



WELCOME
to
MEDICAID
SCHOOL BASED
SERVICES 101

Brought to you by:

Jane Reagan – History of SBS, Resources For You

Kevin Bauer – Policy, CHAMPS, Payments & PCG

Donna Pletcher – RMTS, Financials

A Brief History of Medicaid and the School Based Services (SBS) Program

Jane E. Reagan
Michigan Department of Education
Office of Special Education

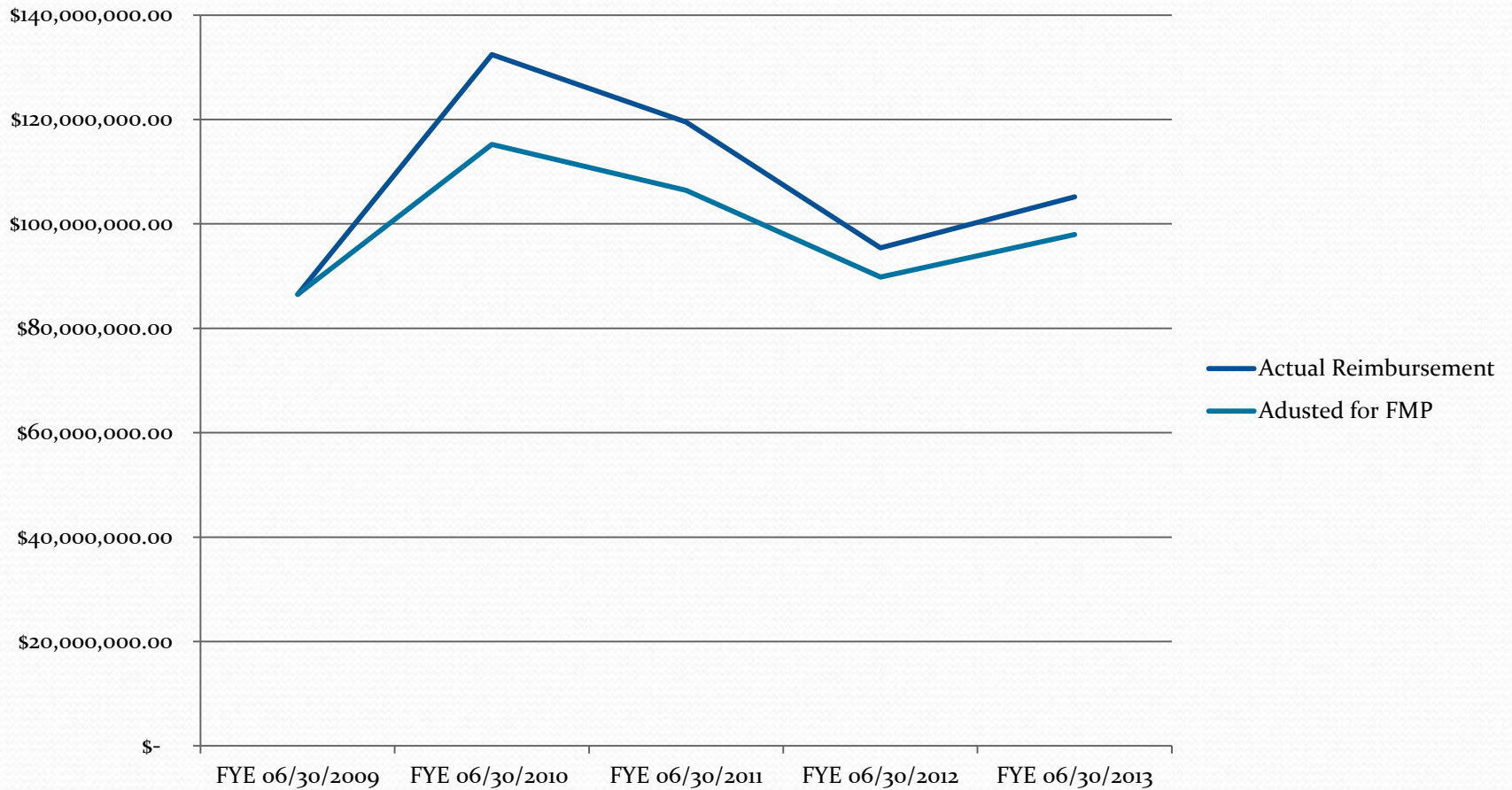
ReaganJ@Michigan.gov

517-335-2250

Medicaid and School Based Services

- Why this is important
 - SBS year ended 6-30-09: \$86.5M to ISDs
 - SBS YE 6-30-13: \$105.2 M to ISDs
 - Est, SBS YE 6-30-14: \$110 M to ISDs
- Overview of Medicaid
 - (Assume you do not need overview of Special Education!)
- What it is, How it Works
- Your Role as Medicaid SBS Implementer, Coordinator, Business Official, Administrator, etc.

Reimbursement Trend



What is Medicaid?

- NOT Medicare (for persons over 65; mostly federally funded by approps, your earnings taxes, member premiums/deductibles; growing fast as baby boomers reach 65); 52 million enrollees; created by act of Congress in 1965
- Medicaid
 - For low-income families, including children; over 62 million enrollees; largest hc program in US
 - Jointly funded by State and Federal govts to pay for health care and long term care assistance
 - Created by act of Congress in 1965

Scope of Medicaid In the US

- ▣ **\$389 billion spent in 2010**
- ▣ **54+ million low income people/families—our nation's sickest and poorest**
- ▣ **12+ million elderly, disabled, adults**
- ▣ **Pays for 2M births annually (~40% of all births)**
- ▣ **Nearly 31M children enrolled, 2010**
- ▣ **~70% of nursing home beds Medicaid-financed**
- ▣ **States have learned to maximize federal match**

*(Kaiser Commission on Medicaid and the Uninsured and Urban Institute, 2012,
<http://www.kff.org/medicaid/upload/8139-02.pdf>)*

Scope of Medicaid, cont'd

- ▣ Medicaid is largest single source of *any kind* of federal grants to states—comprises 42% of grants to states in 2010
- ▣ Incredibly complex statute, regulations, enforcement

Has been impacted significantly by Affordable Care Act of 2010 (ACA, Obamacare) most provisions effective January 2014

- ▣ Approx. 30 M uninsured individuals will no longer be uninsured
- ▣ Estimated 17 M add'l people will get Medicaid
- ▣ Estimated 500,000 add'l people on Medicaid in MI (so far, 300,000)
 - Most will be adults
 - But children will be in your districts!

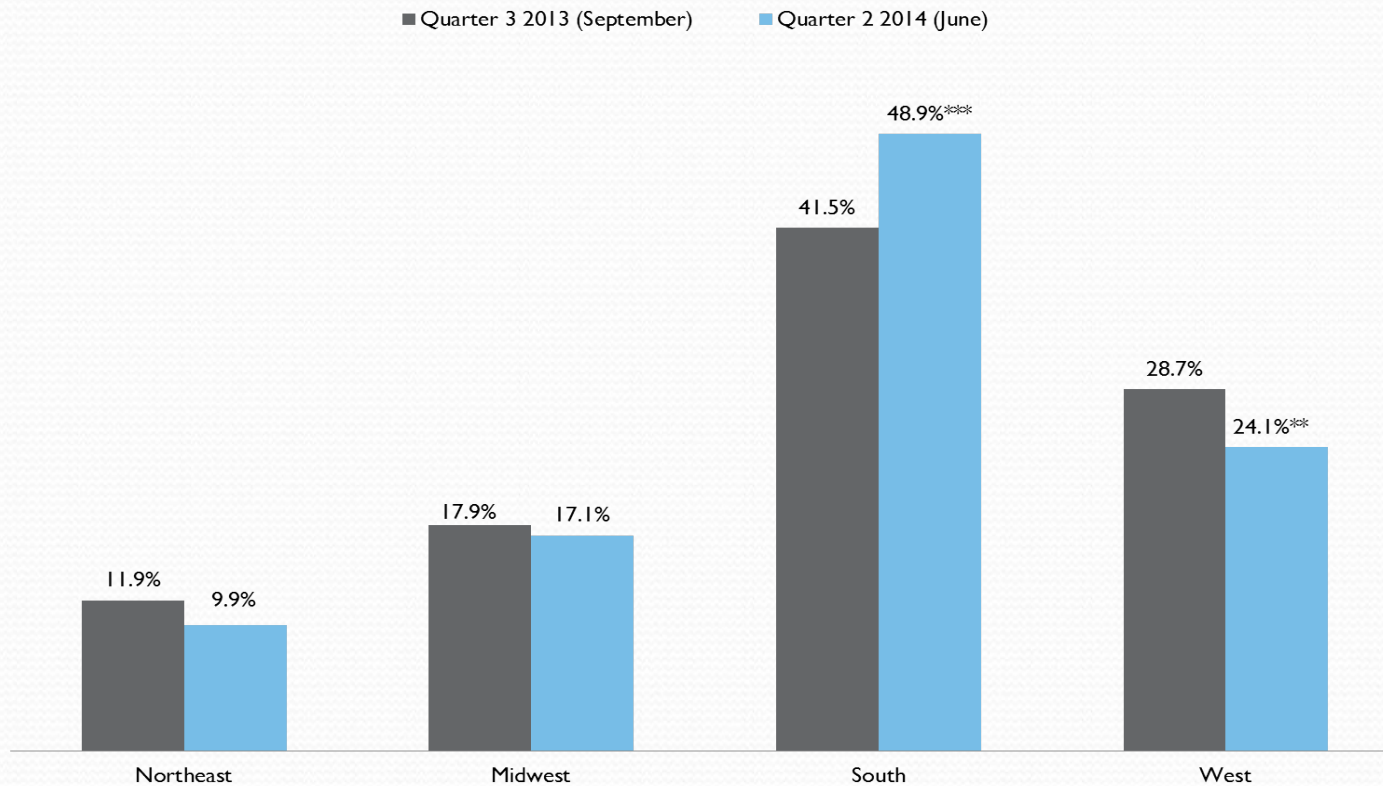
Expansion of Medicaid via ACA

- Has occurred in 25 states and DC as of June 2014
- Provides financial assistance for health insurance coverage through the federal and state Marketplaces in all states.
- 10 million enrolled in first nine months (between September 2013 and June 2014)

Urban Institute Health Policy Center. *Who Are the Remaining Uninsured as of June 2014?* By Adele Shartzter, Genevieve M. Kenney, Sharon K. Long, Katherine Hempstead, and Douglas Wissoker, July 29, 2014. <http://hrms.urban.org/briefs/who-are-the-remaining-uninsured-as-of-june-2014.html>

Medicaid Expansion via ACA

Figure 2. Distribution of Uninsured Adults Ages 18–64 in September 2013 and June 2014, by Region



Source: Health Reform Monitoring Survey, Quarter 2 2014.

/ Estimate differs significantly from September 2013 at the 0.05/0.01 levels, using two-tailed tests. No estimates differ at the 0.10 (*) level.

How does Medicaid work?

- Costs shared between state and federal govt.
 - Fed pays between 50-80% (expansion= 100%)
 - Federal share depends on state's per capita income, few other factors
 - Sharing costs—like a discount to the state—avg federal share in US last 2 yrs has been ~58%
 - Federal share for Michigan:

| | |
|--------|--------|
| ➤ 1998 | 53.58% |
| ➤ 2009 | 60.27% |
| ➤ 2014 | 66.33% |
| ➤ 2015 | 66.54% |

How does Regular Medicaid Work?

- Each state has its own Medicaid program
 - Much discretion by states
 - Each state administers, establishes: What (services covered), Who (eligibility standards), How Much (scope of services), Payment (method and amount of payment for services) and, the State expects you to know their rules
 - Some services are mandatory (NHs, physician) some services are optional (SBS, Rx, dental)
 - Medicaid is 'organized' by setting; Special Education is 'organized' by disability
 - When services provided, Medicaid is "billed" \$100, Dr., hospital, etc. receive \$100 (\$67 federal, \$33 MI)

How does MI Medicaid SBS work?

- Took an Act of Congress, 1988, MI began 1993
 - To reimburse for some ISD costs for some Medicaid-eligible students with IEPs for some health, related services they get
- For SBS program, reimbursement is different
- ISDs are paid only fed share reimbursement
 - Rationale: school aid would have been 'state share'
 - Federal share is then split 60% to ISDs, 40% to Medicaid
 - Medicaid reimburses only for expenditures from state or local sources—never bill Medicaid for federally-funded services
- SBS program brings federal Medicaid \$ to MI
 - Your costs are \$100, \$67 comes to MI, you'll receive 60% of that, ~\$40

MI Medicaid SBS –Elements

- Two primary components based on Federal Medicaid statute (Social Security Act) and its regulations (42 CFR), also state laws, rules (*later*)
 - **Direct Services** (OT, O & M, PT, SLP, Psych, Counseling, SW, Dev Testing, RN, MD/DO, PC, TCM, Transportation)
 - **Administrative Outreach Program** (AOP—helping families access Medicaid services via referral, planning, monitoring, coordinating program, etc.)

MI Medicaid SBS -- Elements

- Four statewide time studies measure staff time doing services Medicaid covers:
 - Administrative Outreach
 - Targeted Case Management
 - Personal Care
 - Direct Services
- Financial information on staff (salaries, benefits)
- Annual cost report (MAER) is ISD/LEA specific
- Your partners—DCH (Medicaid); MDE; ISDs; PCG (statewide contractor for time studies)

Your Role

- **Know the stakes – Over \$105 million coming to MI each year to ISDs**
- **This is a statewide program with several partners, each of us has an essential role**
- **You are a “Medicaid Provider” expected to know both Special Education and Medicaid rules and requirements**



MDCH School Based Services Policy

Kevin T. Bauer

bauerk2@Michigan.gov

517-241-8398

MDCH SBS Policy

- Main Page : www.michigan.gov/mdch
 - To get to SBS Specific page click
 - Provider, Provider, Medicaid, Billing & Reimbursement, Provider Specific Information, School Based Services
- Information important to Implementers:
 - Databases (lists of codes allowed)
 - Meeting schedules & results
 - Training Documents (PCG)
 - Guidelines & Due Dates
 - MAER issues and training
 - Software updates
 - RMTS results
 - SSO & File Transfer instructions
 - THIS IS YOUR PAGE – *what else would be beneficial to you HERE?*

SBS Policy (continued)

- Home page: Click on CHAMPS
 - Access to SSO for CHAMPS & File Uploads
 - CHAMPS / Policy Updates
 - CHAMPS resources
- Back Home:
Click on Providers, Providers, Medicaid
 - Listserv
 - Policy & Forms (includes entire SBS policy)

MDCH File Transfer System

- Purpose
 - To provide a secure and convenient method of sending and receiving information
- Users
 - Minimum of 2, Maximum of 4
 - Indicate primary user

File Transfer Sign-up Steps

- Request access to Single Sign On
- Request access to the File Transfer System
- Request access to selected areas
 - General information:
HCRD-ISD
 - ISD specific information:
HCRD-ISD-Ingham Intermediate School District-1023

MDCH File Transfer Features

- Upload
 - Used to upload files to MDCH
- Download
 - Used to download files from MDCH
- File Upload/Download Log
 - Used to view files that you have uploaded or downloaded

Your Role

- **Learn Your Policy**
- **Monitor Policy Publications**
(Professional Claims)
- **Enroll in SBS Listserv**
(Professional &/or All provider)



NOW....

Now to Donna to Learn About....

Random Moment Time Studies

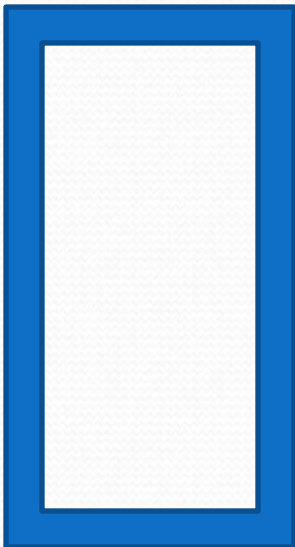
Time Studies

The Random Moment Time Study (RMTS) is the tool that Michigan uses to determine the amount of time school staff spend on activities that are in support of the Medicaid program.

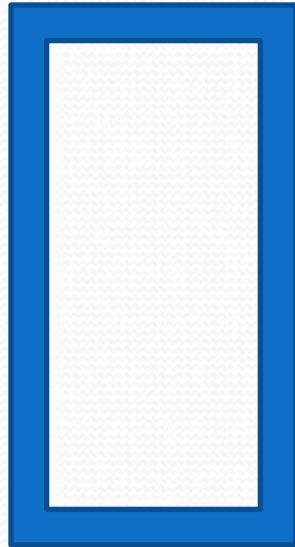
Time Studies

There are four Staff Pool lists:

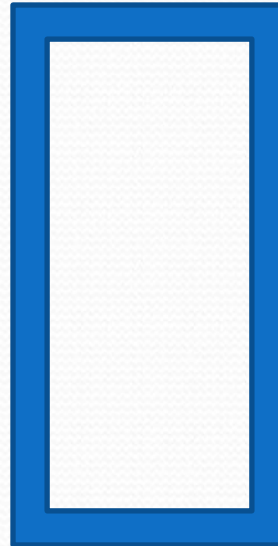
Direct Service



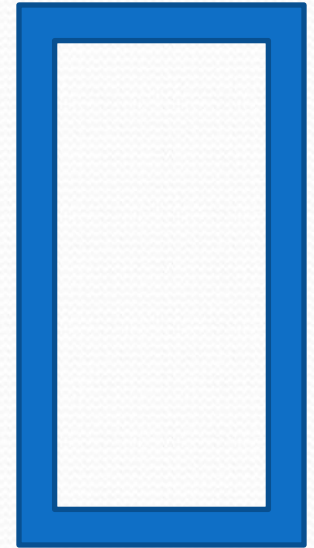
Case Management
*AKA: Designated Case Mgt.,
Targeted Case Mgt.*



Personal Care



Administrative
Outreach (AOP)



Direct Service

State licensed:

- Audiologists
- Occupational Therapist and Occupational Therapy Assistants
- Orientation and Mobility Specialists
- Physical Therapist and Physical Therapy Assistants
- Physicians/Psychiatrists
- Psychologists (*Fully Licensed or Ltd/Supervised*)
- Registered Nurses
- Social Workers (*Masters Degree, Fully Licensed or Ltd/Supervised*)
- Speech Language Pathologists (*State Licensed or Ltd/Supervised*)

Time Studies

Direct Service

Aud
OT
O&M
PT
Psych
RN
Speech
SW

Case Management
*AKA: Designated Case Mgt.,
Targeted Case Mgt.*

Case Management

- RN with a Michigan License
- Bachelor Degree with a major in a specific special education area
- Earned credit in course work equivalent to the above mentioned degree
- Minimum of three years personal experience in the direct care of individuals with special needs
- Generally the person responsible for the student's IEP

Time Studies

Direct Service

Audio
OT
O&M
PT
Psych
RN
Speech
SW

Case Management
*AKA: Designated Case Mgt.,
Targeted Case Mgt*

RN
BA's
Credit
Exper

Personal Care

Personal Care

- Teacher Aides
- Health Care Aides
- Instructional Aides
- Bilingual Aides
- Program Assistants
- Trainable Aides

Personal Care

IMPORTANT REMINDERS:

- Services must be “authorized” by a licensed practitioner (*RN, OT, PT, SSW, SLP*)
 - Authorization form must be completed, signed and placed in the student’s file
- Need for personal care must be documented in the student’s IEP
- Requires monthly service logs (*keep on file*)

Time Studies

Direct Service

Audio
OT
O&M
PT
Psych
RN
Speech
SW

Case Management *AKA: Designated Case Mgt., Targeted Case Mgt*

RN
BA's
Credit
Exper

Personal Care

Aides

Administrative Outreach (AOP)

Administrative Outreach (AOP)

- Administrators
- Counselors
- Early Identification/Intervention Personnel
- Teacher Consultants that are not DCM's
- Speech-Language Pathologists (*non-state licensed and not supervised by a state licensed speech language pathologist*)
- Psychologist (*non-state licensed, not supervised by a state licensed psychologist*)
- Social Worker (*Masters Degree, non-state licensed and not supervised by a state licensed social worker*)
- Social Worker (*non-Master level, all must be in AOP*)

AOP

Non-standard job title forms are needed for administrators/early intervention :

Michigan Medicaid Administrative Outreach Program

ADMINISTRATOR/EARLY INTERVENTION

Documentation of Staff with Non-Standard Job Title

ISD: _____

LEA: _____

Staff Person: _____

Job Title: _____

Please check below the activity category or categories that this staff person performs on a regular basis and as a normal expectation of their position with the district. Please sign and date this form on the last page and keep in your files to support inclusion of this person on your district's staff pool list.

Medicaid Outreach And Facilitating Medicaid Eligibility Determination

- This category includes activities school staff or contractors perform to inform students, families, parents and community members about the Medicaid Program, Medicaid covered services, how to obtain Medicaid preventative services, as well as assisting an individual student or family in becoming eligible for Medicaid. Some examples of these activities could be explaining the Medicaid program to families attending a back-to-school night, giving a family a Medicaid application form, helping an individual complete a Medicaid application form, making a referral to a local or county Department of Human Services office, or helping someone gather and collect documentation to support a Medicaid application. These outreach and application assistance activities are allowable ONLY with respect to Medicaid and Medicaid covered services (not other social, vocational or educational programs).

Examples:

- Discussing how to access mental health and social services for a young adult student who requested assistance.
- Staffing a booth at the local Native American health fair to distribute “early on” information to parents attending the event.
- Preparing materials designed to inform parents about Medicaid Programs.
- Talking with and assisting a parent in filling out a Medicaid application.



Time Studies

Case Management
*AKA: Designated Case Mgt.,
Targeted Case Mgt*

Direct Service

Audio
OT
O&M
PT
Psych
RN
Speech
SW

Personal Care

Aides

AOP

Admin
Counsel
EI/IP
Teacher
SLP
Psych
SW

Staff Pool/RMTS Timing

There are 4 Quarters:

January – March

April – June

July – September (2)

October – December

- Staff Pool updates are due more than one month prior to the first day of the quarter. Any updates after the deadline must wait until the next quarter.
- From each SPL each quarter 3,000 names will be drawn (*except PC – 3,200 moments drawn*)
- Some may get a moment twice in one day! *Tell those folks to play the lottery!*

EVERY MOMENT COUNTS!!

Helpful Hints

- ***USE PLACEHOLDERS!*** Only staff listed on the SPL may be included on the financials
- Make sure that staff are on the proper pool based upon Medicaid qualifications
 - Direct Service or AOP? *Are limited licensed staff “under the direction of” or supervised by fully licensed staff?*
 - **TCM*** or AOP? *Some Teacher Consultants qualify for TCM pool*
 - *Limited licensed Speech w/o direction may qualify for TCM pool if they have speech-only students*
- Names on SPL match licenses
- 100% Federally funded staff (*IDEA , TITLE I*) *must be excluded*

The Random Moment Time Study Process

Selected staff will receive notification in the mail or e-mail letting them know they have been chosen to complete the RMTS providing the date and time.

By the end of the day, staff should log on and answer 5 questions:

RMTS Questions



1. Were you working during your sampled moment?

If yes, then...

2. Who was with you?
3. What were you doing?
4. Why were you doing this activity?
5. Does the student have an IEP in place for the service you were providing?

RMTS Training

Participants need to know that:

- Their answers are coded by clerical workers in Chicago.
- They must be descriptive, so that the answers can be coded correctly.
- If their answer can't be understood, someone from PCG WILL call to clarify it !!

Give Examples:

- Which response best describes what you were doing ?

Teach them to be Descriptive

Who was with you?

Not descriptive:

- Staff / My students (or class) / the Teacher

Better:

- A social worker / An OT / the student's Case Manager
- A [physically impaired] student
- A group of ASD students
- A student's parent(s)/guardian

Teach them to be Descriptive

What were you doing?

Not descriptive:

- Getting ready for my day / Catching up on paperwork / Working with students

Better:

- Reviewing student behavior plan and IEP goals
- Re-directing a student to stay on task
- Meeting regarding accommodations for a student
- Physical Therapy – range of movement – upper body
- *Assisting student(s) during a math assignment*
 - *Okay (although not usable) for a Case Manager*
 - *Academic Aides are not qualified providers: define assistance!*

Teach them to be Descriptive

Why were you doing this activity?

Not descriptive:

- It's my daily routine / It's in my job description

Better:

- Annual IEP – Speech and Social Work services will continue.
- Chronic behavior issues are impacting progress toward his goals.
- Student requires visual aides to participate in classroom activities.
- Poor gross/fine motor skills impede mobility and ability to participate in classroom activities/assignments.

Focus on: Personal Care

Response not so good:

- Eating lunch with a student
- Bus duty
- Escorting a student
- Sitting with student in a circle

Response – more descriptive:

- Monitoring swallowing as student ate their lunch
- Physically assisting child with boarding a bus
- Ensuring that student gets safely from one class to another
- Monitoring student's behavior and prompting to pay attention during a classroom activity



REMEMBER...

*Participants only have 5 days
to complete their RMTS!*

Your Role

- **Make sure the right people are on the SPL and reporting for eligible students (if DS, TCM, PC)**
- **Check staff licensure**
- **Train your staff on how to complete the RMTS**
- **Make sure ALL RMTS's are completed within 5 days**
- **Check the *Compliance Report on the PCG website***

And if they don't complete it?

1. Go to the Special Ed Director
2. Go to the Superintendent of the district
3. Go to your ISD Superintendent



NOW....

The Financial Process

Financials

- May include costs for staff pool participants ONLY
 - If name is on the wrong pool for any quarter, \$0
 - If there was no placeholder for new/open position, \$0
 - If staff were left off pool in error, \$0
- Coordination of Funding
 - Federal IDEA & Medicaid – no more 50% rule
 - If staff are split funded, you may claim only the non-federal portion of their costs
 - For Direct Service staff, you may report only those costs that are reported on the SE-4096

Be Strategic

- Medicaid qualified Direct Service staff should be the priority for your DS staff pool (and the 4096)
- Use non-Medicaid allowable staff for Federal Funding
 - “Educational” Aides, full-time “Release” Teachers (who do not coordinate IEPs)
- If you can't allocate all federal funds using non-qualified staff, use AOP staff first (Administrators, Teacher Consultants who are not TCMs)

Reimbursement Formula

Allowable Costs (+ Medicaid Indirect costs)

x RMTS % (state-wide)

x SE Medicaid Eligibility Rate, (ISD specific)

x FMAP or Federal Financial Participation
%

x ISD Reimbursement Rate (60%)

Net Dollars to ISD

Reimbursement Variables

Direct Service %

| | 2008-09 | 2009-10 | 2010-11 | 2011-12 | 2012-13 |
|-----------------------------|---------|---------|---------|---------|---------|
| Health Service Staff | 68.10% | 77.74% | 72.41% | 74.14% | 75.64% |
| Case Management | 8.02% | 10.97% | 9.02% | 5.8% | 4.37% |
| Personal Care | 19.99% | 31.17% | 20.94% | 22.0% | 22.11% |

Reimbursement Variables

SE Medicaid Eligibility Rate, Health Services

- ISD specific
- % of SE students who are Medicaid eligible & receive a health related service

| | 2008-09 | 2009-10 | 2010-11 | 2011-12 | 2012-13 |
|--------------------------------|----------------|----------------|----------------|----------------|----------------|
| Wayne RESA | 39.39% | 46.36% | 47.22% | 47.15% | 51.15% |
| % Inc/(Dec) Over PY | | 17.69% | 1.86% | (.001) | 8.48% |

Reimbursement Variables

FMAP = Federal Medical Assistance %

- Share of state Medicaid benefit costs paid by the Federal government

| | 2008-09 | 2009-10* | 2010-11* | 2011-12 | 2012-13 |
|---------------------|---------|----------|----------|---------|---------|
| Annual Average | 67.11% | 72.62% | 73.11% | 66.05% | 66.33% |
| % Inc/(Dec) over PY | | 8.21% | 0.67% | (9.65%) | .42% |

* - ARRA enhanced

Reimbursement - 2012-13

| | Direct Service Staff | Case Management | Personal Care |
|------------------------|-----------------------------|------------------------|----------------------|
| Costs + ICR | \$1.00 | \$1.00 | \$1.00 |
| Direct Svc % | 75.64% | 4.37% | 22.11% |
| SE MER, Health | 51.15% | 51.15% | 51.15% |
| FMAP | 66.33% | 66.33% | 66.33% |
| ISD Reimb % | <u>60.00%</u> | <u>60.00%</u> | <u>60.00%</u> |
| Net \$'s to ISD | \$0.15 | \$0.01 | \$0.05 |

ISD Specific



Be Strategic

- Keep Direct Service staff that meet Medicaid qualification on the 4096 and on your DS Pool!
- Use non-Medicaid allowable staff for Federal Funding
 - “Educational” Aides, full-time “Release” Teachers (who do not coordinate IEPs)
- If you can’t allocate all federal funds using non-qualified staff, use AOP staff first (Administrators, Teacher Consultants who are not TCMs)

Be Strategic

- Case Management vs Personal Care staff?
 - Depends on costs, but remember that Personal Care Staff generally report a LOT more services!
- Cost/benefit and availability of fully licensed staff.
 - All other things being equal, hire fully licensed Direct Service Staff!

Annual Reconciliation/Settlement

- Similar to SE State Aid
 - Current year payment = estimate based on prior year final
 - If service logging decreases monthly payments may cease
 - Final claim calculated after fiscal year end and all claim components are complete
 - Final claim compared to estimated payments to determine over/under

Transportation

- Reported annually via the Medicaid Allowable Expenditure Report (MAER)
- Subset of Costs from the SE-4094
 - Salaries and Benefits for Bus Drivers and Aides ONLY (no supervisor, clerical, or other)
 - May report costs for outsourced transportation
 - Taxi and Parent Transportation added this year
 - Specialized Transportation must be on IEP
 - Requires Medical, Financial justification
 - Total trip count is required (NOT part of/related to the SE-4094)
 - Logs/Reporting required

Transportation Reimbursement Formula

Allowable Costs from SE-4094
/ Total Trips
x Reimbursable (“paid”) One-Way
Trips
x Federal Funds Rate
x ISD Reimbursement Rate (60%)
Net Dollars to ISD

Transportation Reimbursement Example

| | |
|----------------------|----------------------|
| Allowable Costs | \$10,000,000 |
| / Total Trips | 500,000 |
| | <hr/> |
| | \$20 (per trip rate) |
| x Reimbursable Trips | 75,000 |
| | <hr/> |
| | \$1,500,000 |
| x FMAP (66.33%) | \$994,950 |
| x ISD Reimb Rate | 60% |
| | <hr/> |
| Net to ISD | \$596,970 |

Your Role

- **Foster cooperation between Medicaid, Special Education & Business staff**
 - **KEY: Who should be federally funded to be in compliance with grant rules AND have minimal impact on Medicaid reimbursement?**
 - **Share information discussed at Implementer meetings**
 - **Ensure person completing MAER compares costs to those reported on 4096/4094**
 - **If 4096 or 4094 are amended, you may have to amend your MAER**



NOW....

Back to Kevin for....

Payment Information

Monthly Payment & Settlement Process

- Monthly Interim Payments
 - Methodology
 - Compliance
- Settlements
 - Submission
 - Review for Reasonableness
 - Initial Settlement
 - Desk Review
 - Final Settlement

Monthly Interim Payment Methodology

- Based on most recent Settlement
- Retroactive monthly payments are possible, but must be requested in writing
- Can be reduced by ISD if requested in writing

Effects of Claims Submissions

- CMS mandate – Claim volume must not be less than 85% of the previous year's submissions
- Verified on the 18th of every month
 - Rolling 12-Month Average compared to the Rolling 12-Month Average from the Previous Year
 - Pulled by Date of Service & Date of Payment
 - DOS = Current Fiscal Year (FY)
 - DOP = Current date
 - **Claims submitted after the end of the month may not drop in!**

Effects of Non-Compliance

- First month
 - Warning Letter is sent
- Second consecutive month
 - 30-Day Letter is sent
- Third consecutive month
 - Monthly payments are suspended
 - Suspension Letter is sent

Effects of Non-Compliance (cont.)

- If the ISD comes into compliance at any time during this process, the process stops and missed monthly payments can be made up if requested in writing.
- Risk of non-compliance on the part of MDCH
 - CMS sanctions
 - Possible loss of program

Your Role

- **Be Proactive**
- **Take Corrective Actions**
- **Stress Importance**

Settlement Process - Submission

- Deadline – 12/31/2012
- Settlements are processed in the order they are received
- Submitted through the file transfer system
- Submitted as a “.MER” file
- Signed certification page is required

Desk Review

- Purpose – To compare the data from the MAER to the information on the 4094 & 4096 for reasonableness
- Amounts on the MAER can not exceed those on the 4094 & 4096.

Exception: Nursing costs that are paid using general education funds.

These costs must be supported by general ledger detail.

Settlements

- Initial Settlement
 - Time for completion
 - Not the final settlement
 - Final Settlement
 - Cannot be completed prior to one year after the ISD's FYE (June 30th of the following year)
 - Can be processed without an initial settlement
- * No Settlement will be processed until MDCH is reasonably confident that the figures presented in the MAER accurately reflect the ISD's expenditures.**

Your Role

- **Ensure the figures presented are accurate**
- **Respond to Desk reviews in a timely manner**
- **Ask Questions**

NOW....

CHAMPS Information

CHAMPS

- SBS providers are the **Best** Billers
- Under 5% denial rate; Less than 1% of claims Suspend
 - All other providers
 - 25-30% denial
 - 10-15% suspend
- Common denials (& what can be done)
 - Duplicates
 - NCCI
 - Coding Mistakes (Diagnosis- mainly)
 - Remember ICD-10 will change EVERYTHING

Your Role

- **Examine your RA- Everyone know how?**
- **Question Claim Results (If denied)**
 - **Why?**
 - **Is the Denial Valid?**
 - **Monitor volume every time claims are submitted**
- **Contact me with questions, concerns, or comments**

MDCH Medicaid Auditor Checklist for SBS

- Student Name
- Medicaid Beneficiary ID Number
- District Name
- Building
- Services

(more)

NOW....

PCG

PCG's Role

- RMTS Quarterly Process
 - Staff Pool Lists
 - Random Moments
 - Financial Collection
- Generate AOP Claim
 - Claim Breakdown sent to ISDs
- Collect PCS/TCM costs to be verified by ISDs
- Help Desk 877-395-5017

Contact Lists

- ISD Coordinator
 - One per ISD
 - Copied on all communications
 - Responsible for distributing information to appropriate LEA contacts and ensuring compliance
- Time Study Contact (can be same person as ISD Coordinator)
 - Responsible for following up on moment completion
 - Copied on Moment Notification emails
 - Distributes Paper Moment Notifications

Contact Lists

- Financial Contacts – Self managed in system
 - District Administrator
 - ISD and LEA – can be multiple for each
 - Edit financial information
 - Add/Delete financial contacts
 - Certify financials (Electronic Signature Verification)
 - Report Editor (optional)
 - Edit financial information, but can not certify
 - Report Viewer
 - ISD Coordinators are Viewers for their ISD's LEAs

Contact Lists

- Staff Pool List: ISD
 - View, edit, certify LEAs and ISD
- Staff Pool List: LEA
 - View, edit, certify LEA SPL
 - Optional depending on ISD/LEA structure
- Newsletter Contact
 - Additional contacts to receive newsletter
 - All other contact types already receive newsletter

Your Role

- Update contact lists as staff changes occur in your ISD (notify PCG or update in financials web site)
- Follow up with providers to ensure they complete random moments
- Ensure LEAs complete SPLs and Financials by the posted due dates

Now....

To Jane to learn about resources available to any ISD staff working with the Medicaid SBS Program


Some SBS Resources

- DCH Medicaid Providers Website:
- www.Michigan.gov/MDCH
- www.Michigan.gov/MedicaidProviders
- All-Provider Manual—3 SBS chapters: **YOUR #1 RESOURCE**
 - http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html
- Billing Reports
- CHAMPS
- Hot Topics

SBS Resources-Provider Manual


bookmark Save files to Acrobat.com and access from multiple devices (Shift+Ctrl+W)

- Substance Abuse
- MI Choice
- Nursing Facility
- Outpatient Therapy
- Pharmacy
- Practitioner
- Private Duty Nursing
- Program of all Inclusive Care for the Elderly
- Rural Health Clinics
- School Based Services
- School Based Services Administrative Outreach
- Program Claims Development
- School Based Services Random Moment Time Study
- Special Programs
- Tribal Health Centers
- Urgent Care Centers
- Vision
- Acronym Appendix



Michigan Department of Community Health

Medicaid Provider Manual



MEDICAID PROVIDER MANUAL OVERVIEW

SECTION 1 – INTRODUCTION

The following documents comprise the Michigan Medicaid Provider Manual, and address all health insurance programs administered by the Michigan Department of Community Health (MDCH). MDCH also issues periodic bulletins as changes are implemented to the policies and/or processes described in the manual. An inventory of these bulletins is maintained in the Supplemental Bulletin List located on the MDCH website. Bulletins are incorporated into the online version of the manual on a quarterly basis. (Refer to the Directory Appendix for website information.)

1.1 ORGANIZATION [CHANGES MADE 4/1/14 & 7/1/14]

The following table identifies each chapter and appendix in the manual, indicates what providers are affected, and provides a brief overview of each.

| Chapter Title | Affected Providers | Chapter Content |
|-----------------------------------|--------------------|---|
| General Provider Chapters | | |
| Medicaid Provider Manual Overview | All Providers | Brief discussion of the organization of the manual and effectively using the document. |
| General Information for Providers | All Providers | Policies and general information regarding provider enrollment and participation, prior authorization, record retention, billing the beneficiary, fraud and abuse, etc. |
| Beneficiary Eligibility | All Providers | Policies and information regarding how to verify |

SBS Resources-Medicaid Provider Manual

**The Michigan Medicaid
Provider Manual contains
guidelines for ALL Providers**

**Note on day of this shot, it
was 1799 pages!!**

**SBS guidelines (YOUR #1
RESOURCE) begins on page
1526 and the three SBS
chapters are approximately
100 pages**

**Published online quarterly
with publish date at bottom
of each page**

**Latest changes are color-
highlighted and dated**

SBS Resources-Dropbox

- Cloud application allows sharing few or hundreds of files
- By invitation only—Jane invites you
- ISDs
- Saves space on computers by avoiding huge attachments to emails
- View on your desktop computer, smart phone, tablet
- www.Dropbox.com

SBS Resources-Dropbox

Dropbox is a cloud storage application that's FREE up to a limit of bytes; the more you use, the more storage you're given

You can create an account and invite others to share the info;

For professional or personal use

- MI SBS Program
- TBI Council
- Staff meetings

- Becky's shower
- Photos from 2014 vacation

For MI SBS Program: Jane facilitates and invites you to join via your email address

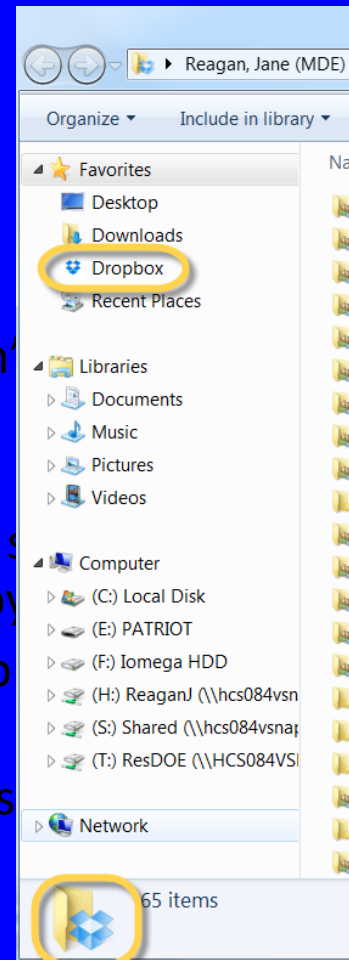
Then you download, create account, appears on your desktop and in drives

SBS Resources-Dropbox

When you open your computer, sometimes dropbox appears in 'documents'" on this computer, it's used so frequently it's in the 'favorites'

This shows 65 different folders in the person's dropbox account

- Because items are stored in the cloud (someone else's server) it's not taking up space on your server (making your IT folks happy)
- Download dropbox to your home desktop, laptop, smart phone and tablets
- You can see ALL folders using each of those devices



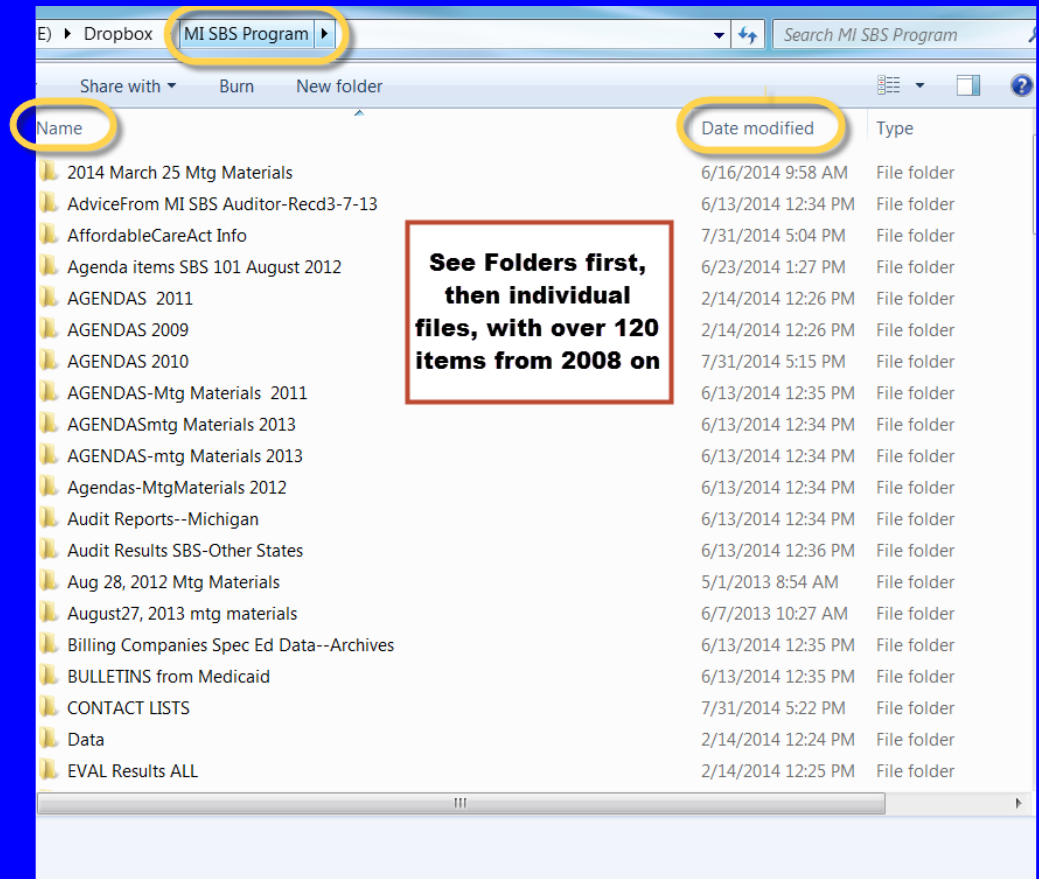
MI SBS Program in Dropbox

Screen shot shows the way dropbox is organized on this computer

Folders are sorted alphabetically

Last time any item in the folder was modified shows on the date

The MI SBS Program had 124 items in it the day this shot was made



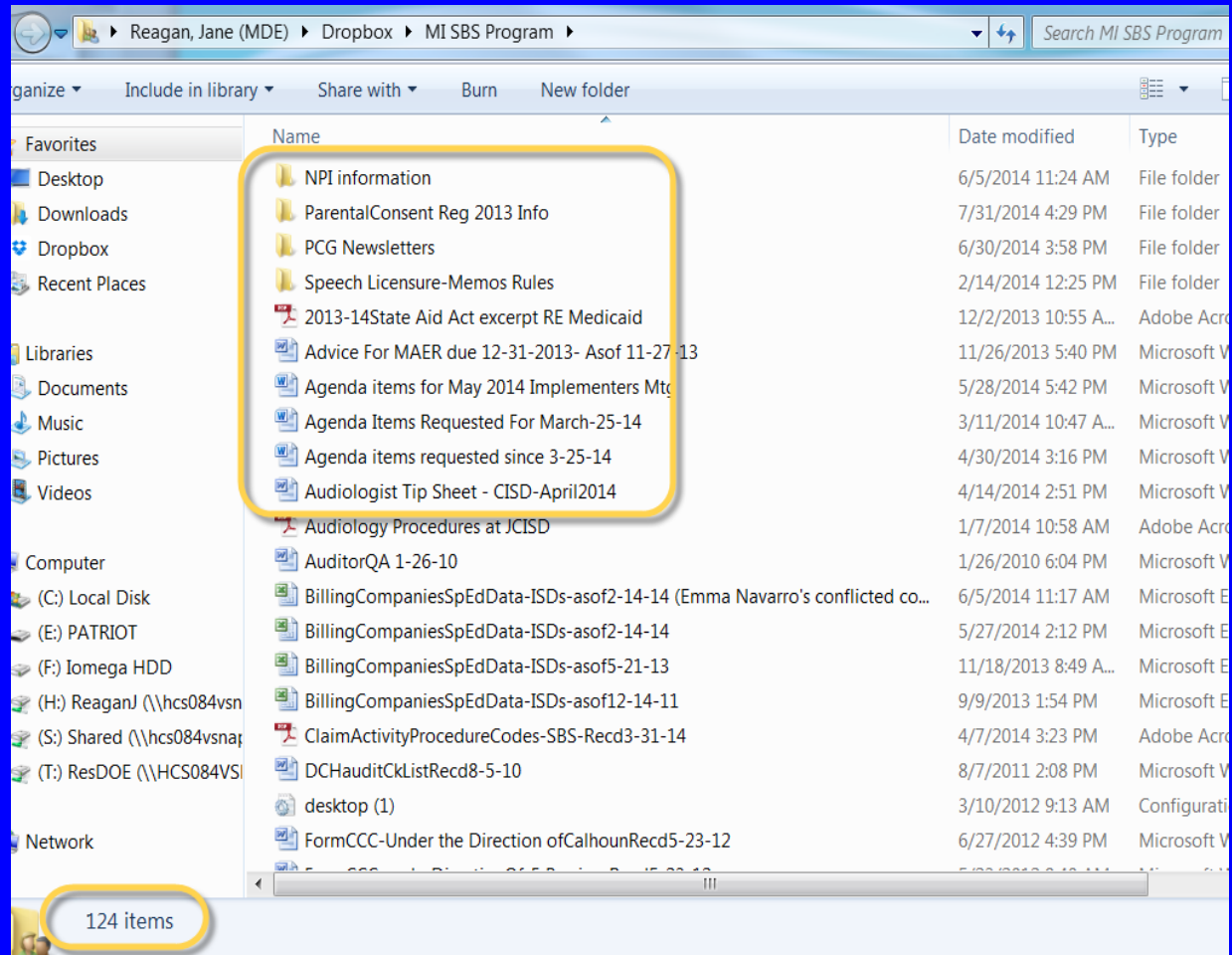
MI SBS Program in Dropbox

Circled area shows the top portion of the account contains folders, each with multiple files

Lower part of account contains individual files

Any member of the shared account may open, edit and save the file, so most current info is contained for everyone to see and use

Some IT departments don't like dropbox but they're slowly coming around and seeing its value



Now....

To wrap up our presentation....



“WE ARE ALL IN THIS TOGETHER!”

Your Role

- **Attend all Implementer Meetings**
- **Share Resources**
- **Ask Questions**

QUESTIONS



Thank You!

CONTACTS

Jane E. Reagan, Michigan Department of Education

(517) 335-2250

reaganj@michigan.gov

School Based Services Program Policy

Kevin Bauer, MDCH

(517) 241-8398

bauerk2@michigan.gov

Cost Reporting and Cost Settlement

Amy Kanter, MDCH

(517) 373-4522

kantera@michigan.gov

SE Finance, Medicaid & Pupil Auditing Supervisor

Liz Lentz

(517) 244-1288

elentz@inghamisd.org

Wayne RESA

Kathleen Cummins Merry

(734) 334-1820

merryk@resa.net

Office of Audit

John Lambert, MDCH

517-335-4792

lambertj4@michigan.gov

Public Consulting Group (PCG)

Help Desk

877-395-5017

miaop@pcgus.com