

# **DMA ADMINISTRATIVE LETTER NO. 02-05, ADMINISTRATIVE COST REIMBURSEMENT – DAY SHEET CODING AND REPORTING ON THE DSS-1571**

**DATE:** SEPTEMBER 3, 2004

**SUBJECT:** NC HEALTH CHOICE ADMINISTRATIVE COST  
REIMBURSEMENT - DAY SHEET CODING AND REPORTING  
ON THE DSS-1571

**DISTRIBUTION:** COUNTY DIRECTORS OF SOCIAL SERVICES  
  
MEDICAID SUPERVISORS  
MEDICAID INCOME MAINTENANCE CASEWORKERS  
LOCAL BUSINESS LIAISONS  
COUNTY FISCAL OFFICERS

The purpose of this letter is to restate coding and reporting instructions for time spent on NC Health Choice for Children by the Income Maintenance Caseworker.

## **A. DAY SHEET CODING**

- Use code "FCHC" on the Day Sheet to report caseworker time spent on Family and Children's Medicaid and NC Health Choice. This includes eligibility determination functions of taking and processing applications, case changes and terminations for the F&C programs of MAF, MIC, MPW, IAS, HSF, MRF and for NCHC.
- A caseworker who handles only F&C/NCHC determinations is a 100% full time equivalency position. It is not necessary for this type position to complete a day sheet provided the county has a process to account for time and/or work performed.
- Use the "MA" code on the Day Sheet to report caseworker time spent on M-AABD and Medicare Savings Programs.

## **B. EIS REPORT**

The Eligibility Information System produces a monthly report that shows the total actions for Medicaid (MAF, MIC, MPW, IAS, and HSF) versus NC Health Choice

for the county. There are six (6) versions of this report available in XPTR. The XPTR report name is: "DHRWDB SUMMARY NCHC VS MEDICAID". The report is available in XPTR on the 1st workday of the month. Refer to EIS 4300, II. The report is produced from the Caseworker/Supervisor report and lists the total number of applications taken, approved, denied, withdrawn, case maintenance

actions, and case terminations for both Family and Children's Medicaid (MAF, MIC, MPW, IAS, HSF) and NC Health Choice. The report also lists the percentage of actions taken during the month in Medicaid categories vs. NC Health Choice. Use the percentage of case actions on the report to allocate the caseworker's time on the DSS-1571 as follows:

- Multiply the percentage of case actions reported for NCHC by the caseworker's total hours coded on the Day Sheet Summary as FCHC for that month. Use this number to report NCHC administrative costs on the DSS-1571.
- Multiply the percentage of case actions reported for F&C Medicaid by the caseworker's total hours coded on the Day Sheet Summary as FCHC for that month. Use this number to report Title XIX administrative costs on the DSS-1571.

**EXAMPLES:**

Caseworker A is not dedicated 100% to F&C/NCHC. A day sheet was completed showing 80 hours of time on FCHC and 65 hours on Work First for the month. The DHRWBD NCHC SUMMARY NCHC VS MEDICAID report indicates that the county's F&C/NCHC case actions totaled 390 for the month and were split 72% F&C Medicaid and 28% NCHC. The administrative costs for this IMC are allocated between Medicaid and NCHC as follows:

80 hours x 72% = 57.6 hours allocated to Title XIX.

80 hours x 28% = 22.4 hours allocated to NC Health Choice.

Caseworker B is a 100% FTE for F&C/NCHC for the month and worked 145 hours. The administrative expenditures charged to this caseworker are allocated between Medicaid and NC Health Choice by the same percentages as the split between the total case actions:

145 hours x 72% = 104 hours allocated to Title XIX.

145 hours x 28% = 41 hours allocated to NC Health Choice.

### **C. REPORTING ENROLLMENT FEES**

Enrollment fees are designated to offset county administrative costs. Reimbursement for county administrative costs associated with NCHC take into account the amount of enrollment fees due from families of eligible children. Counties should have an internal process in place to assure that collections for NCHC cases approved during a month match the amount due. There may be variations due to monthly cut-off dates, so a reconciliation process is needed to ensure that all fees due are actually collected and reported on the DSS-1571.

- Enrollment fees are due to be collected the month the application/reenrollment is disposed of in EIS; i.e. applications processed in November will show up on an XPTR report at the end of November and the number of applications approved should be compared to the actual amount of enrollment fees collected by the county and recorded as a revenue on the General Ledger for November.
- Only report on the DSS-1571 fees actually collected and posted to the county general ledger during the month.
- NCHC approvals with a “K” classification are the only category with income over the 150% FPL for which an enrollment fee is collected. This data is used to validate the amount of enrollment fees reported on the DSS-1571.
- Use the following XPTR reports to reconcile the NCHC fees actually collected and reported on the DSS-1571. Keep the monthly reconciliation with your copy of the DSS-1571 for an audit trail.
  1. DHRWDB NCHC DETAIL PREMIUM RECON (lists recipients with fees for the month)
  2. DHRWDB NCHC PREMIUM RECON (lists total fees for the month)
- The fee may be paid by other individuals or organizations, including county funds, but cannot be waived. Whether paid by the family or by other funds, the fee must be collected and reported on the DSS-1571, so that the appropriate amount offsets federal and state costs.

Please direct any questions to your Local Business Liaison.

Gary H. Fuquay  
Director

(This letter was researched and written by Jon York, Medicaid Field Staff Supervisor.)