MassHealth

School-Based Medicaid Program

October 2013

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Agenda

- Program Status
- Random Moment Time Study (RMTS)
- Medicaid Eligibility Matching
- Interim Claims
- Provider Reviews
- Cost Report
- Administrative Activity Claims

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Overall Statewide Revenue: AAC & DSC

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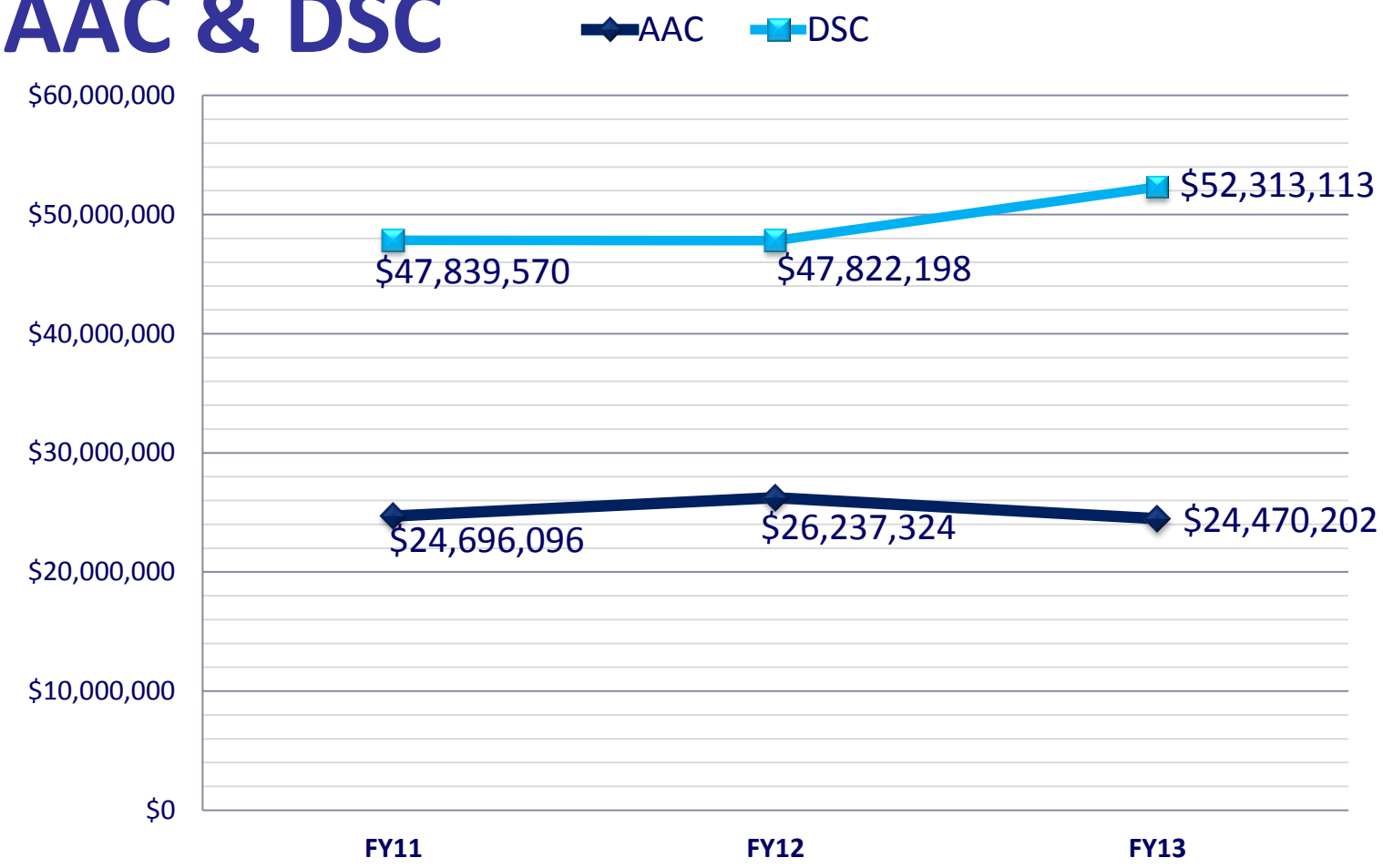

Revenue		FY 2012	FY 2013
Direct Service Claiming		$47.8M	$52.3
Administrative Claiming		$26.2M	$24.4
Total		$74.0M	$76.7
Direct Service Claims ARRA eligible 2011 services	$6.8M	$80.8M	

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Random Moment Time Study (RMTS)

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RMTS:
Pre-defined answer hierarchy

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Original process

For each RMTS question, participants had the option of choosing from a list of pre-defined answers or free-typing a response .

- More than 50% of responses required follow-up before they could be coded.

Improvement

- Introduced a new initial question ,"What type of activity were you doing?" to narrow the list of answers for "What were you doing?"
- Introduced a hierarchy to the questions and pre-defined answers so that a participant's response to each question narrows the list of pre-defined answers displayed for the next question.

OUTCOME			
Status	QE 12/11	QE 12/12	Result
Manually Coded	2961	1621	-45%
System Coded	1840	3371	83%

83% increase in system-coded moments and led to a significant decrease in not-properly completed moments.

OUTCOME

- Improved user experience for participants.
- Improved accuracy and speed of responding.
- Created easier navigation through answer choices.
- Resulted in fewer errors and e-mail follow-ups.

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RMTS School Hours

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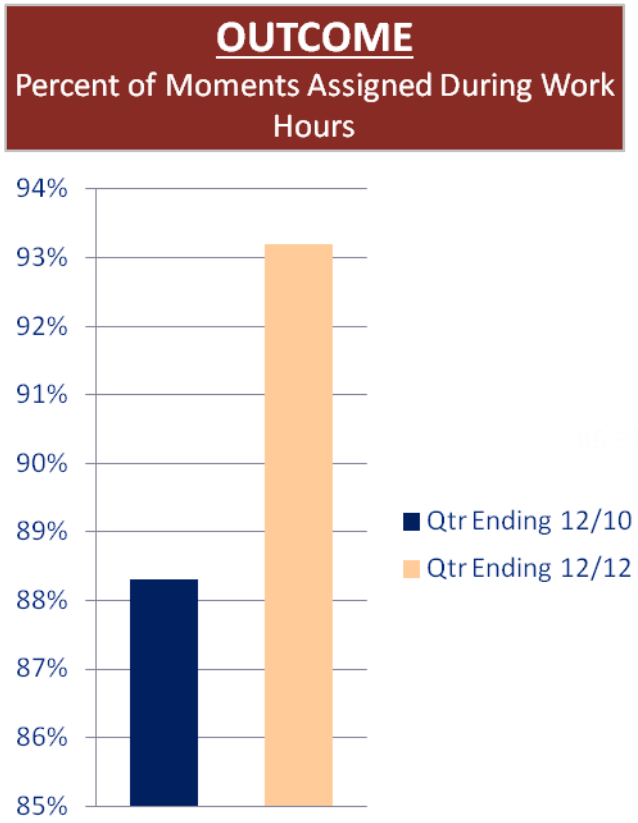

Original process

If the work day start/end times for RMTS participants within a school district varied, the *mean* start/end time were used to determine the hours available for selection of a random moment.

- Participants were selected for moments when they were not scheduled to work.

Improvement

Providers submit school hours and link each RMTS participant to a school/group.

- RMTS participant should now be receiving both moments for school that they are associated with, and hours they are actually working.

OUTCOME

Resulted in over a 5% reduction of moments being assigned when participants were not scheduled to work.

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New Online Submission: RMTS School Calendars & Hours

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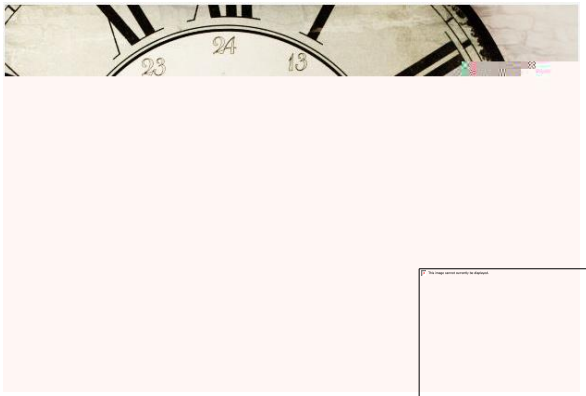

Original process

- UMMS distributed a form requesting annual calendar and hour data.
- School districts completed the form and returned it to UMMS.
- UMMS entered data into the web-based RMTS application.

Improvement

- UMMS prepopulates RMTS application with common holidays and school-group-level information.
- School districts enter calendar and hour data directly into RMTS application.

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RMTS Reminder: E-mails copied to supervisors

MassHealth

Original Process

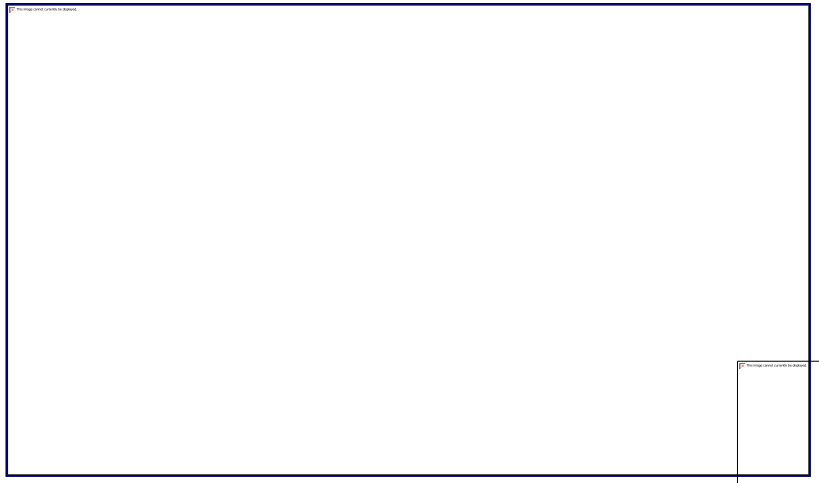
Reminder e-mail notifications are sent to participants if they do not complete their moment after two, 24, 48, 72, and 96 hours.

RMTS Coordinators are copied on the 72- and 96-hour e-mails.

Improvement

Providers can copy up to three supervisors on some reminder e-mails.

- Supervisors will be copied on the 72- and 96-hour e-mails
- RMTS coordinators will continue to be copied on the 72- and 96-hour e-mails



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RMTS Participant Tips & Clarifications

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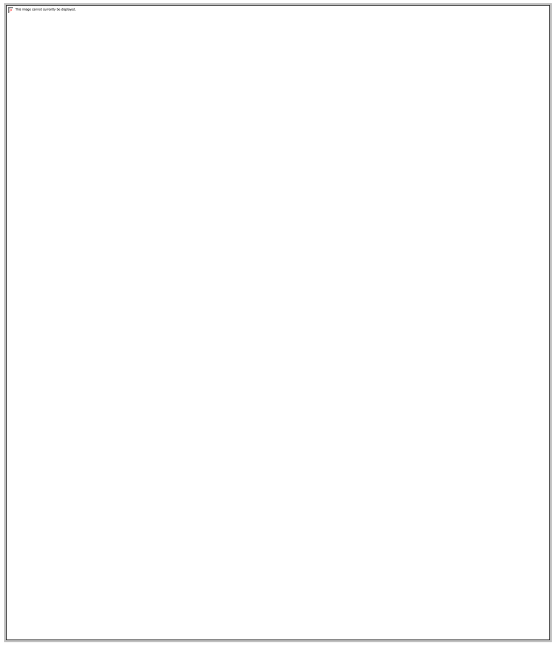

- "Medical Yes" should be indicated only for staff who are "reasonably expected" to perform health-related IEP direct services.

- Licensure Qualifications were updated for occupational therapists:
  - 130 CMR 432.404(B) was revised to remove the requirement that an occupational therapist "be currently registered by the American Occupational Therapy Association (AOTA)." Since the Occupational Therapy Association is no longer a licensing or credentialing entity, MassHealth will not enforce this provision of the regulation.
  - Accordingly, providers may submit interim claims for services provided by occupational therapists who meet all of the other requirements, whether or not they are associated with AOTA, and include them as Medicaid Qualified Providers in the Random Moment Time Study.

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RMTS Participant Tips

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- 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.
- Remember to access the tab in the RMTS template that provides examples of Medicaid-related administrative activities.

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Medicaid Eligibility Matching

Medicaid Eligibility Matching

MassHealth

Original Process

Providers complete a *direct match* using the Medicaid web-based matching system being offered by MassHealth (not webREVS).

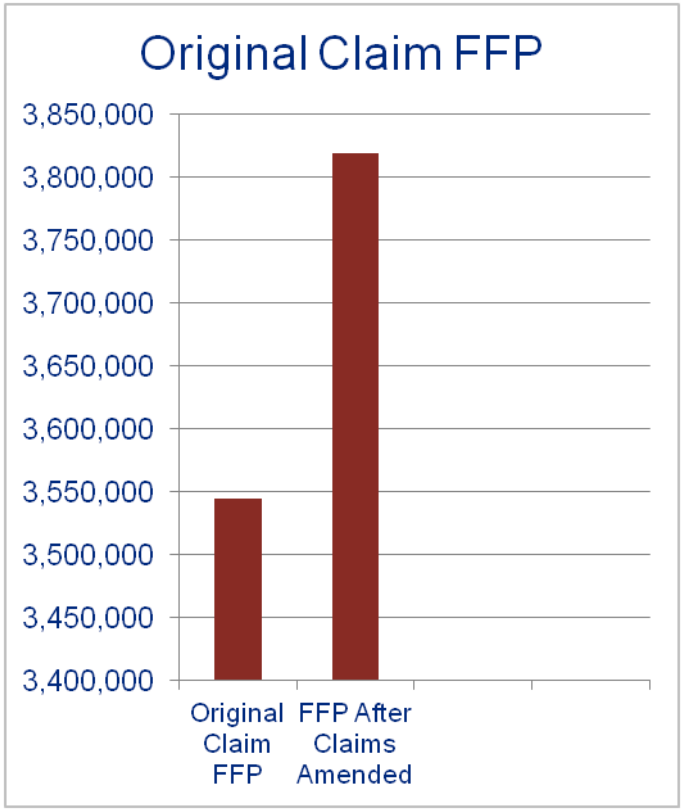
- System matches only on RID, name, date of birth, and gender.
- Matching method does not allow for any differences between the MassHealth eligibility data and the provider data.

Improvement

Information for "possible matches" is now provided to review possible typos or character disposition. For example:

- Anne Smith 12/20/2000 F and Ann Smith 12/20/2000 F.

Additional address fields are available in the upload file to assist in reviewing possible matches.



OUTCOME

28 LEAs filed amended FY 12 claims with an increased MER, resulting in 71 amendments. This resulted in an average increase in reimbursement of 7.72%.

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Medicaid Eligibility Matching Tips

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- School district rosters must be as of the 5th day of each quarter (Jan 5th, April 5th, July 5th, Oct 5th) and are a "snapshot" of your district's enrollment as of that day.
- Include all students for whom your district is financially responsible (see chart on next slide).
- For AAC and Cost Reports, the student counts used in calculating the Medicaid eligibility rate must be reported.
  - The Eligibility Matching Response file includes necessary information.

Statistics Reported in Claim and Cost Report	CHIP Code and Description (from Response File)
Total Medicaid Students	N–Not in CHIP
Total CHIP Students	SA–Title XXI CHIP
Total CHIP–Expansion Students	ME–Title XIX Expansion CHIP

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Financial Responsibility Determination

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Sending School District (SD)	Receiving School District (SD)	School District with Financial Responsibility	For Medicaid Purposes: Which District Claims for the Student ,and Includes That Student in Eligibility Statistics?
Public SD	Public SD (School Choice)	Sending Public SD	Sending Public SD
Public SD	Charter School **	Sending Public SD	Charter School
Public SD	Home School	Sending Public SD	Sending Public SD
Public SD	Private School (SPED placement)	Sending Public SD	Sending Public SD
Public SD	Private School (other private/religious school ; not a SPED placement)	Private School *	N/A
Public SD	Regional SD (School Choice)	Sending Public SD	Sending Public SD
Public SD	Regional Voc/Tech	Sending Public SD	Regional Voc/Tech
Regional SD	Public SD (School Choice)	Sending Regional SD	Sending Regional SD
Regional SD	Charter School **	Sending Regional SD	Charter School
Regional SD	Home School	Sending Regional SD	Sending Regional SD
Regional SD	Private School (SPED placement)	Sending Regional SD	Sending Regional SD
Regional SD	Private School (other private/religious school ; not a SPED placement)	Private School *	N/A *
Regional SD	Regional SD (School Choice)	Sending Regional SD	Sending Regional SD
Regional SD	Regional Voc/Tech	Sending Regional SD	Regional Voc/Tech
Public SD	Any METCO	Receiving METCO SD	Receiving METCO SD
Regional SD	Any METCO	Receiving METCO SD	Receiving METCO SD

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NOTES:

*** Private schools are not eligible to participate in the School-Based Medicaid Program.**

**** Horace Mann Charter schools are part of a Public School District.**

Interim Claims

Interim Claims

MassHealth

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.

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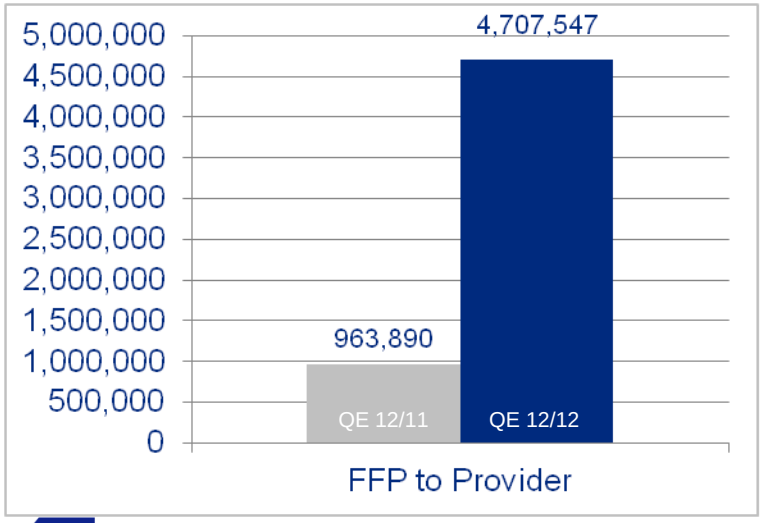
Communication

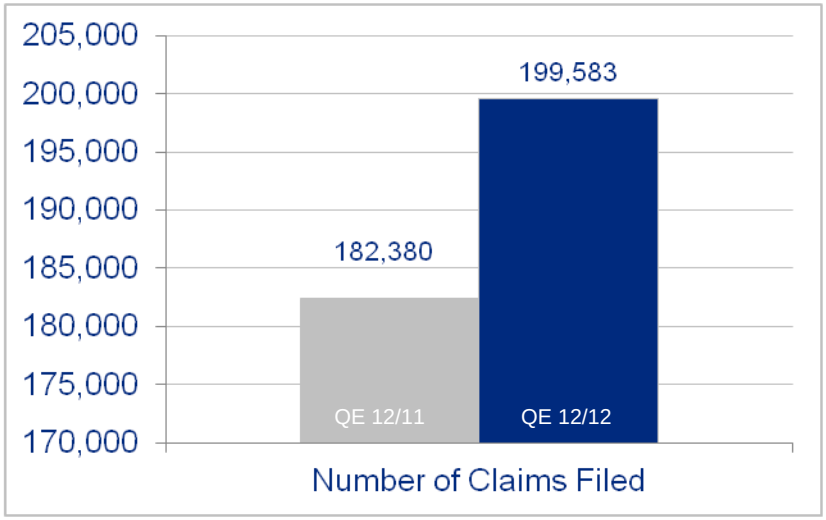
MassHealth has established a compliance **goal** of a minimum of 85%.

- Providers will be notified if interim claiming appears to be lower than 85% of costs.
- The amount of quarterly interim claims will be compared to one-quarter of the prior annual cost report.

OUTCOME

Increased the number of submitted claims and cash-flow to school districts.





Direct Service Claiming: Internal Monitoring

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- MassHealth has implemented an internal monitoring process to identify districts with low interim claiming activity throughout the year.
  - Quarterly reconciliation of the RMTS pool of participants to interim claims
    - Claims are submitted for procedure codes where there are no participants with appropriate credentials in RMTS.
    - No claims submitted for procedure codes, but there are participants in the RMTS for whom claims should be submitted.

OUTCOME (QE 6/30/13)

62%: No discrepancy between interim claims and the RMTS participant pool.

31%: No interim claims were submitted for services where the provider type was included in RMTS Group 1.

4%: Interim claims were submitted for services with no providers in RMTS group 1 for service type.

3%: Discrepancies in both scenarios above.

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Interim Claim Rate Increase

- For services provided on or after July 1, 2012, the value of the interim rate for each code was increased.

- Analysis was completed to determine if additional rate adjustments were necessary.
  - Some providers' interim claims came in in excess of their cost report.
  - To prevent recoupment, EOHHS has withheld quarterly payments for June and September 2013 from some providers until Cost Report Reconciliation is completed.

- Revised rates effective for services provided on or after July 1, 2013, are published in *School-Based Medicaid Program Bulletin 26 .*

Provider Reviews

Provider Reviews

MassHealth

- MassHealth implemented a provider-specific review process.

Interim Claims	Annual Cost Report	Administrative Claims
Desk review of at least five providers each quarter	Desk review of at least five providers each quarter	Desk review of at least five providers each quarter

OUTCOME

Program reviews are in process. We anticipate results being finalized and communicated with providers soon.

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Cost Report

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здоровье
salud
สุขภาพ
健康
sức khỏe
saúde

Cost Report Amendments

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Original Process:

Providers did not have the ability to amend cost reports.

Improvement:

Providers are now able to submit an amended cost report through the online cost report system, if necessary.

- Negative amendments must be filed as soon as the provider realizes there is an error on the cost report.
- There is no time limit for negative amendments.
- Positive amendments must be filed before July 1, two years after the start of the FY of the cost report. An FY13 amendment must be filed by 6/15/14, so program staff can process and federal claim adjustment can be done before 7/1/2014.

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Reporting for Cost Shares

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Special Reporting Requirement for DCF/DMH/DYS

All providers who have cost-share agreements with DCF, DMH and DYS, are now required to fill out a **Cost-Share Supplemental Report**.

Cost-share students are placed in a residential treatment facility, and the School-Based Medicaid Provider only pays a share of the student's total tuition for that facility/program. DCF, DYS or DMH pays the other share.

This includes students placed in residential treatment facilities for whom the provider pays a day rate tuition.

ABC Public Schools - FY12 Cost Report
DCF/DMH/DYS Cost Share Tuition Expenditures

Program Name	Program Code	Total Tuition Expenditure
DCF Cost Share- Fall River Deaconess, Inc.	5303A	$118,827.00

	Last Name	First Name	Date of Birth	Gender	SASID	RID	Start Date of Service	End Date of Service	Student Tuition Expenditure	DCF/DYS /DMH
1	Black	John	10/10/10	M	123456	2345670000	8/15/12	1/15/13	$ 68,400.00	DCF
2	Green	Jane	2/2/12	F	654321	9876540000	10/5/12	4/30/13	$ 50,427.00	DCF
3										
4										

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Collaborative Tuition

MassHealth

Original Process:

Providers did not have the ability to include tuition payments made to Education Collaboratives in their cost report.

Improvement:

EOHHS and DESE worked with Educational Collaboratives to collect program-specific expenditure information.

- Providers were able to amend their FY 12 cost reports to include tuition payments to Education Collaboratives and may include payments in all subsequent cost reports.

OUTCOME

All providers were eligible to amend their FY 12 cost reports to include payment to educational collaboratives.

- 183 providers submitted amendments, resulting in $1.6M additional revenue (for 3 quarters of FY12).
- It is expected that the revenue would increase in FY13 if all collaboratives participate in this project.

Please encourage all collaboratives with whom you work to participate! If a collaborative does not submit information to EOHHS, health-related percentages cannot be calculated and, therefore, tuition can not be claimed.

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Parental Consent

Individuals with Disabilities Education Act (IDEA) regulations about parental consent were effective on March 18, 2013.

The Department of Elementary and Secondary Education (DESE) is the agency responsible for overseeing IDEA.

- Issued Administrative Advisory SPED 2013-1, *Parental Consent to Access MassHealth (Medicaid),* which can be found at http://www.doe.mass.edu/sped/advisories/13_1.html.

DESE has informed EOHHS that the IDEA requires LEAs to obtain parental consent before submitting claims to MassHealth, including children in the Medicaid eligibility statistics, or calculating the annual cost report.

EOHHS issued *School-Based Medicaid Provider Bulletin 25 in* August 2013.

Cost Report Tips

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- Purchased Services: Include only items whose value is less than $5000.
- All expenditures should be reported by the date in which the expenditure occurred (i.e., the check was cut).

Eligibility Statistics reported in the cost report

Special Education IEP Students who receive at least one Medicaid covered service with active *Medicaid Coverage for whom the district has met all parental-consent requirements.*

Total Number of Special Education IEP students who receive at least one Medicaid covered service, for whom the district is financially responsible.

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Administrative Activity Claims

Health-Related Percentages

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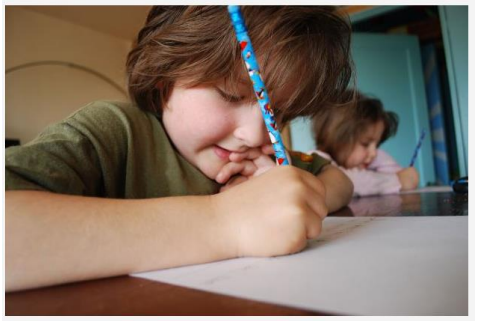

- MassHealth periodically updated the Health-Related Percentages for the out-of-district tuition used in the AAC claims. Starting with FY 13, the percentages are updated annually.

- Percentages for FY 14 claims were distributed on 10/11/2013.

- Appropriate percentages must be used in claims based on the quarter ending of the claim, and not the date the claim was submitted.
  - Claims for QE 6/13 should use the current percentages, even if submitted in FY 14.
  - Claims for QE 9/13 that will be submitted in FY 14 should use the new FY 14 percentages.

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Cost Share Placements

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- Itemize out-of-district special education tuition by organization and program code.
- Providers must report tuition payments for students who are in a cost-share placement with DCF/DMH/DYS separately from non-cost-share tuition payments.

Organization Name	Program Type	Program Name	ESE Program Code	Total
DCF Cost Share-Amego	R	Autistic	5017A	$68,589

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NEW: Claiming Tips

- Clarification related to Administrative Claims with common errors:
  - Capital: Only *acquisition cost* may be claimed.
    - Common error: Providers often report current value, replacement value, insurance value, or depreciated value, instead of acquisition cost.
  - Materials and Supplies; Purchased Services: May include only cost of supplies that are in support of an administratively claimable activity.
    - Common error: Items that support the provision of health-related IEP services cannot be reported in the Administrative Claim – **those should be reported on the cost report**. Administratively claimable activities include the following.
      - Medicaid outreach
      - Facilitating/assisting in the Medicaid application process
      - Provider networking/program planning/interagency coordination (Medicaid related)
      - Individual care planning, monitoring, and coordination and referral (Medicaid related)
      - Arrangement for transportation and translation related to Medicaid services.
  - **Certification of Public Expenditure**: Should be signed by an officer of the LEA who is authorized to execute legal documents on behalf of the school district.

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NEW: Claiming Tips

Eligibility Statistics: AAC claims utilize two different eligibility statistics. As previously reviewed in the Medicaid Eligibility Matching section, the statistics are effective as of the 5th day of the quarter; and all students meeting the criteria for the category of students being counted for whom the district is financially responsible should be included. Parental consent is not required for these statistics.

District-Wide Medicaid Eligibility Percentage

$$\frac{\text{Students with Active Medicaid Coverage (Regardless of PA on File)}}{\text{Total Number of Students for Whom the District is Financially Responsible}}$$

Special Education Medicaid Eligibility Percentage

$$\frac{\text{Special Education Students with Active Medicaid Coverage (Regardless of PA on File)}}{\text{Total Number of Special Education Students for Whom the District is Financially Responsible}}$$

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Re-Cap

- Interim Claims
- Parental Consent
- Cost Share Tuition Reporting

For questions and assistance, please contact us.

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State policy and Federal regulations

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