2021 Annual Medicaid and Schools Training

MEDICAID 101
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What is Medicaid?

- Medicaid is a joint federal and state program authorized under Title XIX of the Social Security Act.
- Federal oversight is provided by the Centers for Medicare and Medicaid Service (CMS).
- State programs are based on a CMS approved “State Plan” or Waivers.
- DMAS is designated as the single state agency to administer the Medicaid program in Virginia.
- DMAS also administers Virginia’s CHIP program called the Family Access to Medical Assistance Services (FAMIS) program.
Acronyms

- DMAS- Department of Medical Assistance Services
- VDOE- Virginia Department of Education
- UMASS or UMMS- University of Massachusetts Medical School
- NPI- National Provider Identifier
- ORP- Ordering and/or Referring Provider
- FAMIS- Family Access to Medical Insurance Securities
- CHIP- Children’s Health Insurance Program (FAMIS in Virginia)
- LEA- Local Education Agency
- CMS- Centers for Medicare and Medicaid Services (The Federal Medicaid Agency)
- PCP- Primary Care Provider
- IEP- Individualized Education Program
The Medicaid and School and Schools Program Overview

- Is your school district participating in the Medicaid and Schools Program?
  - If yes, move forward with next steps
    - Reminder for Medicaid Coordinator/School District: Two items should be on file: Workforce Agreement and plan for PHI confidentiality.
    - If no, School Division NPI number, DMAS application and Business Associates Agreement is needed- Contact UMASS directly for this information

- Make sure all DMAS qualified providers have an NPI number and are registered in the ORP database

- Continually work on obtaining parental consent to bill for Medicaid eligible students receiving services

- Complete the Calendar through UMASS/UMMS at the beginning of the school year. (UMASS/UMMS will ask for year-end update later in the school year).

- Complete RMTS Participant List, Administrative Claims Quarterly, Medicaid Matching Quarterly
  - Beginning of SY- remove participants who left the district (resigned, retired, etc.) and add new hires
VP1  This should be DMAS
    VITA Program, 9/20/2021

VP2  Maybe include links to NPI and to ORP
    VITA Program, 9/20/2021
The Medicaid and School and Schools Program Overview

- Direct Billing (Interim Billing)-
  - DMAS qualified providers need to submit a Plan of Care (POC) & Services Page of the IEP for ALL Medicaid Students with Parental Consent to bill students who are currently receiving a DMAS billable service
  - Providers complete Progress Notes for ALL Medicaid students with Parental Consent
  - Providers turn in Progress Notes to Medicaid Billing Personnel

- Submit claims
  - Manual vs Vendor

- Reconcile remittance advices
  - Web portal- Access remittance vouchers
  - UMASS/UMMS- Paid Claims Data

- Complete Annual Medicaid Cost Report & BCR (formerly known as self-audit)

- Helpful Hints
- Resources
VP3  Maybe need to add assements/eval. Also find words to talk transportation and psych doc requirements or separate them
VITA Program, 9/20/2021

VP4  same as above
VITA Program, 9/20/2021

VP5  same as above
VITA Program, 9/20/2021
Who can get you started?

First you will need to find out who completes the following in your division and who to ask for this particular information.

- Vendor Billing or Manual Billing (SPED Director/Admin, Finance)
- Random Moment Time study (HR)
- Division Calendar (HR, Finance, SPED Director/Admin)
- Admin Claim (Finance for Salary Information)
- Cost Report/Billing Compliance Review (SPED, Finance)
- Eligibility Match (SPED, possible IT for Master list of Students)
Before you can submit claims, you will need parental consent.

This is the document that I believe “drives” the Medicaid in School’s program and will be the best place to start.

A Medicaid Parental Consent form must be signed in order to submit claims to the Department of Medical Assistance Service. Effective March 18, 2013, this is a one-time consent.

2 reasons for Parental Consent

- FERPA (Family Education Rights and Privacy Act): Release of education information
- Federal Regulation § 300.154(d)(2): Specifies that the parent understands and agrees that the public agency may access the parent's or child's public benefits or insurance to pay for services.
A better reference might be "Parental consent to release educational information for Medicaid billing."
VITA Program, 9/20/2021
PARENTAL CONSENT FOR BILLING PUBLIC INSURANCE

For Medicaid, Medicaid Expansion or FAMIS (Family Access to Medical Insurance Securities) Insured Only

Consent to Release Information:
I consent for _____________________________ (LEA) to release information from my child's education record (such as evaluation reports and IEPs) about my child’s participation in services to participating physicians, other health care providers, the Department of Medical Assistance Services (DMAS), any DMAS billing agents, and any LEA billing agent as necessary, to process claims for reimbursement by DMAS for covered health-related services, evaluations for these services and transportation on the day the student receives any health related service which are outlined in the child’s IEP.

Procedural Safeguard:
I understand my right to refuse consent for the school system to access my child’s Medicaid or FAMIS coverage to seek reimbursement for the health related services. Any refusal will not affect delivery of these services to my child and delivery of such services will be at no cost. I understand that my permission is voluntary and may be revoked at anytime. I also understand that I have the right to request a copy of the records disclosed.

☐ I give consent for claims to be submitted to the Virginia Department of Medical Assistance Services (DMAS), as described above, for the health related services outlined in the Individualized Education Program (IEP), including duration and frequency and/or evaluations for IEP services.

☐ I do not give consent for the school system to access my child's Medicaid or FAMIS coverage.

______________________________
Child's Name

Begin Date ____________________

______________________________
Parent/Guardian Signature

______________________________
Date
Direct Billing (Interim)

School Divisions Can submit claims for the following services:

- Occupational Therapy
- Physical Therapy
- Speech-Language Pathology
- Nursing Services
- Psychological Services
- Medical Evaluations
- Transportation
- Audiology
- Personal Care Assistant Services
Documentation Requirements

- The current IEP page(s) which documents the actual services;
- The need for an assessment must be documented in the IEP (e.g., on the Present Level of Performance form or Considerations page) or IEP addendum when it does not result in a determination that services are indicated in the IEP, in order to bill for the assessment; and
- Assessment findings resulting in a DMAS covered IEP service must be captured in the service documentation in IEP or IEP Addendum, thus not requiring the assessment to be documented separately.
You may want to distinguish here direct vs transportation
The Plans of Care (POCs) for ongoing services which include, at a minimum, the following:

- The medical/treating diagnosis or identifying issue to be addressed by the service;
- Type, amount and frequency of service (depending on the service);
- Measurable long-term goals (up to one-year duration maximum);
- Therapeutic interventions;
- POC goals must relate to the services in the IEP; and
- Signature, title and date (month/day/year) DMAS qualified provider completing the POC
Progress notes/Student logs must be written as required for the provider type. The DMAS qualified provider must initial, sign and date each form. Entries must be initialed and dated by the responsible provider of services at the time the service is provided. Care rendered by personnel under the supervision of a DMAS approved licensed professional, must be signed by the responsible licensed professional meeting their individual supervision requirements per licensing board, the Department of Education statutes, regulations and standards relating to local education agencies and the DMAS Local Education Agency Manual.
The student note/log must identify:

- Student’s name and Medicaid/FAMIS ID# on each page;
- Progress/response to treatment being made;
- Any change in the diagnosis or treatment; and
- When a student is discharged from a particular treatment/service, a discharge summary which documents a summary of the student’s progress/response to treatment and recommendations for future care must be documented. This may be documented in the progress note section in the student record.
All record documentation must be signed with at least the first initial, last name, and title of the provider and be dated with complete dates (month/day/year). A required DMAS qualified provider’s signature for DMAS purposes may include signatures, written initials or computer entry. Each DMAS qualified provider’s entry into the record must be signed and dated by the practitioner making the entry.

READ THE ELECTRONIC SIGNATURE REQUIREMENTS IN THE DMAS MANUAL
The specialized transportation must be a specially adapted school bus utilized to transport a Medicaid or FAMIS enrolled student to the local education agency (or contracted provider) to receive a DMAS billable service that is documented in the student’s IEP.

Not difficult, but time consuming to match paid service(s) to the transportation log. Do not put identifiable information on the bus log!
DMAS requires school divisions to bill for all services that meet DMAS requirements to include the cost on your cost report.

- Example - If you are billing for speech services, you must submit all claims that meet DMAS requirements for speech.
- If you are not including speech on your cost report, you would not bill for the speech services.

DMAS offers a free web-based billing program. Please go to the DMAS website, provider manual, chapter V for instructions.

Some school divisions contract with vendors to provide this service.

- Stand alone billing software
- IEP and billing software
- Medicaid billing documentation software

**REMEMBER, IF USING A VENDOR, IT IS THE RESPONSIBILITY OF THE MEDICAID COORDINATOR AND THE SCHOOL DIVISION TO ENSURE ACCURACY AND COMPLIANCE OF THE MEDICAID AND SCHOOLS PROGRAM.**
Remittance Advices & Paid Claims Data

- Remittance advices are available on the Web Portal.
  - It shows denials and reasons for those denials.
  - [https://www.virginiamedicaid.dmas.virginia.gov](https://www.virginiamedicaid.dmas.virginia.gov)

- Paid Claims data is available on the UMASS/UMMS website.
  - It shows all denials but not the reasoning.
  - [https://cbe-cr.chcf-umms.org](https://cbe-cr.chcf-umms.org)

- **Reminder:** Use BOTH resources to decide which claims should be resubmitted!!
- Denied claims CAN have a NEGATIVE impact on your BCR & Cost Report Settlement!!
NPI and ORP

- DMAS Qualified Provider (PT, OT, SLP, etc.) must get an NPI number.
  - If the provider already has an NPI and needs to confirm:
    - https://npiregistry.cms.hhs.gov/
  - To apply for National Provider Identifier:
    - https://nppes.cms.hhs.gov/#/

- DMAS Qualified Provider (PT, OT, SLP, etc.) must register in the DMAS Ordering and Referring Database.
  - To start the registration process:
    - https://www.virginiamedicaid.dmas.virginia.gov/

- BOTH of these are mandatory for the school district to stay in compliance with the Medicaid and Schools Program.
Speech-Language Therapy Services

- Speech-Language Therapy services must be performed by:
  - A speech-language pathologist (SLP) licensed by the Virginia Department of Health Professions, Virginia Board of Audiology and Speech-Language Pathology (18VAC30-20-170) with a Master’s Degree or
  - A SLP licensed by the Virginia Department of Health Professions, Virginia Board of Audiology and Speech-Language Pathology, licensure as school speech-language pathologist without a Master’s degree, under the supervision of a licensed SLP with a Master's Degree.
  - A speech-language pathologist shall be fully responsible for any action of persons performing speech-language therapy functions under the speech-language pathologist’s supervision or direction.
  - A master’s level SLP who has a provisional license from BASLP because the SLP is undergoing their post-graduation clinical fellowship year (CFY) with the American Speech-Language Hearing Association (ASHA) meets the requirements to develop a plan of care and carry out the plan of care unsupervised. A Certificate of Clinical Competence for Speech-Language Pathologists (CCC-SLP) from ASHA is not required for this purpose.
You may want to state that if the providers are not in this manual, they are NOT billable.
Occupation Therapy Services

- Occupational therapy services must be performed by:
- An occupational therapist (OT) licensed by the Virginia Board of Medicine; or
- An occupational therapy assistant licensed by the Virginia Board of Medicine under the supervision of a licensed occupational therapist (18 VAC 85-80-10 et seq.).
- An occupational therapist shall be fully responsible for any action of persons performing occupational therapy functions under the occupational therapist’s supervision or direction.
Physical Therapy Services

- Physical therapy services must be performed by:
  - A physical therapist (PT) licensed by the Virginia Board of Physical Therapy (18VAC112-20-30); or
  - A physical therapy assistant (PTA) licensed by the Virginia Board of Physical Therapy (18VAC112-20-30) under the supervision of a PT (18VAC112-20-90).
  - A physical therapist shall be fully responsible for any action of persons performing physical therapy functions under the physical therapist's supervision or direction.
Audiology Services

- Audiology services must be provided by an audiologist licensed by the Virginia Board of Audiology and Speech-Language Pathology (18VAC30-20-45).
Nursing Services

- Nursing services must be provided by:
- A Licensed Registered Nurse (RN); or
- A Licensed Practical Nurse (LPN) under the supervision of a RN as required by the Virginia Board of Nursing (18VAC90-20-37).
- A registered nurse shall be fully responsible for any action of persons performing nursing functions under the registered nurse’s supervision or direction.
Psychiatry, Psychology and Mental Health Services may be provided by:

- A psychiatrist licensed by the Board of Medicine;
- A licensed clinical psychologist, licensed school psychologist, or licensed school psychologist-limited licensed by the Board of Psychology;
- A licensed clinical social worker (LCSW) licensed by the Board of Social Work;
- A licensed professional counselor (LPC) licensed by the Board of Counseling;
- A psychiatric clinical nurse specialist (CNS) licensed by the Board of Nursing and certified by the American Nurses Credentialing Center;
- A licensed marriage and family therapist (LMFP) licensed by the Board of Counseling; or
- A school social worker endorsed by Department of Education.

Psychiatry, psychology and mental health service providers must provide services within their license scope (18 VAC 125-20-10 et seq. and 18 VAC 140-20-10 et seq.) and in accordance with Special Education regulations (8 VAC 20-80-10) as well within the DMAS covered services detailed in Chapter IV of this manual.
You may want to include the Paide psych interns that can administer the VITA Program, 9/20/2021.
Personal Care Assistant Services

- Basic qualifications for personal care assistants include:
  - Physical ability to do the work;
  - Ability to be trained by appropriate licensed professional to perform tasks.
  - Perform services consistent with the training received by the appropriate DMAS qualified provider;

- Personal Care Assistant – Nursing-like services require training as outlined in the following:
  - Virginia School Health Guidelines Manual;
  - Specialized Health Care Procedures Manual;
  - Manual for the Training of Public-School Employees in the Administration of Medication; and
  - Manual for Training of Public-School Employees in the Administration of Insulin and Glucagon.

- The Department of Education training publications may be found on the DOE website at www.doe.virginia.gov under “Student and School Support”, “Health and Medical”.
Supervision of Personal Care Assistants

Any licensed practitioner who meets DMAS provider requirements stated in this chapter may supervise the personal care assistant providing services within the scope of their individual discipline. DMAS requires that a supervisory visit must be conducted at least every 90 calendar days. It may be necessary for a PCA to have multiple supervisors depending on the scope of services the student is receiving. The licensed supervisor shall make supervisory visits as often as needed as per their licensing requirements to ensure both quality and appropriateness of services.
EXAMPLES OF PCA services

Examples of personal care assistant services and suggestions for the appropriate supervising licensed practitioner of the healing arts include but are not limited to:

- Assistance to increase adaptive behavioral functioning supervised by the licensed provider of psychiatry, psychological or mental health services;
- Assistance with activities of daily living supervised by the PT, OT, SLP or RN;
- Assistance with hearing aides and assistive listening devices supervised by the audiologist or SLP;
- Assistance with adaptive equipment supervised by OT, PT, or SLP;
- Assistance with ambulation and exercise supervised by the PT or OT;
- Assistance with remedial services to reduce the impact of the disability supervised by a DMAS approved provider as documented in Chapter II of this manual; and
- Monitoring a health-related service supervised by a RN.
A personal care assistant CANNOT be the parent, stepparent or legal guardian of the student. Payment may be made for services rendered by other family members only when there is written objective documentation as to why there are no other aides or providers available to provide care for the student. The family member providing care to the student must be employed by the local education agency and must meet the same requirements as other aides.
Medical Evaluation Services

Qualified providers of Medical Evaluation Services include:

- A physician licensed by the Board of Medicine;
- A physician assistant licensed by the Board of Medicine under supervision as required by their license; or
- A nurse practitioner licensed by the Board of Nursing under supervision as required by their license.
Specialized Transportation

- The specialized transportation must be a specially adapted school bus utilized to transport a Medicaid or FAMIS enrolled student to the local education agency (or contracted provider) to receive a DMAS billable service that is documented in the student’s IEP.
Calendar Set-up for RMTS

- Calendar Set-up is done at the beginning of the school year.
- UMASS/UMMS will send an email providing date to finalize the calendar.
- Submit as many calendars needed for providers work time, school start and end times, part-time, full-time, etc.
- UMASS/UMMS will email later in the year for final school day date change, if necessary.
- “Instruction Guide For RMTS Calendars and Work Schedules” (found in Resource section)
What is the RMTS?
(Random Moment Time Study)

- The Random Moment time study is a statistically valid means of measuring the amount of time that participants spend doing different types of activities by sampling a sub-set of all possible working minutes in time for the group. The results are used for both Administrative Claiming and the Direct Services Cost Report.

- School Divisions update all participants quarterly.

- Participants are divided into 3 “pools” based on their job description and if they are a qualified Medicaid direct service provider.

- From these 3 Statewide pools, participants will be selected randomly to participate. Some participants may not be picked in a quarter, and some will be picked more than once.

- Each participant MUST complete all randomly assigned moments.

- This determines the payment percentages for both administrative claiming and direct services cost settlement.
RMTS Expectations For Employees and School Division

- The RMTS participant list is web-based and will need to be submitted to UMass by September 1, December 1, March 1.
- UMass will upload all school division participants and generate the moments.
- RMTS participants will receive notification of their moment 24 hours in advance, with follow up reminders. The participant will have 5 days (not school days or business days) to answer their moment.
- The Centers for Medicare and Medicaid Services (CMS) requires that 85% of the Random moments generated in each job group must be answered, if not, the entire states School Division Medicaid providers could be impacted negatively at reimbursement.
- 75% or lower responses by a school division may impact their provider participation.
Who Should I put on the RMTS List?

Job Group 1

- Adjustment/Guidance Counselor
- Psychologist Intern (*only if paid by the School Division*)
- Vision Specialist
- Case Manager
- Substance Counselor
- School Health Coordinator/Nursing Director
- Sign Language Interpreter
- Director of Guidance
- Special Education Director, Assistant
- Clerical & Technical Support Personnel
- Medicaid Coordinator
- Any Nursing, Psychological, Medical Services provider or Therapist who either
  - Does not provide IEP health services
  - Does not meet the DMAS qualifications/license requirements
Who Should Be on the RMTS list? (continued…)

Job Group 2

• Psychologist
• Physician
• Social Worker
• School Social Worker
• RN/LPN/Nurse Practitioner
• Personal Care Assistant (only if billing for their services)
• Billing Personnel

► If you are going to submit a claim for any of these services, your school division employees MUST be on the RMTS – If not, your cost will be removed from your cost report!

► When you include these providers on the RMTS, you will also need to provide their Department of Health Professions license (except for School Social Worker and Personal Care Assistants. …more to come on provider qualifications!
Who Should Be on the RMTS list? (continued…)

Job Group 3

- Speech Therapist
- Occupational Therapist
- Occupational Therapist Assistant
- Physical Therapist
- Physical Therapist Assistant
- Audiologist

- When you include these providers on the RMTS, you will also need to provide their Department of Health Professions license number, expiration, hire date, NPI number.

- If you are going to submit a claim for any of these services, your school division employees MUST be on the RMTS – If not, your cost will be removed from your cost report!

- Note: Contracted employees are not included on the RMTS
Reimbursable Administrative Activities

Facilitating Medicaid Applications

Activities include:

- Assisting students or families with the Medicaid application process
- Assisting students or families with gathering necessary information needed to apply for Medicaid
- Providing forms and materials to assist in the application process
- Referring students or families to a local Medicaid assistance office
Reimbursable Administrative Activities

Medicaid Outreach

Schools are an important partner with Medicaid in identifying students and families who could benefit from Medicaid assistance and might be eligible to enroll in Medicaid.

Outreach activities include:

- Providing information about the benefits and availability of services provided by the Medicaid and FAMIS programs.
- Notifying families of EPSDT programs, such as health screenings, being conducted at school.
- Providing information about Medicaid managed care programs and how to access those benefits.
- Planning or coordinating training for outreach staff.
Reimbursable Administrative Activities

Arranging for Medicaid Covered Transportation

- Activities include:
  - Scheduling or arranging for transportation to a Medicaid covered service
  - Clerical/paperwork activities required in scheduling transportation
- This does not include the actual provision of the transportation
Reimbursable Administrative Activities

Translation Related to Medicaid Covered Services

Activities include:

- Scheduling or arranging for a translator or sign-language interpreter to assist a student or family member access or understand health-related care or treatment.
- Providing translation services to assist a student or family member access or understand health-related care or treatment.
Reimbursable Administrative Activities

Program Planning, Policy Development or Interagency Coordination related to health services

- “Big picture” planning and development for all students

- Activities include:
  - Collaborating with other agencies around delivery of health-related services to students
  - Developing strategies to improve the coordination of health care delivery among different service providers
  - Developing referral relationships and resources among groups of health professionals within or external to the school division
Reimbursable Administrative Activities

- **Referral, Coordination and Monitoring of health services**
- For specific student(s)
- Activities include:
  - Making referrals for and/or coordinating health services
  - Arranging for/scheduling health related services
  - Monitoring and follow-up to ensure that prescribed or referred services were provided
  - Coordination of health-related care
- This does not include any referrals or scheduling related to state-mandated health services or screenings
NON- Reimbursable Administrative Activities and Employees

- **Key things that are NOT reimbursable:**
  - IEP meetings
  - Writing / editing an IEP
  - Obtaining parental consent
  - Chairing an IEP meeting
  - Educational / vocational / disciplinary / general student supervision services

- Staff paid 100% out of Federal $ may not participate in the program

- Personnel whose salary is paid from any of the Indirect Cost Rate Account Codes must be excluded from RMTS and all Administrative Claims and Cost Reports
How Do I get reimbursed for Administrative Claiming

- Participate in the RMTS- (refer to who should participate)
- UMass Calculates the Statewide percent of time that participants were doing a Medicaid Reimbursable Medicaid Covered Administrative activities.
- This is calculated on a quarterly basis.

Quarterly Data
- Salaries and fringe benefits for RMS participants
- Supply expenditures
- Division wide full-time equivalency (FTE)
- Claim Certification
How Do I get reimbursed for Administrative Claiming

**Annual Data**
- Acquisition cost of fixed assets and major moveable assets
- Division wide salaries and fringe benefits
- Net Interest expense
- Interest Earned
- Interest Paid
- Indirect cost rate

**Medicaid Eligibility**
- Percentage of the total number of students, division-wide, who are enrolled in Medicaid to the total division-wide enrollment
- Include Medicaid & Medicaid Expansion students
- Do NOT include FAMIS students
- Calculated Quarterly as of 9/1, 12/1, 3/1 and 6/1
The purpose of Medicaid Eligibility Matching:

- Match your December 1 child Count to the Medicaid Eligibility List to determine what percent of your special education students are on Medicaid. This must be matched!

- Match your total student enrollment with the Medicaid Eligibility List to determine what percent of your total student enrollment is Medicaid. This must be matched!

- Eligibility Matching is to determine what percent of your special education students are on Medicaid. This is how DMAS determines what percentage of the school division direct services cost are for Medicaid students.

- By matching your total student enrollment to the Medicaid eligibility list, it determines what percent to apply to your school division cost for Medicaid covered health related administrative activities.
How to complete Medicaid Eligibility Matching

There are two ways:

1. If your school division has not enrolled in the FTP process, the instructions and enrollment forms can be found in the Service Center User Manual at https://www.virginiamedicaid.dmas.virginia.gov. Once on this website, click on Provider Services and Provider Manuals to access the Service Center User Manual. The manual explains the system requirements.

   - For school divisions that are already enrolled in the FTP process, the login and password information remains the same. The school divisions may request password information or changes by contacting Xerox Helpline at 1-866-352-0496.

   - Conduent will put the Medicaid Eligibility list for children ages 3-21 for your county and surrounding counties on your school divisions servers. This will allow your school division to match to the eligibility list.
How to complete Medicaid Eligibility Matching

2. UMass receives a statewide eligibility file from DMAS.
   - For this process, a school divisions must sign a security agreement with the University of Massachusetts Medical School (UMASS/UMMS). This is a confidentiality agreement so that School divisions can upload student information onto the UMASS web-based system.
   - This process will determine exact matches, possible matches and no match.
   - The Match is from the DMAS Statewide eligibility file.

   This is the preferred way of matching!!!
Even though school divisions submit claims for services, payment is made based on a cost settlement.

Cost Settlement is how much it cost school divisions to provide direct medical services to Medicaid students.

Cost reporting determines the cost.

Direct Billing = INTERIM claims as related to Cost Report
Cost Reporting

- Cost reports are due using UMASS/UMMS web-based reporting system on November 30 (every year).

- Cost reporting includes:
  - School division general information
  - The percentage of your December 1 child count that are Medicaid/Medicaid Expansion, and FAMIS (see Medicaid Eligibility Matching).
  - Your school division unrestricted indirect cost.
  - Service providers that participated in the RMTS which includes fringe benefits. This must break down the payments and you must include the percentages paid out of state/local and Federal (this will be prepopulated if you are up to date in submitting your Administrative Claiming Business packets).
  - You will add your contacted providers if you submitted claims for their services. Each contracted provider must be broken out with the cost you paid for their service. You must also include their license information. (Contractors are not on RMTS)
  - You will include any capital cost for items purchased for special education students for services that you submitted claims.
You will include cost for supplies for services that you submitted claims. If you did not bill for the service, do not include the cost of the supplies.

UMASS/UMMS has included your interim claims (how much you have already been paid when submitting claims to DMAS).

The web-based program will calculate your cost settlement.

After a review by UMASS/UMMS, the school division must have the superintendent sign the certification.
Billing Compliance Review (only for Direct Services, Not Transportation)

- DMAS requires that if you are including a cost for a service on your cost report, you must submit all claims for services that meet DMAS requirements.
- The Billing Compliance Review selects 50 students with DMAS covered services. (This will be completed through a web-based system).
- The 50 students must be from the December 1 child count that are Medicaid Recipients from the December Medicaid Eligibility Match.
- If you have a signed security agreement with UMASS/UMMS, VDOE has sent UMASS/UMMS the Dec 1 child count students and will match them to the eligibility list.
- If you do not have a signed security agreement with UMASS/UMMS, you must remove the student’s name and identifiable information indicating “Student A”, “Student B”, etc. for UMASS/UMMS to select the 50 students.
where you included the cost on the cost report
Billing Compliance Review (only for Direct Services, Not Transportation) continued

- After the 50 have been selected by UMASS/UMMS, you will include all services delivered that meet DMAS requirements. A student may have received more than one DMAS covered service. You must include all services where you included the cost on the cost report.

- UMASS/UMMS will populate the paid claims.

- The percentage of services delivered that were not claimed will be reduced on your cost settlement!!!!

- You are responsible for the accuracy for the Billing Compliance Review.
What services to include/exclude in the Billing Compliance Review (BCR)

**Services NOT included in the BCR:**

- If the services are provided by a DMAS non-qualified provider, Do not include the students in the BCR - No impact
- If the student’s plan of care called for 2 sessions a week and the provider provided 3, it would be counted as 2 services delivered and 2 paid (if paid) - No impact
- If claims were denied that could be resubmitted, they will impact your BCR/cost report. Those claims must be re-worked and resubmitted.
- Services delivered for a period the student become ineligible for Medicaid. Ex: The student is Medicaid eligible all year except August 2018. Any services provided in August would not be counted as Delivered. When you look at your Remittance Advices the claims would deny with a Code 0318 D Enrollee Not Eligible on DOS. Any services they received that denied with this code would not be included in "Delivered".
- If the services were provided by a DMAS qualified provider, but there is no parental consent, those services must be included as delivered but will count as 0 for paid - This will impact the cost report.
What services to include/exclude in the Billing Compliance Review (BCR)

- **Services NOT included in the BCR:**
  - Those services where the therapist is meeting with Adults (such as teachers or monitoring in the classroom)
  - Those services where there is a last agreed upon IEP where the therapist does not believe the therapy takes the skill level of a qualified therapist.
  - Parentally placed private school services
  - Services provided by a DMAS non-qualified provider (intern, etc.)
  - Services provided by a DMAS qualified provider paid for with federal money.
  - Missed sessions are not counted as delivered sessions.
  - Services delivered for a period the student become ineligible for Medicaid.
    - Ex: The student is Medicaid eligible all year except December 2014. Any services provided in December would not be counted as Delivered. When you look at your Remittance Advices the claims would deny with a Code 0318 D Enrollee Not Elig on DOS. Any services they received that denied with this code would not be included in "Delivered".
What services to include/exclude in the Billing Compliance Review (BCR)

Services included in the BCR:
- You must include all services that meet DMAS requirements for billing.
- You must track those services that would meet DMAS requirements, but you DO NOT have parental consent to bill.
- If you are billing, for example, Physical Therapy but one of your therapists does not submit paperwork for claims submission, the services are still tracked as delivered and “0” paid. The cost for that therapist would still go on the cost report.
- Evaluations are considered a billable service and need to be tracked on the BCR.
- Services measured in units, such as nursing, personal care, psych evaluations, are captured by unit not encounter. Show the same units billed.
- Denied claims must be resubmitted (if possible). If not, the percentage of denied claims will negatively impact your self-audit.
- Services provided by contracted providers (except parentally placed private school or services with federal dollars).
What services to include/exclude in the Billing Compliance Review (BCR)

- Parental Consent is an education requirement not a DMAS requirement

- DMAS qualified services provided but claims could not be submitted are included in the BCR and will have a negative impact on your BCR & Cost Settlement!!
Helpful Hints & Resources

- **Logistics:**
  - Dual Monitors - This helps navigate between spreadsheets.
  - Files – Include the service page, parental consent, evaluation, Plan of Care, Progress notes. If using electronic program that meets Electronic Signature requirements, have a coversheet that includes dates and where to find information.
  - Track claims as they happen. You will know what claims have been submitted, paid, and those denied that need to be resubmitted.
  - Set a date for when Progress Notes are due from your providers.

- **Relationships (external):**
  - Identify comparable school divisions similarly sized.
  - Identify school divisions that use the same SIS. (Student Information System)
  - Identify school divisions that submit claims similarly to your division. (Web Portal, Vendor, etc.)
Helpful Hints & Resources

- Relationships (Internal):
  - SPED = obtain knowledge of IEPs, SPED vs Medicaid
  - Finance/Payroll = quarterly AAC information needed, Cost Report information
  - HR = new hire dates, retirees, license information
  - IT = eligibility matching, student information if using a vendor

- Websites/Links:
  - https://www.virginiamedicaid.dmas.virginia.gov
    - LEA Manual
    - DMAS Forms
    - Remittance Vouchers
    - Web Portal for billing
    - ORP
School-Based Medicaid Program Random Moment Time Study (RMTS):
A Participant’s Quick Reference Guide

What is a Random Moment Time Study (RMTS)?
RMTS is a tool used by the School-Based Medicaid Program to capture data about what a person is doing during a moment of time of the day. A specific date and time are chosen and assigned to a participant to identify what activity they were doing at that time.

Who participates in a RMTS?
School personnel who provide direct services to children, such as PT, OT, SLP, nursing services or mental health services, as well as some support personnel who perform administrative activities such as serving students and families in learning about or applying for Medicaid or connecting to health care.

New Participants/Getting Started:
As a new participant, you will receive an email at the start of the quarter with a user name and temporary password allowing access to the system. New participants should log in to the RMTS system, select a personal password, and watch the brief online training video.

Completing Your “Moments”:
If you are selected to record a random moment, you will receive an email from RMTSHelp@unmassmed.edu. It will note the moment you are to record.

1. Click on the web link provided.
2. Log in to the system using your assigned user name and password that you created.
3. Drop logged in, click on “Record a Moment” (one minute).
4. Answer the four questions:
   - What type of activity were you doing?
   - What were you doing?
   - When were you doing it?
   - Why were you performing this activity?
Select your answer from the lists. If the options do not sufficiently describe your activity, you may choose “Other” and enter the free text section to provide additional detail.

5. Be sure to review and certify your responses by clicking the box at the bottom left, click “Save,” then log off.
6. Five calendar days are allowed to complete your assigned moment. Email reminders are sent if moments are not completed. After the grace period, the moment cannot be completed, altered, or deleted.
   - Depending on your response, you may be sent a message asking for further clarification of your response. It is important to respond to all messages to ensure that you receive credit for completing your moment.

FAQs:
How will I know when to record a random moment?
You will receive a series of emails specifying the selected moment.

What if I forget my password?
Click the “Forgot Password?” link on the site.

What if I am not in the classroom, at home or at the time of my random moment?
Indicate you were on vacation, on leave, etc. by choosing the appropriate pre-defined option if available.

What if I am traveling (i.e., work, a family reunion, etc.) at the time of my random moment?
If you were traveling from work, a family reunion, or other meetings please provide the specific purpose of your travel.

What if I am assigned to a student and he/she is not in school at the time of the random moment?
Answer the moment indicating what the student was doing at the time (do not worry about what you are doing).

What if I am not in a classroom during a random moment?
Select the predominant activity and provide appropriate detail.

What if I cannot remember what I was doing?
Simply record that you cannot remember the activity that you were completing.

Tips for Completing a Random Moment:
- Remember that the RMTS corresponds to one minute. We are not concerned with what you were doing before or after the one assigned minute.
- When you use the write notification that you have a moment, it may be helpful to jot down what you were doing at the assigned time if you cannot respond immediately.
- Before submitting your moment, please review your answers to ensure that they make sense and do not contain any contradictions, as many of the options are similar.
- Based on your answer and your response, you may be sent a message asking for further clarification of your response. It is important to respond to all messages to ensure that you receive credit for completing your moment.

Need more help?
Do not wait! Call or email: 1-800-535-6741 / RMTSHelp@unmassmed.edu

Technical Notes/System Requirements FY19
UMMS recommends that all computer operating systems and browser versions be supported by their software vendor. Each vendor’s policy varies so it is important to keep current with the supported software.

Workstation Requirements
- Operating Systems:
  - Windows 7 and newer
  - Macintosh
- Web Browsers:
  - Internet Explorer 10 or higher with MS Windows XP, Windows 7, or Vista
  - Microsoft Edge
  - Safari 10.1 or higher
  - Mozilla Firefox 46.0 or Higher; utilize all their automatic updates
- Note: Internet Explorer web browser is not supported on Macintosh operating system. Safari should be used instead of IE. Lifecycle policy and supported versions
  - https://support.microsoft.com/en-us/lifecycle/search?searchTerm=Product%20name
  - https://microsoft.com/en-us/ie/compare
  - https://support.microsoft.com/en-us/bridge-of-servers
  - Safari:
  - Note: A change in support will occur on January 12 2019

Cookies:
Workstations: Enable cookie in browser.
See “Instructions for Finding Your Browser/Enabling Cookies.”

Web Filters:
Workstations should allow access to the following URLs:
  - Production Secure connection: https://www.chief.net/chiefweb/ and https://www.chief.net/chief
  - Instructions for Online Training Application
    - Flash Player is needed to run the instructions for online training program. The following link
      - http://www.adobe.com/browsers/flashplayer/ has a connection to Player Download Center,
      - which will walk you through the process of downloading the most recent version of Player.
      - It takes about two minutes.
    - MP4 files can be opened with Windows Media Player, and other multi-format media players like VLC, QuickTime, and more.

System Administration Requirements
Cookies:
System administrator: If there is a proxy server, set proxy NOT to cache the www.chief.net domain.
INSTRUCTION GUIDE
FOR MANAGING RMTS PARTICIPANTS
In the
Commonwealth of Virginia
for Medicaid and Schools
participating School Divisions

Effective August, 2017

INSTRUCTION GUIDE
FOR RMTS CALENDARS
AND WORK SCHEDULES
In the
Commonwealth of Virginia
for Medicaid and Schools
participating School Divisions

Effective FY 2018
**PARENTAL CONSENT FOR BILLING PUBLIC INSURANCE**

For Medicaid, Medicaid Expansion or FAMIS (Family Access to Medical Insurance Securities) Insured Only

**Consent to Release Information:**
I consent for __________ (LEA) to release information from my child's education record (such as evaluation reports and IEPs) about my child's participation in services to participating physicians, other health care providers, the Department of Medical Assistance Services (DMAS), any DMAS billing agents, and any LEA billing agent as necessary, to process claims for reimbursement by DMAS for covered health-related services, evaluations for these services and transportation on the day the student receives any health related service which are outlined in the child's IEP.

**Procedural Safeguard:**
I understand my right to refuse consent for the school system to access my child's Medicaid or FAMIS coverage to seek reimbursement for the health related services. Any refusal will not affect delivery of these services to my child and delivery of such services will be at no cost. I understand that my permission is voluntary and may be revoked at anytime. I also understand that I have the right to request a copy of the records disclosed.

- I give consent for claims to be submitted to the Virginia Department of Medical Assistance Services (DMAS), as described above, for the health related services outlined in the Individualized Education Program (IEP), including duration and frequency and/or evaluations for IEP services.
- I do not give consent for the school system to access my child's Medicaid or FAMIS coverage.

<table>
<thead>
<tr>
<th>Child's Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin Date</td>
</tr>
</tbody>
</table>

**Parent/Guardian Signature**

**Date**

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Resources

- **Frequently Asked Questions about Medicaid and School Health Services**
  1. Who is the Virginia Department of Medical Assistance Services (DMAS)?
     - The Virginia Department of Medical Assistance Services (DMAS) is the state agency that administers Virginia's Medicaid and DMAS programs.
  2. What is the relationship between DMAS and LEAs?
     - DMAS pays schools for the cost of the school health services they provide to students if the students are in FAMIS or Medicaid.
  3. What kinds of services are covered by school health services?
     - School health services include physical therapy, occupational therapy, speech therapy, audiology, nursing, psychological services, special education, and transportation, among other services.
  4. Why are IEPs needed?
     - IEPs are needed to document how services are provided to your child and to ensure that the school district meets the state's requirements.
  5. What happens if I change my mind about releasing information?
     - If you change your mind, you can revoke your consent at any time. You can also request a copy of the records disclosed.
  6. Will I be charged for services provided?
     - Your child's health information is kept confidential and will not be shared with anyone else.
  7. Who pays for health services provided outside the school system?
     - DMAS pays for health services provided outside the school system separately from other types of medical claims.

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**DMAS**

- Website: [DMAS Website](http://www.dmas.virginia.gov)
- Contact: [Contact DMAS](http://www.dmas.virginia.gov/ContactUs.aspx)
**LEA SERVICE CODES, UNITS AND MAXIMUM PAYMENT RATES**

As of April 20, 2020

### Therapy Services

<table>
<thead>
<tr>
<th>CODE</th>
<th>SERVICE DESCRIPTION</th>
<th>UNIT</th>
<th>MAX. RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>97160</td>
<td>Physical Therapy Evaluation</td>
<td>Per evaluation</td>
<td>115.32</td>
</tr>
<tr>
<td>97161</td>
<td>Physical Therapy Individual Visit</td>
<td>Per visit</td>
<td>95.91</td>
</tr>
<tr>
<td>97150</td>
<td>Physical Therapy Group Session</td>
<td>Per individual/Per session</td>
<td>31.91</td>
</tr>
<tr>
<td>97167</td>
<td>Occupational Therapy Evaluation</td>
<td>Per evaluation</td>
<td>115.32</td>
</tr>
<tr>
<td>97530</td>
<td>Occupational Therapy Individual Visit</td>
<td>Per visit</td>
<td>95.91</td>
</tr>
<tr>
<td>S9129</td>
<td>Occupational Therapy Group Session</td>
<td>Per individual/Per session</td>
<td>31.91</td>
</tr>
<tr>
<td>92521</td>
<td>Evaluation of speech fluency (e.g., stuttering, cluttering)</td>
<td>Per evaluation</td>
<td>115.32</td>
</tr>
<tr>
<td>92522</td>
<td>Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)</td>
<td>Per evaluation</td>
<td>115.32</td>
</tr>
<tr>
<td>92523*</td>
<td>Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria), with evaluation of language comprehension and expression (e.g., receptive and expressive language)</td>
<td>Per evaluation</td>
<td>115.32</td>
</tr>
<tr>
<td>92524</td>
<td>Behavioral and qualitative analysis of voice and resonance</td>
<td>Per evaluation</td>
<td>115.32</td>
</tr>
<tr>
<td>92507</td>
<td>Speech Therapy Individual Visit</td>
<td>Per visit</td>
<td>95.91</td>
</tr>
<tr>
<td>92508</td>
<td>Speech Therapy Group Session</td>
<td>Per individual/Per session</td>
<td>31.91</td>
</tr>
</tbody>
</table>

*The modifier “52” must be used with code 92523 if a patient is evaluated only for language, with no documentation of an assessment of speech (formal or informal). The “52” modifier, which is used when the services provided are reduced in comparison with the full description of the service.*

### Nursing Services

<table>
<thead>
<tr>
<th>CODE</th>
<th>SERVICE DESCRIPTION</th>
<th>UNIT</th>
<th>MAX. RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1002</td>
<td>RN or LPN Services</td>
<td>15 minutes</td>
<td>9.00</td>
</tr>
</tbody>
</table>

### Personal Care Services

<table>
<thead>
<tr>
<th>CODE</th>
<th>SERVICE DESCRIPTION</th>
<th>UNIT</th>
<th>MAX. RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>12027</td>
<td>Personal Care Services - individual</td>
<td>15 minutes or less</td>
<td>3.58</td>
</tr>
<tr>
<td>S5125</td>
<td>Personal Care Services – group up to six individuals</td>
<td>15 minutes or less</td>
<td>3.58</td>
</tr>
</tbody>
</table>
Contacts

- **Department of Education**
  - Amy Edwards, Medicaid Specialist
    - (804) 692-0150
    - amy.Edwards@doe.virginia.gov

- **DMAS**
  - Rebecca Anderson
    - (804) 371-8857
    - rebecca.anderson@dmas.virginia.gov

- **UMASS/UMMS**
  - Emily Hall
    - (800) 535-6741
    - emily.hall@umassmed.edu

- **Isle of Wight County Public Schools**
  - Casie Pulley, Medicaid Coordinator
    - (757) 357-0810
    - cpulley@iwcs.k12.va.us