



School Medicaid Billing Pilot Project

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School Medicaid Pilot (SB 111)

- SB 111 (2017) requires the Oregon Department of Education (ODE) to assist schools in funding school nurse services through increased SBHS Medicaid billing. As part of this pilot project, ODE will submit a report that includes a cost benefit analysis to the interim committees of the Legislative Assembly related to education no later than October 1, 2020. SB 111 states:
 - *(4) Technical assistance provided to a school district or an education service district under this section shall include the following:*
 - *(a) Assistance in the creation and implementation of a district plan to maximize Medicaid billing for school nursing services as part of the overall structure for providing school health services [School Based Health Services];*
 - *(b) Assistance to school nurses with practices related to Medicaid billing and efficiencies; and*
 - *(c) Ongoing technical assistance to participating school districts and education service districts in maximizing Medicaid billing.*

Pilot: What to Expect

- Districts will receive a wide variety of technical assistance and guidance to assist development of a comprehensive SBHS Medicaid billing program. ODE will utilize a cohort model to support districts:
 - To develop a District Medicaid Quality Assurance plan
 - To enroll with Medicaid as a School Medical (SM) provider
 - To develop district policy and processes to support Medicaid billing and reimbursement
 - To train and support district staff for correct and accurate billing, and
 - To mitigate risk and liability related to incorrect billing

Pilot: School District Expectations

- Enroll as a Medicaid SM Provider with the State Medicaid Agency
- Commit to assign, or otherwise identify, primary FTE to serve as the school SBHS Medicaid Coordinator for this project.
- Develop a district Medicaid Quality Assurance Plan.
- Contract with Cascade Technology Alliance (ORMED) for electronic billing submission. **
- Commit to attend planning and training sessions including 2 day in person training (TBD August.)
- Agree to collect and provide data related to the costs and benefits of billing Medicaid

Pilot: Timeline

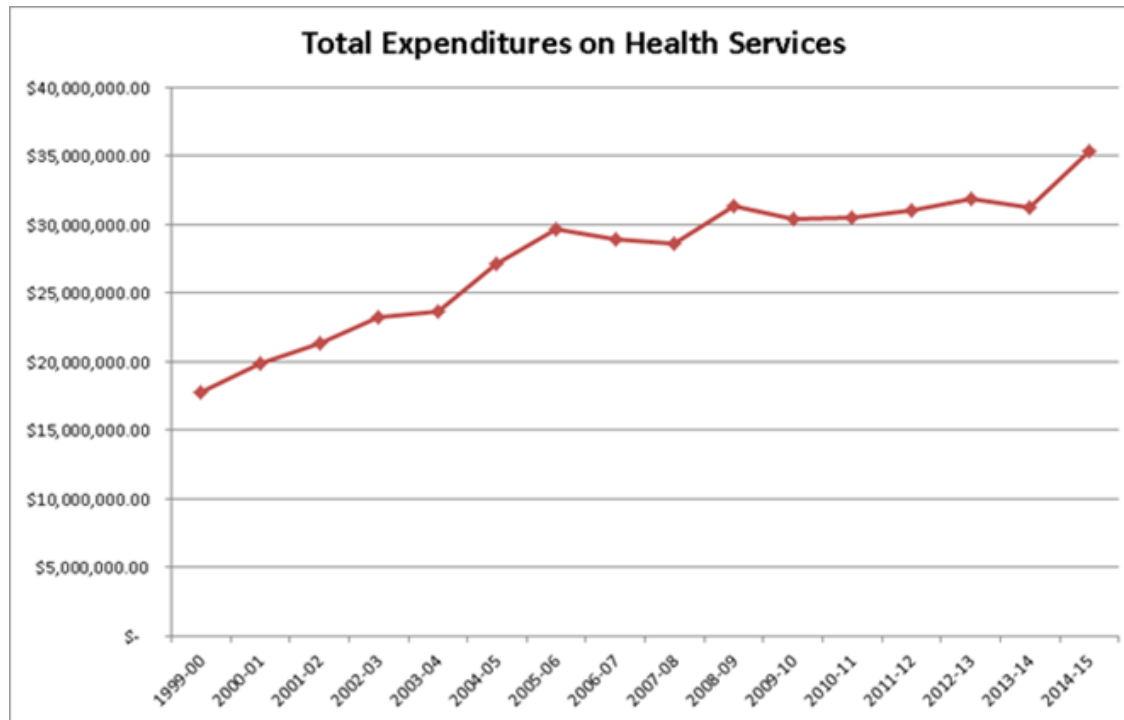
- RFI Close at 5pm on 4/20/18.
- RFI Q&A Webinar 4/11/2018 (2-3pm)
- District Selection expected by 4/27/18
- Summer SBHS Medicaid Summit (TBD August)
- 2018-19 School Year
 - Development of SBHS Medicaid Quality Assurance Plan.
 - Targeted billing for SBHS
- 2019-20 School year
 - Increased SBHS Medicaid billing
 - Data collection for SBHS billing and administration
 - Report to Legislature.

Opportunities To Consider

- **What is possible if every district billed comprehensively?**
 - Current Oregon K-12 Enrollment = 576,407
 - 1. Total IDEA Eligible (13%) = 76,820
 - 2. Total Medicaid/IDEA Eligible (58%) = 44,617
 - 3. Total estimated SBHS Medicaid reimbursement = **\$44,617,000**
- **Free Care would allow 8000 more students to become eligible.**
 - This would require changes to the state Medicaid plan for SBHS.
- **Additional supports needed.**
 - Training and technical assistance to local school districts
 - Increased infrastructure to streamline SBHS billing. (Exp: MESD Billing system)
 - School district staff buy in (administrators and health service personnel).

*2016 data

Increased Expenditures for School Health Services



SHS Medicaid Funding State Comparison: 2015

State	Total	State	Federal	State Population (2016)
Oregon	5,188,389	1,888,093	3,300,296	4,028,977
Washington	9,321,688	4,657,296	4,664,392	7,170,351
Colorado	65,214,047	32,268,851	32,945,196	5,456,574
Idaho	35,770,614	10,105,309	25,665,305	1,654,930
Kentucky	34,518,428	13,645,573	20,872,855	4,425,092
South Carolina	33,630,157	12,200,180	21,429,977	4,896,146

Medicaid Billing

- **Medicaid Administrative Claiming (MAC)**
 - Outreach activities designed to ensure that children in schools and the community have access to Medicaid programs and services.
- **School-Based Health Services (SBHS)**
 - Services authorized under Oregon's approved Medicaid State Plans for covered services that also are considered special education, related services, or early intervention services.

Legal: Individuals with Disabilities Education Act (IDEA)

- Ensures all children with disabilities have available to them a free appropriate public education (FAPE) that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living. (34 CFR §300.1)
- Part B of the IDEA guarantees children ages 3 to 21 access to special education services in their public schools. (U.S. Department of Education, “IDEA 2004: Building the Legacy.”)

Legal: OAR 581-015-2530

- (1) A school district program may use the State's Medicaid or other public benefits or insurance programs in which a child participates to provide or pay for special education and related services required under IDEA and permitted under the public benefits or insurance program, as specified in subsection (2) Below.
- (2) With regard to services required to provide a free appropriate public education (FAPE) to a child with disabilities under IDEA, a school district

OAR 581-015-2530 (cont)

- Prior to accessing a child's or parent's public benefits or insurance for the first time, the school district, must obtain written notice and parental consent (annual notice thereafter).
- School health services are no cost to parent. (copays. . .) and do not affect a family's community benefits. (OAR 410-141-3420)
- Parent has right to withdraw consent at anytime. However, the district still has the responsibility to pay for IEP services.

School-Based Health Services (SHS)

- Reimburses costs of IDEA related services in the IEP (ie., Nursing, OT, PT, SLP, etc.) that are also considered as a covered direct health service under the Medicaid State Plan.
- Match rate determined by Federal Medical Assistance Percentage (FMAP) rate.
 - Current match (OHP) at 36.38% (School District pays)
 - Current 2018 FMAP rate is 63.62%
 - Changes every October
- Reimbursement is cost based and individual to each school district based on their prior year audited costs.
- Intent is for pilot project reimbursement funds to support school health service
- Does not include School Based Health Centers

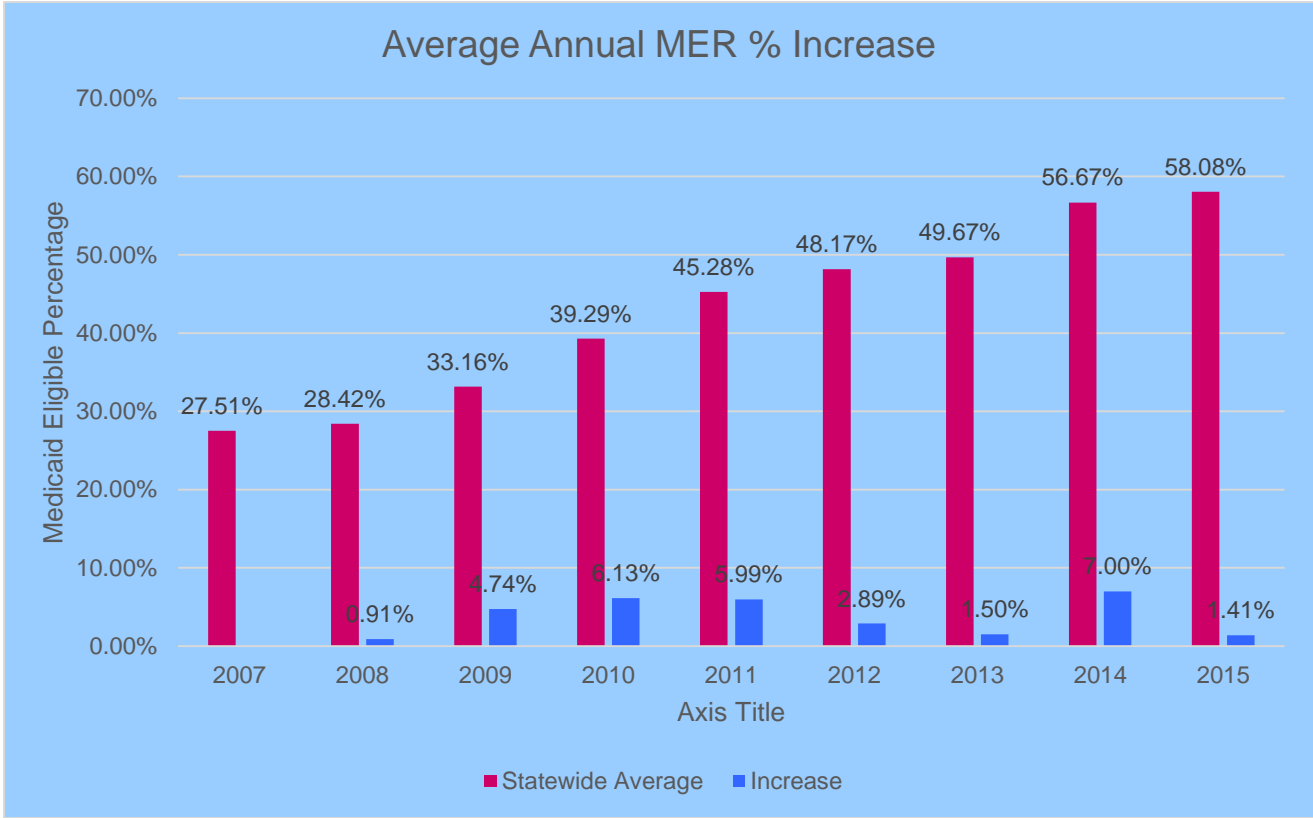
Medicaid SBHS State Plan

- Approved by the Centers for Medicare and Medicaid Services (CMS)
- Identifies school based health services eligible for reimbursement under plan.
- Based on required IDEA services.
- Medicaid First Payer in Oregon schools.
 - 1903c of SSA
 - 34cfr300.154 (Requirement for MOU between ODE and OHA)

Common Qualified Medical SBHS Licensed Staff

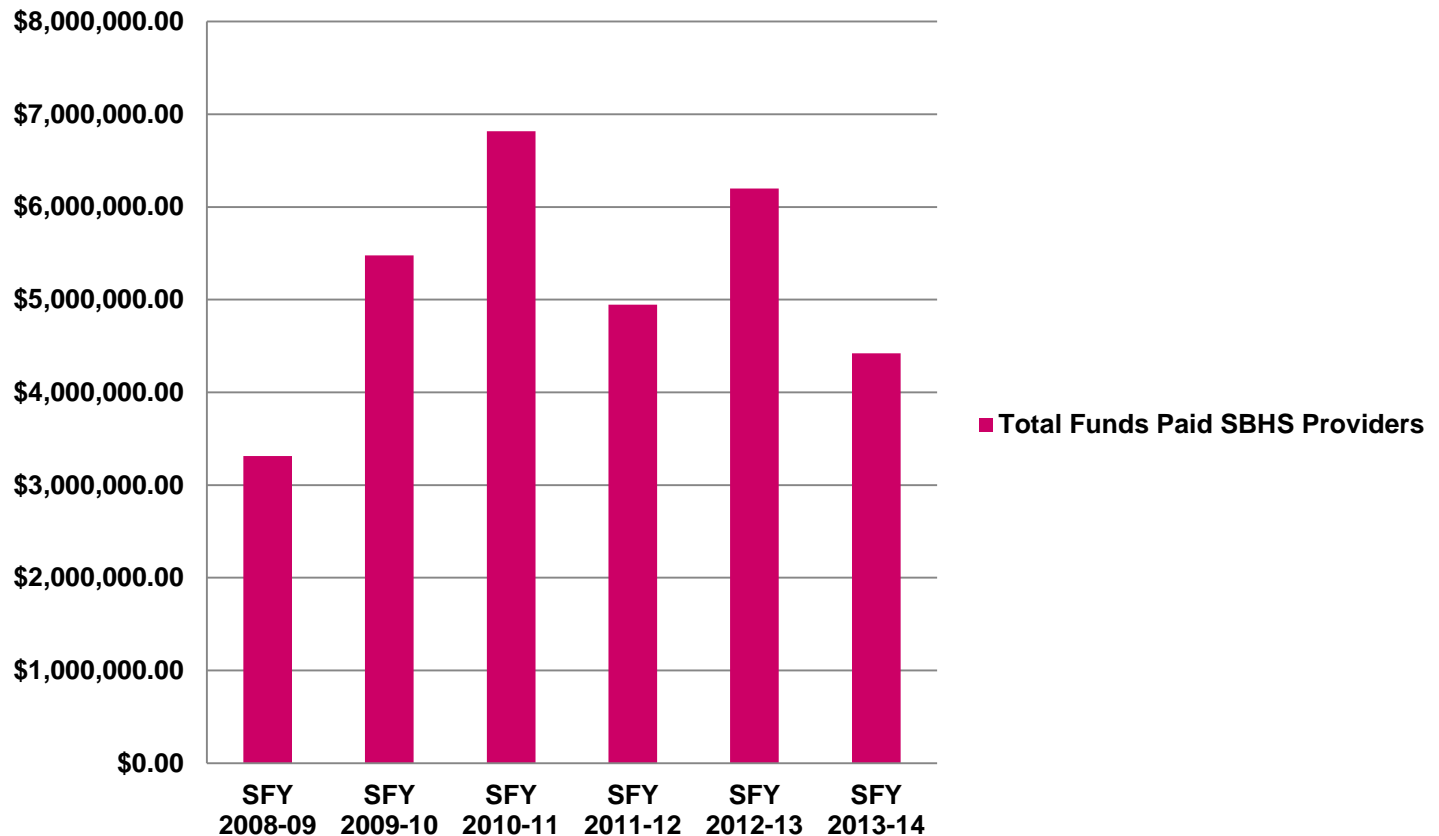
- Certified Occupational Therapy Assistant (COTA)
- Delegated Health Care (DHC) unlicensed and trained by RN
- Licensed Clinical Social Worker (LCSW)
- Licensed Practical Nurse (LPN)
- Licensed Physical Therapist Assistant (LPTA)
- Occupational Therapist (OT)
- Physical Therapist (PT)
- Registered Nurse (RN)
- Specialized Transportation
- Speech Language Pathologist (SLP)
- Speech Language Pathologist Assistant (SLPA)

Medicaid Eligible Children



Total Funds Paid SHS Providers

Total Funds Paid SBHS Providers



Top Health Services (2016-17 SFY)

Svc Category	Sum of Paid Amount	Recipient Count
Speech	\$2,174,214.22	72,168
OT	\$404,386.29	9,284
PT	\$490,863.45	6,407
RN	\$2,499,573.49	8,734
LPN	\$167,375.34	967
Transportation	\$439,275.09	5,058
Audiology	\$13,523.21	119
Total	\$6,500,556.45	

Case Study: School District A

- Student Body=3700
- Identifying student as Medicaid/IDEA eligible
 - Services must be supported on IEP
- Identified 15 highest need students (Est)
- Allocated .5 FTE for interface with State Medicaid. (office support, technical support, process development)
- .1 Administrative level oversight
- Established State funds match account
- Established committee to govern use of funds. (Health related, increased transparency)

Case Study: School District A Outcome (2014)

- 15 (est) Highest need students
- SBHS claiming for Nursing, Transportation, and Delegated Services
- Medicaid Administration Claiming.
- Claimed \$300,000 (SBHS) and \$210,000 (MAC)
 - 2.5 School Nurse FTE,
 - Additional health assistants FTE
 - PD for Health Services staff
 - Health supplies (AED, Epi Pens, stop watches.)
 - First Aid Kits every classroom/AED

Expressed concerns for Medicaid billing

- Complexity of Billing Process
- Up front funding for district match account
- Increased school staff time required for billing and documentation
- Fear of federal audit, findings and sanctions.
- “Not worth it” (cost/benefit)
- Parent consent (Unable to bill Medicaid without parental consent)
- High case loads for school nurses and other medically licensed staff.

OR MED



Electronic Billing System

- ORMED is a web-based fee for service Medicaid billing system. School-based health service providers enter their direct service logs and documentation into ORMED. Services are validated and billing claims are submitted electronically to the Oregon Health Authority (OHA) for Medicaid reimbursement.



Reimbursement Success Factors

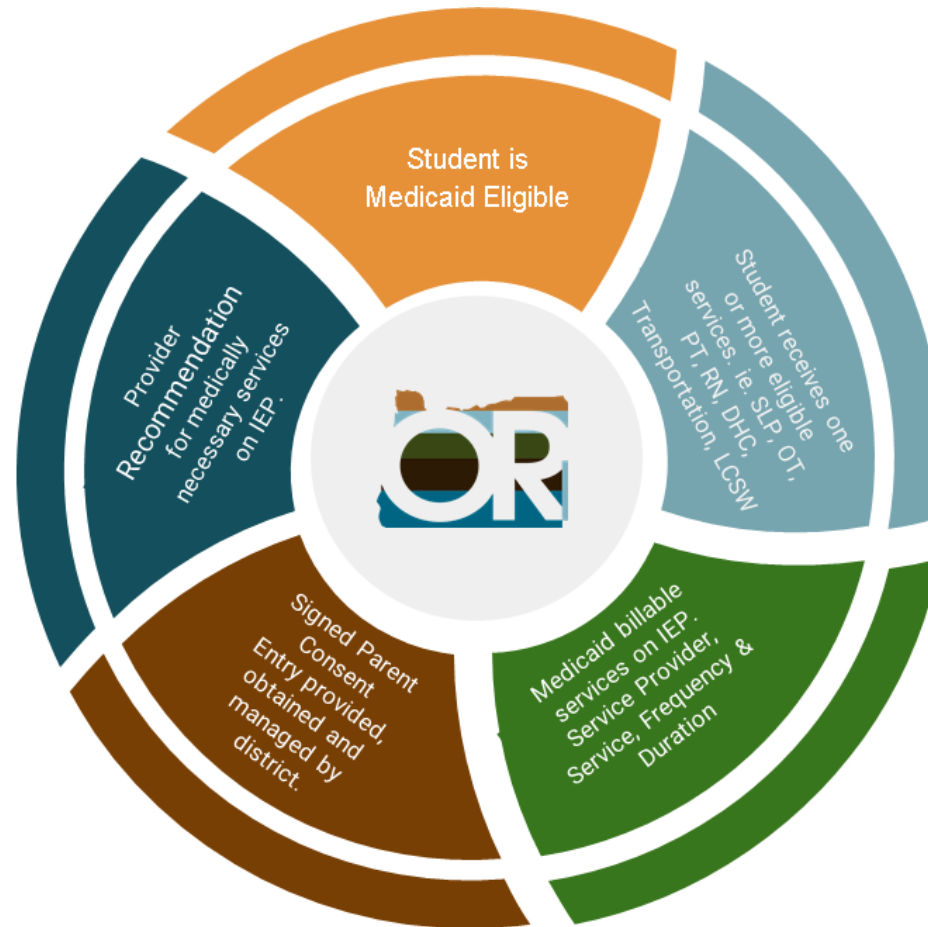
District Support - Superintendent, SPED Director, Business Manager, Administrator Support.

District “Medicaid Champion” Successful districts have a point person to drive the initiative for staff.

Transparency of Reimbursement “What does my district do with Medicaid Reimbursement ? “

Accountability - Proper expectation set for providers and consistent follow up from their supervisors.

Billable Student Profile



ORMED Features

- **Secure login for each qualified SBHS licensed staff and district administrator(s)**
- **DHS/OHA/ODE approved electronic signature policy**
- **Student caseload management screen/tool**
- **Student Medicaid eligibility check**
- **Student information upload* (*currently requires data agreement and district use of Synergy SIS and Synergy SPED or ORSPED) OR manual student information and IEP entry. (Required for service validation prior to billing)**
- **Simple log entry - single log entry, copy features, calendar feature**
- **Log documentation: date of service, ICD-10 code, procedure code, billed minutes, log description, electronic signature.**
- **Parent consent entry and validation**
- **SBHS licensed/physician recommendation entry**
- **Validation: reviews all documentation for each log and alerts provider of missing documentation prior to submission of billing to OHA.**
 - **Transportation validation: ensures that a direct service was billed and paid prior to submitting transportation log.**
- **Variety of reports, such as tracking SBHS licensed staff billing, district billing, and payments by student.**



ORMED Support

- **Training Support**
 - **Customized training planning and preparation support**
 - **Variety of training videos**
 - **In-person training options**
 - **Virtual training options**
 - **ORMED user guide**
- **Knowledgeable support staff available to answer questions regarding ORMED from 7:30am - 4:30pm year-round.**



ORMED Pricing

- **One time set-up fees**
- **Ongoing fees based on billed minutes**
- **Districts invoiced two to four times per year**



ORMED 17-18 Pricing

- **One time fees**

- \$50.00 for each district
- \$2.00 per student
- \$20.00 per user

- **Ongoing fees**

- \$1.25 per unit of service (15 minute increment)
- \$0.80 transportation (each way)



Thank you

For questions please contact:

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