

MassHealth School-Based Medicaid Training
October 29, 2013
UMass Medical School
Worcester, MA

The training was intended to inform providers about changes in the School-Based Medicaid program, discuss the importance of interim claiming and increase communication with providers. Topics discussed included RMTS Enhancements, Interim Fee Adjustments for Service Claims, Direct Service Cost Report, Medicaid Eligibility Process and Compliance. 154 people attended the training. Rumi Pavlova, Teresa Pastore, Susan Fischer and Emily Audette presented.

Below is a list of questions discussed during the training:

Q1: How do I add a supervisor e-mail address to my RMTS participants?

A: To add a supervisor e-mail address to your RMTS participants, simply indicate up to 3 email addresses for each participant’s supervisor(s) in the last 3 columns of the quarterly RMTS participant template.

Sample RMTS Participant Template

Employee ID	Last Name	First Name	Email Address	Job Description	Job Type Employee (E) or Contractor (C)	Active Yes or No	FFP	FTE	Medical Yes or No	School	Supervisor Email #1	Supervisor Email #2	Supervisor Email #3

Q2: What e-mails will an RMTS participant’s supervisor receive?

A: Up to 3 supervisor email addresses may be listed per RMTS participant. These email addresses will receive a carbon copy (cc) of late RMTS reminder emails to participants who still haven’t responded to a random moment after 72 hours and again after 96 hours.

Suggestion: The suggestion was made that a cc to the supervisor email addresses be added to the 24 and 48 hour late notification emails as well. Options are being explored.

Q3: On the RMTS participant template, what does Medical Yes/No mean and how do we correctly identify staff this way?

A: Medical ‘Yes’ means that the staff member is reasonably expected to perform health-related IEP direct services during the quarter.

Example 1: The Director of Special Education is a Licensed Occupational Therapist, but in the role of Director of Special Education is not assigned a caseload of IEP students and is not scheduled to deliver OT services to students. This staff member would be Medical = No.

Example 2: In my district our policy is to *not* include personal care services in the IEP, therefore none of our PCA's can be considered to perform health-related IEP direct services. These PCA's would be Medical = No. However, in this case consideration should be given as to whether the PCA's would be included as RMTS participants at all since they won't be able to participate in the Direct Service portion of the program. Only staff members who are expected to perform activities that are reimbursable under the Administrative portion of the school-based Medicaid program should be included in job group 2 of the RMTS.

Example 3: A Licensed Physical Therapist provides PT services to students pursuant to their IEPs. However, the PT's caseload does not currently include any students with active Medicaid coverage. This staff member would be Medical = Yes. Consideration does not need to be given to a therapist's caseload because the claim calculation will apply the school district's Medicaid Eligibility Rate and will reduce the therapist's salary and fringe benefits accordingly.

Q4: Why is the grace period for responding to a random moment only 5 calendar days? Why doesn't the grace period take weekends, holidays and school vacation days into account?

A: The grace period is a Center for Medicare and Medicaid (CMS) requirement from when the plan was approved in 2008.

Q5: When should the Change of Status form be submitted?

A: Change of Status forms are used to inform UMMS when the time study participant will no longer be participating in the RMTS for the quarter due to a retirement, termination of employment, leave of absence, etc. The Change of Status form only needs to be submitted for participants who have been chosen for moments during the quarter. Other staff members who will no longer be participating can simply be removed from the following quarter's participant template. All Change of Status forms for a quarter must be submitted to UMMS no later than 1 week following the end of the quarter.

Q6: What happens (related to participants responding to moments in the RMTS) when my school district is closed due to inclement weather or other emergency?

A: In cases of prolonged school closure due to inclement weather or other emergency, please contact UMass as soon as possible. These exceptional situations will be reviewed on a case by case basis. If the closing is only for a short period of time, participants should respond to their moments when they return to school.

Q7: Is there a paper process or workaround for situations when the participant cannot answer their moment online?

A: In cases with exceptional or unusual circumstances where the participant cannot answer their moment online within the 5 day grace period, please contact UMass. Exceptional situations will be reviewed on a case by case basis.

Q8: In the Student Medicaid Eligibility Matching System, are the student's address fields required? If the student's address is included in the upload file, are those fields used in the matching process?

A: The only fields that are required in an eligibility matching upload file are: Last Name, First Name, Date of Birth, and Gender. All other fields are optional. If a student's address is included in the upload file, that data is

simply passed through and returned on the response file for your reference in reviewing the matches. No systematic matching is performed with address information.

Q9: Should a school district count all active matches in an eligibility response file as students with active Medicaid coverage in their district?

A: No. All active matches and possible matches should be reviewed to determine whether the MassHealth covered child in the response file is the student in your district whom you were looking for.

Q10: In reviewing the Financial Responsibility Chart, what happens with a child who is in a residential placement at a private Special Education school for whom the financial responsibility is shared between 2 public school districts?

A: For the purpose of submitting interim claims, the 2 public school districts should split the interim claims in a manner that is proportional to their share of the financial obligation for the child.

For the purpose of reporting expenditures to the Out-of-District program, each public school district would report their exact expenditure only in their claims and in the direct service cost report.

For the purpose of counting students in the Medicaid Eligibility Rate/Medicaid Eligibility Statistics, each public school district should count 0.5 of a student for this child.

Q11: How long does supporting documentation for school-based Medicaid claims need to be maintained so that it is readily retrievable? What documentation must be maintained?

A: According to the provider agreement that each school district signed with MassHealth, and according to 130 CMR 450.205 and 42 CFR 431.107, all documentation that supports all claimed components of quarterly Administrative claims, interim claims, and annual Direct Service Cost Reports must be maintained so that it is readily retrievable for six years from the date that the claim or cost report is submitted (NOT from the date of service or period of the claim).

Q12: Is the School-Based Medicaid Eligibility Response File Data ever archived?

A: Thus far the eligibility matching response files have never been archived and are all available and readily retrievable online. This data will be maintained for a minimum of 6 years, and after that time if any archiving is needed, all school districts will be contacted and notified prior to archiving of any data.

Q13: What should I do if I receive a request for data or information from UMass and I'm not sure if I'm required to respond to the request from the School-based Medicaid Program?

A: All requests from UMass should be treated as official requests from the Executive Office of Health and Human Services (EOHHS). Refer to section 4.2 of the provider contract.

Note: Any information that contains confidential or sensitive information or student specific information must be sent in a secure manner. UMass has a secure e-mail site that may be used for this purpose. Please contact UMass for assistance with secure email prior to sending confidential information via e-mail.

Q14: What is an appropriate level of detail for documentation of the delivery of health-related IEP services?

A: Service documentation/treatment notes should provide a written description of the service provided to the student. This must document the extent and duration of the medical service provided. The use of a documentation coding system or pre-defined documentation description is not acceptable unless there is a detail available which addresses the extent and duration of the medical service provided.

Examples:

<u>Not Sufficient Documentation</u>	<u>Sufficient Documentation</u>
Individual Speech Therapy	Task for this student was to help generalize her speech sounds and use a moderate speech rate with appropriate vocal emphasis for fluency
Articulation	Articulation therapy for “th” words at the word and sentence levels
Individual Psychotherapy	Intimacy & relationships: review of appropriate boundaries and social distance. Discussed issues with relationships with peers and family members.
Physical Therapy	Upper extremity range of motion, stretching, strengthening

Note: Service documentation/treatment notes are also required for evaluations and testing that are being billed as prescribed in a child’s IEP. Test results and the written evaluation alone do not adequately describe the service being provided during each individual testing or evaluation session claimed.

Q15: What percentage of health-related IEP services delivered to Medicaid covered students should be submitted as interim claims to MMIS by a participating school district?

A: CMS and EOHHS expect that districts will submit most, if not all, services as interim claims to MMIS.

Q16: Under the new Parental Consent requirements, who would sign a parental consent form for a student who is in DYS or DCF custody?

A: For children in the custody of DCF or DYS, the state is the ‘parent’ and therefore Parental Consent is assumed. No specific parental consent form is required to be signed for these students.

Q17: I received a monitoring letter stating that my district had a discrepancy between the types of providers in our RMTS participant pool and the interim claims submitted to MMIS. What action do I need to take?

A: Please respond to these letters and indicate the reason(s) for any discrepancies. The School-Based Medicaid Program staff will work with your district if any changes/corrective action is required based on your responses.

Q18: I received a letter notifying me that my district's Direct Service interim claim payment is being withheld. Should I stop submitting interim claims?

A: No. Please continue to submit all Direct Service interim claims on time as this will help determine if additional adjustments to service rates should be made in the future. Remember that you are not losing money because of withheld payments, we are simply trying to avoid needing to recoup any money from the school when the Cost Reports are reconciled next year.

Q19: With the new requirement to break out special education tuition expenditures for Cost Share students, how do I report a student who is a cost share with another public school district?

A: There is no special reporting required for a student with whom your district has a cost sharing arrangement with another public school district. In this situation, the tuition expenditure would not be reported as a 'cost share' but rather your district would simply report your actual tuition expenditure to the correct organization and program where the student is placed.

Q20: How do I report my district's tuition expenditure for a student where our cost sharing arrangement with DMH, DYS or DCF requires my district to pay the day rate of tuition, but the student actually resides/lives at the special education school?

A: Cost share expenditures where the public school district pays a day tuition and DMH, DYS or DCF pays for the overnight/room&board portion of a child's tuition should report the cost share student on the Cost Share Supplemental Report and identify the appropriate agency that pays the remainder of the cost.

Q21: What is the Cost Share Supplemental Report and when is it due?

A: The Cost Share Supplemental Report should be submitted to UMass along with your district's annual Direct Service Cost Report is submitted if your district has children that are in the custody of DMH, DYS or DCF. It is a separate report in Excel that will be provided by UMass. Your school district's cost report will not be submitted for final processing and payment without this report being completed and submitted. This report is important for reconciliation purposes with expenditures paid by DMH, DYS and DCF.

Q22: Please clarify the requirement for inclusion of expenditures as Purchased Services, Materials & Supplies or Medical Equipment in the annual Direct Service Cost Report.

A: To be claimable as a purchased service in the cost report, the expenditure must be consistent with OMB Circular A-87 and should only include costs that are 100% attributable to direct medical services. Any costs that are part of the unrestricted indirect cost rate set by DESE must be excluded. Any portion of the costs that are funded by federal grants or are a required state or local match on federal grants must be excluded. Any item with a cost in excess of \$5,000 and a useful life of at least one year will be treated as a capital expense and should not be included in the cost report.

Q23: Is there anything school districts need to do to get ready for the implementation of ICD-10?

A: School-Based Medicaid Program interim claims will need to comply with ICD-10 when it is implemented. However, there will be the option of submitting using a default diagnosis code similar to what exists today. The

only difference will be that a new default code will be used from ICD-10. Providers will be notified of the detailed requirements as soon as they are finalized.

Summary of Parental Consent Questions for Clarification from DESE.

New regulations around Parental Consent went into effect on March 18, 2013. The details of the parental consent regulations are under the jurisdiction of the Department of Elementary and Secondary Education in Massachusetts. Providers are advised to seek clarifications about the new required form and regulations directly from DESE. MassHealth will work with DESE. to obtain further clarification of how the parental consent regulations will specifically impact submission of claims in the School-Based Medicaid Program.

Below is a list of open questions in need of further clarification as of the date of this training. Responses to these questions will be provided after consulting with DESE. Meanwhile, Providers are encouraged to go online and call DESE. Refer to Special Education Administrative Advisory SPED 2013-1, June 13, 2013, which can be found at:
http://www.doe.mass.edu/sped/advisories/13_1.html

1. What is the effective date of a parent's consent?
2. If a parent signs a consent form today, can the LEA submit claims for services provided under the current IEP going back into the past for up to 90 days (per MassHealth timely filing limit)?
3. If parental consent was obtained for services under an IEP which began prior to 3/18/13, and that student is still being provided services under that IEP (i.e. no new IEP is in effect yet), can the LEA continue to submit claims for that student based on the prior parental consent?
4. What documentation of the annual notification requirement are LEAs required to maintain?
5. Does the change in the School-Based Medicaid Program rates that went into effect on 7/1/13 constitute a change in the cost of providing services under the Parental Consent regulations, which therefore would invalidate all prior consent forms and require LEAs to obtain new parental consent forms for all students?