



# **Arkansas Medicaid Administrative Claiming ARMAC**



# Medicaid Administrative Claiming ARMAC

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Medicaid Administrative Claiming is a federally funded program administered by the Centers for Medicare and Medicaid Services (CMS). This program provides school districts with the ability to receive reimbursement for certain administrative services which address student health needs.

ARMAC uses an online Random Moment Time Study (RMTS) system used to identify and categorize Medicaid administrative activities performed by Arkansas public school employees. The time study serves as the basis for developing claims based on the costs of administrative activities that may be reimbursed by Medicaid.

# Medicaid Administrative Claiming Revenue

The revenue generated by the ARMAC program is dedicated to the provision of health services and may be used to facilitate, improve and/or expand the level and quality of health/medical services provided to all students within the district.





# Annual Training ARMAC

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- ▶ The ARMAC annual online training is intended to ensure ARMAC coordinators and participants understand the basic operation and purpose of the ARMAC RMTS.
- ▶ Training Criteria
  - ▶ Coordinators and Participants will receive a link to access the online training via email.
  - ▶ Both the district ARMAC Coordinator and all ARMAC Participants MUST complete the ARMAC annual training within 5 business days after the scheduled quarter start date.

**NOTE:** Participants MUST complete the annual online training in order to be included in the random moment time study. Participants who do not, will have an “inactive status” for the upcoming quarter of the ARMAC RMTS. As a result, the participant will not be eligible for a random moment and the participant’s cost will not count toward the district’s claim.



# LEA Participation ARMAC

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## ▶ Public School Eligibility

- ▶ All Arkansas Local Education Agencies (LEA), including Education Service Cooperatives are eligible to participate in the ARMAC program.

**NOTE:** A district is not required to claim Medicaid for direct services in order to participate in the ARMAC program.

## ▶ LEA Requirements

### **The District must:**

- ▶ Sign a 5-year interagency agreement with the Arkansas Department of Human Services (DHS) and the Division of Elementary and Secondary Education (DESE);
- ▶ Designate a District Level Coordinator;
- ▶ Designate an ARMAC Participant Pool;
- ▶ Ensure the ARMAC Coordinator and All Participants complete the ARMAC annual training; and
- ▶ Ensure participants respond timely to the RMTS, **when selected**.



# ARMAC Interagency Agreement

## INTERAGENCY AGREEMENT BETWEEN ARKANSAS DIVISION OF MEDICAL SERVICES, DIVISION OF ELEMENTARY & SECONDARY EDUCATION AND \_\_\_\_\_ FOR THE PROVISION AND REIMBURSEMENT OF ARKANSAS MEDICAID ADMINISTRATIVE CLAIMING ACTIVITIES.

Arkansas Division of Medical Services (DMS), Division of Elementary & Secondary Education (DESE), and \_\_\_\_\_ hereby agree to the principles, terms, and effective dates carried in this agreement. This agreement is set forth to define each party's responsibilities to effectively administer the provision and reimbursement of Arkansas Medicaid Administrative Claiming (ARMAC) activities and is necessary to implement a part of the Arkansas Medicaid state plan under Title XIX of the Social Security Act. The DMS is the single state agency in Arkansas under Title XIX of the Social Security Act. Additional governing policies and procedures are found in the Office of Management and Budget's (OMB) Circular A-87 and the Code of Federal Regulations (CFR), Title 45, Parts 74 and 95.

### *I. General Principles of Agreement*

This interagency agreement is based on the following principles:

1. The abovementioned parties have a common and concurrent interest in providing and reimbursing ARMAC activities, within constraints set by the federal Centers for Medicare and Medicaid Services (CMS). When changes in the program are required by CMS, the abovementioned parties will be responsible for implementing any alterations.
2. This interagency agreement is not intended to modify the existing responsibilities or authority given to the parties.
3. This interagency agreement is not intended to override or supplant any other agreements or memorandums of understanding which may already exist between the two parties.
4. Any school district that contracts with outside agencies concerning administrative claiming activities is bound by this agreement to adhere to the administrative policies and procedures.
5. This agreement serves as an instrument for payment of federal funds from CMS. The parties have agreed that it in no way creates a requirement of the DMS to reimburse any school district from Arkansas Medicaid state funds.



# District Level Coordinator ARMAC

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- ▶ ARMAC Coordinator Criteria
  - ▶ The ARMAC Coordinator must be an employee of the designating public school district/educational service cooperative
- ▶ ARMAC Coordinator Responsibilities
  1. Ensure the district's ARMAC participant costs are designated in eFinance one week prior to the start of the first quarter.
  2. Ensure ALL participants complete the ARMAC annual training and have "active status" in the RMTS, within 5 business days after the scheduled quarter date.
  3. Ensure participant changes and updates are submitted to the DESE within 5 business days of the occurred change.
  4. Ensure the district's participants respond to the time study in a timely manner (if selected)
  5. Utilize the ARMAC online dashboard to review program updates regarding ARMAC participant activity and documentation verification (ARMAC Participant Roster and Information)
  6. Expedite the remittance of the Quarterly ARMAC Claim Certification Form.
  7. Retain any records pertinent to support the responses provided to the RMTS by participants.



# Record Retention ARMAC

- ▶ **Districts participating in ARMAC should retain the following records:**
  - ▶ Retain proof of Coordinator and Participant annual training;
  - ▶ Retain signed copies of Quarterly ARMAC Certification Forms;
  - ▶ Retain District Quarterly Participant Rosters;
  - ▶ Retain Participant Adjustment Form records; and
  - ▶ Retain any records pertinent to support the responses provided to the RMTS by participants.

**ARMAC Record Retention requires records be kept, on hand, for at least 7 years.**





# District Participant Pool ARMAC

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## ▶ Participant Criteria

- ▶ The participant selection should be based on activities that would most likely include administrative oversight for addressing student health needs.
- ▶ The participants **MUST** be employed by the district.
- ▶ The participants **MUST** be, at least partially, paid out of one or more state funding sources. High Cost Occurrence and National School Lunch Act (NSLA) funding are considered state funding sources; thus, employees being paid out of these budgets may participate in the ARMAC program.

**\*Fee for service employees/contractors are allowed in the time study as long as they meet the above guidelines.**

## ▶ Participant Responsibilities

1. Save the ARMAC email address in the email account as a contact to ensure moments are received; [ade.armac@ade.arkansas.gov](mailto:ade.armac@ade.arkansas.gov)
2. Complete the annual ARMAC training; and
3. Provide an appropriate and timely response to the random moment time study, **if selected.**



# Designating District Personnel ARMAC

- ✓ ARMAC participation requires the use of ARMAC Job Assignments in eFinance:
  - ✓ **MAC-C** – ARMAC Coordinator (1 per district)
  - ✓ **MAC-P** – ARMAC Participant (all those designated to participate in the ARMAC RMTS)

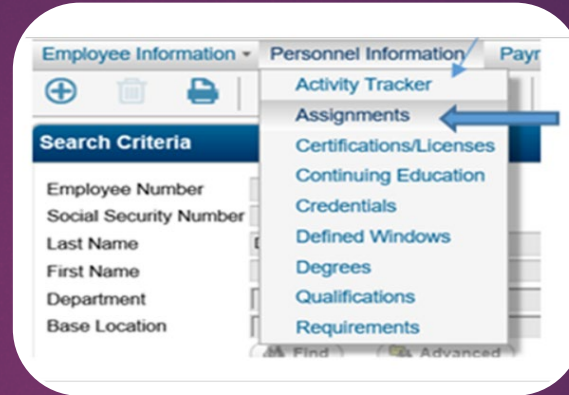
## **Districts Participating in the ARMAC Program**

MUST have all participating staff identified in eFinance within **one week** prior to the Quarter 1 Random Moment Time Study and **5 business days** prior to the beginning date of each subsequent quarter.



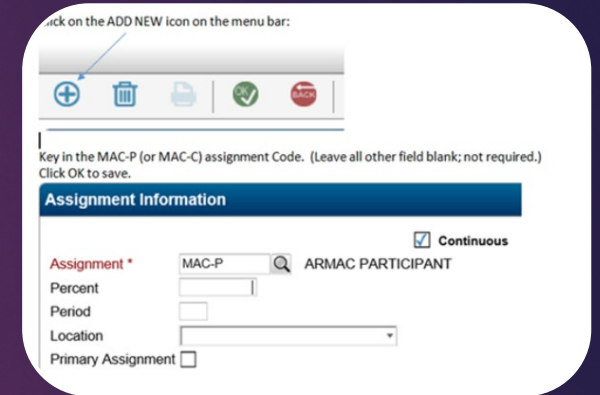
# ARMAC eFinance Job Assignment

## STEP 1



Locate Job Assignment field in the Personal Information Table

## STEP 2



Assign the MAC-C or MAC-P Job Assignment



# ARMAC Random Moment Time Study (RMTS)



# Random Moment Time Study (RMTS) ARMAC

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- ▶ A Random Moment Time Study (RMTS) is a means of determining what portion of time a group of people spend performing specific tasks.
- ▶ Once per quarter, 3,500 names are randomly selected and assigned to a specific minute of time on a specific date. You may be selected multiple times per quarter or multiple times per day, the selection is completely random.
- ▶ Responses from the Time Study Participants are grouped into one of 3 reimbursement categories:
  - ▶ **\$\$ Non-Discounted** (the activity is directly related to Medicaid, but not a billable service)  
= District's costs multiplied by the % of moments coded as directly related to Medicaid
  - ▶ **\$ Discounted** (the activity is not directly related to Medicaid, but is related to student health and wellness)  
= District's costs multiplied by the county Medicaid rate for ages 6-17, then multiplied by the % of moments coded as related to student health
  - ▶ **Non-Payable** (the activity is related to an educational or personal activity)  
= District's costs multiplied by zero



# ARMAC Activity Codes

- CODE 1.a. Non-Medicaid Outreach - **Unallowable**
- CODE 1.b. Medicaid Outreach – **Non-Discounted**
- CODE 2.a. Facilitating Application for Non-Medicaid Programs - **Unallowable**
- CODE 2.b. Facilitating Medicaid Eligibility Determination- **Non-Discounted**
- CODE 3. School Related and Educational Activities - **Unallowable**
- CODE 4. Direct Medical Services - **Unallowable**
- CODE 5.a. Transportation for Non-Medicaid Services - **Unallowable**
- CODE 5.b. Transportation-Related Activities in Support of Medicaid Covered Services - **Discounted**
- CODE 6.a. Non-Medicaid Translation - **Unallowable**
- CODE 6.b. Translation Related to Medicaid Services - **Discounted**
- CODE 7.a. Program Planning, Policy Development, and Interagency Coordination Related to Non-Medical Services - **Unallowable**
- CODE 7.b. Program Planning, Policy Development, and Interagency Coordination Related to Medical Services - **Discounted**
- CODE 8.a. Non-Medical/Non-Medicaid Related Training - **Unallowable**
- CODE 8.b. Medical/Medicaid Related Training – **Discounted**
- CODE 9.a. Referral, Coordination, and Monitoring of Non-Medicaid Services - **Unallowable**
- CODE 9.b. Referral, Coordination, and Monitoring of Medicaid Services – **Discounted**
- CODE 10. General Administration – **Unallowable**



# Responding to a Moment ARMAC

## ▶ Participants selected to participate in the RMTS will:

- ▶ Receive an email notification 3 days prior to the actual moment.
- ▶ Receive a second email notification which will contain the actual moment response link, along with a date and time stamp of the activity in question. A link will be provided in the email to enter the ARMAC system to respond to the moment.

The link references a time stamp which identifies the time and date for the activities in question.

- ▶ The participants should provide a thorough response to ensure adequate information is provided. Following the guiding questions will help ensure responses are adequate:
  - ▶ WHO were you with?
  - ▶ WHAT were you doing?
  - ▶ WHY were you performing this activity?
- ▶ Once the participant responds to the moment and selects "submit", an email will be sent to the participant to verify receipt of the response in the ARMAC system.



# Random Moment Notification ARMAC

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Dear Bill Smith,

You have received this email because you have been selected to participate in the ARMAC Random Moment Time Study, You will receive another email in 3 days with a link to provide your RMTS response.

Thank You,  
ARMAC Team  
501-682-4238  
School Health Services  
Division of Elementary and Secondary Education  
Arkansas Department of Education

THIS IS AUTO GENERATED MESSAGE. PLEASE DO NOT REPLY.





# Random Moment Notification ARMAC

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Dear Bill Smith,

This email requires your immediate attention:

You have been selected to respond to the following Random Moment(s) occurs at the date and times listed below. To access a random moment click on appropriate moment date and time link

[3/29/2022 2:40:40 PM](#)

Thank You,  
ARMAC Team  
501-682-4238  
School Health Services  
Division of Elementary and Secondary Education  
Arkansas Department of Education


THIS IS AUTO GENERATED MESSAGE. PLEASE DO NOT REPLY.



# Responding to a Moment ARMAC

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 ARMAC Medicaid Administrative Claiming

### Participant Response

Participant Name

School District

Position

Moment Date Time

Question 

- What were you doing?
- Who were you with? Do NOT use student names.
- Why were you performing this activity?

Response

250 max characters allowed.



# Moment Progression ARMAC

- ▶ 3 Day advance notice
- ▶ A moment becomes active as of the date and time stamp
- ▶ 5 Day response window before expiration
  - ▶ **GREEN**- Day1 or 2
    - ▶ No coordinator action required.
  - ▶ **ORANGE**- Day 3 or 4, Participant has not responded
    - ▶ Coordinator should encourage participant to respond.
  - ▶ **RED**- Day 5, Participant has not responded
    - ▶ Last day a participant may respond. Coordinator should encourage participant to respond.
  - ▶ **Expired**- Day 6, Participant has not responded
    - ▶ The moment is no longer available for response.
- ▶ Rejected- Participant needs to provide more information for coding purposes.

**NOTE-** Participants serving in districts following an alternate schedule should keep in mind, moments may be issued during scheduled breaks and should be answered in a timely manner.



# Rejected Moments ARMAC

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- ▶ A moment may be rejected if the participant's response does not include enough information to determine if the activity was Medicaid/Medical, school health, education, or personal related.

	Id	Name	Email	School District	Moment DateTime	Status	Activity Code
	8	Bill Smith	ade.armacspecialist@ade.arkansas.gov	MONTICELLO S...	3/29/2022 8:57:59 AM	Pending	
<b>Question</b>	At the selected time and date above, I was:			<b>Activity Code:</b>	4 - Direct Medical Services		
<b>Response</b>	I was helping students complete ACT registration packets.			<b>Position</b>	Teacher		
<b>Response History</b>	3/29/2022 3:36:39 PM-I was helping students complete ACT registration packets.  Admin: 3/29/2022 3:35:21 PM-For coding purposes, what was the nature of the activity you were completing at this time?  3/29/2022 3:33:09 PM-Helping students.			<b>Reject Reason</b>	<input type="text"/>		
							<input type="button" value="Approve"/> <input type="button" value="Reject"/>



# Rejected Moments ARMAC

Dear Bill Smith,

This email requires your immediate attention:

Response History: Helping students.

Reason for Reject: For coding purposes, what was the nature of the activity you were completing at this time?

Click on below moment date and time link to provide your response.

[3/29/2022 8:57:59 AM](#)



# Coordinator Access/Dashboard ARMAC

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ARMAC Random Moment Time Study

https://uat-armac.ade.arkansas.gov/DistrictCoder/GeneratedMoments

ARMAC Medicaid Administrative Claiming Log out

Random Moments Home > Random Moments

Search with filter

Universe: 2022 - Qtr.4 - ARMAC Time Study [03/29/2022 - 03/30/2022]

	Id	Name	Email	School District	Moment Date	Status	Activity Code
	10	Bill Smith	ade.armacspecialist@ade.arkansas.gov	MONTICELLO S...	03/29/2022	Accepted	9b-Referral, Coordination, and Mon...

Random Moments

Question	At the selected time and date above, I was:	Activity Code:	9b - Referral, Coordination, and Monitoring of Medicaid Services
Response	Meeting with occupational therapist to discuss the progress of a student.	Position	Teacher
Response History	• 3/29/2022 3:34:17 PM-Meeting with occupational therapist to discuss the progress of a student.		



# Coordinator Access/Dashboard ARMAC

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ARMAC Medicaid Administrative Claiming Log out

Random Moments | Home > Participants Export Participants

Participants **ARMAC Participants Adjustment Form**  Send Email Notifications Only to Active Participants

Change Password

Search with filter

Fiscal Year: 2022  
Quarter: 1

List of Participants

Show 100 entries Search:

Id	First Name	Last Name	District	Orig.Sal	Orig.Ben	Claim.Sal	Claim.Ben	Status	Actions
222222222	William	Smith	MONTICELLO S...	\$50,000.00	\$10,000.00	\$50,000.00	\$10,000.00	Active	

Showing 1 to 1 of 1 entries Previous 1 Next



# Participant Adjustment Form ARMAC

The district's roster may be adjusted if a participant experiences **one or more of the following changes**:

- ▶ Email address change;
- ▶ State paid cost percentage change
- ▶ The participant leaves the district or is removed from the district's roster; or
- ▶ The participant is added to the district's roster

**\* New participants may be identified at any time during the school year. However, the added participant's costs and active status in the RMTS will not take effect until the following quarter.**

- ▶ To complete a participant adjustment form, the district must complete the following steps:
  1. Retrieve the ARMAC Participant Adjustment Form from the ARMAC Coordinator Dashboard.
  2. Complete the adjustment form with the participant changes within 5 business days of the occurred change.
  3. Email the Adjustment Form to [ade.armacspecialist@ade.arkansas.gov](mailto:ade.armacspecialist@ade.arkansas.gov)
  4. Provide a copy of the adjustment form to the district bookkeeper to ensure the changes are reflected in eFinance.

**NOTE:** Participants may not be added to the roster during the 4<sup>th</sup> quarter.





# Example Scenarios



**Guidance Counselor**

The guidance counselor is attending a training related to Childhood Trauma.

**\$ DISCOUNTED**



**Principal**

The principal is in an annual review meeting discussing related services such as therapy, personal care, and mental health services for students.

**\$ DISCOUNTED**

What were you doing?

Who were you with?

Why were you performing this activity?



# Example Scenarios



**Paraprofessional**

Assisting a special needs student with eating lunch.

**NON-PAYABLE**



**Billing Clerk/Administrative Assistant**

Checking Medicaid eligibility for a student who has been recommended for speech therapy.

**Non-DISCOUNTED**

What were you doing?

Who were you with?

Why were you performing this activity?



# Example Scenarios



**Billing Clerk/Administrative Assistant**

Assisting a family with completing a Medicaid application so a student may receive dental care.



**Non-DISCOUNTED**

What were you doing?

Who were you with?

Why were you performing this activity?



**Special Education Teacher**

Attending a training.

**REJECTED**



# Example Scenarios



**Principal**

The principal is participating in annual review discussing the need for classroom related modifications.

**X REJECTED**



**Guidance Counselor**

Assisting a student with completing their spring semester schedule to ensure all graduation requirements were met.

**Ø NON-PAYABLE**

What were you doing?

Who were you with?

Why were you performing this activity?



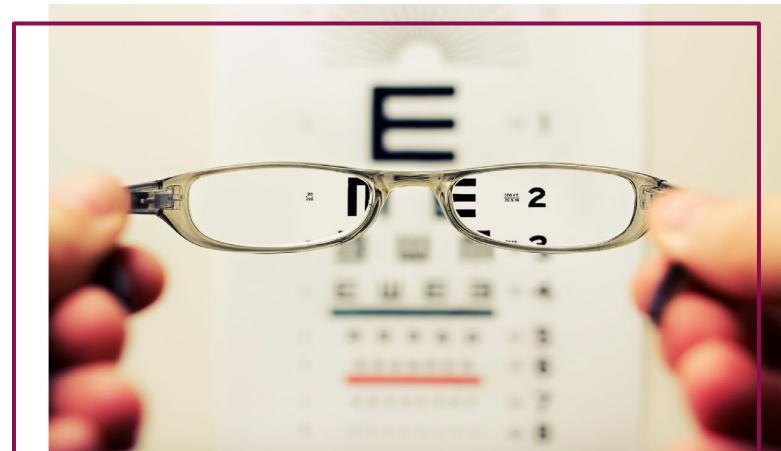
# Example Scenarios



## Speech Therapist

The speech therapist is following up with the special education teacher regarding the progress of a student that receives services.

**\$ DISCOUNTED**



## School Nurse

The school nurse is discussing with a parent the need for services after a failed vision screening.

**\$ DISCOUNTED**

What were you doing?

Who were you with?

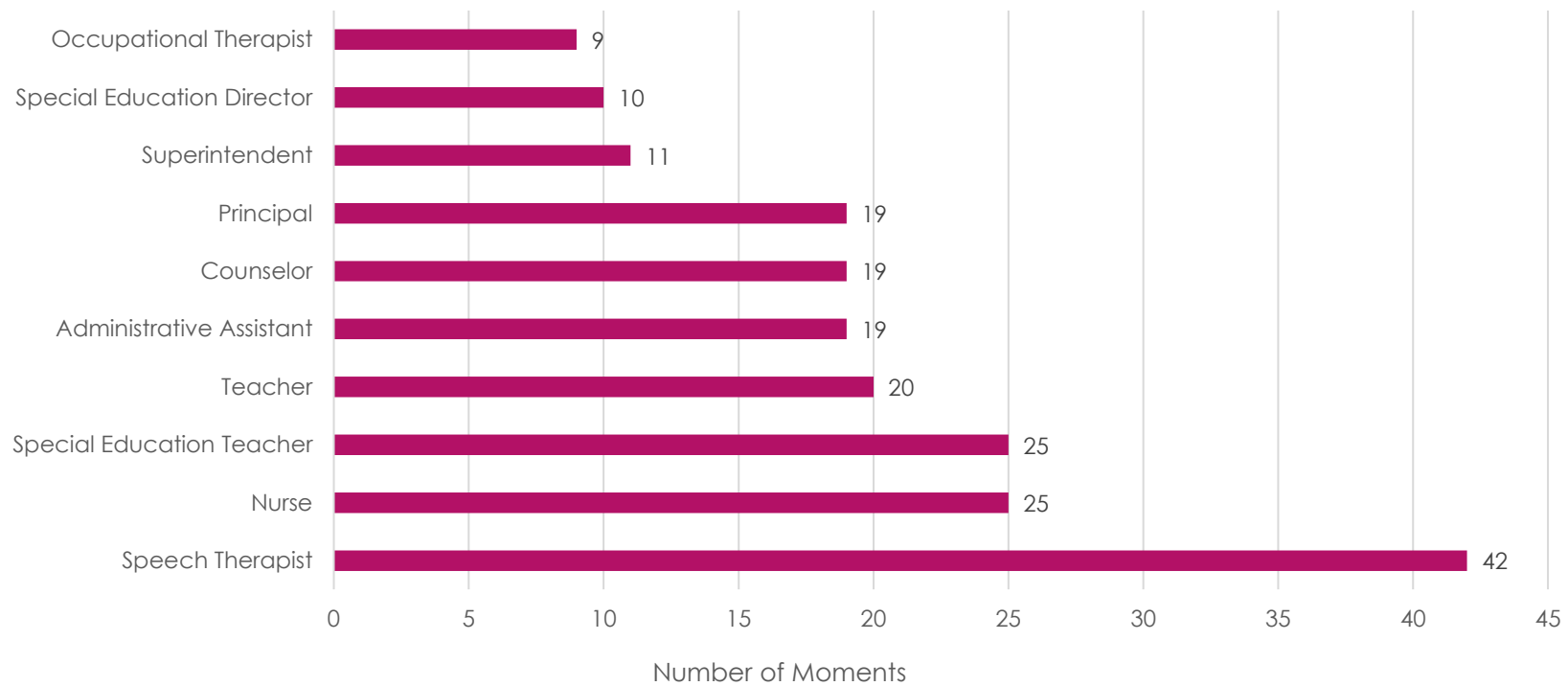
Why were you performing this activity?



# Payable ARMAC Moments

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Payable Random Moments by Position  
FY22 Quarter 3



Total number of payable moments 255



# Quarterly ARMAC CLAIM CERTIFICATION

**ARMAC Reimbursement Claim Amount and Certification**

Fiscal Year	Quarter	Statewide Non-Discounted Activity	Statewide Discounted Activity	School District
XXXX	X	XXXXXX%	XXXXXX%	XXXXXXXXXXXXXXX
LEA	District Medicaid Eligibility	Claimable Salaries	Claimable Benefits Costs:	Total Costs
XXXXXXXX	XXXXX%	\$XXXXXXXXXX	\$XXXXXXXXXX	\$XXXXXXXXXX

**Total Reimbursement Claim for Quarter: \$XXX,XXX.XX**  
**School District Quarterly Certification of State Expenditures**

I, as financial officer of XXXXX XXXXXXX XXXXXXX, am charged with the duties of supervising the administration and coordination of the Arkansas Medicaid Claiming (ARMAC) program provided under Title XIX (Medicaid) of the Social Security Act, as amended. I hereby certify that the public education agency has incurred 100% of the state share of public, non-federal funds needed for Medicaid Federal Financial Participation (FFP) complying with 42 CFR 433.51. The total cost of \$XXX,XXX.XX for Quarter X of the XXXX fiscal year represents 100% state share required for federal reimbursement for participation in the school-based administrative claiming program.

I also certify that the public education agency's certified expenditures were incurred in accordance with the provision outlined in the interagency agreement completed and signed by this public education agency, the Arkansas Department of Education, Division of Elementary and Secondary Education, and the Arkansas Division of Medical Services. These certified expenditures are separately identified and supported in our accounting system.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed certification to:  
 Division of Elementary and Secondary Education  
 Four Capitol Mall, Mail Slot #14  
 Little Rock, AR 72201

**THIS IS NOT A BILL**

Print Date: XXXXXXXXXX

**Activity Percentages:** the % of the moments coded as Non-discounted & Discounted.

**District's costs pool:** the sum of participants state paid salary and benefits.

ARMAc Reimbursement Claim Amount and Certification

Fiscal Year	Quarter	Statewide Non-Discounted Activity	Statewide Discounted Activity	School District
XXXX	X	X.XXXXX%	X.XXXXX%	XXXXX XXXXXX XXXXXXXX
LEA	District Medicaid Eligibility	Claimable Salaries	Claimable Benefits Costs:	Total Costs
XXXXXXX	XX.XX%	\$XXX,XXX.XX	\$XX,XXX.XX	\$XXX,XXX.XX

Total Reimbursement Claim for Quarter: \$XXX,XXX.XX

School District Quarterly Certification of State Expenditures

I, as financial officer of XXXXX XXXXXX XXXXXXXX, am charged with the duties of supervising the administration and coordination of the Arkansas Medicaid Claiming (ARMAc) program provided under Title XIX (Medicaid) of the Social Security Act, as amended. I hereby certify that the public education agency has incurred 100% of the state share of public, non-federal funds needed for Medicaid Federal Financial Participation (FFP) complying with 42 CFR 433.51. The total cost of \$XXX,XXX.XX for Quarter X of the XXXX fiscal year represents 100% state share required for federal reimbursement for participation in the school-based administrative claiming program.

I also certify that the public education agency's certified expenditures were incurred in accordance with the provision outlined in the interagency agreement completed and signed by this public education agency, the Arkansas Department of Education, Division of Elementary and Secondary Education, and the Arkansas Division of Medical Services. These certified expenditures are separately identified and supported in our accounting system.

Printed Name:	Title:
Signature:	Date:

Return completed certification to:  
 Division of Elementary and Secondary Education  
 Four Capitol Mall, Mail Slot #14  
 Little Rock, AR 72201

THIS IS NOT A BILL

**District Quarterly ARMAc Payment Amount**





# Test Your ARMAC Knowledge!

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- ▶ Use the link provided in your email from [ade.armac@ade.arkansas.gov](mailto:ade.armac@ade.arkansas.gov) to access the link to the ARMAC test.

For questions about the ARMAC program, please contact:

**School Health Services**

**Division of Elementary & Secondary Education**

**4 Capitol Mall, Mail Slot #14**

**Little Rock, AR 72201**

**501-682-4238**