

Medicaid Administrative Claiming (MAC) - Adults and Children Compliance Monitoring Tool Instructions

The goal of Medicaid Administrative Claiming MAC - Adults and children (MAC) is to identify and enroll eligible clients into Medicaid, and to refer, coordinate and monitor services covered under the North Carolina Medicaid State Plan (State Plan).

The purpose of this document is to provide instructions to compliance staff in evaluating whether activities performed by County Department of Social Services (CDSS) case managers are appropriately claimed according to the federal regulations governing MAC activities.

I. Referral, Coordination and Monitoring Medical Service (340)

1. Establish if there is documentation that indicates that client is eligible for Medicaid services on the date the staff worker claimed time. A signed day sheet serves as (at a minimum) attestation for an individual being a Medicaid beneficiary. This may also be found in the worker notes, in the eligibility system (if it is available) or other information.

0* = No documentation of eligibility or failure to sign daysheet (digital or otherwise).

2 = Documentation that the client is eligible for Medicaid services.

*Value requires comment on monitoring tool.

2. Locate the DSS-5027.

0 = DSS-5027 not in record.

1 = DSS-5027 in record, but all required fields related to MAC are not complete or not accurate.

2 = DSS-5027 is in the record and all required fields are complete and accurate.

3. Review the case documentation to ensure that activities claimed supported referral, coordination, or monitoring of Medicaid covered services in the State Plan.

0* = A) No documentation present OR,

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B) Documentation does not describe administrative activities that the worker completed to assist an individual access Medicaid services covered under the NC State Medicaid plan.

1* = A) Activities listed described Medicaid covered services, but did not describe the administrative activities that the worker completed to help an individual access Medicaid services OR

B) There were activities that described administrative activities that a worker completed to assist an individual access Medicaid covered services but claim documentation included activities not allowable under Medicaid covered services.

2 = Case documentation fully describes administrative activities completed by the worker to assist an individual to access Medicaid services covered under the NC State Medicaid plan, including referral, coordination and monitoring in accordance with MAC guidelines.

*Value requires comment on monitoring tool.

II. Arranging Transportation Services for Clients to Access Medicaid Services (343)

1. Establish if there is documentation that indicates that client is eligible for Medicaid services on the date the staff worker claimed time. A signed day sheet serves as (at a minimum) attestation for an individual being a Medicaid beneficiary. This may also be found in the worker notes, in the eligibility system (if it is available) or other information.

0* = No documentation of eligibility or failure to sign daysheet (digital or otherwise).

2 = Documentation that the client is eligible for Medicaid services.

*Value requires comment on monitoring tool.

2. Locate the DSS-5027.

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0 = DSS-5027 not in record.

1 = DSS-5027 in record, but not complete or not accurate.

2 = DSS-5027 is in the record and all required fields are complete and accurate.

3. Review the case note narrative to ensure that documentation exists which necessitate activities to arrange for or schedule transportation to Medicaid State Plan Services.

0* = A) No documentation present OR,

B) Documentation does not describe administrative activities that the worker completed to assist an individual access Medicaid services covered under the NC State Medicaid plan.

1* = A) Activities listed described Medicaid covered services, but did not describe the administrative activities that the worker completed to help an individual access Medicaid services OR

B) There were activities that described administrative activities that a worker completed to assist an individual access Medicaid covered services but claim documentation included activities not allowable under Medicaid covered services.

*Value requires comment on monitoring tool.

2 = Case documentation fully describes administrative activities completed by the worker to assist an individual to access Medicaid services covered under the NC State Medicaid plan, including referral, coordination and monitoring in accordance with MAC guidelines.

III. Outreach for Medicaid Services (342):

1. Establish if there is documentation that support outreach for Medicaid services.

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0 = No documentation of activities exist in according to MAC guidelines.

1 = Documentation exists, but activities of outreach or amount of time to complete the outreach activity is not documented.

2 = Documentation of activity and amount of time is in accordance to MAC guidelines

IV. Facilitating an Application for the Medicaid Program (341)

1. Establish if there is documentation that support facilitating an application to the Medicaid Program.

0 = No documentation of activities exist in according to MAC guidelines.

1 = Documentation exists but activities related to facilitating a Medicaid application is not in accordance to MAC guidelines.

2 = Documentation of activities related to facilitating a Medicaid application is in accordance to MAC guidelines