**[*DISTRICT NAME*]**

**Medicaid Quality Assurance Plan (QMAP)**

**K-12 School-Based Health Services (SBHS) Medicaid Billing**

The Oregon Department of Education, in partnership with the Oregon Health Authority and Cascade Technology Alliance, provides the Oregon Medicaid Quality Assurance Plan (QMAP) template. The QMAP is designed to support effective, accurate, and sustainable school district Medicaid billing policies and practices. The QMAP should include:

* Primary district staff
* Primary external stakeholders
* Maintenance plan to review and update QMAP
* Policies and Procedures for Medicaid billing
* Best Practices adopted by district

The QMAP is intended to be a district level document. In developing a QMAP, a district should work with internal and external stakeholders to ensure contents align and support district intent and expectation.

**Created by:**

Medicaid Coordinator

Date:

Rev:

**Reviewed and approved by:**

SPED service Coordinator/ Director

Date:

Business Manager

Date:

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**MEDICAID PROGRAM CONTACTS AND STAKEHOLDERS**

**Internal (District)**

|  |  |
| --- | --- |
| Role | Description/Name/Contact information |
| Medicaid Coordinator |  |
| Special Education Director |  |
| Business Manager |  |
| Licensed Health Staff Representative |  |
| Other  |  |

**External**

|  |  |
| --- | --- |
| Role | Name/Contact Information |
| Oregon Health Authority, Health Systems Division | Linda J. Williams, Policy Analystlinda.j.williams@dhsoha.state.or.us 503.945.6730Lasa Baxter, School-Based Health Services Medicaid Operations and Policylasa.baxter@imesd.k12.or.us 541.975.5614 |
| Oregon Department of Education | Ely Sanders, School Medicaid Billing Program SpecialistEly.sanders@ode.state.or.us , (o) 503.947.5904 (c) 503.580.5473 |
| Electronic Billing Submitter  |  |
| Contracted Health Agency/ESD |  |
| Other |  |

**MAINTENANCE PLAN**

**QMAP Maintenance**

|  |  |  |
| --- | --- | --- |
|  | **Description** | **Responsible Staff** |
| Policy | * School district will develop a process to regularly maintain and update the QMAP to ensure policies, processes and responsible staff are updated accordingly
* District will also enact a Continuous Improvement Process to make recommendations and suggestions for process improvements at the beginning
 |  |
| Procedure |  |  |
| Frequency | The QMAP will be reviewed and updated for accuracy on a yearly basis. | Medicaid coordinator |
| Other |  |  |

**School Medical Provider Maintenance**

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy | School district will notify OHA regarding changes to required OHA forms. In addition, district will ensure that new staff receive appropriate training and review materials and procedures. | Medicaid coordinator |
| Procedure | Contact OHA Provider Enrollment to report changes and update information: * **OHA enrollment and updates:** Call Provider Enrollment at 800-336-6016 (option 6) or email provider.enrollment@dhsoha.state.or.us.

Annually and as needed for new staff, District will provide in person training and copy of district Medicaid binder.Contact Oregon Department of Education and the Oregon Health Authority to request technical assistance and training. (Contact information on pg 1.) | Medicaid coordinator |
| Frequency | **Within 30 days of change*** From 3120 Provider Enrollment Attachment
* Form 3975 Provider Enrollment Agreement
* Form 3974 Provider Enrollment disclosure statement of Ownership and Control, Business Transaction and Criminal Convictions.
* Form 3972 Provider Enrollment Information

**Within 10 days of change*** Form 2080 Trading Partner Agreement (TPA)
 |  |
| Other |  |  |

**PROCESSES AND PROCEDURES**

Objective: School District certifies the truth an accuracy of the following statements in the OHA Provider Enrollment Attachment. Below are the district’s related policies, procedures and processes.

**Provider Enrollment Attachment (OHP 3120)**

**Provider Certifications – Standards and Approval**

***Statement***

The EA SM Provider has in effect policies and procedures that comply with the following standards:

* 1. Requires documentation of credentials of all medically qualified staff providing services submitted for Medicaid reimbursement, including license number, expiration date and other qualifications, in accordance with SBHS rules, OAR 410-133-0120;

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy | School district will check credential upon hire of licensed staff and annually thereafter | Business Manager  |
| Procedure | * BM will conduct credential check when licensed staff are hired
 | Business Manager |
| Frequency |  |  |
| Other |  |  |

* 1. Has a process for confirming that professional licenses are not suspended, revoked, expired, surrendered or otherwise not renewed, and for updating the credential file with 30 days of the date of the license expiration date or other license status change;

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy |  |  |
| Procedure |  |  |
| Frequency |  |  |
| Other |  |  |

* 1. To support claims, maintains documentation that the medically qualified staff are providing health services within the scope of their license (or supervised by or delegated authority by licensed staff within the scope of their license); and that services were provided during the time when their license was valid.

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy |  |  |
| Procedure |  |  |
| Frequency |  |  |
| Other |  |  |

* 1. Requires that the credential file documents the manner in which the EA checked and periodically re-checks, the Medicaid provider exclusion list to confirm that the health services are provided by eligible staff

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy |  |  |
| Procedure | Check the Medicaid provider exclusion list for each licensed provider. Track and date each inquiry on a spreadsheet.<http://oig.hhs.gov/fraud/exclusions.asp> |  |
| Frequency |  |  |
| Other |  |  |

* 1. Assures that the EA’s costs are submitted to and reviewed and accepted by OHA in accordance with OAR 410-133-0220 and 410-133-0245 prior to the submission of claims for reimbursement for health services provided.

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy |  |  |
| Procedure |  |  |
| Frequency |  1x per year, at request of OHA |  |
| Other |  |  |

**Provider Certifications – Reimbursement Authority**

NOTE: There are no processes and procedures related to this section of the Provider Enrollment Attachment. They are included in the QMAP for information purposes only.

1. SM Provider understands and agrees that SBHS are reimbursed under this Agreement through a cost-sharing program in which the SM Provider is responsible for payment of non-federal match funds pursuant to OAR 410-133- 0090;
2. SM Provider understands and agrees that funds provided by the SM Provider to pay for the non-federal share of the covered health services comply with the requirements set forth in 42 CFR 433.51 and are not federal funds, or are federal funds that are authorized by federal law to be used to match other federal funds;
3. SM Provider understands and agrees that the non-federal funds for claims submitted by the SM Provider must be transferred to OHA prior to OHA claiming FFP for the covered SBHS provided under this Agreement;
4. SM Provider understands and agrees that it will retain the full amount of the total computable payment received from OHA for Medicaid-covered SBHS provided under this Agreement

**SBHS Medicaid Self Audit**

Objective: All Medicaid claims are subject to review and/or State/Federal Audit. Below are policies and procedures in place to assist in district’s response to an audit request.

6. Proof of supervision by licensed provider of licensed assistant (If applicable – as per: Oregon Board of Examiners scope of practice licensing board and SBHS rule 410-133-0120 Medically Qualified Staff)

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy | Ensure alignment with licensing board standards.  |  |
| Procedure | (List of assistants and who is supervising)  |  |
| Frequency |  |  |
| Other |  |  |

7. Proof of e-signature policy (per: CMS requirements and Oregon E- signature requirements and approval by ODE and DHS/OHA)

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy |  |  |
| Procedure |  |  |
| Frequency |  |  |
| Other |  |  |

 8. Qualified Provider Written Recommendation (orders from identified qualified provider

(as per: 42CFR440.110 and SBHS 410-133-0160 Licensed Practitioner Recommendation)

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy |  |  |
| Procedure |  |  |
| Frequency |  |  |
| Other |  |  |

9. Proof of initial Written Notification issued to parents prior to district submitting billing for SBHS Medicaid, and yearly thereafter.

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy |  |  |
| Procedure |  |  |
| Frequency | Written notice shall be provided initially and yearly thereafter. |  |
| Other | Link to written notification can be found here: Form Number: 581-1449<https://www.oregon.gov/ode/students-and-family/SpecialEducation/publications/Pages/School-Age-Sample-Forms.aspx?wp940=p:2#g_297675cc_6670_4639_a6c3_202e9acd6e42> NOTE: District will need to add district logo to template.Be sure to include processes for students that move in to district mid-year, change of district, out of state, EC/EI to school age, etc. |  |

10. Signed Parental Consent (as per: public education rules and regulations 34CFR300.154)

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy | District will obtain written consent prior to accessing a student’s public benefits.  |  |
| Procedure |  |  |
| Frequency | (One time) After providing Written Notice, district must receive signed consent prior to accessing student’s public benefits. |  |
| Other | Consent Template can be found here: Form Number: 581-1450-P<https://www.oregon.gov/ode/students-and-family/SpecialEducation/publications/Pages/School-Age-Sample-Forms.aspx?wp940=p:2#g_297675cc_6670_4639_a6c3_202e9acd6e42> NOTE: District will need to add district logo to template.Be sure to include processes for students that move in to district mid-year, change of district, out of state, EC/EI to school age, etc. |  |

11. IFSP/IEP (including related goals and health services plans (as per: 1903(c) of SSA and used as prescriptive document)

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy |  |  |
| Procedure |   |  |
| Frequency |  |  |
| Other |  |  |

12. IDEA Eligibility Report(s): Evaluation/Assessments, Evaluation Report indicating Observations, Tests Performed and Results (as per: SBHS 410-133-0080 Covered Services and 410-133-0320 Documentation Record keeping Requirements)

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy |  |  |
| Procedure |  |  |
| Frequency |   |  |
| Other |  |  |

13. Signed Therapy/Treatment Log including Practitioner’s Notes (May be e-signed or handwritten signature as per: Oregon Board of Examiners scope of practice documentation requirements and SBHS 410-133-0320 Documentation Record keeping Requirements)

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy |  |  |
| Procedure |  |  |
| Frequency |  |  |
| Other |  |  |

14. Attendance Records (include internal processes for public education tracking negative attendance for their records)

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy |  |  |
| Procedure |  |  |
| Frequency |  |  |
| Other |  |  |

**BEST PRACTICE: Processes and procedures to ensure maximum benefit and sustainable School Medicaid Billing**

15. Medicaid Reimbursement

* Match payment setup
	+ Accounting and EFT
	+ Trigger to ensure Match is submitted when claims are approved (RA can be obtained on the web portal)
	+ Review RA, make corrections in web portal (who, how often, process)

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy |  |  |
| Procedure |  |  |
| Frequency |  |  |
| Other |  |  |

16. Use of funds

* + Stakeholder involvement (Providers, parents, community, SPED, Admin)
	+ Determination of how reimbursement funds will be utilized/prioritized
	+ Stakeholder feedback loop

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy |  |  |
| Procedure |  |  |
| Frequency |  |  |
| Other |  |  |

17. Communication

* What and how to communicate
	+ Licensed providers, stakeholders, etc
* Frequency (yearly, monthly)

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy |  |  |
| Procedure |  |  |
| Frequency |  |  |
| Other |  |  |

18. Procedural compliance

* Billing entry. (Who will check? When? What kinds of conversations?)
* IEP review. (how often?)

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy |  |  |
| Procedure |  |  |
| Frequency |  |  |
| Other |  |  |

19. Medicaid Eligibility Checking

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy |  |  |
| Procedure | Check Eligibility through Web Portal  |  |
| Frequency | Web portal: as initiated by district |  |
| Other |  |  |

20. Delegated Health Services

* Supervision by Registered Nurse
* Documentation/Logs
* Documentation retention

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy |  |  |
| Procedure |  |  |
| Frequency |  |  |
| Other |  |  |

21. Transportation billing process

* Documentation/Logs
* Log retention

|  |  |  |
| --- | --- | --- |
|  | Description | Responsible Staff |
| Policy |  |  |
| Procedure |  |  |
| Frequency |  |  |
| Other |  |  |