



North Carolina Department of Health and Human Services
Division of Medical Assistance

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Robin Gary Cummings, M.D.
Deputy Secretary for Health Services
Director, Division of Medical Assistance

August 28, 2014

MEMORANDUM

TO: Suzanne Merrill, Acting Director
Division of Aging and Adult Services

Wayne Black, Director
Division of Social Services

FROM: Robin Gary Cummings, M.D. *RC*
Director, Division of Medical Assistance \

RE: Billable Activities under Medicaid Administrative Claiming

Title XIX of the Social Security Act authorizes federal grants to states for a proportion of expenditures for **medical assistance** under the approved Medicaid state plan, and for expenditures necessary for administration of the state plan. This is called Medicaid Administrative Claiming (MAC) and activities must be “in some way connected with administering services covered under the state plan” (State Medicaid Manual section 4302.2). Medical assistance is defined as payment of part or all of the cost of the following care and services or the care and services themselves, or both (if provided in or after the third month before the month in which the recipient makes application for assistance) for individuals, and, with respect to physicians’ or dentists’ services, at the option of the State, to individuals.

www.ncdhhs.gov

Tel 919-855-4100 • Fax 919-733-6608

Location: 1985 Umstead Drive • Kirby Building • Raleigh, NC 27603

Mailing Address: 2501 Mail Service Center • Raleigh, NC 27699-2501

An Equal Opportunity / Affirmative Action Employer



Time billed to MAC must be directly related to medical assistance to Medicaid covered services under North Carolina's State Medicaid Plan (State Plan). Individuals eligible for State Plan services include:

- Under the age of 21.
- Relatives specified in section 406(b)(1) with whom a child is living if such child is (or would, if needy, be) a dependent child under part A of Title IV.
- 65 years of age or older.
- Blind, with respect to States eligible to participate in the State Plan program established under Title XVI or 18 years of age or older and permanently and totally disabled, with respect to States eligible to participate in the State Plan program established under Title XVI.
- Persons essential (as described in the second sentence of this subsection) to individuals receiving aid or assistance under State plans approved under Title I, X, XIV, or XVI.
- Blind or disabled as defined in section 1614, with respect to States not eligible to participate in the State Plan program established under Title XVI.
- Pregnant women.
- Individuals who are eligible for home and community-based services under needs-based criteria established under paragraph (1)(A) of section 1915(i), or who are eligible for home and community-based services under paragraph (6) of such section, and who will receive home and community-based services pursuant to a State Plan amendment under such subsection.

The Center for Medicare and Medicaid Services (CMS) expect workers implementing MAC to have a general understanding of what is and is not a Medicaid covered service in the State Plan service or program. However, there is latitude in understanding that social workers cannot predict if a Medicaid beneficiary claim will subsequently be filed under Medicaid or if the claim would be denied. Coordinating, monitoring, and referring medical care or helping a client access medical services are connected with properly administering services covered under the state plan, whether the efforts are successful out or not. These efforts do not require an activity to determine eligibility for that medical service under the State Plan, just a general understanding of what is and is not covered. There are limits and exclusions to Medicaid covered services; however, CMS would not expect a case manager, for day sheet coding purposes to try to predict if the claim will be successfully filed under Medicaid. Supportive activities that might assist a client in obtaining social services, Food Stamps, energy assistance, or housing (e.g., arranging for home accessibility adaption, arranging for daycare while the client is in an appointment, encouraging social activities) are not directly related to Medicaid covered services and thus cannot be billed to MAC.

A worker claiming MAC must not assume that every medical service provided to Medicaid beneficiaries is covered by Medicaid. Workers must use their knowledge of the State Plan, as well as their own judgment in claiming MAC for activities that have a reasonable expectation of being covered by Medicaid. Social workers should have a working knowledge about common services that are and are not provided under the State Plan. The following table is an abbreviated list of Medicaid covered services under the State Plan. This list is meant as a guide for workers and does not include every covered service.

Table 1-Abbreviated List of Medicaid Covered Services

Medicaid Covered Services under North Carolina State Medicaid Plan*	
Medical appointments	Psychiatric hospital services (for beneficiaries 65 and older, and beneficiaries under 21)
Medical transportation	Mammogram
Medications in the client's health plan	OB/GYN Services
Behavioral health services	Routine eye exam, medically-necessary glasses or contacts for beneficiaries under 21
Dialysis	Flu vaccine
Family Planning	Nursing facilities
Physical Therapy	
Lab work ordered by a physician	
*This is not an exhaustive list of all covered activities. Refer to http://www.ncdhhs.gov/dma/plan/index.htm	

The list below contains examples of services not Medicaid covered under the State Plan. This list is meant as a guide for workers and is not all-inclusive.

Table 2-Abbreviated List of non-covered Medicaid Services

Services Not Covered by Medicaid Under North Carolina State Medicaid Plan *	
Cosmetic surgery or dentistry	Transportation to visit family
Housing modifications (e.g., wheelchair ramps, air filters, shower safety handle)	Specialty eyeglass wear (e.g., tinted lenses, no-line bifocals)
Daycare	Social clubs or activities
Groceries	House cleaning/yard maintenance
Gym facilities/memberships	House improvements (e.g., A/C installation)
Experimental drugs or procedures	Optical services (to those over age 21)
Paternity tests	Weight loss pills
*This is not an exhaustive list of all activities that are not covered. Refer to http://www.ncdhhs.gov/dma/plan/index.htm	