Medicaid Virtual Training Sessions August 16, 2023

Session 3: Feasibility, Readiness, and Looking Forward

Welcome

Presenters for this session are:

- Linda Williams, Oregon Health Authority (OHA) Policy
- Lasa Baxter, OHA contractor from InterMountain Education Service District (IMESD) Policy

Housekeeping

- Raise your hand or put your questions in the chat (preferred)
- We will attempt to answer questions but may have to table some pending additional research
- Q&A will be turned into an FAQ that will be shared
- Presentations will be sent to out to participants and made available on the ODE website

Community Agreements

- Stay Engaged
- Create a Safe Space for People to Share Information and Ideas
- Respect Presenters and Each Other
- Listen with an Equity Lens

Feasibility

Cost-Benefit Analysis of Implementing a Medicaid Program

- Data required to estimate potential Medicaid reimbursement per year
  - Identify medically licensed service providers
    - Differentiate between licensed practitioners and licensed assistants
  - Identify number of students served
  - Identify average number of minutes of service provided annually
- OHA can provide an average statewide cost and percentage of Medicaid Enrolled Recipients (MER) per county to complete estimated potential reimbursement
- Determine the discipline with the greatest number of service minutes to begin billing (e.g., 1:1 nursing services)

Cost-Benefit Analysis of Implementing a Medicaid Program

- Example:
  - A school district decides to focus on nursing services. The current average cost rate for nursing is $75.13 per hour. If a school district has a student enrolled in Medicaid that requires 1:1 nursing services, they could potentially receive $2,253 per week for that student for nursing services alone. That would be approximately $56,325 for one school year for one student. If the FMAP were 34%/66%, the school district would provide a match payment of approximately $19,150 and receive a reimbursement of $37,174 in addition to the return of the original match payment.

Changes to Computation of Costs (2023)

- Section 504 services included and cost methodology remains the same as IDEA

- Section 504 transportation services cannot be billed or included in cost methodology along with IDEA transportation services

- LEAs can opt to separate out costs using modifiers to describe the service:
  - RNs from LPNs
  - OTs from OTAs
  - PTs from LPTAs

- If LEAs opt to not separate costs within same discipline, new modifiers will be used but same hourly costs will be applied

Readiness

Readiness for Implementing a School Medicaid Program

- Implementing School Medicaid billing can be a complex process that requires careful analysis and planning. If a cost-benefit analysis indicates that it would be a benefit to bill School Medicaid, education administrators can assess the readiness of implementing School Medicaid billing in their school districts and make informed decisions that benefit students, staff, and the district as a whole.

- We have developed a document to help school districts assess readiness. It outlines steps and key components that school districts may want to consider prior to implementation. We acknowledge that each school district has a unique context; the steps and components are meant as general guidelines and may be modified as needed.

Readiness for Implementing a School Medicaid Program

- Step 1: Meet with State School Medicaid Staff
  - We can provide a program overview checklist for start up and will provide ongoing training and technical assistance (as needed/desired).

- Step 2: Create a Project Team
  - It may be beneficial to have a core group of people, or at least one person, dedicated to the operations of a School Medicaid program.

- Step 3: Conduct a Market Analysis
  - Check-in with other school districts that bill School Medicaid to learn their successes and challenges. State School Medicaid staff can provide this type of information as well.

- Step 4: Assess the Risks and Mitigation Strategies
  - Get a gauge on potential risks and develop strategies/procedures to address them. For example, it may be beneficial to work with a billing submission platform because there are checks and balances to validate data required to mitigate risk in the event of an audit.

- Step 5: Identify the Key Partners
  - Who are the key partners and practitioners that need to be at the table in order to support a sustainable School Medicaid program?

Readiness for Implementing a School Medicaid Program

- Step 6: Define the Goals and Objectives
  - Are there specific goals and targets that your school district is aiming to achieve? How will the School Medicaid reimbursement be utilized?

- Step 7: Assess Special Education Processes and Documentation
  - Considerations here would be technology platforms (IEP, health records, billing submission), current IEPs that clearly reflect health services, document storage.

- Step 8: Assess Section 504 Processes and Documentation
  - Considerations here would be technology platforms (Section 504, health records, billing submission), current Section 504 plans that clearly reflect health services, document storage.

- Step 9: Assess Internal Alignment and Operational Requirements
  - In order for School Medicaid billing to be sustainable, there needs to be cross-office collaboration and cooperation.

Looking Forward - Free Care

Benefits of Billing MAC and FFS in Support of IDEA, Section 504 Services, and Free Care
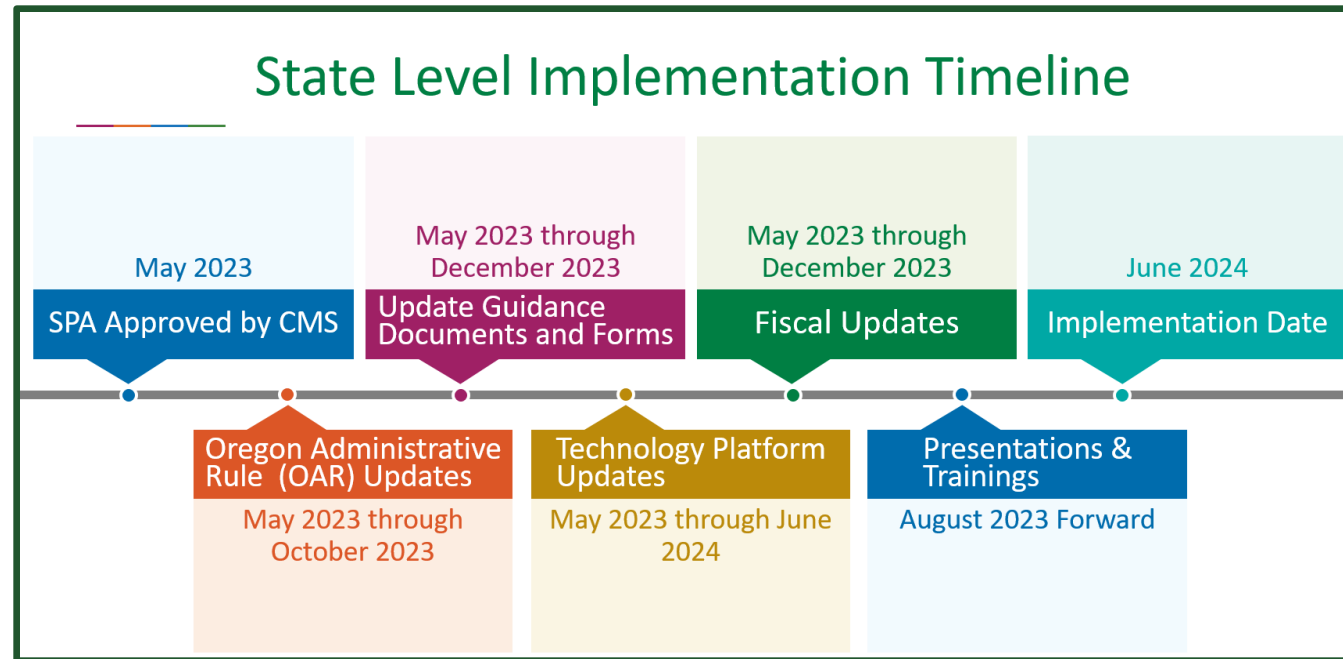
- Activities performed by medically-licensed staff reimbursed by Medicaid are carved out between two different programs. Participating in both can maximize reimbursement.
  - Direct services (fee for service/FFS)
  - Administrative services (MAC)
- If a school district is participating in both programs, non-medically licensed staff can report in-house referral, care coordination and monitoring when a school district is actively billing FFS as a Medicaid-enrolled provider. This maximizes time capture for reimbursement.
- MAC reimbursement can be used in support of:
  - Health and social services
  - Salary and benefits for medically-licensed staff
  - Salary and benefits for clerical staff

"Free Care"

- Prior to 2014, CMS policy on "free care" only allowed federal reimbursement for no cost services on an IEP or IFSP provided to Medicaid-enrolled children. The updated guidance document is affirming the policy reversal and provides guidance for states on how to update their State Plan Amendments (SPAs) to allow for billing for no cost eligible health services beyond the IDEA.

- "Free Care" may include billing for Section 504 plans as well as preventative services like health care screenings, vision exams, dental sealants, etc. that are provided to all students free of charge. These services must be provided by medically-qualified staff.

"Free Care" in Oregon

- Oregon's recently approved SPA allows billing for no cost eligible health services provided pursuant to a Section 504 plan. Due to the many similarities between billing for IDEA and Section 504 services, the OHA/ODE estimate that school districts will be able to bill Medicaid for eligible Section 504 services by the 2024-2025 school year.

State Level Implementation Timeline

May 2023
SPA Approved by CMS

May 2023 through October 2023
Oregon Administrative Rule (OAR) Updates

May 2023 through December 2023
Update Guidance Documents and Forms

May 2023 through June 2024
Technology Platform Updates

May 2023 through December 2023
Fiscal Updates

August 2023 Forward
Presentations & Trainings

June 2024
Implementation Date

"Free Care" in Oregon

- OHA, in continued partnership with ODE and the School Medicaid Core Team, is researching and beginning to map out access to School Medicaid reimbursement for "free care" services provided in the school setting that are not pursuant to a Section 504 plan or IEP/IFSP.

- Key considerations:
  - Provider Enrollment Types
  - Third Party Liability
  - Fee Schedules/Cost Methodology
  - Claims/Payment Process

Be on the Lookout

- Future virtual sessions will include:
  - A recap of these three sessions
  - More information on data system needs for billing Medicaid for Section 504 services
  - More information on Free Care
  - More fiscal information

Question and Answer Session

THANK YOU

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