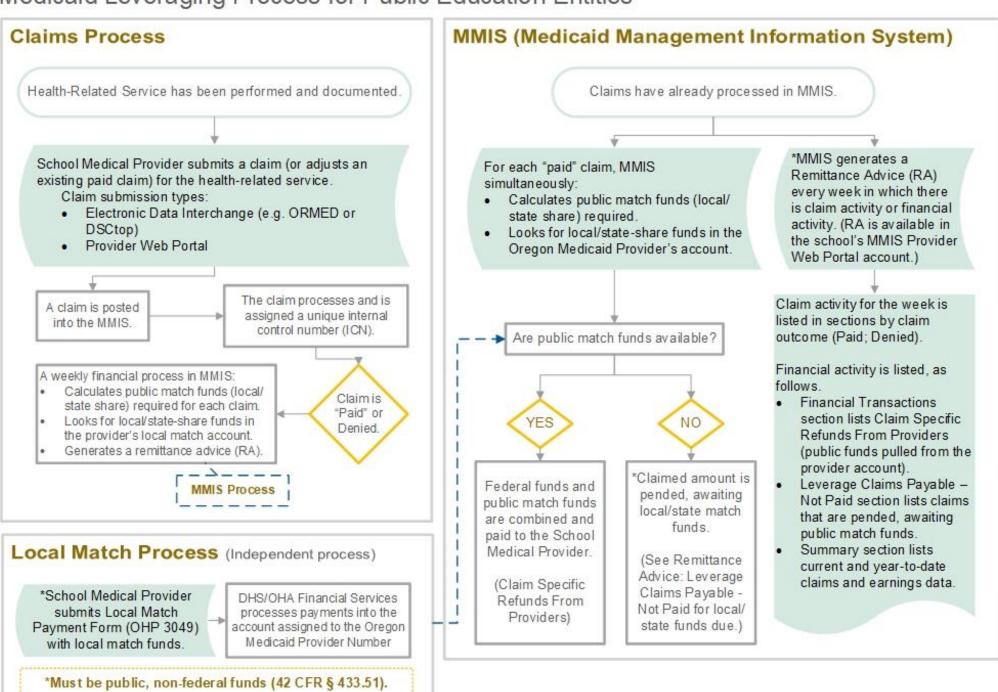
School-Based Health Services – Individuals with Disabilities Education Act Medicaid Leveraging Process for Public Education Entities



^{*} Boxes with an asterisk link to a website associated with the content in the box.

Medicaid Leveraging

Medicaid leveraging is when a Medicaid provider submits claims to a state Medicaid agency (Oregon Health Authority) to collect federal medical assistance dollars for services provided. This is referred to as Federal Financial Participation (FFP). The federal dollars are a percentage of the Medicaid payment referred to as the Federal Medical Assistance Percentages (FMAP). There are two FMAP rates: Medicaid; and Children's Health Insurance Program (CHIP).

The education agency is a public entity and unit of government that is authorized to participate in FFP by providing the non-federal share of public funds for Medicaid reimbursement. The state/local share (local match) is a percentage of the total amount payable for claims submitted; it is determined by the FMAP and must be paid by the Medicaid-enrolled school medical provider before the Oregon Health Authority (OHA) will process the full payment (FMAP + local match = 100%). For school providers, the local match submitted must be public, non-federal funds (42 CFR § 433.51).

The most recent FMAP rates are posted on the Oregon Health Authority website: <u>Oregon Medicaid Local Match Rates</u>. FMAP changes annually in October and may also change when special allowances present themselves at the federal level, at which point the state Medicaid agency is notified and updates systems and processes accordingly.

Claims Processing

Providers submit claims for services provided. All claims enter the Medicaid Management Information System (MMIS), and the MMIS:

- Decides whether the claim is payable and assigns a status: Paid or Denied.
- Calculates the FMAP and the amount of local match required to process each paid claim; based upon Medicaid-eligible individual's benefit package, this may be either Medicaid or CHIP funding;
- Checks the provider's account balance to see if there is enough money to cover the local match. The balance is used to process claims until funds are exhausted. Claims where local match is:
 - o Available process through the financial cycle, and 100% payment is sent to the provider.
 - Not available are pended in the financial cycle awaiting local match (Assigned "paid" status in MMIS but listed on a remittance advice as "Leverage Claims – Payable Not Paid").
- Pays the provider via check of electronic funds transfer (EFT).
- Generates a weekly remittance advice (RA). If the provider is not signed up for EFT, the paper check is sent with the RA. The RA lists:
 - o All claims that were submitted by category: paid or denied.
 - o Leverage Claims Payable Not Paid, which lists the local match due by claim and client.
 - o Financial Transactions, including a balance for the provider's leveraging account.

Local Match Funds Process

School providers may submit local match funds before (prepayment) or after (invoice) claims are submitted. Submit funds using the MMIS Local Match Leveraging Form (OHP 3049). Funds submitted by 5:00 pm on Wednesday are available for that weekend's claim processing cycle.

Prepayment	Submit anticipated funds by 5:00 pm Wednesday so funds are available for that weekend's financial cycle.
Invoice	Submit claims and wait for the RA to review the Leverage Claims – Payable Not Paid section, which calculates the local match due.