Detailed basis by individual position
- Provider Summary Costs
 - Provider category summary
 - Categories as entered on the participant list
 - If your entity enters at this level, they must keep the detail by position/individual in the audit documentation file
 - Total should not exceed the number of positions listed on the PL for a given category

Detailed Worksheet

Physician Assistants & Interns

Bob Employee

Joe Employee

Mary Contract Staff

Category Summary

Registered Nurse (RN)

Salaries 30,000

Benefits 6,000

Purchased Svcs. 8,000



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Employees vs. Contracted Staff

- Providers hired by the public entity are classified as employees of the entity.
 - Report salary (including bonuses) as “Employee Salaries” and identify the employees’ payroll taxes and benefits under “Employee Benefits.”
- Providers contracted through subcontracted agencies are classified as contract staff.
 - Report cost as “Contracted Staff Costs.”

Employee Salaries



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Report 100% of the quarterly salaries for all participants on the participant list.

For Example, Position #85 had the following employee changes throughout the quarter:

- Employee A works Jan 1st thru Jan 19th, earns \$800.
- Substitute A works Jan 20th thru Feb 28th, earns \$1,200.
- Employee B works March 1st thru March 31st, earns \$1,500.
- The Total MAC Reportable Expenditure for Position #85 is
 $\$800 + \$1,200 + \$1,500 = \$3,500$.

Payroll Taxes & Benefits



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Examples of Employer Paid Benefits:

- Health Insurance
- Life Insurance
- Medicare
- Social Security
- Employer 403(b) Contribution
- Liability Insurance
- Worker's Compensation
- Unemployment Compensation



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Fairbanks System Demonstration

Presented by Fairbanks, LLC [Fairbanks LLC](#)

Preparers Available for Hire

- The Preparers Available for Hire option in Fairbanks is intended to be used in emergency cases for an entity to submit their quarterly cost report.
 - An external individual will accept a fee to prepare the financial data for an entity.
 - **This option still requires** that prior to the first quarter of a fiscal year, the entity has a trained Primary MAC contact who is an internal employee.
 - Use of the Preparers for Hire option is under the approval of HHSC. If you would like to use this option, please email us at MedicaidAdministrativeClaiming@hhs.Texas.gov before starting this process.



Break Time



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- Do not log out of your computer. Please return in 10 minutes.





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Other Costs – MAC Staff Categories

- Direct Support Staff – Employees whose positions directly support time-studied personnel, who do not qualify as general administrative personnel, and whose positions were left off the participant list.
- Unstudied Staff – Employees whose positions are not medically related, who do not provide general administrative services for the entity, and whose positions were left off the participant list.
- General Administrative Staff – Employees whose positions are not medically related, who provide general administrative services for the entity, and whose positions were left off the participant list.

Travel and Training



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- This category includes mileage reimbursements, airfare, per diem, lodging, seminar fees, payments to outside trainers, and other directly related costs. The cost of training provided for employee development is also an allowable cost. Enter travel and training costs assigned to each MAC Staff Category.
- Costs incurred by employees and officers for travel shall be considered reasonable and allowable only to the extent such costs do not exceed charges normally allowed by the public entity in its regular operations as the result of the public entity's written travel policy. These costs include costs of lodging, other subsistence, and incidental expenses. Public entities without a written travel policy must adhere to all provisions of 5 U.S.C. 5701-11 ("Travel and Subsistence Expenses: Mileage Allowance") when claiming travel costs under Federal awards (48 CFR 31.205-46(a)).



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Materials and Supplies

- This category includes costs incurred for materials, supplies, and fabricated parts necessary to carry out the public entity's services
- Purchased materials and supplies shall be charged at their actual prices, minus applicable credits.
- Withdrawals from general stores or stockrooms should be charged at their actual net cost under any recognized method of pricing inventory withdrawals, consistently applied.
- Incoming transportation charges are a proper part of materials and supplies costs.
- Where federally donated or furnished materials are used in performing the Federal award, such materials will be used without charge.

Equipment and Other Operating Costs



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- Equipment is an article of nonexpendable, tangible personal property with a useful life of more than one year and an acquisition cost that equals or exceeds the lesser of the capitalization level established by the public entity for financial statement purposes, or \$5,000.
- Equipment is not limited to research, medical, scientific, or other technical activities.
- Examples include office equipment and furnishings, modular offices, telephone networks, information technology equipment and systems, air conditioning equipment, reproduction and printing equipment, and motor vehicles.
- Other operating costs may vary depending on the entity's needs.

Direct Charge (1 of 2)



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- May be claimed for costs that are directly related to the preparation of the time study participants and the preparation and submission of the MAC claim.
- Detailed documentation logs must be kept on any MAC-related activity used for direct charges.
- Eligible costs include salary, benefits, travel (mileage), and operating costs (including materials and supplies).



Direct Charge (2 of 2)

- Public entities utilizing the direct charge will identify the individual's "Functional Category" and enter the individual's name, salary, benefits, mileage, and operating cost for the individual claiming direct charge.
- The Fairbanks system will automatically reduce the direct charge amount from cost reported under Step 3c. "Other Cost." The adjustment will be reflected on the Step 5 "Verify" section in Fairbanks.
- **REMINDER:**
Review quarterly costs and hours and allocate between MAC programs where necessary (e.g., ECI and MH/IDD).

Revenues (1 of 2)



Two Types of Revenues Utilized on the Mac Claim:

- Unrecognized Revenue:
 - Revenues such as state funds (GR), Local Government Funds, Donations to Public Agency, Medicaid Administrative Reimbursement Funds (MAC), Federal Emergency Assistance Reimbursement Funds, Federal IV Reimbursement.
 - Unrecognized Revenues are used as a match to draw down MAC reimbursement funds.

Revenues (2 of 2)



- Recognized Revenue:
 - Federal Revenues such as Medicaid Fees plus Match, Federal Grants plus Match, Medicare, Insurance, fees, Donations to Contractor, other Revenue not listed as Unrecognized Revenue.
 - Allocated as **Unstudied/Unallowable** (Cost Pool 3) or **General Administrative** (Cost Pool 4).
 - General Administrative Revenue is used to offset costs entered into the MAC Claim.

NOTE: MAC funds will not be backed out of the MAC Financial claim as a Revenue offset.



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Unrecognized Revenues (1 of 2)

Donations to Public Agency

This category includes all donations to public (legislatively mandated) agencies.

Federal Emergency Assistance Reimbursement

These reimbursements are Federal Emergency Management Assistance funds and Emergency Assistance funding under the Temporary Assistance for Needy Families (TANF) program.

Federal IV-E Reimbursement

These funds are granted under Title IV-E of the Social Security Act (42 U.S.C. Chapter 7 Section 670-679c). Title IV-E of the Social Security Act provides funds for states and tribes to provide foster care, transitional independent living programs for children, guardianship assistance, and adoption assistance for children with special needs.



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Unrecognized Revenues (2 of 2)

Local Government Funds

These are funding sources that include city, county, school districts, and other local taxing authorities.

Medicaid Admin Reimbursement

The reimbursement received for this claim process is a significant source of unrecognized revenue. The funds have already been reduced to prepare the previous quarter's claim for matching purposes. This section is used to verify MAC match requirements as stated in 42 CFR 433.51 and full reporting.

Other State Funds

These are general revenue and grants from state funds from all state agencies.



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Recognized Revenues (1 of 6)

Donations to Contractors

This category is used only for donations to private entities. Costs are generally placed in “Unstudied/Unallowable Revenue” (Cost Pool #3).

Federal Grants + Match

- It is important to differentiate between federal and state funding sources.
 - A federal grant may pass through one or more state agencies, but it is still federal money. This category includes the federal pass-through from counties and cities as well.
 - A federal grant, including a grant passing through another federal or state entity, must include information identifying the federal grant. It should include the federal award identification, the Federal Award Identification Number (FAIN), and the Catalogue of Federal Domestic Assistance (CFDA) Number and Title.



Recognized Revenues (2 of 6)

Federal Grants + Match (continued)

- Each grant has its own match percentages and contractual requirements. These must be individually analyzed by the public entity preparing the claim. Inputting and adding the match must be done separately for each grant.
- Placing these funds into the correct cost pool requires determining what expenditures the grant covers.
 - If the grant funds the entire salary of a time-studied person, then the portion of the grant pertaining to the expenses of that person must be placed in the “General Administrative Revenue” (Cost Pool #4) to allocate to all the cost pools, just as those expenditures are allocated.
 - If the grant covers only specific direct service activities of a time-studied person or specifically excludes such activities, then the grant receipts for the person may be placed in the “Unstudied/Unallowed Revenue” (Cost Pool #3).



Recognized Revenues (3 of 6)

Federal Grants + Match (continued.)

- If the expenditures covered by the grant (e.g., the Department of Housing and Urban Development [HUD] offers grants for residential costs, and grants used to purchase drugs, or homeless grants) are collected in the “Unstudied/Unallowed Revenue” (Cost Pool #3), then the grant and cost of the grant personnel should also be placed in the “Unstudied/Unallowed Revenue” (Cost Pool #3).
- Place grant revenues that are recognized in time-studied units and cover broad expenditures in the “General Administrative Revenue” (Cost Pool #4). If the expenditures are specifically designated within the accounting system, place the expenditures in the “Unstudied or Unallowed Revenue” (Cost Pool #3) as program-specific expenses.
- This category excludes MAC reimbursements.



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Recognized Revenues (4 of 6)

Fees

These fees are typically for direct services paid by or on behalf of clients. Place such revenues in the “Unstudied/Unallowed Revenue” (Cost Pool #3). If fees are collected for copying client records for outside agencies, place them in “General Administrative Revenue” (Cost Pool #4).

Insurance

Generally, insurance receipts are entered in the “Unstudied/Unallowed Revenue” (Cost Pool #3). An exception might be for receipts for casualty insurance (e.g., fire, auto, etc.), which exceeded replacement/repair costs. These would be entered in “General Administrative Revenue” (Cost Pool #4).

Recognized Revenues (5 of 6)



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Medicaid Fees + Match

- This section includes all payments received for medical services provided under Title XIX of the Social Security Act (42 U.S.C. Subchapter XIX, Medicaid, and CHIP) and, where required, the State Matching Funds.
- To calculate the matching funds, divide the receipts by the Federal Participation Rate to get the total of reimbursements and match. All Medicaid funds are placed in the “Unstudied/Unallowed Revenue” (Cost Pool #3) because they are earned by direct service activities.

Medicare

Medicare revenues are direct service-related and placed in the “Unstudied/Unallowed Revenue” (Cost Pool #3).



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Recognized Revenues (6 of 6)

Other Revenue

This category includes all revenue sources not previously mentioned.

- Revenues for vocational production; revenues from clients, families, or other sources covering residential costs; grants from private foundations; miscellaneous revenues not readily identifiable; one-time or unusual revenues; interest income; other business income; fundraising; or any other purely “Administrative” income are generally placed in the “Unstudied/Unallowed Revenue” (Cost Pool 3).
- However, some revenues may be assigned to “General Administrative Revenue” (Cost Pool 4) depending on the purpose and use of the income. This category could include income not designated for a specific Unstudied Cost Pool activity.



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Revenue Cost Sharing/Matching

- **Cost sharing** or **Matching** is a process wherein two or more organizations (State and Public Entity) work together to secure savings in one or more areas of business (i.e., client services).
 - Example: Funds used for program services (direct services and outreach activity) that meet the matching requirements of a federal grant Award (Medicaid/IDEA, etc.).
- Matching requirements include the following:
 - Amounts are verifiable from the grantee's records.
 - Funds are not included as a matching source for any other federally assisted programs.
 - Funds are allocated in the approved current budget.
 - Funds are spent for the respective project as allocated and the expenditure of these funds is reported for the respective services.
 - Funds are subject to the same guidelines as the respective grant funds (i.e., no food, entertainment, or legislative lobbying).

Important Notice



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LHDs participating in MAC:

Please be aware that costs associated with MAC activities and claimed on the MAC claim cannot be included as part of the cost report submitted for reimbursement under the Texas Healthcare Transformation and Quality Improvement 1115 Waiver Program.



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Section III

Important Reminders

Important Notice



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MH/IDD, LHD and ECIs participating in MAC:

Please be aware the Early Childhood Intervention Program Federal Fiscal Quarters are now separate from the Local Health Department (LHD) and Mental Health/Individuals with an Intellectual and Developmental Disability (MH/IDD) programs Federal Fiscal Quarters.

Local Health Department (LHD) & Mental Health/Individuals with an Intellectual and Developmental Disability (MH/IDD) Federal Fiscal Year 2024



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<u>Federal Fiscal Quarter</u>	<u>Financials Open</u>	<u>Financials Close (6 p.m. CT)</u>
1 st Quarter (October – December)	3/11/2024	4/26/2024
2 nd Quarter (January – March)	6/3/2024	7/19/2024
3 rd Quarter (April – June)	8/26/2024	10/11/2024
4 th Quarter (July – September)	11/18/2024	1/3/2025

Claim must be certified and the signed/notarized or valid digitally-signed QSI must be attached in Fairbanks by the deadline (6PM CT).

Early Childhood Intervention (ECI) Federal Fiscal Year 2024



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NEW

<u>Federal Fiscal Quarter</u>	<u>Financials Open</u>	<u>Financials Close (6 p.m. CT)</u>
1 st Quarter (October – December)	3/18/2024	5/3/2024
2 nd Quarter (January – March)	6/17/2024	8/2/2024
3 rd Quarter (April – June)	9/16/2024	11/1/2024
4 th Quarter (July – September)	2/3/2025	3/21/2025

Claim must be certified and the signed/notarized or valid digitally-signed QSI must be attached in Fairbanks by the deadline (6PM CT).

MAC Financial Reporting



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MAC financial quarters will not be opened unless the following requirements are met:

- Active MAC contract with HHS
- Appropriate MAC and RMTS training for the FFY
- RMTS requirements are met

If you are unable to access the quarter, please contact the MAC team via email at: MedicaidAdministrativeClaiming@hhs.texas.gov.

QSI Example

Dates must be the same and not expired to be valid



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QUARTERLY SUMMARY INVOICE FOR MEDICAID ADMINISTRATION		
AGENCY:	TX HHSC	
CONTRACT NUMBER:	vvvvvvvvvv	
PERIOD OF SERVICE:	Q2-JM21	
CLAIM TYPE:	ORIGINAL	
COST CATEGORIES	COST POOL #1	COST POOL #2
[A] Total Federal Share (enhanced)	\$ 0.00	\$ 0.00
[B] Total Federal Share (non-enhanced)	\$ 0.00	\$ 0.00
[C] Total Direct Charge	\$ 0.00	\$ 0.00
[D] Total to be reimbursed by Federal Government		\$ 0.00
[E] 5% retention (Contract Sec. II. A. Medicaid Adm) Multiply Line D times 0.05		\$ 0.00
Total Federal Government (FFP) to be reimbursed Line D minus Line E		\$ 0.00

This statement is of expenditures that the undersigned certifies are allocable and allowable to the State Medicaid program under Title XIX of the Social Security Act, and in accordance with all procedures, instructions and guidance issued by the single state agency and in effect during the year ended 2021.

INTENTIONAL MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED HEREIN MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW.

CERTIFICATION STATEMENT BY OFFICER OF THE PROVIDER

I HEREBY CERTIFY that:

- I certify that the information provided on this invoice is true and correct, and that the funds/ Contributions necessary to match federal expenditure for administrative activities have been provided pursuant to the requirements of 45 CFR parts 74 and 95.
- I certify that I will adhere to the terms and conditions established in the Medicaid Administrative Claiming Guide.

Signature - Officer of Provider (Agency)

Date

Print Name: _____

Title: _____ Contact number: _____

Notary Stamp

STATE OF TEXAS


This instrument was acknowledged before me on the _____ day of _____, 20____

by _____ (Printed Name of Officer of Provider).

Notary Public in and for the State of Texas (signature)

Notary's Name (printed): _____

Notary's Commission Expires: _____



NOTARY SEAL
(Ink Stamp Only)

QSI Certification Statement (1 of 2)



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Signing the QSI certifies that the following items are true and correct:

- I have examined this statement, and to the best of my knowledge and belief, the expenditures included in this statement are based on the actual cost of recorded expenditures.
- The required amount of State, local, or both state and local funds are available and used to pay for total computable allowable expenditures included in this statement.

QSI Certification Statement (2 of 2)



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- I am the officer authorized by the provider to submit this form, and I have made a good faith effort to ensure that all information reported is true and accurate.
- I understand that this information will be used as a basis for claims for Federal funds, and possibly State funds, and that falsification and concealment of a material fact may be prosecuted under Federal or State civil or criminal law.

Quarterly Summary Invoice Important Reminders (1 of 2)



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- The QSI scanned and uploaded into the Fairbanks system must be the original
- Letterhead is not required
- Do not forget to complete all fields
 - Title and/or Contact Number
- Must be notarized on the same day the QSI is signed as certified

Quarterly Summary Invoice Important Reminders (2 of 2)



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- Notary should not print name where Officer of Provider's name should be

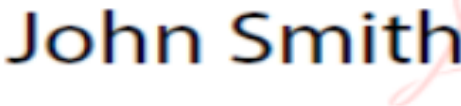
➤ **COMMON MISTAKE**

- QSI Certification must be completed by the public entity's designated financial contact (entity employee) with signature authority:
 - Chief Executive Officer (CEO), Chief Financial Officer (CFO), Executive Director (ED), Superintendent (SI) or other individual designated as the financial contact.

Digital Signature (1 of 2)

HHSC accepts electronic signatures. Signed and notarized signatures are still accepted if the preparer and provider choose to submit them. HHSC will only accept a digital signature that shows the logo with a system-generated date and time stamp or includes the logo of the digital software used.

[Provider Finance Department Digital Signature Policy | Provider Finance Department \(texas.gov\)](#)

Provider Signature	
Provider printed name: John Smith	Date: 11/23/2015
 Digitally signed by John Smith DN: cn=John Smith, o=Nurses 123, ou, email=johnsmith@nurses123.com, c=US Date: 2015.11.23 21:14:51 -06'00'	
Provider Signature <i>(stamped signatures not accepted)</i>	



Digital Signature (2 of 2)



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Provider Signature	
Provider printed name: John Smith	Date: 11/23/2015
<p>John Smith Digitally signed by John Smith DN: cn=John Smith, o=Nurses 123, ou, email=johnsmith@nurses123.com, c=US Date: 2015.11.23 21:14:51 -06'00'</p>	
Provider Signature (<i>stamped signatures not accepted</i>)	

- A digital signature **will not** be accepted by HHSC if the digital signature provided is any of the following, including, but not limited to:
 - A photocopy of a handwritten signature
 - An ink stamp of a handwritten signature
 - A typed signature without a digital stamp



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Important Reminders (1 of 2)

- Entities are responsible for ensuring that financial training requirements are met so that claims can be processed by HHSC.
 - Financial Contacts **must** be trained.
 - The MAC program recommends a minimum of two (2) people trained in MAC Financials every year
 - The Early Childhood Intervention (ECI) program's Federal Fiscal Quarters are **separate** from the Local Health Department (LHD) and Mental Health/Individuals with an Intellectual and Developmental Disability (MH/IDD) programs.



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Important Reminders (2 of 2)

- On your MAC Financials, if you notice a high variance between quarters on costs, number of providers, or both please feel free to submit variance explanations or supporting documents with the QSI. This documentation will also assist HHSC in the Desk Review process.
 - Note that within the web-based system upon entering financial data the system will have internal “edits” based on variances seen from the previous quarter. At that time, the system will ask you for a brief explanation of the factors that contributed to the variance.

MAC Reimbursements



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- Timeframe for reimbursement
- Monitor payments via Advance Payment Notification:
[State Payee Payment Resources \(texas.gov\)](https://www.texas.gov)
- MAC reimbursements are Title XIX Medicaid administrative reimbursement funds
 - Not considered American Recovery and Reinvestment Act funds
 - Subject to the Single Audit Act
 - Should be included on the Statement of Expenditures of Federal Awards
- Uses of MAC reimbursements

Important Reminders for the Fairbanks System



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- Passwords will not change year to year.
- If you forget your password, you can reset it on the login screen.
- Fairbanks can send login information to the email address you provided.
- You will be able to access historical data.
- All reference materials are linked on the Fairbanks website.
- If you have any questions regarding technical support, please call the Fairbanks support line: 1-888-321-1225 or email info@fairbanksllc.com.





Managing Contacts in Fairbanks

- Only one primary contact for each role (RMTS, MAC, and Executive Director)
 - Does not have to be the same person
 - Primary role must be reassigned before prior primary contacts can be deleted
- Primary contacts can:
 - Add, delete or both add and delete contacts
 - Assign additional roles to contacts or remove roles
 - Restrict access of trained contacts
- No limit to the number of secondary contacts in the system
 - Keep the system up-to-date



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Allowing Email Messages

- Communication is done predominantly via email
- Critical that your entity authorize your email system to accept emails from Fairbanks and HHSC
- Confirm with your IT staff to ensure that emails with the following extensions pass through firewalls and spam filters:
 - @fairbanksllc.com
 - @hhsc.state.tx.us
 - @hhs.texas.gov

Training Credit Information (1 of 2)



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- Must be listed as a contact in Fairbanks to receive credit for completing today's training
 - Primary contact at the entity can add you as a contact if you are not currently listed
- NO certificates for training credit
 - You will receive an email thanking you for attending today's training. However, this email does NOT mean that you will receive training credit.

Training Credit Information (2 of 2)



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- Training credit can be viewed in Fairbanks
 - Remember to filter appropriately (fiscal year/entity/program/user). To view credit for this training, you would filter for MAC Financial Contact Trainings.
 - Recommend that you print the screen for your records.
- Allow a maximum of nine business days for your training credit to be processed (i.e., for training credit to be listed in Fairbanks).
- Once “Full Access” is indicated in Fairbanks, you will be able to update and certify MAC financial data

HHSC MAC Websites (1 of 2)



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Medicaid Administrative Claiming:

[MAC Early Childhood Intervention \(ECI\) | Provider Finance Department \(texas.gov\)](#)

[MAC Local Health Districts \(LHD\) | Provider Finance Department \(texas.gov\)](#)

[MAC Mental Health/Individuals with an Intellectual and Developmental Disability \(MH/IDD\) | Provider Finance Department \(texas.gov\)](#)

HHSC MAC Websites (2 of 2)



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- Important Notices
- Participation Documents
- Time Study and MAC Guide
- Training Materials
- MAC Participant Guide (Updated June 2022)

Texas Administrative Code (TAC)



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Link for the Texas Administrative Code (TAC) for the Medicaid Administrative Claiming (MAC) Program:

[Texas Administrative Code \(state.tx.us\)](http://state.tx.us)

Common Acronyms (1 of 2)



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- CAPM – Contract Administration & Provider Monitoring
- CFR – Code of Federal Regulations
- CMS – Centers for Medicare & Medicaid Services
- DUA – Data Use Agreement
- FFP – Federal Financial Participation
- FFY – Federal Fiscal Year
- HHS – Health and Human Services
- HHSC – Health and Human Services Commission
- HIPAA – Health Insurance Portability and Accountability Act
- IT – Information Technology



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Common Acronyms (2 of 2)

- MAC – Medicaid Administrative Claiming
- MER – Medicaid Eligibility Rate
- PL – Participant List
- QSI – Quarterly Summary Invoice
- RMTS – Random Moment Time Study
- TIN – Texas Identification Number
- TS – Time Study
- UEID – Unique Entity Identifier
- U.S.C. – United States Code



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Useful Contact Information

Time Study Unit

Phone: (737) 867-7794

Email: TimeStudy@hhs.texas.gov

Fairbanks LLC – Client Information Center

Phone: (888) 321-1225

Email: info@fairbanksllc.com

Contract Administration & Provider Monitoring (CAPM)

Phone: (512) 438-3430

Email: CAPM_MedicaidAdministrativeClaimsContracts@hhsc.state.tx.us

HHSC MAC Unit Contact Information



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Mailing:

Health and Human Services Commission
Provider Finance Department, H-400
P.O. Box 149030
Austin, TX 78714-9030

Email:

MedicaidAdministrativeClaiming@hhs.texas.gov

Phone:

(512) 462-6200

Fax:

(512) 730-7475



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Thank You

**On behalf of HHSC Provider Finance Department
Acute Care – MAC Financial Services**
