

**MassHealth
And
The Center for Health Care Financing**

**Municipal Medicaid
Program**

User Guide

For

**Statewide Random Moment Time
Study (RMTS)**

June 2008

Table of Contents

Section	Page
I. Introduction	2
II. Random Moment Time Study (RMTS)	3
III. LEA Responsibilities	5
IV. Time Study Participant Responsibilities	7
V. Participation Requirements	21
VI. Technical Requirements	22

DRAFT

Section I. Introduction

The Massachusetts Municipal Medicaid Program coordinates claims by local education authorities (LEAs) for partial federal reimbursement of qualifying direct health services provided to MassHealth members in schools. One component of Direct Service claiming is the completion of a time study. The time study methodology used by school districts is a Random Moment Time Study (RMTS). This guide provides step-by-step instructions for completing the RMTS. Included in this guide is information on:

- The RMTS process
- LEA responsibilities to participate in the RMTS
- Determining RMTS participants
- Obtaining and updating a Username and password for participants
- Logging in
- Entering data
- Understanding the RMTS deadlines
- Contacting the University of Massachusetts (UMMS) for systems help

Contact Information:

University of Massachusetts Medical School
Center for Health Care Financing

Municipal Medicaid Program
333 South Street
Shrewsbury, Massachusetts 01545
SchoolBasedClaiming@umassmed.edu
Phone: (800) 535-6741
Fax: (508) 856-7643

Section III. Random Moment Time Study (RMTS)

The RMTS methodology quantifies the work of a statewide group of health professionals and support staff involved in the delivery of medical and health related services in the school district by sampling the work efforts of a cross section of the group. The RMTS methodology polls employees at random moments over a quarter and calculates the results of the polling. This method provides a statistically valid means of determining what portion of the group's time is spent performing activities which are reimbursable by Medicaid in the Direct Services Claiming Program. The results of the RMTS are combined with district-specific costs which are submitted in an annual cost report to calculate district-specific reimbursement rates. Additional information regarding the Direct Services Claiming Program and the annual cost report will be provided after CMS approval. The process is designed to be as quick and unobtrusive to participants as possible.

The RMTS will be completed online using the statewide RMTS system. A detailed description of this system is provided throughout this document.

The RMTS does not replace the documentation of direct medical services provided to students.

An outline of the RMTS process is provided below:

Step 1: Submit school district calendar

1. Submit Annual calendar prior to August 1st each year
2. Update calendar with any changes to the original calendar, including the last day of school, prior to March 1st

Step 2: Submit list of eligible RMTS participants 30 days prior to the start of the quarter

Step 3: RMTS participants receive passwords via email as needed

Step 4: Participants, days and times are randomly selected from the statewide pool

Step 5: Participants receive notification of moments at designated times

Step 6: Participants complete random moment time study

Step 7: Participants will be contacted for clarification of answers as needed

Step 8: Participants receive follow up notification if data is not entered two hours, one day and two days after the moment

Step 9: After five calendars the participant will not be able to complete or edit the moment

Step 10: Statewide time study results are calculated and distributed to school districts to be included in the Direct Service cost report. Statewide time study results for AAC will be distributed if the moratorium on AAC is extended. If not they will be retained for one year.

DRAFT

Section III: LEA Responsibilities

The LEA is responsible for completing the following tasks to ensure that the RMTS process is successfully completed:

Step 1: Designate a time study contact and send that person's name, phone number, fax number and email to UMMS. Update this information as required. This information should be sent to UMMS at schoolbasedclaiming@umassmed.edu

Step 2: In order to determine the eligible moments to be included in the RMTS, school districts must submit their annual school calendar and school hours to UMMS prior to August 1st. An updated calendar, including any changes to the original calendar and the updated last day of school must be submitted by March 1st. All calendars should be submitted electronically schoolbasedclaiming@umassmed.edu.

Step 3: Identify the personnel who are eligible to participate in the time study, based on their credential. Below is the list that has been submitted to CMS. Additional guidance regarding licensure will be provided upon approval from CMS.

Direct Service Providers (Currently Proposed)
--

- | |
|--|
| <ul style="list-style-type: none">• Licensed Speech/Language Therapist (130 CMR 432.404)• Licensed Occupational Therapist (130 CMR 432.404)• Licensed Physical Therapist (130 CMR 432.404)• Licensed Nurse (Registered Nurse, Licensed Practical Nurse) (130 CMR 414.404)• Licensed Audiologist, Licensed Hearing Impaired Specialist (130 CMR 426.404, 130 CMR 416.404)• Licensed Mental Health Providers (130 CMR 429.424)• Medicaid Billing Personnel |
|--|

Administrative Only Providers (Currently Proposed)

- Speech/Language Assistant or Aide
- Occupational Therapist Assistant or Aide
- Physical Therapist Assistant or Aide
- School Psychologist, School Psychologist Intern
- Case Manager
- School Adjustment Counselor
- School Guidance Counselor
- Nurse's Aide
- Direct Support Personnel - SPED Director/Asst., SPED Supervisor, SPED Team Chair
- Director of Guidance
- Director of Nursing
- Director/Asst. Director of Pupil Support Services

Step 4: By September 1, 2008, each LEA time study contact should complete the RMTS participant template and email it to UMMS at schoolbasedclaiming@umassmed.edu. Ongoing, UMMS will send a list of people current participants to each LEA's time study contact 45 before the start of each quarter. The time study contact should update the list and return it electronically no later than 30 days prior to the start of each quarter. By including a participant on the list you are certifying they have the qualifying credentials.

Employee ID #	Last Name	First Name	Email address	Job Description	Job Type	FF%	FTE
200	Smith	Mary	Msmith@yahoo.com	Registered Nurse	E	0	1
201	Doe	John	Johndoe@yahoo.com	Speech/language Therapist	C	20	1
202	Brown	Jane	JBrown@yahoo.com	Physical Therapist	E	2	.8
203	Jones	Ann	AJones@yahoo.com	Occupational Therapist	C	100	1

Populate the template by entering the Employee ID #, Last Name, First Name, and Email address. Select the job description from the dropdown. Enter 'E' in the Job Type column for an employee of the school district and 'C' for someone who is a contractor. Enter the percent of the salary that is federally funded in the FF% column and enter the full time equivalency in the 'FTE' column. Questions regarding this template should be directed to 508 856 8631 or schoolbasedclaiming@umassmed.edu.

Section IV: Time Study Participant Responsibilities

The district-specific lists of time study participants will be combined into one statewide pool. From this pool, participant days and times will be randomly selected for completion. Each participant selected will receive notification emails three (3) days prior, one (1) day prior and at the time of the moment they have been selected for. The participant will then answer three (3) questions, and certify their responses. If this is not done at the time of the selected moment, reminder emails will be sent two (2) hours, one (1) day and two (2) days after the selected moment. After five (5) calendar days the participant will no longer be able to enter or edit data for the selected moment.

This section provides detailed instructions for the time study participant so they can successfully log on and complete the time study. Included is information on:

- Obtaining and updating user ID and password
- Logging in
- Entering and saving data
- Certifying data

Logging On

Step 1: An email will be sent from MedicaidinSchools@umassmed.edu with your user ID, a temporary password, and a link to the website.

Sample Email Text

Welcome James Smith,

This confirms your registration in the University of Massachusetts Medical School's School Based Claiming system.

Your user ID is SmithJam

Your initial, temporary password is kcqmb7yw

Please use the following web site to login: https://www.chcf.net/chcfweb/RMTS_ma/index.jsp

NOTE:

- 1) The user ID and password are case sensitive. Please enter them exactly as stated above in upper and lower-case.
- 2) For security reasons, when you login for the first time, you will be asked to set a new password. Passwords must be at least 8 characters long with a combination of both letters and numbers. Once your password is changed, you cannot use your initial, temporary password.
- 3) If you forget your password or need a new one, you can reset your password. On the main login screen, click on the "Forgot Password?" button and follow the instructions. Thank you.

Step 2: Click on the link provided in the email notification

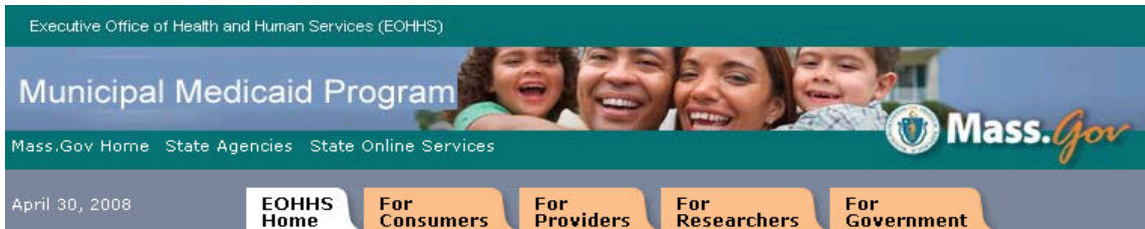
https://www.chcf.net/chcfweb/RMTS_ma/index.jsp

Step 3: Your designated Username, composed of parts of your last and first name, will pre-populate in the Username field. Note: *The Username is only pre-populated when the website link is used. If the link was not used, you must also type in your Username.*

Step 4: Type in, or copy and paste, your temporary password. Click “OK”.

The screenshot shows the 'School-Based Claiming' login page. At the top, there is a header for the Executive Office of Health and Human Services (EOHHS) and the Municipal Medicaid Program. Below the header, there are navigation links for 'Mass.Gov Home', 'State Agencies', and 'State Online Services'. A date indicator shows 'May 28, 2008'. There are four main navigation buttons: 'EOHHS Home', 'For Consumers', 'For Providers', 'For Researchers', and 'For Government'. The main heading is 'School-Based Claiming'. On the left side, there is a 'Login' section with a 'User ID:' field, a 'Password:' field, a 'Remember Me' checkbox (checked), and an 'OK' button. Below the login fields are links for 'Forgot Password?', 'Login Instructions', and 'Contact Us'. At the bottom, there is a footer with copyright information: '©2008 Commonwealth of Massachusetts' and links for 'Accessibility', 'Feedback', 'Site Policies', 'Contact Us', 'Help', and 'Site Map'.

Step 5: Enter a new password when prompted to do so. Click “OK” to create your password or “Clear” if you wish to clear fields and retype information. Verify the password by entering it a second time. Click “Save.”



Change Password!

User Access Agreement

- Access to the Municipal Medicaid School-Based Claiming application (SBC), operated by the University Of Massachusetts Medical School on behalf of the Commonwealth of Massachusetts Department of Medical Assistance, has been established to aid school districts and local educational authorities in processing Administrative Activity and Direct Service claims more efficiently.
- Use of SBC is subject to the terms and conditions set out in the UMass Worcester User Access Agreement, which can be accessed by [clicking here](#).
- It is the responsibility of each individual user to understand and comply with the rules and spirit of these and all applicable policies, laws and regulations, and the responsibility of each participating school district to make sure that users from that district comply.

[Click here](#) to get back to the Home Page.

::: Change Password

The following information is required for changing your password:

User ID :

The password must be a minimum of 8 characters in length, include both letters and numbers, and is case sensitive

New Password :

Confirm Password :

NOTE: Your password must be at least eight characters in length. It must be a combination of both letters and numbers. It is case sensitive (upper and lower-case letters chosen must be used exactly as indicated.). Password will expire every 90 days, at which time the system will prompt you to create a new one when you login.

The time study page will then appear on your screen.

Forgotten Password

If you have forgotten your password, you may have your password reset using the login screen. To do this:

Step 1: Click on the “**Forgot Password?**” link underneath the username and password section.

The screenshot shows the 'School-Based Claiming' login page. At the top, there is a header for the Executive Office of Health and Human Services (EOHHS) and the Municipal Medicaid Program. Below this is a navigation bar with links for 'Mass.Gov Home', 'State Agencies', and 'State Online Services'. A date indicator shows 'May 28, 2008'. There are also buttons for 'EOHHS Home', 'For Consumers', 'For Providers', 'For Researchers', and 'For Government'. The main heading is 'School-Based Claiming'. Below the heading is a 'Login' section with a 'User ID:' label and a text input field. An arrow points to this input field. Below the 'User ID:' field is a 'Password:' label and another text input field. Below the password field is a 'Remember Me' checkbox (checked) and an 'OK' button. Below these is a blue link labeled 'Forgot Password?'. An arrow points to this link. Below the 'Forgot Password?' link are three more blue links: 'Login Instructions' and 'Contact Us'. At the bottom of the page is a footer with copyright information and links for 'Accessibility', 'Feedback', 'Site Policies', 'Contact Us', 'Help', and 'Site Map'.

Step 2: Provide the Username and the email address that the RMTS system has on record for the user (*Note: If your email address has changed, email UMMS at schoolbasedclaiming@umassmed.edu or call 508-856-8631 to update your information*).

Step 3: Click “RESET.”

Executive Office of Health and Human Services (EOHHS)

Municipal Medicaid Program

Mass.Gov Home State Agencies State Online Services

April 29, 2008

EOHHS Home For Consumers For Providers For Researchers For Government

Reset Password.

User Access Agreement

- Access to the Municipal Medicaid School-Based Claiming application (SBC), operated by the University Of Massachusetts Medical School on behalf of the Commonwealth of Massachusetts Department of Medical Assistance, has been established and authorized by the Massachusetts Department of Education. For more information, please contact the Massachusetts Department of Education, Office of Special Education, 74 State Street, Boston, MA 02108, (617) 725-6000.
- Use of SBC is subject to the terms and conditions set out in the UMass Worcester User Access Agreement, which can be accessed by [clicking here](#).
- It is the responsibility of each individual user to understand and comply with the rules and spirit of these and all applicable policies, laws and regulations, and the responsibility of each participating school district to make sure that users from that district comply.

[Click here](#) to get back to the Home Page.

Reset Password - Used for Forgotten Passwords

Enter your user id:

Enter the e-mail address associated with your account:

Once you click Reset, we'll send you an e-mail message containing your new temporary password

Reset Cancel Help

Must know User ID.

Enter email address. Click “Reset.”

©2008 Commonwealth of Massachusetts Accessibility Feedback Site Policies Contact Us Help Site Map

A message stating that the password has been successfully reset will appear on the screen.

A system generated email will be sent to you with the same Username and new temporary password.

Failed Login

If an error was made when logging in, the system will display “Invalid Username or Password.” The user can again enter their user ID and password. After three failed attempts, the system will suspend the password. Email UMMS at schoolbasedclaiming@umassmed.edu or call 508-856-8631 for assistance.

Executive Office of Health and Human Services (EOHHS)

Municipal Medicaid Program

Mass.Gov Home State Agencies State Online Services

April 28, 2008

EOHHS Home **For Consumers** **For Providers** **For Researchers** **For Government**

Possible Problems

- **Incorrect Password.**

Forgot your password?

- Click [here](#) to reset your password.

Need More Help

- Click [here](#) for Help Information

[Click here](#) to get back to the Home Page.

::: Login

Enter your ID and password to sign in

User ID :

Password :

©2008 Commonwealth of Massachusetts Accessibility Feedback Site Policies Contact Us Help Site Map

Notification of Moment

Step 1: The participant will receive an email from schoolbasedclaiming@umassmed.edu indicating the day and time they are to complete the moment.

Sample Email Text

Welcome Samuel Smith,

You have been selected to participate in the RMTS Time Study for ABC School District.

Your sample moment in time will occur at 04/21/2008 07:10 AM.

Your User ID is SmithSam

In order for your school district to receive the Medicaid reimbursement, it is essential that you take a moment and, click on the link below and complete your observation form. You will need the User ID to access your form.

https://www.chcf.net/chcfweb/RMTS_ma/index.jsp

Thank you for your time and dedication to this important revenue-generating program for your school district.

Step 2: The participant will log on and click on the link for the moment.

The screenshot displays the 'Municipal Medicaid Program' website. At the top, there is a header with the text 'Executive Office of Health and Human Services (EOHHS)' and a navigation bar with links for 'Mass.Gov Home', 'State Agencies', 'State Online Services', 'Change Password', and 'Logout'. The main content area is titled 'Random Moment Survey' and includes a welcome message: 'Welcome Test Test, Listed are the Inactive moments Below'. Below this, there are two tabs: 'Active Moments' and 'Prior Moments'. Under the 'Active Moments' tab, a list of seven blue hyperlinks is shown, each starting with 'Document your Activity for' followed by a date and time. An arrow points to the first link: 'Document your Activity for 09/19/2007 11.15 AM'. Below the links, there is a note: 'If you need to revise a previously documented moment, you may do so by clicking on the "Prior Moments" tab above.' and a 'Please Note' section stating: 'Please Note: A prior moment may only be revised during the acceptable grace period for that moment. The Grace Period for completing or revising your activity is 0 hours from the Moment time.' The footer contains copyright information: '©2008 Commonwealth of Massachusetts' and links for 'Accessibility', 'Feedback', 'Site Policies', 'Contact Us', 'Help', and 'Site Map'. A large, semi-transparent 'DRAFT' watermark is overlaid on the bottom half of the page.

Step 3: The participant will click on ‘Choose Answer.’

Executive Office of Health and Human Services (EOHHS)

Municipal Medicaid Program

Mass.Gov Home State Agencies State Online Services Change Password Logout

Mass.gov

Random Moment Survey

Administrative Claiming

Random Moments

Program Materials

Online Training

Profile

Participant : Test Test Job Description : Physical Therapist Assistant

Observation Moment : 11/29/2007 04:17 PM

- * What task were you performing? [Choose Answer](#)
- * Why were you doing this? [Choose Answer](#)
- * Who were you doing this with? [Choose Answer](#)

I certify that the answers submitted are accurate and complete.

Save Close

©2008 Commonwealth of Massachusetts Accessibility Feedback Site Policies Contact Us Help Site Map

DK

Step 4: The participant will click on the appropriate answer to each question or type in an answer and click 'Save.' Then repeat this process for the other two questions.

The screenshot displays a web application interface for the Executive Office of Health and Human Services (EOHHS) Municipal Medicaid Program. The page includes a navigation menu with options like 'Administrative Claiming', 'Random Moments', 'Program Materials', and 'Online Training'. A 'Random Moment S' section is visible, containing a 'Profile' section with 'Participant : Test' and an 'Observation Moment' section with questions like '* What task were you performing?' and '* Why were you there?'. A 'Select Answer - Windows Internet Explorer' dialog box is overlaid on the page, showing three radio button options: 'Providing Direct Medical Services.', 'Attending an IEP moment.', and 'Not working.'. Below these is an 'OTHER:' section with a text input field. The dialog box has 'Save' and 'Close' buttons at the bottom.

DRAFT

Step 5: The selected answers will appear below each question. Click on the box next to **‘I certify that the answers submitted are accurate and complete’** so the checkmark appears and then click **‘Save.’**

The screenshot shows the 'Municipal Medicaid Program' interface. At the top, it says 'Executive Office of Health and Human Services (EOHHS)'. Below that is a banner with a family photo and the 'Mass.gov' logo. A navigation bar includes links for 'Mass.Gov Home', 'State Agencies', 'State Online Services', 'Change Password', and 'Logout'. A sidebar on the left has a menu with 'Administrative Claiming' (expanded), 'Random Moments', 'Program Materials', and 'Online Training'. The main content area is titled 'Random Moment Survey' and shows a 'Profile' section with 'Participant : Test Test' and 'Job Description : Physical Therapist Assistant'. Below this is an 'Observation Moment : 11/29/2007 04:17 PM'. The survey questions are: '* What task were you performing? Choose Answer' (Providing Direct Medical Service), '* Why were you doing this? Choose Answer' (Annual Review), and '* Who were you doing this with? Choose Answer' (Student). At the bottom of the survey box is a checkbox labeled 'I certify that the answers submitted are accurate and complete.' which is checked. 'Save' and 'Close' buttons are at the bottom right of the survey box. The footer contains copyright information and links for 'Accessibility', 'Feedback', 'Site Policies', 'Contact Us', 'Help', and 'Site Map'.

If the time study participant does not click the box the following validation will appear.

Executive Office of Health and Human Services (EOHHS) My Profile Home Logoff

Municipal Medicaid Program

Mass.Gov Home State Agencies State Online Services

- Administrative Claiming
 - Random Moment Survey
 - Profile
 - Participant : Beverly Blue
 - Observation Moment : 06/15/2012 10:00 AM - 10:30 AM
 - What
 - * What **Completing Medicaid Billing**
 - * Who are you with? [Choose Answer](#)
Parents/Guardians
 - * Why are you performing this activity? [Choose Answer](#)
Prescribed in IEP
 - I certify that the answers submitted are accurate and complete.
- Random Moments
- Reports

- Online Training

Microsoft Internet Explorer

Please certify your answers by checking the box below.

OK

Submit Close

If the time study participant selects answers that do not map to an activity code the following validation will appear.

Executive Office of Health and Human Services (EOHHS) My Profile Home Logoff

Municipal Medicaid Program

Mass.Gov Home State Agencies State Online Services

- Administrative Claiming
 - Random Moment Survey
 - Profile
 - Participant : Beverly Blue
 - Observation Moment : 06/15/2012 10:00 AM - 10:30 AM
 - What
 - * Who are you with? [Choose Answer](#)
Parents/Guardians
 - * Why are you performing this activity? [Choose Answer](#)
Prescribed in IEP
 - I certify that the answers submitted are accurate and complete.
- Random Moments
- Reports

- Online Training

Microsoft Internet Explorer

Please review your answers as they seem inconsistent. If you would like to review the answers click "Cancel." If your answers are correct click "Ok."

OK Cancel

Submit Close

Step 6: To review or edit the response once it has been submitted click on **'Prior Moments'** then click on the day and time you want to review or edit. You will be returned to the screen displaying your answers.

Executive Office of Health and Human Services (EOHHS)

Municipal Medicaid Program

Mass.Gov Home State Agencies State Online Services Change Password Logout

Mass.Gov

Random Moment Survey

Welcome Test Test, Listed are the Inactive moments Below

Administrative Claiming

Random Moments

Program Materials

Online Training

Active Moments

Prior Moments

Prior Moments may be revised only if they fall within the acceptable grace period for that moment. If you need to revise your moment during the grace period, please click on the applicable moment time below, revise your answers and resave your moment.

- [09/19/2007 11.17 AM](#)
- [09/19/2007 11.40 AM](#)
- [09/20/2007 10.17 AM](#)
- [09/20/2007 10.05 AM](#)

©2008 Commonwealth of Massachusetts Accessibility Feedback Site Policies Contact Us Help Site Map

Step 7: If the grace period has not ended the data may be changed by clicking on the answer and selecting a different option. A grace period is equal to five calendar days. Then click in the box to certify your answers.

NOTE: After the grace period has ended the data may be viewed but not changed.

Step 8: For additional assistance the time study participant may click on the link “Instructions.”

Executive Office of Health and Human Services (EOHHS)

Municipal Medicaid Program

Mass.Gov Home State Agencies State Online Services Change Password Logout

Random Moment Survey

Welcome Test Test, Listed are the Inactive moments Below

[Click here for Instructions](#)

Administrative Claiming

Random Moments

Program Materials

Online Training

Active Moments	Prior Moments
Document your Activity for 09/19/2007 11.15 AM	
Document your Activity for 09/19/2007 11.45 AM	
Document your Activity for 09/20/2007 10.15 AM	
Document your Activity for 09/20/2007 10.45 AM	
Document your Activity for 09/21/2007 08.15 AM	
Document your Activity for 09/21/2007 09.15 AM	
Document your Activity for 09/21/2007 11.15 AM	

If you need to revise a previously documented moment, you may do so by clicking on the "Prior Moments" tab above.

Please Note: A prior moment may only be revised during the acceptable grace period for that moment. The Grace Period for completing or revising your activity is 0 hours from the Moment time.

©2008 Commonwealth of Massachusetts Accessibility Feedback Site Policies Contact Us Help Site Map

Step 9: If the participant does not complete the moment, email reminders will automatically be sent from schoolbasedclaiming@umassmed.edu.

Sample Email Text

Welcome James Smith,
You have been selected to participate in the RMTS Time Study for ABC School District.

Our records indicate that you still need to complete sample moment in time which occurred at 04/22/2008 11:10 AM.

Please complete your sample moments before it expires.

Your UserID is SmithJ22.

In order for your school district to receive the Medicaid reimbursement, it is essential that you take a moment and, click on the link below and complete your observation form. You will need the User ID to access the form.

https://www.chcf.net/chcfweb/RMTS_ma/index.jsp

Thank you for your time and dedication to this important revenue-generating program for your school district.

Section V. Participation Requirements

Participation is crucial to the accuracy of the RMTS results. CMS may impose a statewide compliance rate of 85%. If this is implemented and not met there may be a penalty. Updates regarding this requirement will be shared when they are available. Throughout the quarter UMMS will monitor compliance.

DRAFT

Section VI. Technical Notes/System Specifications

Workstation Requirements

Operating Systems
Win 98 or higher
Macintosh

Web Browsers
Internet Explorer 5.0 and up
Mozilla 1.2
AOL 8 and & AOL 9

Cookies

Workstations: enable cookie in browser.

Web Filters

Workstations should allow access to the following URL
<https://www.chcf.net>

Email

Email should allow delivery from schoolbasedclaiming@umassmed.edu
Email server IP – emails may be sent through three mail gateways:
146.189.194.27
146.189.194.30
146.189.194.28

System Administration Requirements

Cookies

System administrator: If there is a proxy server, set proxy NOT to cache the www.chcf.net domain.

Actual web site URL.

https://www.chcf.net/chcfweb/RMTS_ma/index.jsp

Note: www.chcf.net cookies (sessions) are tied to the URL and IP address.