

ADMINISTRATION OF MATERNAL AND CHILD HEALTH PROGRAMS

GUIDE TO MEDICAID ADMINISTRATIVE CLAIMING FOR LOCAL HEALTH DEPARTMENTS (LHD)

Effective date: January 1, 2023

PROGRAM OVERVIEW

The purpose of this guide is to assist Local Health Departments (LHDs) to identify and document certain costs necessary to administer case management services for Maternal and Child Health Programs (MCH). To the extent that such costs are provided on behalf of Medicaid recipients and have not been reimbursed by other State or federal funding, the Illinois Department of Healthcare and Family Services (HFS) may use such documentation to complete claims for federal funding and return these funds to the LHDs incurring the cost.

The Illinois Department of Human Services (DHS) funds several Maternal and Child Health programs which include Family Case Management, High Risk Infant Follow-Up, and Better Birth Outcomes. These MCH programs are a cooperative effort between the DHS and HFS. The goal of these programs is to assure that pregnant women, new mothers and infants who are enrolled in the two Medical Programs receive the necessary prenatal care, postpartum care and preventive health care. “Medical Programs” as used in this Guide are the Medical Assistance Program authorized under Title XIX of the Social Security Act and the State Children’s Health Insurance Program authorized under Title XXI of the Social Security Act, as administered by HFS.

The MCH programs are funded by DHS grants to LHDs, Federally Qualified Health Centers (FQHCs) and other not-for-profit organizations. Under federal Medicaid law, local units of government, such as LHDs, may submit claims for federal reimbursement of expenditures spent in their counties on behalf of persons enrolled in the Medical Programs that are in excess of any DHS grant funds.

Note: There are various LHDs which also receive grants for the HealthWorks program for DCFS children in YouthCare. These payments are provided by the Meridian Managed Care Organization (MCO) Health Plan. LHD expenditures related to the HealthWorks program may be claimed if they are in excess of any Meridian payments. For purposes of this Claiming Guide, Healthworks expenditures are not broken out separately but may be included in the MCH claim as long as all other claiming requirements have been met as per this Guide to Medicaid Administrative Claiming.

A separate Intergovernmental Agreement that governs the administrative claiming program spells out the responsibilities of HFS and LHDs. The Agreement charges HFS with the responsibility to ensure that the claims submitted for reimbursement are valid and reliable. HFS also is entrusted with the oversight responsibility to ensure claims are in compliance with all of the federal, state, and program guidelines which apply to the administrative claiming program.

HFS monitors the administrative claiming program by reviewing the supporting documentation for case management costs that are claimed for reimbursement. This includes a review and reconciliation of the information detailed on the Administrative Claim Summary Schedule submitted with each quarterly claim. HFS may conduct desk reviews and on-site visits to the LHDs to examine all expenditure, time study and personnel records that support the data included on the Administrative Claim Summary Schedule.

GENERAL PROCESS FOR SUBMITTING CLAIMS

The LHD shall submit to HFS claims data for administrative claiming within 90 days following the end of each calendar quarter for submission to the Centers for Medicare and Medicaid Services (CMS) that quarter. Any documentation regarding expenditures received after the 90th day following a quarter will not be submitted to CMS until the end of the next quarter. Under federal regulation, no expenditure can be submitted to CMS more than 2 years following the quarter in which the expenditure was paid. Said claims shall be submitted in the format specified by HFS.

The LHD shall be responsible for the certification that:

- (a) The claims for Medicaid reimbursement submitted to HFS are for services provided to Medicaid-enrolled participants and are for MCH administrative costs in excess of the funds reimbursed by DHS that have been paid prior to submittal; and
- (b) The claims are the actual costs of the administrative services provided; and
- (c) The claim has been prepared in accordance with the principles established in Title 2 CFR Part 200 and in accordance with the State Plan; and
- (d) The funds used as the local or state funds are not federal funds, or if they are federal funds, their use is authorized by federal law to be used to match other federal funds.
- (e) The funds used as the local or state funds have not been used to match other federal funds for any other programs.

The LHD shall provide to HFS all documents and other necessary information to allow HFS, as the Medicaid Single State Agency, to submit the claim for payment and to monitor the program. Said documentation shall be submitted in a timely fashion to facilitate the claim for reimbursement.

COMPUTING TIME SPENT ON MCH PROGRAMS

A. MCH DIRECT SERVICE CASE MANAGEMENT TIME

1. All direct service MCH case management time must be recorded daily by MCH case managers. LHDs may use the Cornerstone Staff Time & Activity (HSPR0418) form or create a tracking form that includes comparable information. The report is necessary for administrative claiming to determine if the hours allocated to the MCH program in the LHD’s payroll system are reasonably accurate and reflective of employee efforts.

This Medicaid claiming process assumes that staff who are considered “MCH case management staff” may also be assigned to work on projects that will not be claimed for Medicaid reimbursement, as defined in this Claiming Guide as the MCH programs receiving DHS grants.

2. All direct service time for all MCH direct service staff must be compiled monthly. The monthly compiled reports will be used for the quarterly HFS Administrative Claim Summary Schedule and will be submitted with the quarterly claim as documentation.

B. ACTIVITIES THAT MAY BE REIMBURSED BY MEDICAID

It is not necessary to track every activity by code, but the LHD should be aware of the range of MCH direct service activities that are reimbursable by Medicaid. These are the activities and codes being tracked and claimed for MCH services in the HSPR0418 Report:

| | |
|-----------------------------------|------------------------------------|
| 100 General case management | 300 Case management administration |
| 105 Referral, advocacy, follow-up | 400 Accrued benefit time |
| 110 Case finding attempts | 500 Other direct services |
| 200 Case management outreach | 600 Staff training and evaluation |

COMPLETING THE ADMINISTRATIVE CLAIM SUMMARY SCHEDULE

All LHDs must use the HFS Administrative Claim Summary Schedule (“Administrative Claim”) form (revised December 2022, see sample attached). The Administrative Claim is compiled for each month in the quarter by inserting the correct data into the yellow-shaded cells. The grey shaded cell will automatically make the correct computation for the quarter.

A. TO CALCULATE CLAIMABLE COSTS FOR MCH CASE MANAGEMENT STAFF

1. TOTAL MONTHLY PAYROLL COSTS

Using the LHD’s payroll system as the source, compute monthly personnel and benefit costs for all MCH case management staff during each month of the quarter. (1a, 1b)

2. ALLOCATION OF TIME AND EFFORT

- a) Calculate the total hours worked by all MCH case managers during each month of the quarter. This is a calculation of all hours for which those staff have been hired and paid, including worked and benefit time (full-time, part-time). (1c)
- b) Using the daily Staff Time & Activity Reports completed by all MCH case managers (above), calculate the total hours worked by all staff on MCH case management activities for each month. (1d) Time reported on 1d should include activity codes 100, 105, 110, 200, 300 and 600.
- c) Calculate the total paid benefit hours used by all MCH case managers, including sick days and vacation days (typically these are coded in Staff Time & Activity Reports as “400”, see codes above). (1e)
- d) Calculate hours worked by MCH case managers on any activities other than the three MCH programs supported by DHS grants. These may include hours worked on WIC certifications, vaccinations, developmental assessments, etc. (1f) The hours inserted in 1d, 1e and 1f should equal the hours in 1c.

3. CLAIMABLE CASE MANAGEMENT COSTS

- a) The Administrative Claim will automatically populate these cells. It will add together the total salaries and benefit costs for all MCH case management staff during the quarter. (1g)
- b) It will calculate the Percent of Time on Case Management as hours spent on case management as a percent of total hours worked by all MCH case managers during the quarter. (1h)

- c) It will calculate the Prorated Benefit Time as the paid benefit hours for all MCH case managers staff as a percentage of their time spent on case management. For example, if a case manager spends 45% of her time on MCH case management, then 45% of the paid benefit hours for that staff person will be included in the Administrative Claim. (1i)
- d) It will calculate the Total Percent of Time on Case Management as the sum of (b) and (c) above. (1j)
- e) It will calculate the Allocated Claimable Case Management Costs as the total salaries and benefit costs for all MCH case management staff multiplied by the Total Percent of Time on Case Management (1k).

B. TO CALCULATE CLAIMABLE COSTS FOR MCH SUPPORT STAFF NECESSARY FOR CASE MANAGEMENT

TOTAL MONTHLY PAYROLL COSTS

Using the LHD's payroll system as the source, compute monthly personnel and benefit costs during each month of the quarter for those support staff who are providing support for MCH case management staff. (2a, 2b)

ALLOCATION OF TIME AND EFFORT

- a) Calculate the total hours worked by all support staff who are providing support for MCH case management staff during each month of the quarter. This is a calculation of all hours for which those staff have been hired and paid, including worked and benefit time (full-time, part-time). (2c)
- b) Using the LHD's organizational charts, FTE analyses or any other management systems, calculate the percent of time that all such support staff have provided support for MCH case management activities during each month of the quarter. This documentation will need to be provided with the quarterly claim. (2d)
- c) Using the LHD's organizational charts, FTE analyses or any other management systems, calculate the percent of time that all such support staff have provided support for other than MCH case management activities during each month of the quarter. This documentation will need to be provided with the quarterly claim. (2e)

CLAIMABLE SUPPORT STAFF COSTS

The Administrative Claim will calculate the Allocated Claimable Support Staff Costs Necessary for Case Management as the total salaries and benefit costs for all support

staff multiplied by the percent of time that all such staff have provided support for MCH case management (2f).

C. TO CALCULATE CLAIMABLE COSTS FOR MCH DIRECT SUPERVISORY STAFF

TOTAL MONTHLY PAYROLL COSTS

Using the LHD's payroll system as the source, compute monthly personnel and benefit costs during each month of the quarter for those supervisory staff who are supervising any or all MCH case management staff. (3a, 3b)

ALLOCATION OF TIME AND EFFORT

- a) Calculate the total hours worked by all staff who are supervising MCH case management staff during each month of the quarter. This is a calculation of all hours for which those supervisory staff have been hired and paid, including worked and benefit time (full-time, part-time). (3c)
- b) Using the LHD's organizational charts and management systems, determine the number of MCH case managers being supervised, during each month of the quarter. (3d)
- c) Using the LHD's organizational charts, FTE analyses or any other and management systems, determine the number of other LHD staff that all such staff are supervising, during each month of the quarter. (3e) This documentation will need to be provided with the quarterly claim.

CLAIMABLE DIRECT SUPERVISION COSTS

The Administrative Claim will calculate the Allocated Claimable Direct Supervision Costs as the total salaries and benefit costs for all supervisory staff multiplied by the percent of time that all such staff are providing supervision to MCH case managers (3f).

D. TO CALCULATE MCH DIRECT OPERATING COSTS

Using the LHD's General Ledger as the source, calculate the MHC direct operating costs during each month of the quarter. Direct operating costs are those costs that can be identified specifically with the MCH programs and that can be assigned to activities relatively easily with a high degree of accuracy. (3g) This documentation will need to be provided with the quarterly claim.

E. TO CALCULATE LHD ADMINISTRATIVE COSTS: THIS SECTION IS OPTIONAL

The Administrative Claim for federal Medicaid reimbursement may include a portion of the LHD's total payroll costs and total direct operating costs that are in support of the MCH program. These are calculated per the instructions below. **Inclusion of these costs is optional.**

TOTAL QUARTERLY ADMINISTRATIVE SALARIES AND BENEFITS

Using the LHD payroll system as the source, enter the monthly salaries and benefit costs of LHD administrative staff. (4a, 4b)

TOTAL LHD DIRECT OPERATING COSTS

Calculate the total direct operating costs of the LHD for the quarter. These operating costs include, but are not limited to, utilities, maintenance, office supplies, telephone, postage, etc. (4c)

ALLOCATION OF ADMINISTRATIVE AND OPERATING COSTS

The Administrative Claim will populate the claimable hours from information provided (4d, 4e, 4f, 4g).

Using the LHD's payroll system as the source, calculate the total hours worked by all LHD staff, on all projects, during the quarter. This is a calculation of all hours for which those staff have been employed and paid, including worked and benefit time (full-time, part-time) (4h).

The Administrative Claim will then calculate the LHD's percentage of claimable hours (4i). The Claimable Administrative and Operating Costs are automatically calculated by multiplying the administrative and operating costs by the percentage of claimable hours (4j).

TOTAL MCH AND LHD COSTS FOR CASE MANAGEMENT

The Administrative Claim will calculate the total MCH and LHD administrative costs by totaling the Allocated Claimable MCH Case Management Costs, the Allocated Claimable MCH Support Staff Costs, the Allocated Claimable MCH Supervision Costs, the MCH Case Management Direct Operating Costs, and the Allocated Claimable LHD Administrative Costs. (5)

DEDUCTING QUARTERLY CASE MANAGEMENT FUNDS RECEIVED

The Medicaid Administrative Claim is used by LHDs to be reimbursed for costs associated with the MCH programs that are in excess of funds received from DHS. Accordingly, those funds must be accounted for to identify costs incurred by the LHD.

Using the LHD's general ledger or subsidiary system used to track revenue generated from grants and/or awards, insert the total funds received from DHS for MCH activities during the quarter. The list of each DHS grant or award, broken out by MCH program, will need to be provided with the quarterly claim. (6a)

As noted above, some LHDs receive payments from the Meridian Health Plan for case management services under the HealthWorks program for DCFS children in YouthCare. In this section, the payments from Meridian should be included. (6b)

The Administrative Claim will calculate the difference between the Total MCH and LHD Administrative Costs and the Case Management Funds Received from DHS, to determine the Case Management Costs Funded by LHD in Excess of DHS Funds. (7)

ADJUSTING FOR THE MEDICAID CASELOAD and MEDICAID REIMBURSEMENT

The LHD is required to document case information in the DHS Cornerstone system. Medicaid claiming for MCH services are only for Medicaid-enrolled clients. On a quarterly basis, HFS will match Cornerstone with the Medicaid enrollment system (MEDI) to determine the Medicaid percentage for each LHD for purposes of quarterly claims.

At the end of the quarter, the LHD is responsible for sending an email request to HFS, at the email address below, for the Medicaid percentage of the LHD's caseload for the quarter. For any LHD providing services to DCFS children through the Healthworks program, the email request shall include the number of such children that were served during the quarter.

That information will be provided by the Department of Healthcare and Family Services (HFS) to each participating LHD each quarter. Enter the LHD's specific Medicaid percentage of the MCH caseload enrolled in Medical Programs (Medicaid), as provided by HFS. (8)

The Administrative Claim will apply that Medicaid caseload to the Case Management Costs Funded by LHD in Excess of DHS Funds to determine the Unfunded Costs Incurred by LHD in Support of Medicaid. (9)

The federal Medicaid program will reimburse 50% for LHD claimable costs for Medicaid-enrolled participants during the quarter. The Administrative Claim will calculate the quarterly Medicaid MCH Claim for the LHD by applying the federal Medicaid reimbursement percentage. (10).

SUBMITTAL TO HFS and CERTIFICATION

To complete the quarterly Medicaid claim, the completed Administrative Claim Summary Schedule with the signed Certification, must be submitted with the following documentation:

- (a) List of each MCH case manager, MCH support staff and MCH supervisory staff, the monthly personnel and benefit costs for each, and the number of hours that each such staff was paid (worked and benefit time) during each month of the quarter;
- (b) All of the Staff Time & Activity Reports, compiled for each month of the quarter for each of the MCH case managers, that lists all of the activities (or codes) performed during the month, the total number of hours spent on MCH activities during the month, and the percent of total time spent on MCH activities during the month;
- (c) The methodology used -- organizational charts, FTE analyses or other management systems -- for computing the percent of time that support staff have provided support for MCH case management activities during each month of the quarter;
- (d) The methodology used -- organizational charts, FTE analyses or other management systems -- for computing the percent of time that supervisory staff have provided supervision for MCH case management activities during each month of the quarter;
- (e) LHD General Ledger sources that were used to compute the MHC direct operating costs during each month of the quarter;
- (f) Email or other document received from HFS that provides the LHD's specific Medicaid percentage of the MCH caseload enrolled in Medical Programs (Medicaid) for the quarter; and
- (g) The list of grant revenue received from DHS for each month, broken out by each of the MCH programs (include YouthCare funding from Meridian, if applicable).

OPTIONAL: If the LHD chooses to claim a portion of the LHD administrative costs that may be attributable to the MCH programs, include the following documentation:

- (h) Adding to the list of MCH staff in (a) above, list every other LHD administrative staff, the monthly personnel and benefit costs for each, and the number of hours that each such staff was paid for all projects (including worked and benefit time), during each month of the quarter; and
- (i) LHD General Ledger sources that compute the total LHD operating costs during each month of the quarter.

The Certification shall be completed, dated and signed, as per the form on page 11. The General Process for Submitting Claims outlined above shall apply to all claims. All written notices, requests and communications, unless specifically required to be given by a specific method, should be sent to the email address listed below. All telephonic communications between the parties shall be made to the telephone number(s) set forth below. Either party may at any time give notice in writing to the other party of a change of name, address, or telephone or telefacsimile number.

To HFS: Bureau of Program and Policy Coordination
 201 S. Grand Avenue East, 2nd Floor
 Springfield, IL 62763
Telephone 217/ 782-3953
Telefacsimile 217/ 524-2530
Email HFS.BPPC.LHDClaim@illinois.gov

**ADMINISTRATIVE CLAIM SUMMARY SCHEDULE:
MATERNAL AND CHILD HEALTH PROGRAMS**

CERTIFICATION OF LOCAL HEALTH DEPARTMENT

_____ submits to the Illinois Department of Healthcare and Family Services a claim in the amount of \$ _____, representing administrative expenses paid on behalf of Medicaid in excess of the amount paid by the Illinois Department of Human Services for Maternal and Child Health (MCH) programs for the quarter beginning _____ and ending _____.

I certify, to the best of my knowledge and on behalf of the Local Health Department (LHD) for this quarter, that expenditures used to construct this claim are documented within the LDH's financial systems and represent expenditures used for the administration of the MCH programs.

This claim is in accordance with our LHD Intergovernmental Agreement with the Illinois Department of Healthcare and Family Services.

All expenditures presented in this claim are allowable in accordance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200), Medicaid principles of reimbursement in accordance with the Code of Federal Regulations, and all claiming requirements of the Illinois Department of Healthcare and Family Services.

None of the expenditures listed were paid with federal funds. The claim does not duplicate any other claim for federal reimbursement, including payments claimed by other state agencies.

SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

DATE: _____