



School-Based Health Care Services (SBHS) Annual Training New School Districts/ESDs

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Reminders

- All attendees are in listen-only mode
- Attendees can listen via computer audio or via telephone
- Questions are welcome! To ask a question during the webinar, use the "Questions" icon that appears on the right hand side of your screen
- Handouts available to print
- Please complete survey at the end of the webinar







SBHS Trainings

- Billing for nursing services
- Billing for behavioral health services
- SBHS vs MAC

- How to enroll as a billing provider
- How to enroll servicing providers
- Creating ProviderOne users and adding profiles

https://www.hca.wa.gov/billers-providers/programs-and-services/schoolbased-health-care-services-sbhs#SBHS Training





Webinar Agenda

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- Overview of SBHS program
- Program benefits
- Apple Health (Medicaid) 101
- SBHS participation
 requirements
- ProviderOne overview

- Provider requirements
- Student eligibility
- Covered services
- Billing guide
- Program requirements
- SBHS website





What is the SBHS Program?







Overview of SBHS

The School-Based Health Care Services (SBHS) Program is an optional Medicaid program which reimburses contracted school districts, ESDs, charter, and tribal schools for providing Medicaid covered health-related services to students with Individualized Education Programs (IEP) and Individualized Family Service Plans (IFSP).

School districts are allowed to receive Medicaid reimbursement per section 1903(c) and 1905(a) of the Social Security Act and the Individuals with Disabilities Education Act (IDEA).







Benefits of SBHS

The SBHS Program allows SDs/ESDs to recover a portion of the cost incurred for providing health related services to Medicaid eligible students. Funding can be used in a variety of ways:

- Hiring additional staff
- Assistive technology
- Professional development

<u>District A</u>	<u>District B</u>	<u>District C</u>
10–15 qualified providers	30–40 qualified providers	>100 qualified providers
10–20 eligible students	100–150 eligible students	800–900 students
\$3000 claim amount	\$150,000 claim amount	\$480,000 claim amount
SD/ESD Match: \$900	SD/ESD Match: \$45,000	SD/ESD Match: \$144,000
HCA Match: \$600	HCA Match: \$30,000	HCA Match: \$96,000
Federal Match: \$1500	Federal Match: \$75,000	Federal Match: \$240,000
Total Annual Revenue:	Total Annual Revenue:	Total Annual Revenue:
\$2,100	\$105,000	\$336,000





Medicaid 101







Medicaid

- Medicaid is regulated federally by the Centers for Medicare and Medicaid Services (CMS) and is administered differently in each state.
- Each state has flexibility regarding how they structure their Medicaid program, but all states must follow CMS guidelines and regulations.





Apple Health (Medicaid)

- In WA State, the Medicaid program is known as Apple Health
- CMS approved Medicaid services are outlined in <u>Washington's Medicaid State Plan</u>
- Health Care Authority (HCA) is the single state agency that administers Apple Health (Medicaid) and the School-Based Health Care Services (SBHS) Program
- Medicaid providers receive payment through managed care organizations (MCO) or fee-for-service (FFS)







History of Medicaid & IDEA

1965. Title XIX of Social Security Act (the Act) establishes a Federal-state matching entitlement program known as Medicaid.



1975. Congress passes Education for All Handicapped Children Act. Renamed Individuals With Disabilities Education Act (IDEA) in 1990.

1988. Section 411(k)(13) of Medicare Catastrophic Coverage Act amended section 1903(c) of the Act which allows schools to receive Medicaid reimbursement for Medicaid covered services in an IEP or IFSP.







SBHS Participation Requirements





Who May Contract With SBHS?

- Educational service districts (ESDs)
- Public school districts
- Public charter schools
- Tribal schools





SBHS Participation Requirements

- Enter into an interagency agreement with SBHS program
- Sign a Core Provider Agreement with HCA's Provider Enrollment section
- Create a ProviderOne account and submit all claims through ProviderOne
 - School districts contracted with a billing agent will submit claims through a different billing system
- Assign 1-2 staff members to manage provider, student, and claim information
- Ensure providers understand program requirements, documentation, and billing requirements
- Comply with Intergovernmental Transfer (IGT) process







New to SBHS?

- Visit <u>SBHS Website</u> to:
 - Download the <u>SBHS Checklist for New School</u> <u>Districts</u>
 - Review current version of <u>SBHS Billing Guide</u> (eff 1/1/17)
 - Review <u>SBHS trainings</u>
- Contact <u>SBHS program manager</u> with questions







ProviderOne





ProviderOne (P1)

- WA State Medicaid's free, secure billing system for fee-forservice Medicaid claims
- Each school district contracted with SBHS must create a P1 account
- All providers participating in SBHS must be enrolled as servicing providers under the school district's account
- SBHS coordinator or billing agent enters all claims into ProviderOne
- Students with Medicaid will have a ProviderOne services card







ProviderOne, cont.

- Trainings available on the <u>SBHS Website</u> include:
 - How to enroll as a billing provider (setting up P1 account)
 - How to enroll as a servicing provider (enrolling individual providers)
- HCA provides ProviderOne training to interested school districts
 - Contact the <u>SBHS Program Manager</u> or <u>Provider Relations</u> to schedule P1 training





ProviderOne Assistance

Торіс	Resource Information
Who do I contact if I need help enrolling providers or	Provider Enrollment
to check on status of an application?	1-800-562-3022 ext. 16137
	ProviderEnrollment@hca.wa.gov
	ProviderOne Billing and Resource Guide
Who do I contact if I need help with	Provider Relations
ProviderOne?	ProviderRelations@hca.wa.gov
	ProviderOne Help Desk
	provideronesecurity@hca.wa.gov
	School District Contracted with Billing Agent
	Contact your Billing Agent
Who do I contact if I have questions on denied claims?	Self-Billing School District
	Contact Shanna.Muirhead@hca.wa.gov







Provider Qualifications





Who Can Provide SBHS?

In order for school districts to receive reimbursement through SBHS, providers must meet federal and WA State licensing and certification requirements which include:

- Holding active license/certification with WA State <u>Department of</u> <u>Health</u> (DOH)
- Obtaining a National Provider Identifier (NPI) through <u>NPPES</u>
- Being enrolled as a "servicing provider" under the contracted SD or ESD's ProviderOne account
 - Providers may be enrolled as servicing providers under multiple SD/ESD ProviderOne accounts
- Providers may be school staff or contracted providers
- ESA certification is not required in order to bill Medicaid



Who Can Provide SBHS?

- Audiologist
- Licensed independent clinical social
 worker (LiCSW)
- Licensed advanced social worker (LiACSW)
- Licensed mental health counselor (LMHC
- Licensed mental health counselor associate (LMHCA)
- Registered nurse (RN)

- Licensed practical nurse (LPN)
- Occupational therapist (OT)
- Occupational therapy assistant (COTA, OTA)
- Physical therapist (PT)
- Physical therapy assistant (PTA)
- Speech language pathologist (SLP)
- Speech language pathology assistant (SLPA)
- Licensed Psychologist

WA State provider licensing requirements can be found on the Department of Health website:

http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate





- Required annually by October 31 and throughout the year as changes occur
- Form should list **all** providers who will be participating in SBHS for the school year
- Form is in Excel format and is available on the <u>SBHS webpage</u>
- Form can be used to help districts track providers' license expiration dates, providers' P1 application status, recently resigned or inactive providers, etc.
- Form should be emailed or faxed to <u>SBHS Program Manager</u>





Signature Requirements

- Federal and state law requires health records to be authenticated by person who performed service
- Each school district and each provider are responsible for authenticity of signature
- Signature of provider and supervisor (if applicable) is required
- Electronic signatures are accepted
- <u>Signature Log</u>







Student Eligibility



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Who is eligible to receive SBHS?

- Birth through age 2 (Part C) with IFSP
- Age 3 through age 20 (Part B) with IEP
- Active Title XIX Medicaid coverage
- Eligible RAC code (viewable in P1)
- Parental consent





Consent to Access Public Benefits (Medicaid)

- IDEA regulations require a one-time written consent to verify Medicaid eligibility for school-based Medicaid reimbursement
- New consent required if student transfers school districts
- Notification for the Disclosure of Student Information must be provided annually
- Parents may revoke consent at any time
- Forms are available through <u>OSPI</u> for Part B consent and <u>DEL</u> for Part C consent







Questions?







Covered Services







Covered Services

- Evaluations when a child is determined to need early intervention or special education related services
- Re-evaluations to determine whether a child continues to need early intervention or special education related services

Note: Evaluations and re-evaluations are reimbursable only if they result in an IEP or IFSP.





Covered Services, cont.

Health-care related services included in the child's IEP or IFSP limited to:

- Audiology services
- Counseling/mental health services
- Nursing services
- Occupational therapy services
- Physical therapy services
- Psychological assessments
- Speech-language therapy services





Covered Services, cont.

Covered services must:

- manage and treat the disabilities of a child who require early intervention or special education related services
- be prescribed or recommended by a physician or other licensed health care provider within his/her scope of practice
- be medically necessary
- be in the student's current IEP or IFSP
- be provided in a school setting or via telemedicine
- Be provided by a Department of Health (DOH) licensed provider







Referrals

• CMS states medically necessary services are:

"services referred or prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law" (42 CFR Part 440, Subpart A)

 Providers should review relevant state laws to ensure compliance with federal requirements







Telemedicine

- Covered SBHS services may be reimbursable when delivered via telemedicine
- A school district can receive reimbursement when a provider is enrolled as a servicing provider under the district's P1 account
- **Originating Site**-location of client (for SBHS Program, the originating site is the school)
- **Distant Site**-location of provider

Detailed instructions on how to bill for services delivered via telemedicine is available in the <u>SBHS Billing Guide</u>.





Non-Covered Services

- Applied behavioral analysis (ABA) therapy
- Attending meetings
- Charting
- Equipment preparation when student is not present
- Evaluations that do not result in an IEP or IFSP
- Instructional assistant contact
- Observation
- Parent consultation
- Parent contact

- Planning
- Preparing and sending correspondence
- Professional consultation
- Report writing
- Review of records
- School district staff accompanying a child to and from the school bus
- Teacher contact
- Test interpretation
- Travel and transportation







SBHS Billing Guide & Fee Schedule


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SBHS Billing Guide & Fee Schedule

- SBHS Billing Guide provides a list of all approved SBHS codes
- SBHS Fee Schedule provides maximum allowable fee for each code (changes annually in July)
- All providers and SBHS coordinators should read through the SBHS Billing Guide (can change quarterly)
- Available on <u>SBHS Website</u>







<u>SBHS Requirements for</u> <u>Billing and Payment</u>





Billing Requirements

- Bill according to the agency's current school-based health care services provider guide
- Claims must be submitted to HCA within 365 calendar days from date of service
- Within twenty-four months of the date the service, a provider may resubmit, modify, or adjust an initial claim
- Submit local match within 120 days of invoice



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How are School Districts Reimbursed?





How are School Districts Reimbursed?

- School districts are reimbursed through <u>Intergovernmental Transfer (IGT)</u>
 - IGT is the transfer of public funds between governmental entities
 - School districts provide 60% local match and the HCA provides 40% of the non-federal matching funds required for receipt of matching federal Medicaid funding
 - School matching funds must be made up of state, local tax-based dollars, or unrestricted Federal funds

Example:







Documentation Requirements





Documentation Requirements

Medicaid providers must maintain documentation to verify the level, type, and extent of services provided to each student to fully justify the services and billing.

School districts must:

- Ensure documentation is maintained for 6 years from the date of service
- Make documentation available to the SBHS Program Manager for program monitoring
- Keep accurate, legible, and complete treatment notes
- Assure treatment notes are authenticated by the provider who rendered or ordered services





Documentation Requirements, cont.

Records for each student must include:

- Professional assessment reports and referral for services completed by a licensed professional
- A physician's order or RX for medication
- Evaluation and reevaluation reports
- Current or previous IEPs or IFSPs
- Attendance records for each student receiving services
- Treatment notes





Documentation Requirements, cont.

Treatment notes must include:

- Date of service
- Time in, time out
- CPT or HCPCS code and # of billed units for each service provided
- Description of each service provided
- Child's progress related to each service
- Note regarding individual or group therapy
- Provider's printed name, handwritten or electronic signature, and title
- Assistants (OTAs, PTAs, LPNs, SLPAs) must have supervisor cosign all treatment notes







Program Integrity





Program Monitoring

- Monitoring is conducted to ensure districts are adhering to SBHS program requirements and Medicaid rules
- Contracted districts must participate in all program monitoring activities
- Districts are notified via email and certified mail
- Secure file transfer
- HCA recovers overpayments if a school district is found out of compliance with agency requirements







SBHS Webpage







Medicaid Administrative Claiming (MAC)





What is Medicaid Administrative Claiming (MAC)?

MAC is a voluntary program that reimburses schools for the time their staff spend performing administrative activities promoting Medicaid. Examples include, but are not limited to:

- Applying for and renewing Washington Apple Health (Medicaid) coverage.
- Explaining and linking individuals and their families to Medicaid services.
- Development, planning, and creation of programs related to Medicaid.





Random Moment Time Study (RMTS)

- Staff receive random quarterly emails (moments)
 - Asks a series of four questions
 - Results determine if activity performed is reimbursable
- State-wide RMTS results generate and help determine reimbursement
 - Medicaid Eligibility Rate
 - School MAC expenses



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Want to learn more about MAC?

Webinar	Date/Time	Link
Welcome Back	Sept 14, 1 – 2 pm	https://attendee.gotowebinar.com/ register/4792325167059013635
Welcome to MAC	Sept 15, 1 – 2:30 pm	https://attendee.gotowebinar.com/ register/4616220787684696835

SD MAC program website:

https://www.hca.wa.gov/billers-providers/programs-and-services/public-schooldistricts

Jonathan Rush, SD MAC Program Manager Jonathan.Rush@hca.wa.gov Tel: (360) 725-1842









More Information:

http://www.hca.wa.gov/billers-providers/programs-andservices/school-based-health-care-services-sbhs

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