



NWD Medicaid Administrative Claiming Workbook Tool One: Project Work Plan

About this Tool

This work plan provides the high-level steps required for Medicaid Administrative Claiming (MAC) development, including timeframes and staff responsible for each task. Entities using this work plan template should alter this plan to reflect their operations and desired outcomes. Users should treat the plan as a living document to update as needed.

Refer to the Medicaid Claiming Workbook for further guidance.

ID	Task Name	Target Date	Staff Assigned
1	Building support for MAC for NWD/ADRC (Tools 2 & 3)		
1a	Present potential benefits of and infrastructure necessary for administrative claiming to NWD/ADRC entities and other stakeholders		
1b	NWD/ADRC entities (including state Medicaid agency) agree to participate by identifying dedicated staff and committing to development of work plan		
1c	Identify (and/or hire) staff who will implement the plan and/or procure contractual or consulting support (if necessary). Consider the following technical expertise needed: <ul style="list-style-type: none"> • Project Management • Policies and Procedures Development • Fiscal/Financial • Staff Training and Continuous Quality Improvement (CQI) • Management Information Systems (MIS) • Legal (HIPPA privacy, contracts, MOUs) 		



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1d	Work with Medicaid to identify existing claiming structures and what makes sense for the NWD System. The state Medicaid agency will advise the state’s NWD System Lead Agency on the essential infrastructure needed to claim Medicaid administrative funds. Often times, infrastructure is modeled after programs that have Medicaid claiming in place. Below are some key questions for NWD Systems to consider as Medicaid administrative funding is explored: <ul style="list-style-type: none"> • Which programs participate in Medicaid administrative claiming currently in my state? • How are those programs set up, as contracts or cost allocation plan amendments? 		
2	Identify potential codes by evaluating workflows and day-to-day NWD activities (Tool 4)		
2a	Categorize activities to develop draft codes		
2b	Obtain and incorporate local agency, operating agency, and state Medicaid agency feedback		
3	Develop approach for time study (Workbook)		
3a	Review approaches (RMS v. 100%) and recommend approach		
3b	Obtain and incorporate local agency, operating agency, and state Medicaid agency feedback		
3c	Identify mechanism or tools for conducting ongoing time study (e.g., SurveyMonkey, contractor) – may want to use simpler solution for pilot		
3d	Finalize draft time study codes and develop training materials for pilot		
4	Code Clarity Pilot (Tool 5)		
4a	Train staff for pilot; develop and use decision tree		
4b	Conduct code clarity pilot		
4c	Obtain pilot participant feedback		
4d	Revise code options, definitions, and process to reflect ongoing time study		
5	Test Time Study (Workbook)		
5a	Train staff for time study		
5b	Conduct test time study		
5c	Analyze participant feedback, coding accuracy, identification of work flow and referrals issues, over or under coding in certain tasks, and further staff training needs		
5d	Procure vendor or develop infrastructure in-house for ongoing time study		



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6	Develop cost pool infrastructure (Tools 6 & 7)		
6a	Develop cost reporting spreadsheet and guidance		
6b	Obtain and incorporate local agency, operating agency, and state Medicaid agency feedback		
6c	Train appropriate local agency staff on completing spreadsheet		
6d	Support local agencies in completing spreadsheet		
6e	Operating agency review of spreadsheets		
7	CMS approval (Tool 8)		
7a	Develop or amend existing MOU between the state Medicaid agency and entities participating in claiming		
7b	Develop CMS submission package		
7c	Submission to CMS		
7d	CMS approval		
8	Implementation		
8a	Complete set-up for information, codes, and training materials for/with time study IT product vendor		
8b	Training staff for ongoing time study		
8c	First time study starts		
8d	Submission of first quarterly cost pool spreadsheet		
8e	Operating agency compiles first claim and submits to state Medicaid agency		
8f	State Medicaid agency review and approval		
8g	Ongoing claiming and analysis of coding and work flow; CQI		