



School-Based Health Care Services (SBHS) Annual Training Returning 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

- Review program updates/changes
- Review SBHS policies and procedures
- Reminders for upcoming school year
- Get answers to any burning questions!







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).





SBHS Updates





Charter Schools and Tribal Schools

Effective April 1, 2017, charter and tribal schools are allowed to participate in the SBHS Program.

- Charter and tribal schools will follow the same processes/billing procedures as public school districts
- Interested schools may contact the <u>SBHS Program</u> <u>Manager</u> for additional information regarding how to contract with and participate in the SBHS Program



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New OT/PT Codes (eff 1/1/17)

Physical Therapy Codes

Occupational Therapy Codes

Old Codes	New Codes	Description	Old Codes	New Codes	Description
97001	97161	PT eval low complex, 20 min	97003	97165	OT eval low complex, 30 min
	97162	PT eval mod complex, 30 min		97166	OT eval mod complex, 45 min
	97163	PT eval high complex, 30 min		97167	OT eval high complex, 60 min
97002	97164	PT re-eval est plan care	97004	97168	OT re-eval est plan care





New OT/PT Codes

- Providers should use their professional judgement to determine which code is the most appropriate based on the long description
- Time is not a requirement for determining the complexity level and does not replace clinical judgment in selecting the appropriate complexity
- The times noted are describing typical times, not required times
- Per professional practice standards, OTs, OTAs, PTs, PTAs should seek guidance from <u>AOTA</u> and <u>APTA</u> regarding how to use the new codes







SBHS Updates

- At least one contact per district should be signed up
- All SBHS updates/news sent via GovDelivery email messaging system
 - Messages sent from SBHS-WaHCA@public.govdelivery.com (make sure this is an approved sender)
- Messages from past 12 months are on <u>SBHS webpage</u> under *Program Updates*
- Directions available for Chrome Users to view past notifications





Provider and Contact Update Form (HCA Form 12-325)

- Form is now available in <u>Excel</u> format ONLY
- Districts should begin using Excel format for 2017-18 school year
- Detailed instructions are provided on the form
- Districts must submit this form to the <u>SBHS Program</u> <u>Manager</u>:
 - Annually by October 31
 - Throughout the school year as changes occur

Reminder: The Provider and Contact Update Form should list ALL providers who will be billing Medicaid.





SBHS Webpage

- Important resources
- New trainings posted
- List of SBHS contracted schools
- SBHS one-page briefer
- Past SBHS notifications
 - Instructions available for Chrome users
- Additional trainings will be added throughout the school year!







SBHS Reminders







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 requires 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 by a DOH licensed provider
- be provided in a school setting or via telemedicine







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



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Early Intervention (Part C) Services

- Early Intervention (EI) services delivered pursuant to an Individualized Family Service Plan (IFSP) may be reimbursable
- Daycare/child care center located on school/ESD grounds
- Services delivered via telemedicine may be reimbursable
- SBHS program does not reimburse for EI services provided in the home
- School staff or sub-contractor





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





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





Who May Provide SBHS?

- Licensed 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)

- 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

DOH licensing requirements can be found on the Department of Health website:

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





Provider Qualifications

- Active license/certification with WA State <u>Department of Health</u> (DOH)
- National Provider Indicator (NPI)
- Enrolled as a "servicing provider" under the contracted SD or ESD's ProviderOne account
- Providers may be school staff or contracted providers
- ESA certification is not required in order to bill Medicaid



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Enrolling Servicing Providers

- All providers participating in SBHS must be enrolled in ProviderOne
- <u>Instructions</u> are available on SBHS webpage
- Provider application process may take up to 90 days
- Claims should not be submitted until provider application approved
- "Effective date" backdate process

School districts may contact <u>Provider Enrollment</u> for help with enrolling providers or to check on provider application status.





Taxonomy Codes

- School districts must ensure that all providers have the correct taxonomy code listed in ProviderOne
- Providers can have multiple taxonomy codes listed based on their specialty
- SBHS taxonomy codes listed on page 18 of <u>SBHS Provider</u> <u>Billing Guide</u>
- Claims must include identifying servicing provider taxonomy code and billing taxonomy code (251300000X)
- Claims with incorrect taxonomy codes will deny





Provider Revalidation

Federal regulations within the Affordable Care Act (ACA) require state Medicaid agencies to revalidate the enrollment of all Medicaid providers once every five years.

- The Health Care Authority (HCA) implemented a Medicaid provider revalidation process starting in December of 2013
- HCA's Provider Enrollment Section validates provider information every five years
- Owner/managing employee information is required for all contractors
- Information on provider revalidation process is available on Provider Enrollment <u>webpage</u>





Third Party Liability (TPL)

- TPL is additional coverage which pays primary to Medicaid
- Federal and State Law requires providers to bill TPL prior to billing Medicaid
- Self billing districts can visit the <u>HCA website</u> for instructions on how to submit claims to Medicaid after receiving TPL denial
- Districts contracted with a billing agent may contact their billing agent for directions on how to bill for SBHS for students with TPL





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

Detailed documentation requirements are available in the <u>SBHS Provider Billing Guide</u>.







Billing Requirements

- 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
- Local match must be received within 120 days of invoice or claims will be denied







ProviderOne

- HCA provides ProviderOne training to interested school districts
 - Contact the <u>SBHS Program Manager</u> or <u>Provider Relations</u> to schedule P1 training
- P1 allows districts to:
 - Submit claims directly to Medicaid
 - Verify client eligibility
 - Review remittance advices
 - Review status of claims







Program Monitoring

- Districts notified via email and via certified mail
- Secure file transfer process
- Ensure providers are documenting services appropriately
- Verify knowledge of SBHS program
- Opportunity for one-on-one questions





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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