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Medicaid Billing Changes


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Background Information


- The changes to the School-Based Health Services (SBHS) Medicaid billing process have been ongoing since early 2012.
- The State Plan Amendment (SPA) was finally approved in November 2014 and has an effective date of July 1, 2014.
- As a reminder, these changes were mandated by the federal Centers for Medicaid and Medicare Services (CMS). They were not requested by WV DHHR/BMS or WVDE.


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Summary of Changes

- The biggest overall change in the SPA is the new cost settlement process and the implementation of the Random Moment Time Study (RMTS).
- However, there are also significant changes on the fee-for-service billing side as well.


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Provider Enrollment

- It is important to realize that from BMS's perspective, LEAs are Medicaid providers just like doctors, dentists, etc.
- Per BMS, there is no requirement that an LEA enroll as a Medicaid provider. LEAs are also permitted to choose not to bill Medicaid for particular services (ex: choose not to bill for TCM services).

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BMS SBHS Provider Manual

- All of the fee-for-service Medicaid billing will now be performed in accordance with the BMS SBHS Policy Manual.
- The policy went out on public comment for 30 days through July 17, 2015. A link is below.
<<http://www.dhhr.wv.gov/bms/Public%20Notices/Pages/School-Based-Health-Services-Policy-Open-for-Public-Comment-until-July-17,-2015.aspx>
- Public comment is strongly encouraged.


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BMS SBHS Provider Manual


- The manual contains general administrative information for all LEAs as Medicaid providers, as well as information regarding the specific fee-for-service billing codes. For each code, the manual says who can perform the service, the billing units, documentation requirements, etc.
- The manual contains mandatory billing forms that all LEAs must use. The forms cannot be tweaked in any way once part of the official policy. If an LEA bills using a different form, auditors will disallow the payment.


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Telehealth


- BMS will now allow telehealth for specific procedures.
- The SBHS policy manual will list under each service type whether telehealth is available.
- In order to utilize telehealth, certain minimum system requirements are required. The LEA's information technology staff should be able to confirm that the teleconferencing equipment meets all of the minimum requirements outlined in the SBHS policy manual.



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Other BMS Provider Requirements


- As a Medicaid provider, LEAs are not only responsible for compliance with the SBHS Policy Manual (Chapter 538), but they must be in compliance with Chapters 100, 200, 300, 400, 800A and 800B of the West Virginia Medicaid Policies. These chapters are applicable to all Medicaid providers and cover topics such as audits, appeal rights, etc.
- LEAs are also expected to cooperate fully with the Bureau for Children and Families (BCF) and the court system.


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Medicaid Audits

- LEAs will be subject to reviews by the BMS Utilization Management contractor.
- These reviews typically take place on an 18-month cycle and LEAs will be given a two week advance notice to secure the requested documentation. The reviews will not go back prior to August 1, 2015.
- The Utilization Management Contractor will also provide training for LEAs as needed in various formats (online, in person, etc.)


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Medicaid Audits

- In addition to the regularly-scheduled reviews, LEAs will also be subject to various other types of audits as needed, sometimes without advance warning. For example:
 - If there are reports of fraud, the Medicaid Fraud Unit will investigate.
 - There are also federal auditors that could come at any time.

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Medicaid Audits

It is important to note that the individual LEA is responsible for their Medicaid billing – not the RESA. BMS considers the RESA to simply be a billing agent. If there are problems discovered during an audit, BMS will recover the funds from the LEA as the actual provider of services.


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Service Plans


- Effective August 1, 2015, an Individualized Education Program (IEP) will no longer constitute a service plan for Medicaid billing purposes.
- For any IEP performed after that date, there must be a separate service plan document that contains each Medicaid-covered service the student will receive.
- The service plan documents must be signed by the parents.
- For IEPs performed prior to August 1, 2015, LEAs do not have to go back and recreate separate service plans.


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Service Plans


WVDE is working on programming changes to the online IEP system which will pull data from that system to automatically generate a service plan document at the time the online IEP is completed. The programming changes will be complete as quickly as possible, but it is unlikely that all required changes will be in place by August 1, 2015. There may be a short period of time where LEAs would be required to manually prepare service plans for the Medicaid-covered services.






Speech Language Pathologists


- The SPA requires that individuals performing audiology, speech, hearing or language disorder services be licensed by the WV Board of Examiners of Speech, Language, Pathology, and Audiology. The services can also be performed by a speech language pathology assistant (SLPA) or audiology assistant provided the requirements outlined in WVC §29-2-1 (1994) are met.





Speech Language Pathologists

- Many of the Speech Language Pathologists reported in position code 240 are not licensed by the WV Board of Examiners and are instead only certified through the WVDE Office of Professional Preparation.
- Individuals who qualify for WVDE certification as a Speech Language Pathologist but who are NOT licensed by the WV Board of Examiners will not be able to bill Medicaid as full Speech Language Pathologists. Instead, they will have to bill Medicaid as Speech Language Pathology Assistants (SLPAs) and should be reflected as such on the RMTS roster.



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Speech Language Pathologists

- The individuals who WVDE considers SLPs but who must bill as SLPAs must sign their credential as SLPA on all Medicaid billing forms. Their Medicaid billing will be under the NPI number of an SLP licensed by the WV Board of Examiners.
- If a county doesn't employ any SLPs licensed by the WV Board of Examiners, they would be unable to bill for any speech services.
- The fee-for-service billing rate will be the same for both categories.
- Only individuals certified by the WV Board of Examiners will be able to bill Medicaid for speech evaluations. The individuals who must bill as SLPAs can only perform therapy services.

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School Psychologists

- The CMS-approved SBHS State Plan indicates that only psychologists licensed by the WV Board of Examiners for Psychology can bill for Medicaid Services.
- Most school psychologists employed by LEAs are not licensed by the WV Board of Examiners – they only obtain their certification through the WV Department of Education instead. An estimated 10 or 15 out of approximately 70 school psychologists has the WV Board of Examiners license.

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School Psychologists

- WVC § 30-21-3(a) regarding the WV Board of Examiners for Psychology actually exempts school psychologists employed by LEAs from the licensure requirements.
- Fortunately, DHHR's attorneys feel that it is appropriate to rely on an interpretive statement from 2004 that will allow school psychologists with only the WVDE certification to be able to continue to bill for Medicaid services.
- Be aware that the possibility exists that CMS could disagree with that interpretation during future audits/reviews of school-based Medicaid billing.

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School Psychologists

- On the fee-for-service billing side, BMS opened up several new billing codes for school psychologists.
- The draft manual provides a strict timeline of 15 days for completion of psychology reports, but due to extensive public comments BMS will consider a slightly longer deadline.
- The draft manual will also require that the school psychologists actually render a diagnosis on the student, which is a departure from current practice.

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Personal Care Aides

Historically, personal care aide services have been billed based on either full-day or half-day units. The new billing after August 1, 2015 will be based on a 15 minute unit.


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Personal Care Aides


- In lieu of having to write a lengthy progress note to document all activities completed for the day, personal care aides will have to complete a daily checklist form listing the times and totals for various activities to calculate the number of 15 minute billing codes that are billable for the day.

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Specialized Transportation


- During FY14, LEAs still billed for round-trips only on days when the eligible student received another Medicaid service (ex: Speech, OT, PT, Nursing, TCM, etc.)
- Beginning August 1, 2015, instead of round-trips, LEAs will bill for one-way trips (up to 4 per day) on days when the eligible student received another Medicaid service.





Specialized Transportation

- There will be new transportation forms used to document the trips that will be signed by the bus driver and the aide. The form will document the start time, stop time, etc. and will have a purpose column that will be completed later for Medicaid billing purposes to match the specialized transportation with the other Medicaid services.




Specialized Transportation

- For the annual cost report transportation ratios, LEAs will have to begin reporting the total number of one-way trips for Medicaid eligible students, regardless of whether or not they are billable trips. LEAs already have this information from the bus logs but it has not previously been reported in WVEIS. Reporting instructions will be provided once the programming changes have been made in WVEIS.



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Specialized Transportation

- CMS was very adamant that specialized transportation can only be billed when it occurs on a modified bus.
- What constitutes a modified bus?
 - Essentially, the only example thus far is a bus with a lift.
 - Seat belts, harnesses, aides on a regular bus, etc. are not considered modified buses for Medicaid billing purposes.

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Specialized Transportation

- What is the financial impact of the changes to specialized transportation services?
 - Although WVDE is unable to give a dollar or even percentage estimate due to lack of data, it is safe to say that these changes will have a significant negative impact on LEA Medicaid transportation revenues.


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Targeted Case Management


- In prior years, LEAs billed a monthly bundled code for Care Coordination. CMS indicated that no states should be paying monthly bundled costs.
- Beginning in October 2014, LEAs began billing for 15 minute units of Targeted Case Management.


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Targeted Case Management


- Historically, LEAs have billed for all Medicaid eligible IEP students because care is coordinated for all of those students. However, for some students the coordination is educational only and not medically necessary.
- BMS is very clear that TCM should be based on medical necessity. Not all students will have a medical need for TCM.




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Targeted Case Management


- If it is determined that a student has a medical need for TCM services, the parent still has to give consent for the LEA to bill for the TCM services AND the student can't be receiving TCM services from another agency (ex: comprehensive behavioral health center).
- The parent gives their consent by signing the TCM acknowledgment form.
- Although this form can be confusing for parents, DO NOT highlight the options that you would like them to choose. This would give the appearance to auditors that the LEA is pressuring the parent for consent. All parents have freedom of choice for TCM providers, so this would be a red flag.




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Targeted Case Management


- As a reminder, although the fee-for-service monthly billing rate for the old Care Coordination code equals approximately 7 units of TCM, LEAs cannot instruct their staff performing TCM services that they are required to bill at least 7 units of TCM services per month. BMS considers that to be Medicaid fraud. The number of units billed per student depends on the individual needs of that student.




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Background Checks


- Federal regulations require all Medicaid service providers to have finger-print based background checks.
- West Virginia developed the WV CARES System to be in compliance with the federal requirements. (SB88, 2015)




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Background Checks


- All LEA staff providing Medicaid billable services must, at a minimum, have results from a state-level fingerprint-based background check. This check must be conducted initially and then again every 3 years. If the current or prospective employee has lived or worked out of state in the last 5 years or currently lives or works out of the state, the background check must include a federal check in addition to the state level check.



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Background Checks

- This means that all LEA staff who provide Medicaid billable services (ex: teachers, therapists, psychologists, personal care aides, bus aides, bus drivers on special needs buses, etc.) must get fingerprinted to be in compliance with the federal requirement. Background checks from when the individual was hired or from when they applied for certification through WVDE will not count because those results were not recorded as part of the WV CARES System.



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Background Checks

- BMS is giving all LEAs until August 1, 2016 to be in compliance with this new requirement.
- The WV CARES System utilizes MorphoTrust for the fingerprinting services. MorphoTrust has a mobile unit. BMS is going to send the mobile unit to any requested LEA location that has 25 or more individuals that must be fingerprinted. There are also various locations across the state where employees can go to get fingerprinted.

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Background Checks

- One advantage of the WV CARES System is that LEAs will receive a notification if the employee is arrested.
- LEAs may do an on-line preliminary background check and use those results for a period of 3 months while waiting for the state and/or federal fingerprint based results.
- Please note that LEAs will be responsible for tracking when all individuals providing services were fingerprinted and ensure that the results are updated within the 3 year window. If an auditor discovers that a valid background check is not on file for an individual, any claims for services that the individual provided will be disallowed and the funds will have to be returned to BMS.

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Background Checks

- An individual who is convicted of one or more of the following crimes may not bill and/or provide services to a Medicaid member or have access to the Medicaid member's information at any time:
 - Abduction
 - Any violent felony crime including but not limited to rape, sexual assault, homicide or felonious battery
 - Child/Adult Abuse or Neglect
 - Crimes which involve the exploitation, including financial exploitation, of a child or incapacitated adult
 - Any type of felony battery
 - Felony Arson
 - Felony or misdemeanor crime against a child or incapacitated adult which causes harm
 - Felony Drug Related Offenses within the last 10 years
 - Felony Driving Under the Influence within the last 10 years

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Background Checks

- List of Crimes Continued:
 - Hate Crimes
 - Kidnapping
 - Murder/Homicide
 - Neglect or Abuse by a Caregiver
 - Pornography Crimes involving children or incapacitated adults including but not limited to, use of minors in filming sexually explicit conduct, distribution and exhibition of material depicting minors in sexually explicit conduct or sending, distributing, exhibiting, possessing, displaying or transporting material by a parent, legal representative or custodian depicting a child engaged in sexually explicit conduct
 - Purchase or sale of a child
 - Sexual offenses including but not limited to incest, sexual abuse, or indecent exposure
 - Healthcare Fraud
 - Felony Forgery and Uttering

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RMTS Implementation Guide

- DHHR is still negotiating with CMS on a Random Moment Time Study (RMTS) Implementation Guide that spells out the details regarding the cost settlement process mandated in the already-approved State Plan.
- WVDE received a copy of this plan in mid-April and submitted a list of questions to DHHR. DHHR is still working on a response to the list of questions.

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Potential Sanctions

- One of the major new items in this RMTS Implementation Guide is sanctions for noncompliance with the RMTS.
- If an individual LEA does not have a response rate of at least 85% for a quarter in the RMTS, CMS is pushing for a 12 month sanction where the LEA will be unable to bill Medicaid on the fee-for-service side or claim costs on the annual cost report.

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Potential Sanctions

- While DHHR believes that the 85% response rate is county-wide and not in each individual cost pool, we do not have a final answer to that question and therefore recommend that LEAs ensure that each individual pool for their county has the required 85% response rate.

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Potential Sanctions

- We also do not know when the potential sanctions will be in effect. The official effective date of the RMTS Implementation Guide will be July 1, 2014 to correspond with the SPA. However, we were not aware of the potential sanctions until April 2015 and will fight to delay the effective date until the 2015-16 school year.

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RMTS Sample Sizes

- The original sample sizes utilized for the RMTS may no longer meet the statistical validation requirements of CMS.
- CMS has indicated to BMS that the sample sizes will need to be increased to the latest federal guidance, which is anticipated to roughly double the number of moments per quarter in each cost pool.

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RMTS Response Times

- Currently, employees are notified in advance of their moment and receive reminders after certain periods of time to respond. Even if they don't respond within the official window, LEAs have the ability to resend the moment and the individual can respond up through a few days after the end of the quarter (ex: the last day to respond for the April-June 2015 quarter was July 7th).

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RMTS Response Times

- DHHR has indicated that during negotiations with CMS, CMS is insisting on a 2-day window for responding to the moments with no ability to resend the moments after that window.
- WVDE has asked for clarification as to whether that is 2 business days or 2 calendar days.
- DHHR is going to continue to seek a 5-day response window, but there is no guarantee that CMS will agree to the longer window now that the 2-day precedent has been set in other states.

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RMTS Random Moment Best Practices

- It is WVDE's recommendation that LEAs encourage all employees to respond to the random moment on the day it is received.
- LEAs should strive for a 100% response rate so that the rate won't dip below the 85% required rate if there are extenuating circumstances (ex: individual on short-term leave, vacant position on roster, etc.)

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RMTS Random Moment Best Practices

- It is recommended that LEAs monitor the PCG website for the random moment response rate daily since there will no longer be a way to improve the response rate after the fact.
- WVDE also recommends that employees save the random moment emails at least through the end of the quarter because the link from the original email is currently required if PCG has follow-up questions regarding the response provided.

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RMTS Roster Substitutions & Vacant Positions

- LEAs are permitted to make substitutions on their RMTS roster if individuals will be off for long-term leave or if an individual terminates employment and is replaced.
- LEAs must carefully weigh the inclusion of vacant positions on their roster. Being able to include the cost of the position on the cost report must be considered against the risk of the vacant position being assigned moments and bringing down the 85% required response rate for the county.

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RMTS School Calendars

- When entering your school calendar into the PCG RMTS website, be sure to make any day after the last day of instruction RED. Although there is a field to enter the last day for students, the random moments were based on the actual calendar. Some counties left those days WHITE in the calendar and therefore staff in those counties were assigned moments all the way up through June 30th. Because those moments would count towards the 85% mandatory response rate, it is important that the calendar be completed properly in the PCG RMTS website.

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RMTS Staff Education

- LEAs are strongly encouraged to educate all staff who are participating in the RMTS process about why the process is taking place and why their timely responses are so important.

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Medicaid Annual Cost Report

- The first Medicaid annual cost report for the 2014-15 school year is due six months after year-end – December 31, 2015.
- We anticipate doing training for the annual cost report at either Fall ASBO or the Winter WVEIS conference depending on when the details of the cost report have been finalized.

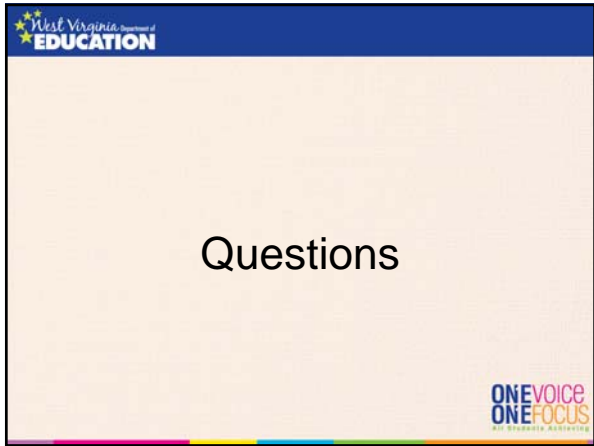
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Medicaid Annual Cost Report

- At this time, DHHR is still in the process of awarding the school-based health service contract in conjunction with the WV Purchasing Division. The contractor is currently PCG.
- If the contract is awarded to a different vendor, the annual cost report process will likely take longer to finalize and will likely delay the training.

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The slide features a blue header with the text "West Virginia Department of EDUCATION" and a logo of three stars. The main body is light beige with the word "Questions" centered. In the bottom right corner, there is a logo for "ONE VOICE ONE FOCUS" with the tagline "ALL STUDENTS. ALL VOICES." below it. A multi-colored bar (purple, yellow, blue, green) is at the very bottom of the slide.
