



# Medicaid Reimbursement

Presented by:

Public Consulting Group  
Indiana Department of Education

# Agenda

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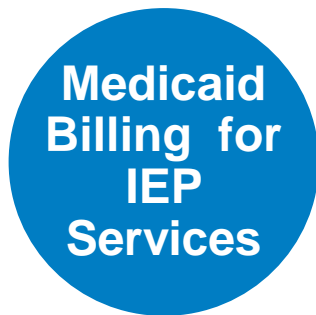
- **School-based Medicaid Claiming Overview**
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- **NAME Conference**
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# Medicaid Overview

# Medicaid Overview

In Indiana, public school corporations may voluntarily participate in one or both federal funds recovery opportunities available through Medicaid claiming for school-based services and medical service-related administrative activities.

The Indiana Department of Education (IDOE) offers resources and technical assistance to support school corporations that choose to participate in Medicaid claiming.



# Medicaid Overview – Medicaid Billing for IEP-required Medical Services

Just over 1/3 of Indiana public school corporations bill Medicaid for covered IEP-required direct medical services that they provide to eligible students.

Information for interested schools is available at IDOE's web site, [www.doe.in.gov/specialed/school-based-medicaid](http://www.doe.in.gov/specialed/school-based-medicaid), and at the Medicaid in Schools Community on the IDOE Learning Connection.

**Medicaid  
Billing for  
IEP  
Services**

**Medicaid Billing:** Reimbursement for direct medical services is paid at the lesser of Indiana Medicaid's allowable rate or the amount charged for the procedure.

# Medicaid Overview - IndianaMAC

Since 2011 Public Consulting Group (PCG) has been the State's contractor to provide systems support and technical assistance to public school corporations that choose to participate in IndianaMAC (school-based Medicaid Administrative Claiming).



MAC

**Medicaid Administrative Claiming:** Reimburses a portion of schools' costs for administrative activities that help connect kids to needed health care, such as: coordinating care, arranging for school services, referring students to health care services, advising families of Medicaid benefits & facilitating enrollment

# Comparing Medicaid Claiming Options

## Medicaid Administrative Claiming (MAC)

Reimbursement for administrative activities that help students with unmet medical needs

Staff members participate in a Random Moment Time Study describing what they were doing during a specific minute in their day

District provides cost data for participating staff

Reimbursement based on Time Study Results, District's Medicaid Enrollment Rate, Unrestricted Indirect Cost Rate & State/Local Expenditures

Quarterly reimbursements

## Medicaid Fee for Service (FFS)

Reimbursement for IEP-required direct medical services provided to Medicaid eligible students

Staff members log IEP-required service delivery

Districts maintain required documentation for billing purposes

Reimbursement based on service documentation

Reimbursements paid when billed

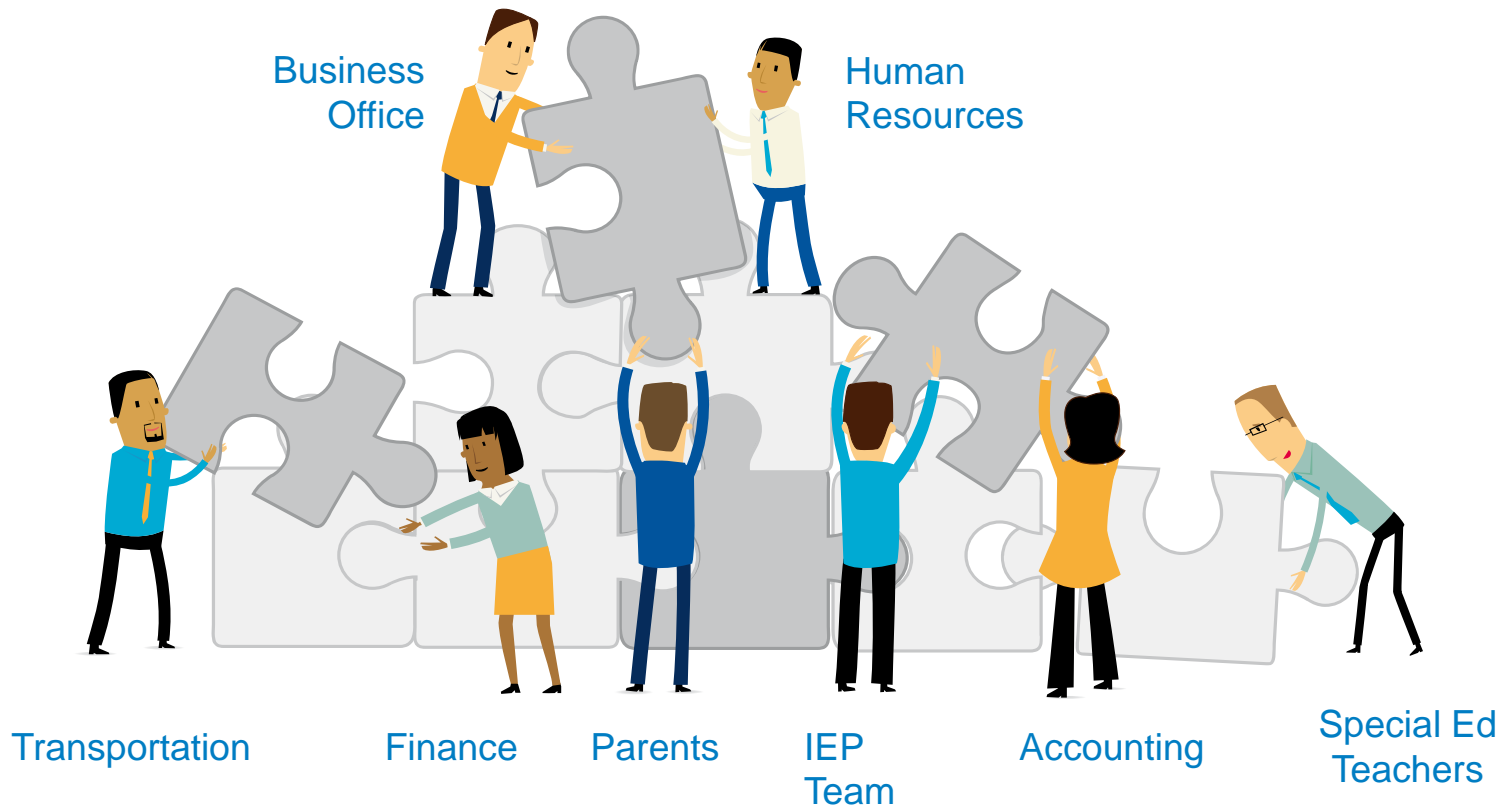
# Medicaid Overview - Benefits

- Recovers part of schools' costs to provide medical services & related administrative activities
- Recovers unrestricted federal funds schools may use as needed. Examples include but are not limited to:
  - *Technology*
  - *Specialized equipment*
  - *Training, professional development*
  - *Curriculum, materials and supplies*
  - *Staffing*
- Helps with costs for services and activities schools are already routinely providing



# Roles and Responsibilities

Many different parties play a role in the success of Medicaid claiming for school-based services and administrative activities.



IndianaMAC

# What is IndianaMAC?

IndianaMAC (Medicaid Administrative Claiming) offers reimbursement for costs of *administrative* activities schools provide in support of students with unmet medical needs.

Schools provide an array of services beyond traditional **“educational services”** to ensure that students arrive at school healthy and ready to learn.

As school staff work with students on a daily basis, they are uniquely positioned to help inform potential eligibles and help them enroll in Medicaid/Hoosier Healthwise; help students access needed medical care; and partner within local communities to address gaps in health care availability for students.

Contact PCG to participate:

[inmac@pcgus.com](mailto:inmac@pcgus.com) or (877) 427-3694 option 3

# IndianaMAC Facts/Figures

148

districts currently participate in IndianaMAC

\$22.5  
million

in Medicaid reimbursement recovered between  
October 2011 – March 2017

\$7.45

approximately received for every student in  
the district annually

Based on average Medicaid Eligibility Rate of 36%

3 - 4  
hours

spent per quarter on MAC program coordination

3-4 hours per district

3 - 5  
minutes

to complete a Random Moment Time Study online

3-5 minutes per participant

# IndianaMAC Historical Net Claim Amounts



**Total claims:  
\$22,544,019.14**

# IndianaMAC Quarterly Process



- **The district's staff pool list will consist of all staff (payroll and contracted) who meet the following criteria**
  - They perform Medicaid reimbursable activities as a routine part of their job
  - They are paid in whole or in part with state/local dollars
- **Medicaid reimbursable activities relate to:**
  - Medicaid outreach
  - Medicaid eligibility determination
  - Referral, coordination, and monitoring of health services
  - Program planning and policy development related to health needs
  - Medical related trainings
- **The staff pool list is updated prior to the start of the quarter**
  - Districts interested in joining for the January-March 2018 quarter can submit their staff pool list from November 1st – December 15th

# IndianaMAC Quarterly Process



- **The Random Moment Time Study (RMTS)**
  - Is required by Indiana’s federally approved claiming methodology
  - Samples 3000 working “moments” per quarter (except summer July-September)
  - *Is used to identify the percentage of time that all participating LEAs spend on MAC activities*
- **During every quarterly RMTS:**
  - PCG randomly selects individuals from all SPLs to answer (via email) 5 questions about ***the activity that individual staff member performed*** in 1 specific minute of 1 specific school day
  - PCG assigns activity codes to responses for all sample moments
  - The coded sample moments account for 100% of the typical Indiana “school day” and identify what % of schools’ activities are eligible for reimbursement under the IndianaMAC methodology

# IndianaMAC Quarterly Process



- **Quarterly financials are submitted for each staff member that was on the staff pool list for the quarter**
- **Quarterly financials are open for submission the first working day after the close of the quarter**
- **The quarterly financial submission will include:**
  - The salary and benefit costs for each payroll staff member
  - The contracted costs for each contracted staff member
  - Any federal/state flow-through funds paid to a staff member
- **Quarterly financials are reported using cash basis accounting**
  - i.e. The October-December financials will include the costs paid to a staff member between October 1st – December 31st



# IndianaMAC Quarterly Process



- **After the quarterly claim has been processed, the district signs a Certification of Public Expenditures (CPE) form**
  - The CPE form acknowledges that the expenditures submitted for the district's claim were paid from state/local dollars
- **The district receives a check for their quarterly reimbursement**
- **On-going participation allows the district to receive a reimbursement check every 3 months**

# Best Practices for Participating LEAs

- Designate a coordinator(s) in charge of the staff pool list and financials
  - To act as liaison for administration of the program and reporting financial information
  - Authorized staff to sign Certification of Public Expenditures (CPE) form and the IndianaMAC Participation Agreement
- Attend the required annual financial technical assistance webinar
- Follow up with staff to complete the random moment time study

# Available Resources



## Email

- Contact through [inmac@pcgus.com](mailto:inmac@pcgus.com)



## Phone

- Contact at (877) 427-3694 option 3



## Reminders

- PCG strives to communicate proactively through reminders, updates, tips, and additional information



## Technical Assistance

- PCG offers multiple webinar opportunities each quarter
- Materials and resources at the Medicaid in Schools Community, IDOE Learning Connection

National Alliance for Medicaid in  
Education (NAME)

# National Alliance for Medicaid in Education (NAME)

- What is it?
  - Annual conference for educators to connect on important topics around Medicaid in Education
  - Provide newsletters around trends and current issues
  - Advocacy group for Medicaid in Education issues
- Purpose
  - Provide leadership
  - Promote integrity, collaboration and success
  - Facilitate a network to share information

# Fee for Service (FFS) Overview

# Medicaid Billing for IEP-required Services

- **Public School Corporations**

- Can bill for Medicaid-covered special education services in an IEP or IFSP
- Indiana Medicaid will not reimburse for services required per Non-Public School Service Plans & 504 Plans.

- **Medicaid-covered IEP Services Include:**

- Occupational Therapy Services, Speech-Language Services, Physical Therapy Services, Hearing Services, ABA Therapy Services, Behavioral Health Services, Nursing Services, and Specialized Transportation (on a day when the student receives another covered IEP-required direct medical service)
- Evaluations and Re-evaluations (initial evals covered if medically necessary to develop IEP)
- IEP-required services provided via telehealth technology are currently not covered in Indiana

- **Requirements to Enroll as School Corporation Medicaid Provider**

- National Provider ID# (NPI)
- Indiana Medicaid Provider ID# (Legacy Number)
- Must be a Public School Corporation, Charter School or State School

# Program Requirements

- **Plan of Care** – A treatment plan, or plan of care, is required for all Medicaid-covered IEP services and must be reviewed every sixty (60) days. The IEP may serve as the Plan of Care if it contains all Medicaid-required components.
- **Medicaid-Qualified Service Provider**- is a health care practitioner who meets the criteria set out in Indiana Medicaid’s rule as a qualified provider of the service billed to Medicaid
- **Students Must Have an IEP and be:**
  - Medicaid eligible on the date of service
  - 3 – 22 years old
- **Parental Consent** – Parent must sign a one-time consent allowing the school corporation to bill Medicaid and must be notified annually of related rights and responsibilities
- **Service Order/Referral** – A written order or referral from a physician or “other licensed practitioner of the healing arts” with prescriptive authority within the applicable licensure scope



# Service Logging Requirements

**Documentation of each individual or group therapy session or other direct medical service must include the following information:**

- Student's name
- Date of service
- Type of service
- # of students (if group therapy)
- Length of time service performed
- Description of procedure, therapy activity or method used
- Student's progress toward established goals
- Signature of service provider, title and date

The screenshot shows a software interface for logging services. On the left, a sidebar lists service providers: Ally Bolander (selected), Molly Jewell, and Steele Rio. The main area is titled 'Ally Bolander' and contains a 'New Log Entry' form. The form includes fields for 'Service Date' (09/04/2017), 'Service Times' (09:00 AM to 09:20 AM), 'Progress Report' (Maintaining), 'Service Type' (Therapy - Individual), 'Group Size' (1), and 'Diagnosis' (Expressive language disorder (F801)). Below the form is a section for 'Areas Covered/Assessed' with a grid of checkboxes for various categories: Disorder of Speech Flow, Oral Motor Dysfunction - Swallowing, Phonological Development, Auditory Processing, Rhythm/Fluency, Articulation (checked), Augmentative Communication, Expressive Language, Teacher Consultation, Voice Therapy, Receptive Language, and Vocal Quality and Resonance Pattern. A 'Save' button is located in the top right corner of the form area.

Service Info	Student/Plan Info
Begin Date	06/08/2015
End Date	06/30/2015
Service	Speech and/or Language Services
IEP Assoc	Workspace

**Ally Bolander**

Previous Log Entries

New Log Entry Save

Service Date: 09/04/2017

Service Times: 09:00 AM - 09:20 AM

Progress Report: Maintaining

Service Type: Therapy - Individual

Group Size: 1

Diagnosis: Expressive language disorder (F801)



Areas Covered/Assessed



<input type="checkbox"/> Disorder of Speech Flow	<input type="checkbox"/> Rhythm/Fluency	<input type="checkbox"/> Teacher Consultation
<input type="checkbox"/> Oral Motor Dysfunction - Swallowing	<input checked="" type="checkbox"/> Articulation	<input type="checkbox"/> Voice Therapy
<input type="checkbox"/> Phonological Development	<input type="checkbox"/> Augmentative Communication	<input type="checkbox"/> Receptive Language
<input type="checkbox"/> Auditory Processing	<input type="checkbox"/> Expressive Language	<input type="checkbox"/> Vocal Quality and Resonance Pattern

# Compliance Requirements

- Evaluation Data and Reports
- Plan of Care (valid IEP or service plan referenced in IEP)
- Written Consent to Bill Medicaid
- Service Order/Referral

**Medicaid Data Process** **Student: Kiwi Hancock**

 **Parental Consent** 

 **Referrals** 

**Medicaid Overview**

Active Consent	Date	Response
	08/01/2017	Yes

Active Referrals	Date	Service
	05/01/2017	Speech and/or Language Services
11/01/2016	Physical Therapy	

# Sample Billing Process

Verify student Medicaid eligibility.

Service Providers log service documentation as services are provided.

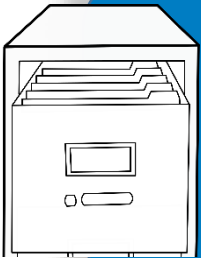
Verify that service documentation complies with all applicable Indiana Medicaid requirements.

Claims that pass compliance checks can then be submitted for Medicaid payment. Districts receive reimbursement and remittance advice statements directly from Indiana Medicaid.

Districts maintain documentation for 7 years and may use an automated billing system or other system reports to manage local business operations for claiming.

# Audit Protection

- Self assessments and/or independent evaluations
- Appropriate orders or referrals for the services provided
- Student IEPs and any health plans referenced in student IEPs
- Documentation of any required oversight by a licensed therapist, HSPP, etc.
- Practitioner credentials, certifications, licenses
- Service logs and therapist/nurse notes
- Practitioner and student attendance records
- Medicaid parental consent



**Medicaid requires that records be retained for up to 7 years.**

# Available Resources



## IDOE Staff Emails

- [sslone@doe.in.gov](mailto:sslone@doe.in.gov)
- [tbrunner@doe.in.gov](mailto:tbrunner@doe.in.gov)



## IDOE Staff Phone Numbers

- Stephanie Slone:  
(317) 232-7537



## Technical Assistance and Reference Materials

Available at the IDOE School-based Medicaid Web page,  
<https://www.doe.in.gov/specialed/school-based-medicaid>



## Provider Healthcare Portal

Provided by Indiana Health Coverage Programs (IHCP) is a portal for claims processing and claims tracking system.



## Additional Resources

Medicaid in Schools  
Community, IDOE Learning  
Connection

# Questions?





[www.publicconsultinggroup.com](http://www.publicconsultinggroup.com)