

School-Based Medicaid Program

Annual Provider Training

Executive Office of Health & Human Services
Office of Medicaid

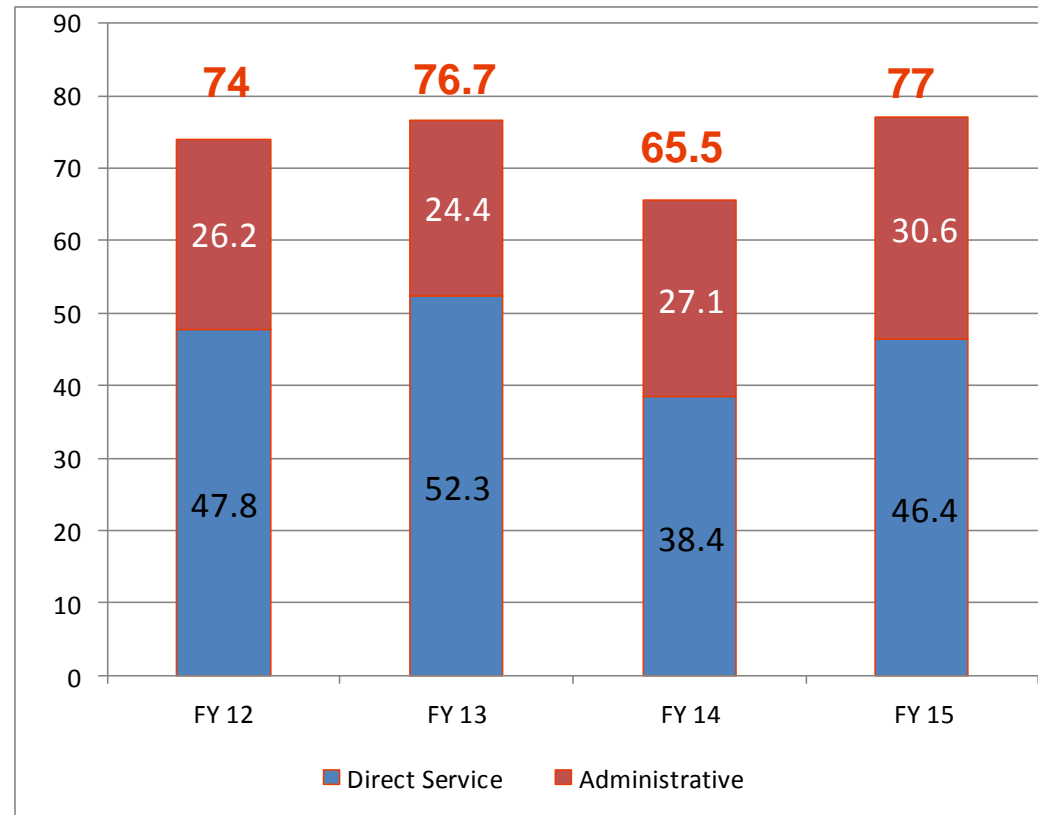
November, 2015

Agenda

- **Program Revenue**
- **Office of the Inspector General (OIG) Audit**
- **Provider Bulletin #28: Indirect Cost Rates**
- **Provider Bulletin #29: Autism Services**
- **Medicaid Eligibility Matching**
- **Administrative Activity Claims & Annual Cost Report**
- **RMTS Participant List Tips**
- **Other program of interest: Flu Vaccine Program**

Overall Statewide Revenue

| Revenue | FY 2012 | FY 2013 | FY 2014 | FY 2015 |
|----------------|------------|--------------|--------------|------------|
| Direct Service | 47.8M | 52.3M | 38.4M | 46.4M |
| Administrative | 26.2M | 24.4M | 27.1M | 30.6M |
| Total | 74M | 76.7M | 65.5M | 77M |



OFFICE OF THE INSPECTOR GENERAL (OIG)

A-01-14-00003 (Audit period: SFY 12)

**Massachusetts Generally Complied With Medicaid
Requirements When Claiming Reimbursement For
School-Based Health Services**

Office of the Inspector General (OIG) Audit

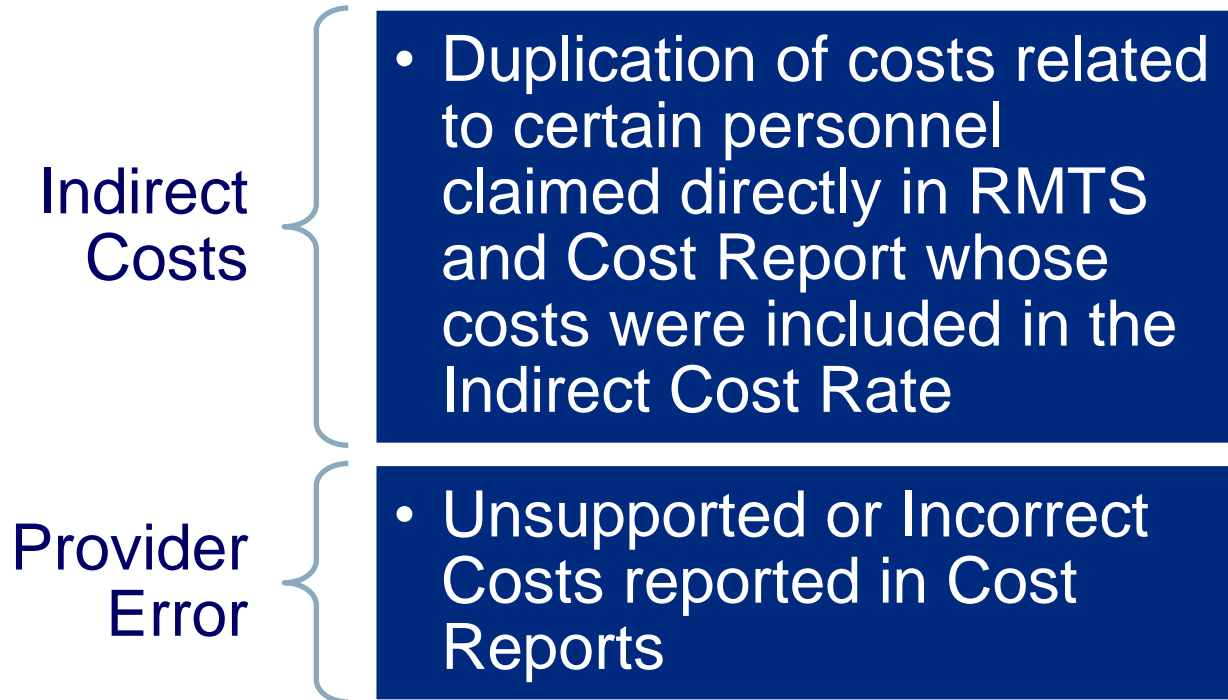
■ **Audit Objective:**

- Determine whether the State complied with State and Federal requirements when using an RMTS to claim direct medical service costs

■ **Overview of Audit Process**

- Time frame
- What was reviewed
 - Instructions & Guidance
 - Procedures
 - Documentation of services
 - Cost Reports

Audit Findings



Other Matters

Indirect Costs

- No guidance on Indirect Costs for Charter Schools
- Inadequate guidance on treatment of certain Indirect Costs

Interim Claims

- Interim claim payments much lower than final reimbursement

Reminder: Interim Claims

Providers must submit per-unit claims for all services for which they seek reimbursement through the cost report (as described in Section 2.2A of the provider contract).

- It is expected that the vast majority of, if not all, services provided to students who are included in the statistics section of the cost reports will be claimed through MMIS.

All services must be properly documented in order to seek reimbursement.

- It is the responsibility of all LEAs to ensure that all contractors (including private schools, collaboratives, and 766 schools) document services appropriately and maintain the required documentation, including, among others, parental authorization and cost share agreements.
- Documentation should be readily retrievable according to LEAs' provider agreement with EOHHS, Section 4.2.

Changes Implemented as a Result of Audit Findings

■ Bulletin #28

- 10% de minimus Indirect Cost Rate

School Districts who don't have a calculated Indirect Cost Rate, such as Charter Schools or a brand new entity who hasn't had a rate calculated yet, should include a 10% Indirect Cost Rate in claims and cost reports

Changes Implemented as a Result of Audit Findings

■ Bulletin #28

- Exclude personnel, and other costs, from participation in RMTS and from being directly claimed in Administrative Activity Claims and Cost Reports.
 - Exclude costs reported in the following object codes:
 - » Administration – 1000 series (specifically includes 1210, 1220, 1230, 1410, 1420, 1430, 1450)
 - » School Security (3600)
 - » Maintenance – 4000 series – All
 - » Employee Insurance (5200) *Only exclude costs when related to salaries in the excluded 1000 series codes
 - » Retired Employee Insurance (5250)
 - » Other Insurance (5260)
 - » Rental Lease (5300)
 - » Other Fixed Charges (5500)

Changes Implemented as a Result of Audit Findings

■ RMTS advance notices

- Advanced notification of moments removed as of 10/1/2015
 - New Participant Email notification / reminder schedule:
 - At the moment
 - 2 hours after the moment
 - 24 hours after the moment
 - 48 hours after the moment
 - 72 hours after the moment (cc to ‘supervisor’ and RMTS Coordinator)
 - 96 hours after the moment (cc to ‘supervisor’ and RMTS Coordinator)
 - Reminder: Customization of Supervisor “cc” on emails is available

AUTISM RELATED SERVICES

Provider Bulletin #29

- **Effective October 1, 2015, MassHealth expanded the School-Based Medicaid Program to include reimbursement for expenditures related to the practice of Applied Behavior Analysis (ABA) Services provided to students with Autism Spectrum Disorders.**

- **Definition of Autism Services**
M.G.L. c. 1121 §163

ABA Services

ABA Covered Services

Discreet Trial Training/Teaching (DTT)

Early Intensive Behavioral Intervention (EIBI)

Pivotal Response Training/Treatment (PRT)

Verbal Behavior Intervention/Therapy (VB or VBI)

Functional Behavioral Assessment (FBA)

Early Start Denver Model (ESDM)

Not-Covered as an ABA Service

Psychological testing

Neuropsychology

Diagnosis of mental health or developmental conditions

Psychotherapy

Cognitive therapy

Sex therapy

Psychoanalysis

Psychopharmacological recommendations

Hypnotherapy

Academic teaching by college or university faculty

Covered Services for Reimbursement

■ Services must be:

- Authorized by the student's Individualized Education Plan (IEP)
- Provided by a practitioner who holds the appropriate qualifications
- The practitioner providing the service must be included in the RMTS
- As appropriate, if the practitioner is an 'assistant/aide' they must be appropriately supervised by a qualified provider
- All service delivery must be documented

Provider Qualifications

- Applied Behavior Analyst (ABA) licensed by the Board of Registration of Allied Mental Health and Human Services Professions as an ABA
- Prior to January 6, 2016 only, Board Certified Behavior Analyst (BCBA)
- Licensed physician, psychologist or psychiatrist providing ABA within the scope of his or her licensure
- Assistant Applied Behavior Analyst (AABA) licensed by the Board of Registration of Allied Mental Health and Human Services Professions as an AABA working under the supervision of a licensed ABA (or prior to 1/6/16 they may be working under the supervision of a BCBA)
- Paraprofessional working under the supervision of a licensed ABA (or prior to 1/6/16 they may be working under the supervision of a BCBA)

Interim Rates and Service Codes

| Procedure Code & Modifier | Service Description | Interim Rate |
|---------------------------|--|--------------|
| H0031-TM | Evaluation | \$44.54 |
| H0031-TM-U1 | Evaluation (residential) | \$22.27 |
| H2012-TM | ABA instruction | \$16.71 |
| H2012-TM-U1 | ABA instruction (residential) | \$8.35 |
| H2012-TM-U2 | Group ABA instruction | \$8.35 |
| H2012-TM-U1-U2 | Group ABA instruction (residential) | \$4.17 |
| H2019-TM | Paraprofessional instruction | \$10.31 |
| H2019-TM-U1 | Paraprofessional instruction (residential) | \$6.19 |
| H2019-TM-U2 | Group Paraprofessional | \$5.16 |
| H2019-TM-U1-U2 | Group Paraprofessional (residential) | \$2.58 |

Documentation of Services

- LEAs must document health-related autism services provided to those students for whom the provider seeks reimbursement under its SBMP Agreement. At a minimum, providers must document the child's name, the type of ABA therapy provided, the date of service, and the length of time (units) the service was provided.



Prescription in the IEP

- The services must be prescribed in the student's Service Delivery Needs in the IEP.
- Prior to January 6, 2016, if the student has a diagnosis of autism in the IEP, claims may be submitted, provided, however, that by 1/6/16 the IEP is updated so that the ABA therapy is included in the Service Delivery Needs of the IEP. Supplementary documentation sources specifying the ABA services being provided is required to include the type of personnel providing the ABA therapy and the duration/frequency of such therapy. This documentation should match the ABA services that will be included with the IEP amendment prior to 1/6/16.

MEDICAID ELIGIBILITY MATCHING ENHANCEMENT

Medicaid Eligibility Matching Enhancement

Original Process

Results of the automated match were provided in an Excel file. School Districts reviewed results of 'Possible' matches manually in Excel

Improvement

School Districts review results of 'Possible' matches interactively online.

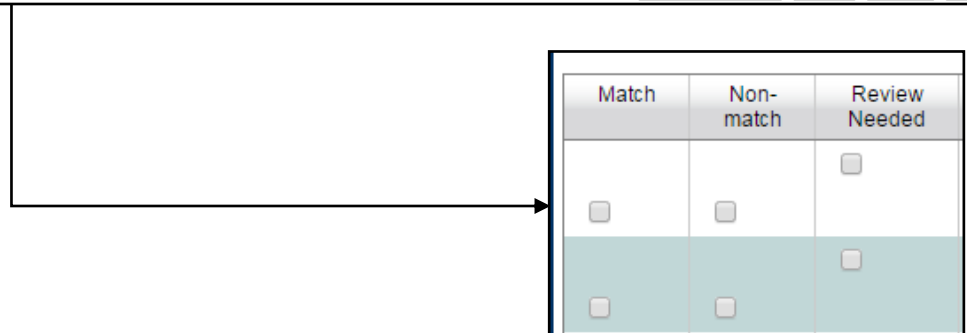
System remembers 'History' of manual matches

School District Uploads | **Individual Inquiry**

School District: A B C School District Year: 2016
 File Name: SMM_SD_7575698111_1_2016_01.XFR Status: Uploaded

Last Reviewed By: Matching Status: Possible Match
 Last Name: First Name:
 Date Of Birth: Gender:

| Match | Non-match | Review Needed | RID | Last Name | First Name | Middle Name | DOB | Gender | Address |
|--------------------------|--------------------------|--------------------------|--------------|------------|------------|-------------|------------|--------|----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 100123456926 | Calla-lily | Jude | | 03/06/2002 | F | 4351 MAPLE AVE |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 100123456926 | Calla | Jude | Z | 03/06/2002 | F | 4351 MAPLE AVE |



Medicaid Eligibility Matching Enhancement

Students are shown in color highlighted pairs (or multiples) to allow for easy comparison of the school district information to the statewide eligibility information.

| <input type="button" value="Review Complete"/> <input type="button" value="Save"/> <input type="button" value="Reset"/> <input type="button" value="Close"/> | | | | | | | | | |
|--|--------------------------|--------------|----------------|------------|-------------|------------|--------|-------------------|---------|
| Non-match | Review Needed | RID | Last Name ▲ | First Name | Middle Name | DOB | Gender | Address | City |
| <input type="checkbox"/> | <input type="checkbox"/> | 100123456887 | Blueberry | Tom | | 12/17/2005 | M | PO BOX 3112 | MYTOWN |
| <input type="checkbox"/> | <input type="checkbox"/> | 100123456887 | Blueberry | Tom | M | 12/17/2004 | M | PO BOX 3112 | MYTOWN |
| <input type="checkbox"/> | <input type="checkbox"/> | 100123456877 | Blueberrys | Tompson | | 12/17/2005 | F | PO BOX 3113 | MYTOWN |
| <input type="checkbox"/> | <input type="checkbox"/> | 100123456877 | Grape | Beth | Z | 12/25/1996 | M | 67 BLUE BLVD | MYTOWN |
| <input type="checkbox"/> | <input type="checkbox"/> | 100123456815 | Geranium-slide | Orange | | 07/28/2011 | F | 29 WALL ST, APT 2 | ANYTOWN |
| <input type="checkbox"/> | <input type="checkbox"/> | 100123456815 | Geranium | Orange | Z | 07/28/2011 | F | 29 WALL ST, APT 2 | MYTOWN |
| <input type="checkbox"/> | <input type="checkbox"/> | 100123456828 | Lavender | Lily | | 04/25/2010 | F | 29 WILLIAMS RD | MYTOWN |
| <input type="checkbox"/> | <input type="checkbox"/> | 100123456828 | Lavender | Lily | Z | 04/25/2011 | F | 29 WILLIAMS RD | MYTOWN |
| <input type="checkbox"/> | <input type="checkbox"/> | 100123456817 | Moon-beam | Flower | | 04/05/2000 | F | 97 PROSPECT ST | MYTOWN |
| <input type="checkbox"/> | <input type="checkbox"/> | 100123456817 | Moon | Flower | Z | 04/05/1999 | F | 97 PROSPECT ST | MYTOWN |
| <input type="checkbox"/> | <input type="checkbox"/> | 100123456880 | Moss | Paige | | 01/26/1999 | M | 20 COLONIAL RD | MYTOWN |
| <input type="checkbox"/> | <input type="checkbox"/> | 100123456880 | Moss | Paige | A | 01/26/1995 | M | 20 COLONIAL RD | MYTOWN |

The information in red highlights the difference between the recipient in the statewide file and the student record in the school district roster.

**ADMINISTRATIVE ACTIVITY
CLAIMS (AAC) & ANNUAL
COST REPORT**

Administrative Activity Claims

- **FY 2016 updates for Out of District tuition/health related percentages**
- **FY 2016 Instruction Guide for Massachusetts School-Based Medicaid Administrative Claims**
 - Revised guide is posted on the School-Based Medicaid ‘Tool Kit’

<http://www.mass.gov/eohhs/provider/insurance/masshealth/school-based-medicare/school-based-medicare-publications.html>
- **Coming Soon: Updated Administrative Activity Claim template to include 3rd cost pool for the ABA providers.**

FY2015 Annual Cost Report

- **FY 2015 Cost Reports will be open soon**
- **Deadline for completing the cost report: 12/31/2015**
- **Deadline for submitting Certification of Public Expenditure: 1/5/2016**
- **Data will be pre-populated into the cost reports, as in prior years, from the Administrative Activity Claims.**
- **Reminder: LEAs must be sure not to include costs that are part of the Indirect Cost Rate**

RMTS PARTICIPANT TIPS



RMTS Participant Tips & Clarifications

- **Medical Yes:** Only for staff who are 'reasonably expected' to perform health-related IEP direct services.
- **New Hire Date:** The RMTS Participant List is now providing a space to indicate the hire date for any new participants. This will save time during claim review. This data is only needed for new participants, not all participants.
- **Actual Job Title:** A 'true' job title should be provided for all participants. This is helpful in spotting potential conflicts with the Indirect Cost Rate and Bulletin #28. It is also helpful in spotting potential errors with inclusion of inappropriate staff in the time study.

RMTS Participant Tips

- Change-of-status forms are used to inform UMMS when the time-study participant is terminated, retired, or on an extended leave of absence.
 - Please indicate if the leave is paid or not paid.
- Use the licensure website to verify that staff meet the state regulation:
<http://license.reg.state.ma.us/public/licque.asp?query=personal&color=red&board=.>
- Accuracy of staff schedule will allow moments to be selected during work hours.

- Systems Requirement Document
 - Give this to IT staff. Simple steps they can take to eliminate most problems with
 - Emails going to ‘spam’ or ‘junk’
 - Pop-up Blockers



For questions and assistance, please contact us.

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State policy and Federal regulations

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THANK YOU!

**QUESTIONS REGARDING SCHOOL-
BASED MEDICAID PROGRAM**

MASSHEALTH FLU VACCINE PROGRAM

**(ADMINISTRATED SEPARATELY FROM THE
SCHOOL-BASED MEDICAID PROGRAM)**

MassHealth Mission and Program Goals

■ MassHealth Mission

To improve the health outcomes of our diverse members, their families and their communities, by providing access to integrated health care services that sustainably promote health, well-being, independence, and quality of life.

■ MassHealth Flu Vaccine Program Goals

To provide influenza (flu) vaccines to eligible MassHealth members attending PSDs particularly in those geographic areas where members have difficulty accessing vaccines

- **Eligibility Requirement:** PSDs enrolled in the MDPH Immunization Program for 2015

- **MassHealth pays for:** 1) cost of purchasing flu vaccines (when not MDPH-supplied for free); and 2) administering flu vaccine

MDPH Immunization Program Requirement For MassHealth Flu Vaccine Program

- PSDs must be enrolled in the MDPH Immunization Program for 2015 before applying for the MassHealth Flu Vaccine Program
- In order to remain enrolled in this MassHealth program, PSDs must re-enroll in the MDPH Immunization Program on a calendar year basis: i.e., be enrolled for 2016 before having a flu clinic in 2016
- To enroll or re-enroll in the MDPH Immunization Program, PSDs should go to the MDPH Immunization Program's website (www.contactmiis.info) or call MDPH at 617-983-6828; this is separate from MassHealth program enrollment: 617-847-3130
- PSDs cannot bill MassHealth if they are not actively enrolled in the MDPH Immunization Program on a calendar year basis

- **PSDs not yet enrolled in this MassHealth program:**
 - MassHealth e-mailed enrollment packets to PSDs that appeared on the MDPH Immunization Program database for 2015
 - Unenrolled PSDs that did not receive an enrollment packet can contact the MDPH Immunization Program (617-983-6828) and the MassHealth Flu Vaccine Program: 617-847-3130

- **PSDs enrolled in both the MDPH Immunization Program for 2015 and in this MassHealth program can submit claims for services rendered according to covered procedure codes**

- In order to bill MassHealth, providers must have fully executed contracts. MassHealth will not pay for services provided before the effective date of your approved contract
- Claims must be submitted within 90 days of the date of service
- PSDs will receive payment for:
 - Administering flu vaccines to MassHealth members 18 and under*
 - * For MDPH-supplied free vaccines, MassHealth pays only for administration
 - Cost of purchasing and administering flu vaccines to MassHealth members 19 and older
- Flu vaccine procedure codes: www.mass.gov/eohhs/docs/masshealth/provlibrary/masshealth-flu-vaccine-program-procedure-codes-for-public-providers.pdf

- LPHDs and PSDs should regularly monitor COMMBUYS:
www.commbuys.com/bso/external/bidDetail.sdo?docId=BD-15-1039-EHS01-EHS02-00000004399&external=true&parentUrl=bid
- This Program's website:
www.mass.gov/eohhs/gov/newsroom/masshealth/providers/masshealth-flu-and-adult-vaccine-program.html
- LPHDs/PSDs can submit claims using Direct Data Entry (DDE):
newmmis-portal.ehs.state.ma.us/EHSProviderPortal/appmanager/provider/desktop
- List of HIPAA-Approved Vendors can be found at:
www.mass.gov/eohhs/docs/masshealth/privacy/hipaa-vendor-list-production.pdf *

* See right column.