



# Department of Health & Social Services

## TMAC

Alaska Tribal Medicaid Administrative Claiming Guide

November 2019



## Purpose

- Approved tribal health organizations (THO) and Tribes will increase Medicaid and Denali KidCare enrollment and retention of eligible and potentially eligible tribal and non-tribal utilizers using outreach, enrollment, and renewal activities.
- Partner THOs and Tribes will receive reimbursement for some administrative costs associated with performing allowable Medicaid and Denali KidCare outreach and linkage activities.



## Tribal Health Organization/Tribe Roles

- Must be an Alaskan Tribal Health Organization or Tribe with a signed TMAC agreement with DHSS
- Conduct approved outreach and enrollment activities for Alaska Natives, American Indians, and non-Tribal members served by the entity
- Utilization of provided forms
- Provide payment of non-Federal portion of the required state match
- Timely submission of requested forms and payment
- Understand TMAC processes using provided training and resources
- Inform DHSS TMAC staff of any contact information changes



## DHSS Roles

- Maintain TMAC Memorandum of Agreement
- Provide training sessions upon request
- Make available online access of current forms and processes
- Prompt payment of Administrative Fee to partners
- Provide monitoring and oversight through reconciliation and audit processes



## General Process

1

- Entity does enrollment outreach
- Data is collected and entered in forms

2

- Entity submits forms and EFT transfer
- **Submission must be timely for payment**

3

- DHSS pays administrative fees to entity
- DHSS reconciles Medicaid services recipient list with Medicaid claims list



## Approved Outreach and Enrollment Activities

- Medicaid and Denali KidCare application and renewal assistance using Division of Public Assistance (DPA) paper and online applications and through the Federally Facilitated Marketplace
  - Arrangement of travel for clients
  - Community outreach at events such as health fairs
  - Screening and enrolling during patient registration
- 
- ❖ [DPA website](#) includes information and applications
  - ❖ [Federally Facilitated Marketplace](#) reviews and may be able to determine Medicaid eligibility



## Quarterly Submission Documents

All forms and non-federal portion of the required state match must be submitted to DHCS **45** days after the end of each quarter. Failure to submit timely will result in nonpayment.

1. TMAC Outreach List
2. Tribal Outreach Attestation Submission
3. Medicaid/Denali KidCare Unduplicated Medicaid Recipients
4. Tribal Medicaid Administrative Claiming Invoice and Attestation Submission

\*All documents are on the [TMAC website](#) or by request at: [tmac.hss@alaska.gov](mailto:tmac.hss@alaska.gov)



# Form 1: TMAC Outreach List

Tribal Health Organization							TMAC Manager Name & Telephone Number			FFY YEAR / QUARTER		
ENTER TRIBE NAME HERE							ENTER MGR. NAME/PHONE#			ENTER FFY/QTR HERE		
Due: 45th day after the close of the prior quarter. Submit via DSM to: dhcs.tmac@hss.soa.directak.net												
 				Alaska Native or American Indian			Non Native Beneficiary					
				Under 21	Adults 21-64	65 or Older	Under 21	Adults 21-64	65 or Older			
				TOTAL ENTRIES								
				0	1	0	0	0	0			
				Grand Total Outreach						1		
				Alaska Native or American Indian			Non Native Beneficiary					
Date	Name			Under 21	Adults 21-64	65 or Older	Under 21	Adults 21-64	65 or Older			
10/1/2017	Susie Smith				1							

- Provide full names
- Outreach and enrollment employees complete this form



# Form 2: Tribal Outreach Attestation Submission

- Outreach and enrollment employees complete this form
- Signed by the entity's TMAC manager

## Tribal Outreach Attestation Submission



(To be submitted through the DSM email address below along with list of patient registration and outreach lists)  
 Deadline: 45<sup>th</sup> day after the close of the prior quarter  
 Send to: dhcs.tmac@hss.soa.directak.net

Tribal Outreach Attestation Submission Form Fields:

- Tribal Outreach Attestation Submission
- Tribal or Tribal Health Organization: [Text Box]
- TMAC Manager: [Text Box] Tel: [Text Box]
- DSM: [Text Box]
- Email: [Text Box]
- Address: [Text Box]
- City: [Text Box] Zip: [Text Box]
- Please Specify Quarter and FFY: [Click here to select QTR & FFY](#) [Dropdown]

### Please Specify Outreach Numbers

# of Individuals Outreached at Registration	[Text Box]
# of Individuals Outreached at Other: (please specify below)	[Text Box]
Other:	[Text Box]
Other:	[Text Box]
Other:	[Text Box]
Total # of Individuals Outreached	0

I, [Text Box], (TMAC Manager) certify and attest that all patient registrants presenting in the undersigned quarter, for the Tribal health medical services, were outreached and provided an explanation, either verbally or visually, of the DenaliCare and/or Denali KidCare public insurance programs, for which they may be eligible, including both local Tribal contact and state contact information.

In addition, If this Tribe or Tribal health organization is the recipient of a CMS Connecting Kids to Coverage Grant or any other CMS grant award for Medicaid administrative activities, I certify and attest that the children who have been outreached and provided application and renewal assistance under the Connecting Kids to Coverage grant or any other federal grant funding for Medicaid outreach and enrollment assistance may also appear in this list since the aggregate total of children outreached and provided application and renewal assistance will likely be a part of this list; however, those children will be eliminated from the unduplicated list of recipients that the Tribe and Tribal health organization submit along with the invoice for payment under TMAC, to carve out these children to prevent duplication of payment for these Medicaid administrative activities (please refer to corresponding invoice attestation).

TMAC Manager: [Text Box]

TMAC Manager Signature: [Text Box]

Date: [Text Box]



# Form 3: Medicaid/Denali KidCare Unduplicated Medicaid Recipients

- Provide full names
- TMAC manager or designated fiscal staff completes this form

		<h2>Medicaid / Denali KidCare Unduplicated Medicaid Recipients</h2>						
Tribe or THO	QTR / FFY	<i>This section will auto tabulate</i>						
Southeast Alaska Regional Health Consortium	FFY18, QTR2 (Jan 1, 2018 - Mar 31, 2018)	Under 21	Adults 21-64	65 or Older	Under 21	Adults 21-64	65 or Older	Total
		0	0	0	0	0	0	0

Due: 45th day after the close of the prior quarter. Submit via DSM to: [dhcs.tmac@hss.soa.directak.net](mailto:dhcs.tmac@hss.soa.directak.net)

DenaliCare / Denali KidCare Identifiers			Alaska Native or American Indian			Non Native Beneficiary			Total
Recipient Medicaid ID Number	Recipient Name	Date of Birth	Under 21	Adults 21-64	65 or Older	Under 21	Adults 21-64	65 or Older	
1234567890	Joe Example	1/1/1985		1					1



# Form 4: Tribal Medicaid Administrative Claiming Invoice and Attestation Submission

- Quarterly invoice of administrative fees
- Attestation of transferred funds to DHSS represent the non-Federal share of the Federal matching funds for allowable activities
- THO/Tribal CFO signs this form

### Tribal Medicaid Administrative Claiming Invoice and Attestation Submission

Due: 45th day after the close of the prior quarter. Submit via DSM to: dhcs.tmac@hss.soa.directak.net



**Denali KidCare**  
Insuring Alaska's Children and Our Future

State of Alaska  
Department of Health & Social Services  
Health Care Services  
PO Box 110680  
Juneau, AK 99811-0680

Claiming Tribe or THO	Select Tribe or THO from drop down list (click here)		
Street or PO Box			
City, State			
FFY / Quarter	FFY18, QTR1 (Oct 1, 2017 - Dec 31, 2017)		
TMAC Manager			
TMAC Manager Telephone #			
TMAC Manager Email			

INVOICE			
Description	Quantity	Rate	Amount
Total unduplicated number of DenaliCare / Denali KidCare enrolled individuals provided with services		#N/A	#N/A
Tribes must send the Non-Federal portion / Required FFP to be sent via IGT electronic transfer			#N/A
Prepared by	Telephone #	Date	

Check here if funds were transferred electronically

I, \_\_\_\_\_, certify (**CFO in blue ink**) under penalty of perjury that the information provided on this invoice is true and correct based on the approved methodology outlined in Section III and further defined in Section IV of the Tribal Medicaid Outreach and Linkage Plan for the period referenced and that the funds transferred via IGT from the Tribes to the State of Alaska Department of Health & Social Services represent the non-Federal share of the Federal matching funds pursuant to the requirements of 42 CFR 433.51, for allowable administrative activities and that these public funds are not Federal funds and have not been and will not be subsequently used for Federal match in this or any other program. I have notice that the information is to be used for filing of a claim with the Federal Government for Federal Funds and knowing misrepresentation constitutes violation of the Federal False Claims Act. If this Tribe or Tribal health organization is the recipient of a CMS Connecting Kids to Coverage Grant or any other CMS grant award for Medicaid administrative activities, I further certify that the children outreach and provided application and renewal assistance under this Tribe's or Tribal health organization's CMS Connecting Kids to Coverage grant funding or any other federal grant funding for Medicaid outreach and enrollment assistance have been carved out from the list of unduplicated recipients of services provided to DHCS through DSM which has prevented any duplication of payment related to Medicaid administrative activities provided otherwise.

Date: \_\_\_\_\_ CFO Signature: \_\_\_\_\_



## Direct Secure Messaging (DSM)

- Send forms through a DSM e-mail for HIPAA compliance



To sign up:

[healthconnect Alaska](#) webpage

[DSM](#) webpage

E-mail: [healthConnect@helpdesk.inpriva.net](mailto:healthConnect@helpdesk.inpriva.net)

Phone: 866-936-1423

TMAC Direct Secure Messaging:

Email: [dhcs.tmac@hss.soa.directak.net](mailto:dhcs.tmac@hss.soa.directak.net)



## THO/Tribe FFY20 IGT Transfer Due Dates

Each submission encompasses one quarter. All submission documents and EFT of non-federal funds are due 45 days after the last day of each quarter.

### Submission Due Dates

- Nov. 14, 2019: FFY19, Q4 (July 1 – Sept. 30)
- Feb. 14, 2020: FFY20, Q1 (Oct. 1 – Dec. 31)
- May 15, 2020: FFY20, Q2 (Jan. 1 – March 31)
- Aug. 14, 2020: FFY20, Q3 (April 1 – June 30)
- Nov. 16, 2020: FFY20, Q4 (July 1 – Sept. 30)



## Processing of TMAC Funds

Entity submits the invoice and attestation forms to DHCS via DSM & and non-Federal portion of the required state match via ACH transaction.



DHCS issues and EFT payment to the entity.



DHSS does a quarterly match of the Enterprise claims against each quarter's unduplicated list submitted by the entity. There must be recipient claims submitted by the 4<sup>th</sup> consecutive quarter or the administrative fee will be offset from future payments from DHCS to the entity.



There must be recipient claims submitted by the 4<sup>th</sup> consecutive quarter or the administrative fee will be offset from the future payments from DHCS to the entity.



After the 4<sup>th</sup> consecutive quarter, if there is a recoupment required, it will be subtracted at the time the next EFT is issued to the entity, or an invoice will be issued.



## ACH and Wire Transfers to DHSS

### Wire Transfer Instructions

Notify the State of Alaska, Treasury Division, by 2:00 PM AST the business day prior to the wire transfer settlement date by e-mail to: [dot.trs.cashmgmt@Alaska.gov](mailto:dot.trs.cashmgmt@Alaska.gov). The notice must include the payer name, payment amount, settlement date, the state agency the funds are for, and the purpose of the payment.

1. Instruct your bank to initiate a wire transfer of funds through the Federal Reserve wire transfer system to be received and credited to the State of Alaska:

State Street Bank & Trust Company  
State Street Financial Center  
1776 Heritage DR  
North Quincy, MA 02171  
ABA # 011000028  
State of Alaska - AY01  
General Investment Fun  
Account # 00657189

2. Confirmation is available by calling the Alaska Department of Revenue, Treasury Division at 907-465.2360
3. Do not sent ACH credit Transactions to this account.

### ACH Transfer Instructions

Notify the State of Alaska, Treasury Division, by 2:00 PM AST the business day prior to the wire transfer settlement date by e-mail to: [dot.trs.cashmgmt@Alaska.gov](mailto:dot.trs.cashmgmt@Alaska.gov). The notice must include the payer name, payment amount, settlement date, and that the payment is for ACH 06034.

1. Prepare the amount due.
2. Instruct your bank to initiate an ACH transfer of funds to be received and credited to the State of Alaska:

State Street Bank & Trust Company  
State Street Financial Center  
1776 Heritage DR  
North Quincy, MA 02171  
ABA # 011000028  
State of Alaska - AY01  
General Investment Fun  
Account # 00657189

3. Confirmation is available by calling the Alaska Department of Revenue, Treasury Division at 907-465.2360
4. Do not sent any other State of Alaska payment types to this account.



## DHSS Contacts

### Staff

- Kyle Skeek, TMAC Receipt & Reconciliation, Health Care Services: 907.465.5829
- Sarah Harlamert, TMAC Receipt & Reconciliation Oversight, Health Care Services: 907.269.7398
- Sarah Harlamert, TMAC Manager, Health Care Services: 907.269.7398
- Renee Gayhart, Division Director, Health Care Services: 907.334.2400

### TMAC Mailing Address

State of Alaska  
Division of Health Care Services  
Attn: TMAC  
PO Box 110660  
Juneau, AK 99811-0660

### E-mail

General e-mail: [tmac.hss@alaska.gov](mailto:tmac.hss@alaska.gov)  
DSM e-mail: [dhcs.tmac@hss.soa.directak.net](mailto:dhcs.tmac@hss.soa.directak.net)



## Acronyms

- ACH: automated clearing house
- CFO: Chief Financial Officer
- DHCS: Division of Health Care Services
- DHSS: Department of Health and Social Services
- DPA: Division of Public Assistance
- DSM: Direct Secure Messaging
- EFT: electronic funds transfer
- FFP: federal financial participation
- FFY: Federal Fiscal Year, which has four quarters, Q1 (Oct, Nov, Dec); Q2 (Jan, Feb, March); Q3 (April, May, June); Q4 (July, Aug, Sept).
- IGT: intergovernmental transfer
- THO: tribal health organization
- TMAC: Tribal Medicaid Administrative Claiming



QUESTIONS?

Thank You