DEFINITIONS

A-19 -1A invoice voucher (A-19) means the State of Washington Invoice Voucher used by contractors and vendors to submit claims for payment under the terms of an agreement.

Administrative Fee means the dollar amount charged to the contractor by HCA based on a percentage of each contractor's billing for FFP claimed at the federally approved match rate to offset HCA's costs incurred in administering a program.

Auto-mapping means the process of a RMTS participant using pre-determined responses (answers) available for each time study question. The combination of these responses will be mapped to a specific CMS activity code. Auto-mapped responses do not require HCA review.

Billing Quarter means the SFY quarter consisting of three (3) consecutive calendar months beginning with the first date of the calendar quarter during which an agreement starts. Contractors shall use billing quarters as the time periods for which they claim for FFP. HCA uses SFY beginning with the July-September quarter as being the first quarter.

Case Management or Targeted Case Management means services that assist an individual in gaining access to medical, social, educational services and other services. These are considered direct services and are not claimable under the MAM program.

Centers for Medicare and Medicaid Services (CMS) means the federal office under the United States Department of Health and Human Services responsible for the administration of the Medicare, Medicaid and Children's Health Insurance Program.

CFR means Code of Federal Regulation

Claiming group means cluster/pool/or group of participants whose time study results are entered into the UMMS system for federal reimbursement**.**

Claiming unit means the contractor using the UMMS system to received reimbursements for their Medicaid administrative activities.

CMS Guide means the Medicaid School-Based Administrative Claiming Guide issued May 2003 and produced by CMS, and any supplements, amendments or successor; incorporated herein by reference into this Agreement.

Cognizant Agency means the agency responsible for reviewing, negotiating, and approving Indirect Cost Rate of the contractor under OMB Circulars.

Contractor means the individual or entity performing services pursuant to a contract or agreement and includes the contractor's owners, members, officers, directors, partners, employees, and/or agents, unless otherwise stated in a contract or agreement

Core Hours means the maximum hours a facility may be open as defined by an agency's policy.

Cost Allocation Plan (CAP) means a detailed federally approved program.

Data means the information that is disclosed, shared, or exchanged. All time study and claims data is owned by HCA.

Drop downs mean various lists of RMTS options provided by a workgroup to assist in filling in answers to time study questions.

Federal financial participation (FFP) means the federal funding mechanism under which Title XIX dollars are accessed via matching funds, to reimburse government agencies for certain Medicaid administrative activities.

Free Care means services available to all clients without charge; where neither the beneficiary nor HCA is liable for payment.

Health Care Authority (HCA) means the single state Medicaid agency that administers Medicaid and Medicaid Administrative Match.

Indirect Cost(s) means an operating expense that is allocated across more than one program.

Indirect Cost Rate means the ratio as approved by the Contractor's Cognizant Agency

Job description means title and short explanation of specific duties and responsibilities of participating staff.

Limited English Proficient (LEP)

Local Match Certification Form means HCA's form the Contractor must use to report local matching fund information to HCA annually.

Local Matching Funds means the Contractor's non-federal tax dollars (revenue) that are not otherwise obligated and are designated or certified to match the FFP rate of reimbursement. This revenue must be in the Contractor's budget and under the Contractor's control. These funds cannot be contributed by healthcare providers as local matching funds and subcontractors cannot certify local match funding.

Medicaid means a joint federal-state program for covered medical services and for costs of administration of related activities.

Medicaid Administrative Match (MAM) means the source of funding for reimbursements provided in this Agreement is shared between the Contractor and the Federal Financial Participation.

Medicaid Administrative Match activity codes means MAM activities outlined in the CAP and CMS Claiming Guide and captured through the time study by use of codes.

Medicaid Administrative Match (MAM) Program Manager means the state employee identified as the HCA contract person**.**

Medicaid Administrative Match Random Moment Time Study coordinator (MAM RMTS coordinator) means contractor staff appointed to be the liaison to HCA MAM for the MAM program.

Medicaid Client means a Washington resident whom HCA has determined meets the Medicaid eligibility criteria.

Medicaid Eligibility Rate (MER) means the calculation that determines the proportional share of Medicaid individuals to the total number of individuals within the Contractor's jurisdiction.

Non-responses means RMTS moments not completed within five (5) working days.

OMB means the office of Management and Budget of the Executive Office of the President of the United States.

Parallel Coding refers to a time study coding system, whereby Medicaid activities are distinguished from similar activities that are not Medicaid reimbursable.

Participant means contractor staff that is in compliance with regulations, meeting guidelines, and CAP criteria to claim staff time costs for conducting MAM activities.

Potential Medicaid Client means a Washington resident who may be determined by HCA to meet the eligibility criteria for enrollment in Medicaid.

ProviderOne means the HCA's primary provider payment processing system.

Random Moment Time Study (RMTS) means a statistically valid survey system that asks each Contractor employee/participant to report the activity he/she was performing during the sampled moment. RMTS is a form of continuous documentation. Samples are drawn for the corresponding quarters in which invoices for MAM are submitted. Random moments are drawn from all the paid workdays in the quarter.

RMTS Coordinator means an employee of a contractor who is assigned to be the liaison between HCA and the contractor for the purposes of an agreement.

Standard Work Hours means the regularly scheduled hours during which a participant is expected to perform their usual duties.

State fiscal year (SFY) means a twelve (12) month period beginning on July 1st of one calendar year and ending on June 30th of the following calendar year.

Quarters are:

1. July-September
2. October-December
3. January-March
4. April-June

State Medicaid Plan means the comprehensive written commitment by HCA, submitted under 102(a) of the Social Security Act and approved by CMS to administer or supervise administration of the Medicaid program in accordance with federal and state requirements.

Subcontract means any separate agreement or contract between the contractor and an individual or entity to perform all or a portion of the duties and obligations that the contractor is obligated to perform pursuant to an agreement.

Unique User ID means a string of characters that identifies a specific user and which in conjunction with a password, passphrase or other mechanism, authenticates a sure to an information system.

University of Massachusetts Medical School (UMMS) means the HCA contractor administering the statistically valid RMTS.