SBHS Overview

The School-Based Health Care Services (SBHS) program is an optional Medicaid program which provides reimbursement to contracted school districts, educational service districts, and charter and tribal schools for providing health-related services to students with individualized education programs (IEPs) and individualized family service plans (IFSPs).
SBHS Overview

• The SBHS program is administered by the Health Care Authority (HCA).

• The HCA is the single state agency responsible for administering the state’s Medicaid (Apple Health) program.

• Receiving services through SBHS does not affect services a child receives outside of school.
## Benefits of SBHS

The SBHS program allows school districts 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:

- Funding additional staff
- Assistive technology
- Professional development

<table>
<thead>
<tr>
<th>District A</th>
<th>District B</th>
<th>District C</th>
</tr>
</thead>
<tbody>
<tr>
<td>10–15 qualified providers</td>
<td>30–40 qualified providers</td>
<td>&gt;100 qualified providers</td>
</tr>
<tr>
<td>10–20 eligible students</td>
<td>100–150 eligible students</td>
<td>800–900 students</td>
</tr>
<tr>
<td>$3000 claim amount</td>
<td>$150,000 claim amount</td>
<td>$480,000 claim amount</td>
</tr>
<tr>
<td>SD/ESD Match: $900</td>
<td>SD/ESD Match: $45,000</td>
<td>SD/ESD Match: $144,000</td>
</tr>
<tr>
<td>HCA Match: $600</td>
<td>HCA Match: $30,000</td>
<td>HCA Match: $96,000</td>
</tr>
<tr>
<td>Federal Match: $1500</td>
<td>Federal Match: $75,000</td>
<td>Federal Match: $240,000</td>
</tr>
<tr>
<td><strong>Total Annual Revenue:</strong> $2,100</td>
<td><strong>Total Annual Revenue:</strong> $105,000</td>
<td><strong>Total Annual Revenue:</strong> $336,000</td>
</tr>
</tbody>
</table>
Medicaid and IDEA
• 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.

• In WA State, the Medicaid program is known as Apple Health.
History of Medicaid & IDEA

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


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 Can Participate in SBHS?

The following entities can hold a contract with the HCA and participate in the SBHS program:

• Public school districts (SDs)
• Educational service districts (ESDs)
• Charter schools
• Tribal schools
SBHS Participation Requirements

• Enter into a contract/interagency agreement with the HCA/SBHS program.
• Assign 1-2 staff as SBHS coordinators.
• Enroll as a billing provider in ProviderOne and sign a Core Provider Agreement with HCA.
• Enroll qualified school district providers and contracted providers as servicing providers under the school district’s ProviderOne account.
SBHS Participation Requirements, cont.

- Follow program requirements and bill according to the SBHS Billing Guide, Chapter 182-537 WAC, and the SBHS contract.
- Sign up to receive SBHS email updates.
- Decide whether your district will self-bill or if your district will contract with a billing agent for assistance with Medicaid billing.
  - Billing agents are not affiliated with the HCA.

If you are interested in contracting with the SBHS program, contact the SBHS program manager at shanna.muirhead@hca.wa.gov.
Role of the SBHS Coordinator

Each school district should assign at least one staff member as the SBHS coordinator. The role of the SBHS coordinator may vary by school district. Tasks and activities will most likely include:

- Enrolling eligible providers in ProviderOne
- Collecting treatment notes from providers and entering claims in ProviderOne
- Maintaining and submitting the Provider and Contact Update Form (HCA Form 12–325)
- Forwarding IGT A–19 invoices to appropriate school district fiscal or accounting staff
- Receiving SBHS GovDelivery messages and communicating program updates with providers and school district staff
# Annual Requirements

## Provider and Contact Update Form (HCA Form 12-325)
- Due by October 31 each year and throughout the year as changes occur.
- Email completed form to shanna.muirhead@hca.wa.gov or fax to 360–725–1152.
- Blank form available on the SBHS webpage.

## Signature Log
- Update signature log with any new providers and remove providers who are no longer with the district.
- Keep form on file with the district (do not send to HCA).
- Sample signature log available on the SBHS webpage.

## Update providers in ProviderOne
- End–date providers in ProviderOne who are no longer with the district using the [How to End Date Providers](#) training tool.
- Enroll new providers in ProviderOne using the [How to Enroll Servicing Providers](#) training tool.
- Confirm all servicing provider information is correct in ProviderOne (license end–date, taxonomy code, NPI, etc.).
Provider and Contact Update Form
(HCA Form 12-325)

• Required annually by October 31 and throughout the year as changes occur.
• Form must list **ALL** providers who will be participating in SBHS for the school year, recently resigned providers, and current school district contact information.
• Form is available on the [SBHS webpage](#).
• Email or fax completed form to the SBHS program manager at [shanna.muirhead@hca.wa.gov](mailto:shanna.muirhead@hca.wa.gov) or 360-725-1152.
New to SBHS?

Checklist for Interested Districts

- **Download** this document if you are not currently contracted with but are interested in participating in the SBHS program.

Checklist for New SBHS Coordinators

- **Download** this document if your school district is already contracted with SBHS and you have been designated as the “SBHS Coordinator”.

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Updated: May 2019
ProviderOne
ProviderOne

- **ProviderOne** is WA State’s free, secure billing system for fee-for-service Medicaid claims.
- The first step after signing a contract with SBHS is to set up a ProviderOne (P1) account.
- All providers participating in SBHS must be enrolled as servicing providers under the school district’s P1 account.
- SBHS coordinators or billing agents enter all claims into ProviderOne.
ProviderOne Resources for New Districts

• **How to enroll as a billing provider** (setting up a ProviderOne account)
  ➢ School districts must have a signed contract with the SBHS program prior to setting up their ProviderOne account.

• **How to enroll servicing providers**

• **Checking Medicaid eligibility**

• **How to access ProviderOne**

• **Creating ProviderOne users and adding profiles**
ProviderOne Training

In addition to online trainings, the SBHS program provides 1:1 ProviderOne training to SBHS coordinators if requested.

- Contact the SBHS Program Manager at shanna.muirhead@hca.wa.gov or Provider Relations at ProviderRelations@hca.wa.gov to schedule ProviderOne training.
- Before scheduling training, the district must have an active ProviderOne account and the person receiving training must have access to ProviderOne.
# ProviderOne Assistance

<table>
<thead>
<tr>
<th>Topic</th>
<th>Resource Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who do I contact if I need help enrolling providers, checking on the status of an application, or updating provider information in ProviderOne?</td>
<td>Provider Enrollment 1-800-562-3022 ext. 16137 <a href="mailto:ProviderEnrollment@hca.wa.gov">ProviderEnrollment@hca.wa.gov</a></td>
</tr>
<tr>
<td>Who do I contact if I need assistance with ProviderOne, e.g. setting up additional users, unlocking my account, directions on how to self bill?</td>
<td>ProviderOne Billing and Resource Guide Provider Relations <a href="mailto:ProviderRelations@hca.wa.gov">ProviderRelations@hca.wa.gov</a> ProviderOne Help Desk <a href="mailto:provideronesecurity@hca.wa.gov">provideronesecurity@hca.wa.gov</a></td>
</tr>
<tr>
<td>Who do I contact if I have questions on denied claims?</td>
<td>School District Contracted with a Billing Agent:  • Contact your Billing Agent Self-Billing School District:  • Provider Relations <a href="mailto:ProviderRelations@hca.wa.gov">ProviderRelations@hca.wa.gov</a>; or  • SBHS program manager <a href="mailto:Shanna.Muirhead@hca.wa.gov">Shanna.Muirhead@hca.wa.gov</a> 360-725-1153</td>
</tr>
</tbody>
</table>
Provider Revalidation

• School districts participating in the SBHS program are required to participate in provider revalidation activities every five (5) years.
• When a school district is selected for revalidation, the agency’s Office of Provider Enrollment notifies the district via letter.
• The revalidation notice is sent to the contact and mailing address listed in ProviderOne.

➢ Contact Provider Enrollment at ProviderEnrollment@hca.wa.gov for assistance with updating your contact information in ProviderOne or for questions related to the revalidation process.
Revalidation letters specify the requirements for each school district. Requirements for all school districts include:

- Updated disclosures of ownership, managing employees, and other controlling interests.
- **Managing employee** is defined as a general manager, business manager, administrator, director or other person who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency.
- All disclosing entities must provide the name, address, date of birth (DOB), and Social Security Number (SSN) of any managing employee.
- It is at each school district’s discretion to determine which school district personnel meets the definition of “managing employee”.
- More information about the Provider Revalidation process can be found in the [SBHS Billing Guide](#).
SBHS Eligible Providers
SBHS Eligible Providers

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

- Holding active licensure with the WA State Department of Health (DOH).
- Obtaining a National Provider Identifier (NPI) through NPPES
  - [https://nppes.cms.hhs.gov/#/](https://nppes.cms.hhs.gov/#/)
SBHS Eligible Providers, cont.

- Providers may be school staff or contracted providers.
- Providers working at multiple districts must be enrolled under each district's ProviderOne account.
- ESA certification is not required in order to bill Medicaid.
SBHS Eligible Providers

- 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)
- Non-licensed school staff providing delegated nursing tasks
- 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
Online Trainings

Servicing providers participating in the SBHS program should review the training specific to their provider type to ensure they understand program requirements:

• Billing for audiology service - training video / pdf
• Billing for behavioral health services - training video / pdf
• Billing for nursing services - training video / pdf
• Billing for occupational therapy services - training video / pdf
• Billing for physical therapy services - training video / pdf
• Billing for speech-language therapy services - training video / pdf
Enrolling Providers in ProviderOne

• All eligible providers participating in SBHS must be enrolled as servicing providers under the school district’s ProviderOne account.
  ➢ Non-licensed school staff performing delegated nursing tasks do not need to be enrolled in ProviderOne. Nursing services provided by non-licensed staff are billed under the supervising RN’s license and NPI.

• View How to Enroll Servicing Providers Training for step-by-step directions on how to enroll providers in ProviderOne.
Provider Taxonomy Codes

• Federal rules allow providers to use multiple taxonomy codes based on their specialties.
• For the SBHS program, school districts must enroll their providers with the SBHS approved taxonomy codes listed below.
• SBHS approved taxonomy codes are also listed in the SBHS Billing Guide.

<table>
<thead>
<tr>
<th>Servicing Provider Type</th>
<th>Servicing Provider Taxonomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiologist</td>
<td>231H00000X</td>
</tr>
<tr>
<td>Licensed Practical Nurse</td>
<td>164W00000X</td>
</tr>
<tr>
<td>Mental Health Counselor</td>
<td>101YS0200X</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>225X00000X</td>
</tr>
<tr>
<td>Occupational Therapist Assistant</td>
<td>224Z00000X</td>
</tr>
<tr>
<td>Physical Therapist</td>
<td>225100000X</td>
</tr>
<tr>
<td>Physical Therapist Assistant</td>
<td>225200000X</td>
</tr>
<tr>
<td>Psychologist</td>
<td>103TS0200X</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>163WS0200X</td>
</tr>
<tr>
<td>Social Worker</td>
<td>1041S0200X</td>
</tr>
<tr>
<td>Speech Therapist</td>
<td>235Z00000X</td>
</tr>
<tr>
<td>Speech Therapist Assistant</td>
<td>2355S0801X</td>
</tr>
</tbody>
</table>
Provider Backdate Process

• HCA’s Office of Provider Enrollment enrolls providers in ProviderOne with a September 1 start date for the current school year if:
  ➢ The provider’s license was active on 9/1
  ➢ The provider was employed by or contracted with the district on 9/1

• If a provider is not backdated correctly, email the SBHS program manager at shanna.muirhead@hca.wa.gov.
SBHS Non-Eligible Providers

• Only DOH licensed providers listed in SBHS WAC 182-537-0350 and the SBHS Billing Guide are allowed to participate in the SBHS program.

• Non-eligible providers include, but are not limited to:
  ➢ Interim permit holders
  ➢ Limited permit holders
  ➢ Health care students completing their schooling in order to become licensed

• Questions regarding eligible and non-eligible SBHS provider types should be directed to the SBHS program manager.
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 in the specific service being evaluated.
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.

Health care related services must be included in the IEP/IFSP as a special education service, a related service, or a consultation service.

Consult services are only reimbursable if direct services are provided to the student. Consult services provided to a special education teacher or another staff member are not reimbursable.

The SBHS program will not reimburse for services provided in excess of what is authorized in the IEP/IFSP.

Example: If a student’s IEP states the student requires physical therapy services 2x/week but the student receives services 3x/week, the provider can only bill for two sessions.
Make-Up Sessions

• Make-up sessions may be reimbursable when the provider clearly documents in the treatment notes that the session is a make-up.

➢ **Example:** A student’s IEP states she requires PT services 30 minutes/3 x week. The student receives services on Monday and Wednesday but is out sick on Friday and misses her third session. The physical therapist can bill for four (4) sessions the following week but must note in the treatment notes the reason for the extra session.
Referral for IEP/IFSP Services

- For the SBHS program, the following providers may refer or recommend services for an IEP/IFSP per their scope of practice:
  - Licensed audiologists
  - Licensed social workers
  - Licensed mental health counselors
  - Licensed psychologists
  - Licensed occupational therapists
  - Licensed physical therapists
  - Licensed speech language pathologists
Referral/Prescription for Nursing Services

A physician’s referral is required for all IEP/IFSP nursing services.

A physician’s prescription is required for all medications provided per a student’s IEP/IFSP.
Telemedicine

- Covered SBHS services may be reimbursable when delivered via telemedicine.
- A school district can receive reimbursement for telemedicine when a provider is enrolled as a servicing provider under the district’s ProviderOne account.
- Detailed instructions on how to bill for services delivered via telemedicine is available in the SBHS Billing Guide.
### Non-Covered Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied behavioral analysis (ABA) therapy</td>
<td></td>
</tr>
<tr>
<td>Attending meetings</td>
<td></td>
</tr>
<tr>
<td>Charting</td>
<td></td>
</tr>
<tr>
<td>Equipment preparation when student is not present</td>
<td></td>
</tr>
<tr>
<td>Evaluations that do not result in an IEP or IFSP</td>
<td></td>
</tr>
<tr>
<td>Instructional assistant contact</td>
<td></td>
</tr>
<tr>
<td>Observation</td>
<td></td>
</tr>
<tr>
<td>Parent consultation</td>
<td></td>
</tr>
<tr>
<td>Parent contact</td>
<td></td>
</tr>
<tr>
<td>Planning</td>
<td></td>
</tr>
<tr>
<td>Preparing and sending correspondence</td>
<td></td>
</tr>
<tr>
<td>Professional consultation</td>
<td></td>
</tr>
<tr>
<td>Report writing</td>
<td></td>
</tr>
<tr>
<td>Review of records</td>
<td></td>
</tr>
<tr>
<td>School district staff accompanying a child to and from the school bus</td>
<td></td>
</tr>
<tr>
<td>Supervising a student when direct services are not provided</td>
<td></td>
</tr>
<tr>
<td>Health related services not included in the IEP/IFSP</td>
<td></td>
</tr>
<tr>
<td>Teacher contact</td>
<td></td>
</tr>
<tr>
<td>Test interpretation</td>
<td></td>
</tr>
<tr>
<td>Travel and transportation*</td>
<td></td>
</tr>
</tbody>
</table>

*Direct services provided by SBHS qualified providers during travel on a school bus may be reimbursable if included in the student’s IEP/IFSP.
Student Eligibility
Which Students are Eligible?

• Birth through age 2 (Part C) with individualized family service plan (IFSP)
• Age 3 through age 20 (Part B) with individualized education program (IEP)
• Active Title XIX Medicaid coverage
• Eligible RAC code (viewable in ProviderOne)
• Parental consent (per IDEA regulations)
Consent to Access Public Benefits

• IDEA regulations require a one-time written consent to verify Medicaid eligibility for school-based Medicaid reimbursement.
• New consent is required if a student transfers school districts.
• Notification for the Disclosure of Student Information must be provided annually.
• Parents may revoke consent at any time.
• Part B consent questions: Contact OSPI at medicaidreports@k12.wa.us
• Part C consent questions: Contact DCYF at ESIT@del.wa.gov
Confirming Medicaid Eligibility

- School districts can confirm Medicaid eligibility and RAC codes in ProviderOne.
- HCA’s ProviderOne Checking Medicaid Eligibility training provides step-by-step instructions.
- If your district contracts with a billing agent, you may receive a monthly eligibility report from the billing agent.
Billing for Special Education (Part B) Services

Per Federal IDEA regulations, students with a disability are guaranteed a free and appropriate public education (FAPE).

• Schools are federally required to provide special education and related services to students with a disability per an IEP.

Section 411(k)(13) of the Medicare Catastrophic Coverage Act of 1988 allows school districts to seek reimbursement for IEP services provided to students receiving Title XIX Medicaid.

• This means that through the SBHS program, school districts are allowed to receive reimbursement for IEP health-related services.
Billing for Early Intervention (Part C) Services

Per Federal IDEA regulations at 34 CFR 303.26, Part C services must be provided:

- To the maximum extent appropriate, in natural environments; and
- In settings other than the natural environment that are most appropriate as determined by the parent and the IFSP team.

This means that Part C services are reimbursable through the SBHS program as long as they are in a school setting OR a home setting if provided via telemedicine.

- Example school settings include a classroom, private therapy room located on school/ESD grounds, child care center on school/ESD grounds or a child care center managed by a school district or ESD.
SBHS Billing Guide & Fee Schedule
• The SBHS Billing Guide contains everything you need to know about the SBHS program including:
  • Program requirements
  • Provider qualifications
  • Billing requirements
  • Billable codes
  • Documentation requirements
  • And more!
All providers and SBHS coordinators should have a copy of the most current SBHS Billing Guide.

The guide is typically updated annually and may be updated quarterly.

A link to the current SBHS Billing Guide and previous SBHS Billing Guides are available on the SBHS webpage.
SBHS Fee Schedule

• The SBHS fee schedule provides the maximum allowable fee for each code.
  ➢ Fee schedule updates occur each July
• Self-billing districts use the fee schedule to determine what rate to enter on claims in ProviderOne.
• All districts can utilize the SBHS fee schedule to assist with completing the OSPI Potential Medicaid Eligible Student Worksheet (due to OSPI annually for Safety Net).
• A link to the current and previous SBHS fee schedules is available on the SBHS webpage.
Billing Requirements and Payment
SBHS General Billing Requirements

• Contracted districts must bill according to the current **SBHS Billing Guide, SBHS WAC 182-537** and the SBHS interagency agreement.

• Claims must be submitted to HCA:
  - Within 365 calendar days from the date of service ([WAC 182-502-0150](#)).
  - Within twenty-four (24) months of the date the service, a provider may resubmit, modify, or adjust an initial claim ([WAC 182-502-0150](#)).

• Districts must submit local match to HCA per the IGT process within 120 days of invoice.
How are School Districts Reimbursed?

1. Provider renders service to student
2. Provider documents service in treatment notes
3. Provider submits treatment notes to SBHS coordinator or billing agent enters claims in ProviderOne
4. Claims entered incorrectly deny. Claims entered correctly are placed in suspended status.
5. HCA determines local match due based on the amount of claims entered
6. HCA emails invoice to SBHS coordinator
7. SD receives invoice for the local match due
8. SD sends local match to HCA via EFT or check
9. HCA receives match from district and releases claims for payment
10. SD receives payment in the form of EFT or check
11. SD sends local match to HCA via EFT or check
12. SBHS Coordinator or billing agent enters claims in ProviderOne
13. Claims entered incorrectly deny. Claims entered correctly are placed in suspended status.
14. HCA determines local match due based on the amount of claims entered
15. HCA emails invoice to SBHS coordinator
16. SD receives invoice for the local match due
17. SD sends local match to HCA via EFT or check
18. HCA receives match from district and releases claims for payment
19. SD receives payment in the form of EFT or check
IGT Flowchart

- School districts are reimbursed through an intergovernmental transfer (IGT) process.
- In order to receive Medicaid funds, school districts must provide 60% local match and the HCA provides 40% of the non-federal matching funds.
- School matching funds must be made up of state, local tax-based dollars, or unrestricted Federal funds.
- The IGT flowchart explains the process in detail and is available on the SBHS webpage.
SBHS IGT Invoice Process

• After claims are entered into ProviderOne, HCA’s claims staff sends a secure email with an A-19 invoice and an Excel spreadsheet with a list of billed claims to the:
  ➢ School district business manager
  ➢ SBHS coordinator
  ➢ Additional fiscal staff listed on the Provider and Contact Update Form

• Districts are invoiced as soon as there is a significant amount of claims in ProviderOne
  ➢ Invoicing timeframe for each district varies
  ➢ Some districts are invoiced monthly, some every two weeks
SBHS IGT Invoice Process, cont.

- HCA’s accounting staff emails reminders to the district at 30, 60, & 90 days and a final notice is emailed at 120 days if local match is not received.
- Local match may be submitted to HCA via paper check or electronically.
- If local match is not received after 120 days of invoicing, claims will be denied and districts will have 24 months to resubmit claims.
SBHS IGT Invoice Process, cont.

• Invoice/local match questions should be directed to:
  ➢ HCASchoolBased@hca.wa.gov

• Be sure to add HCASchoolBased@hca.wa.gov as an approved sender to ensure you receive invoices!
Private Insurance

- If a student has private insurance or third party liability (TPL), TPL must be billed prior to billing Medicaid.
- Most private insurance will not pay for services provided in a school setting.
- If districts want to seek reimbursement for these students, TPL must be billed first in order to receive a denial or explanation of benefits (EOB).
- Once the EOB or denial from TPL is received, the district may submit the claim to Medicaid.
SBHS Billing Codes

• The CPT/HCPCS codes listed in the SBHS Billing Guide are developed and owned by the American Medical Association (AMA).
• Providers must use their professional judgement when determining the most appropriate code to use for the service(s) provided.
• The SBHS program manager can provide guidance on SBHS policies and procedures but cannot inform providers which code(s) to use.
Timed vs. Untimed Codes

• All CPT/HCPCS codes are either timed or untimed.
• The SBHS Billing Guide provides detailed instructions on how to bill for timed and untimed codes.
• In addition, provider specific trainings available on the SBHS webpage provide directions and examples on billing for timed and untimed codes.
Diagnosis Codes

• The SBHS program utilizes one diagnosis code:
  ➢ R69 (illness, unspecified)
• The diagnosis code must be entered on each claim in ProviderOne but does not need to be included on treatment notes.
National Correct Coding Initiative

• The SBHS program follows the National Correct Coding Initiative (NCCI) policy.
• The Centers for Medicare & Medicaid Services (CMS) created this policy to promote national correct coding methods.
• NCCI assists the HCA to control improper coding that may lead to inappropriate payment.
National Correct Coding Initiative, cont.

- **Procedure-to-procedure (PTP) edits** - PTP edits prevent improper payments when incorrect code combinations are billed for the same client, on the same day, by the same provider.
  - Example: Code 92507 and 92508 cannot be billed together on the same day.

- **Medically Unlikely Edits (MUEs)** – MUEs are the maximum unit of service a code can be billed for the same client, on the same day, by the same provider.
  - Example: Providers can only bill one (1) unit of code 92508 per day, per student.
NCCI Additional Information

• PTP and MUE edits can be viewed on the CMS NCCI webpage: https://www.medicaid.gov/medicaid/program-integrity/ncci/edit-files/index.html

• The NCCI Edits Training Tool on the SBHS webpage assists providers with navigating the CMS NCCI webpage.
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.

Documentation requirements are outlined in the SBHS Billing Guide.

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 activities.
- Ensure providers keep accurate, legible, evaluation reports and complete treatment notes.
- Ensure treatment notes are authenticated by the provider who rendered or supervised the service(s).
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 nursing services and medication
- Evaluation and reevaluation reports
- Current and previous IEPs or IFSPs
- Attendance records for each student receiving services
- Treatment notes/service logs
Treatment Notes

Treatment notes must include:

- Date of service
- Time in, time out
- CPT or HCPCS code for each service provided
- Description of each service provided
- Child’s progress related to each service (for OT, PT, SLP, behavioral health services)
- Note regarding individual or group therapy (for OT, PT, SLP, behavioral health services)
- Provider’s printed name, handwritten or electronic signature, and title
- Assistants (OTAs, PTAs, LPNs, LMHCAs, SLPAs, non-licensed nursing staff) must have supervisor cosign all treatment notes
Sample Treatment Note

Sample treatment note/service log created by a self-billing school.

<table>
<thead>
<tr>
<th>School District Name:</th>
<th>School:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name (Last, First, M):</td>
<td>Provider ID:</td>
</tr>
<tr>
<td>Student DOB:</td>
<td></td>
</tr>
<tr>
<td>Provider Printed Name and Title:</td>
<td></td>
</tr>
<tr>
<td>Service Month/Year:</td>
<td></td>
</tr>
</tbody>
</table>

**Goals & Objectives:**
- Tactile Sensations
  - A: Fine Motor Manipulation Skills
  - B: Visual Receptive Skills
- Self Care Skills
- Balance Skills
- Visual Motor Skills
- Sensory Integration
- Bilateral Integration

**Procedures:**
1. Hand Strengthening
2. Letter Formation
3. Stencil Patterns
4. Place Words on a Line
5. Grace Lines Property
6. Increase Reaching Skills
7. Increase Bilateral Coordination
8. Drink From Cup

**Professional Service Log**

<table>
<thead>
<tr>
<th>DATE</th>
<th>GOALS &amp; OBJECTIVES/PROCEDURE/ACTIVITY NOTES</th>
<th>PROGRESS INDICATOR</th>
<th>TIME/UNITS</th>
<th>SERVICE TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ADDRESSED/COMMENTS**</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**

***Will be a goal/Objective Code & Procedure/Activity Code & Comment

(Provider Signature) Date

(Supervisor Signature if applicable) Date
Signature Requirements

• Federal and state law requires health records to be authenticated by the person who performed the service.
• Each school district is responsible for the authenticity of each provider’s signature.
• Providers must sign all treatment notes.
• Supervising providers must sign off on all treatment notes kept by assistants.
• Electronic signatures are acceptable.
• A signature log must be maintained by each district
  ➢ Districts can use the sample signature log located on the SBHS webpage
Program Integrity
Program Monitoring

On-site or desk reviews are conducted to ensure districts are adhering to SBHS program requirements and federal and state Medicaid rules.

School districts chosen for monitoring are notified via email.

Documentation requested during monitoring includes but is not limited to:

- Current and previous IEPs/IFSPs
- Attendance records
- Assessment/evaluation reports
- Treatment notes
- Signature logs

HCA recovers overpayments if a school district is found out of compliance with Medicaid and program requirements.
Who to Contact With Questions About…

<table>
<thead>
<tr>
<th>SBHS Program/Policy</th>
<th>• SBHS program manager, <a href="mailto:shanna.muirhead@hca.wa.gov">shanna.muirhead@hca.wa.gov</a>, (360) 725–1153</th>
</tr>
</thead>
</table>
| Claims             | • Self biller: HCA’s Provider Relations, ProviderRelations@hca.wa.gov  
                      • Non–self biller: Contact your billing agent |
| ProviderOne        | • HCA’s Provider Relations, ProviderRelations@hca.wa.gov  |
| Provider enrollment/Updating provider information in ProviderOne | • HCA’s Provider Enrollment, ProviderEnrollment@hca.wa.gov, 1–800–562–3022 ext. 16137 |
| A–19 Invoices      | • HCA’s accounting office, HCASchoolBased@hca.wa.gov |
| WAMR, EasyTrac, HealthOffice Anywhere, EmbraceIEP | • Contact your billing agent |
Who to Contact With Questions About…

**DOH License Status**
- Department of Health, hsqa.csc@doh.wa.gov, 360–236–4700

**Potential Medicaid Eligible Student Worksheet (due to OSPI annually in June)**
- OSPI, Office of Special Education/Safety Net, medicaidreports@k12.wa.us, 360–725–6075
- Contact your billing agent
- School districts can use the SBHS fee schedule to assist with completion of this report

**Medicaid Consent to Bill/Annual Notification**
- **Part B**: OSPI, Office of Special Education, medicaidreports@k12.wa.us, 360–725–6075
- **Part C**: DCYF, Early Support for Infants and Toddlers, esit@del.wa.gov, 360–725–3500
Questions?

Shanna Muirhead, SBHS program manager
Shanna.Muirhead@hca.wa.gov
Tel: (360) 725-1153

Resources
SBHS Billing Guide
SBHS Fee Schedule
SBHS WAC

Sign up to receive SBHS email updates!
**NOTE:** The purpose of this training is to provide guidance to contracted school districts participating in the SBHS program. The information in this training does not supersede the current SBHS Billing Guide, SBHS WAC 182-537, other agency rules, or the Centers for Medicare and Medicaid Services (CMS) policy. Any questions regarding information presented in this training should be directed to the SBHS program manager at shanna.muirhead@hca.wa.gov.