

SCHOOL-BASED HEALTH SERVICES Medicaid Billing Manual

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For School
Business Offices



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SCHOOL-BASED HEALTH SERVICES

Medicaid Billing Manual

Version no. 2

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Introduction

Oregon’s Medicaid School-Based Health Services (SBHS) program allows a local education agency (LEA) to enroll as a School Medical Provider (SM) and leverage Medicaid for reimbursement (as part of cost sharing) for eligible health related services provided to Medicaid-eligible children under the Individuals with Disabilities Education Act (IDEA). This manual explains the Oregon Medicaid SBHS program and provides technical assistance for LEAs participating, or wishing to participate, in Medicaid billing.

Purpose

The school finance office is vital to the success of the school district and a critical component for schools leveraging Medicaid. This manual is a reference guide for school finance management personnel looking to implement or continue Medicaid billing for SBHS in Oregon.

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Program Summary

Title XIX of the Social Security Act established a federal-state matching entitlement program to provide medical assistance for certain low-income individuals. This program, Medicaid, was enacted in 1965. The Medicaid program is jointly funded by federal and state governments and is administered by each individual state.

The [Individuals with Disabilities Education Act \(IDEA\)](#) is a federal law governing special education services for eligible infants, children, and youth with disabilities. Under IDEA, school districts are required to provide health-related services in a school setting to meet the needs of students as outlined in their Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).

Since 1988, states have been able to leverage federal Medicaid funds to help offset costs for school-based health related services required by the IDEA, when provided to Medicaid-eligible students. School Medicaid can be leveraged for covered health related services that are considered early intervention (EI), early childhood special education (ECSE), and special education services provided to Medicaid-eligible children who are also eligible under the IDEA. EI covers birth to age three, ECSE covers ages three to five, and special education covers ages five through twenty-one.

State Medicaid programs may cover services included in a child’s IEP or IFSP when (1) The services are listed in Section 1905(a) of the Social Security Act and are medically necessary; (2) All federal and state regulations are followed, including those specifying provider qualifications; and (3) The services are included in the Medicaid state plan. Covered services in Oregon may include, but are not limited to, nursing, physical therapy, occupational therapy, speech-language pathology or therapy services, psychological counseling, and eligible transportation services.

Benefits of Leveraging Medicaid as Part of Cost Sharing

Improved Outcomes for Students

School districts are a critical component of the health care safety net for children. Medicaid plays a significant role in funding medically necessary services for children eligible for special education. However, Medicaid's role in schools goes beyond ensuring that students with disabilities have access to health related services.

Medicaid can provide support for health care services delivered in school, which benefits all children, not just those enrolled in Medicaid. In a recent survey of school superintendents, over half reported that they use the federal Medicaid reimbursement for services provided to Medicaid-eligible children to expand health-related services and supplies for all students.¹

Medicaid coverage has a significant positive impact not only on children's health, but also on their educational attainment and job earnings. Research shows that children covered by Medicaid during their childhood have better health as adults, with fewer hospitalizations and emergency room visits. Moreover, children covered by Medicaid are more likely to graduate from high school and college, have higher wages, and pay more in taxes as adults.²

Revenue for School Districts

Total funds recovered through Medicaid reimbursement depends on several variables such as the number of students receiving special education, the number of students who are eligible and enrolled in the state Medicaid program, the types of services being provided, the specific services covered in the Medicaid State Plan.

A recent estimate by the National Alliance for Medicaid in Education (NAME) found that the annual reimbursement for school-based Medicaid was between \$4-5 billion nationally.

Two Strategies for Optimizing Medicaid Reimbursement

Medicaid Fee-for-Service Claiming - Under fee-for-service claiming, Medicaid reimburses the cost of direct services provided to an eligible student, such as occupational therapy or nursing services. Schools may be reimbursed for some or all Medicaid-eligible services. Claims for reimbursement are submitted to the state Medicaid agency.

Medicaid Administrative Claiming (MAC) - Through MAC, schools may be reimbursed for work related to the provision of indirect services, such as referrals for and care coordination of Medicaid services. The public school setting provides a unique opportunity to reach and assist students experiencing homelessness (including those living in shelters, or living with other families), children with disabilities, and children from migrant families, and connect these children and their families to:

- Community application assistance to apply for the Medicaid program; and
- Access the benefits and services available once they are enrolled in Medicaid.

If you are interested in learning more about MAC, please contact Lasa Baxter at Lasa.baxter@imesd.k12.or.us.

1 https://aasa.org/uploadedFiles/Policy_and_Advocacy/Resources/medicaid.pdf

2 https://www.cbpp.org/research/health/medicaid-helps-schools-help-children#_ftn5

Regulations

Federal

- [Title XIX of the Social Security Act \(Grants to States for Medicaid Assistance Programs\)](#)
- [2 CFR Subtitle A, Chapter II, Part 225 \(formerly OMB Circular A-87\)](#)
- [Code of Federal Regulations Title 42 – Public Health](#)
- [Code of Federal Regulations Title 34 - Education](#)

State

Oregon Health Authority

- [Oregon Administrative Rules \(OAR\) Chapter 410, Division 120 Medical Assistance Programs](#)
- [OAR Chapter 410, Division 133 School-Based Health Services](#)

Oregon Department of Education

- [OAR Chapter 581, Division 15, Special Education](#)

Education Service Districts (ESDs) and Medicaid Billing

On May 15, 2018, the ODE, in consultation with the Oregon Health Authority (OHA) and the Oregon Department of Justice (DOJ), issued guidance on who was eligible to bill for [K-12 School Based Health Services](#). As per [OAR 581-015-2005](#), **only school districts approved by the State Deputy Superintendent of Public Education meet the criteria to provide IDEA services to K-12 students.**

Since January 1, 2019, ESDs have been able to provide Medicaid billing services on behalf of a school district, including the preparation of billing information and submission of claims. However, all Medicaid claims for eligible K-12 services must be submitted under the purview of the school district as the enrolled School Medical (SM) provider. The school district, as the enrolled SM provider, must submit the state match leveraging payment and receive the federal Medicaid reimbursement.

Contracted Early Intervention/Early Childhood Special Education (EI/ECSE) programs, including those administered by an ESD, are required to bill school based health services (Medicaid) in conformity with [ORS 343.475](#) and under an Intergovernmental Grant Agreement with ODE.



Role of School Business Office

The school finance office is integral to navigating School-Based Medicaid billing, but collaboration and communication with all key players in the school district are also critical components. Key players may vary by district but may include:

- Superintendent
- Assistant Superintendent of Business and Operations
- Director of Student Services/Special Education
- Manager that supervises the medically qualified staff (RN, LPN, OT, PT, SLP, etc.)
- Chief Financial Officer (CFO)
- School Business/Finance Official
- Director of Human Resources
- Business office staff responsible for generating billable rates
- Accounting Manager & Accountant responsible for reconciling general ledger and developing the internal controls
- Special education staff responsible for knowing student counts & IEP information
- Transportation Manager
- Human resources staff responsible for monitoring license status of Medically Qualified staff
- Medically qualified providers responsible for documentation for services provided
- Union Representative (to address workload concerns)
- Procurement/Contracts Manager
- Legal Representative – School District Attorney
- The local Educational Service District (ESD)
- Electronic Data Interchange (EDI) submitter vendor billing agency (applicable if contracting with an outside vendor to submit billing)
- Medicaid Coordinator
- Medicaid Billing Clerk
- School Board



Functions of the School Business Office

- Establish the National Provider Identifier (NPI) and enroll as a School Medical Provider
- Set up the account structure in alignment with the Oregon Program Budgeting and Accounting Manual (PBAM)
- Assist in designing internal Medicaid processes, policies and procedures
- Develop the internal control structure
- Determine if school district will bill directly or through a third-party vendor (submitter)
- Develop annual Medicaid billing costs/rates
- Help determine how the school district will utilize reimbursed funds
- Develop an internal system to reconcile both the Remittance Advice (RA) from OHA as well as the general ledger account

Getting Started

The SBHS [Medicaid Billing Checklist](#) (Appendix A) is designed to be a step-by-step guide for school districts to begin billing health-related services provided to children eligible under the IDEA who are also Medicaid-eligible. Medicaid is first payer for these services. This means that Medicaid will pay prior to the Department of Education for Medicaid-covered services listed in a child's IEP/IFSP. The following information may be used in conjunction with the checklist.

Establish a National Provider Identifier (NPI)

Oregon medical providers (including school districts) must apply for a National Provider Identifier (NPI) and specialty area taxonomy code before enrolling with Medicaid.

Note: If the school district obtained a Medicaid ID prior to the NPI requirement, the district must apply for an NPI and provide the NPI on provider enrollment documents when enrolling with Medicaid or re-enrolling to reactivate an existing Medicaid ID.

To apply for an NPI, the following information is required:

- Organization's legal name (name associated with tax ID number) and mailing address
- Employer Identification Number (EIN; tax ID number)
- Authorized official for the organization: name and phone number
- Practice location address and phone number
- Local Education Agency taxonomy code: 251300000X and provider type: 62
- Contact person's name, phone number, and email address

The 10-digit, numeric NPI is administered by the Centers for Medicare and Medicaid Services (CMS) and aligns with the Medicaid ID. It does not expire or change. To get an NPI, [apply online](#) at the National Plan and Provider Enumeration System (NPPES) website. If the district already has an NPI, existing NPI information is available in the [NPI Registry](#).

Other important information:

- During the application process, the district representative will create a user ID and password, select a secret question, and type the answer to the secret question. (The secret answer is required for changes and amendments.)
- Print the page with the tracking number and keep it on file.
- Maintain the tracking number, user ID, and password information.
- The NPPES sends an email notification, including the 10-digit NPI, to the provider contact listed.

Once the district has an NPI, the district may begin the Medicaid provider enrollment/re-enrollment process with the Oregon Health Authority (OHA).

Enroll as a School Medical Provider

To enroll as a SM provider and seek direct reimbursement from the OHA, fill out and submit Medicaid provider enrollment forms, listed under School Medical on the [Oregon Health Plan Provider Enrollment webpage](#).

Medicaid provider enrollment steps:

- Complete each required form.
 - Provider Enrollment Attachment ([OHP 3120](#))
 - Electronic Document Management System (EDMS) Coversheet ([OHA 3972](#))
 - Provider Disclosure Statement of Ownership and Control, Business Transactions and Criminal Convictions ([OHA 3974](#))
 - Provider Enrollment Agreement ([OHA 3975](#))

Submit all forms and documents to OHA Provider Enrollment using the EDMS Coversheet (OHA 3972) as the cover page.

Set up Provider Web Portal Account

All Oregon Medicaid providers, including SM providers who leverage Medicaid for reimbursement for SBHS, may access the Medicaid Management Information System (MMIS) Provider Web Portal, an information system managed by OHA. Through the MMIS Provider Web Portal, each Medicaid provider can access free, real-time Medicaid eligibility, enrollment, claims, and payment information that pertains to their unique Medicaid provider ID.

Enrolled SM providers may:

- Verify Medicaid eligibility for children served by the school district.
- Bill Medicaid for SBHS (submit claims) and adjust and void claims billed in error.
- Download a remittance advice (RA), a document that tracks:
 - Claims submitted, adjusted, and voided.
 - Claim status for each claim.
 - Financial information, including year-to-date information, claims that are payable and pending local match, and leverage account balance.

The [MMIS Provider Web Portal](#) requires an OHA-issued PIN for initial access. For questions or concerns about access or to request a PIN, contact Provider Services: 800-336-6016 or team.provider-access@state.or.us. Resources, including self-paced guides for account setup, clerk setup, and eligibility verification, are available on [OHA's Provider Web Portal webpage](#). SM providers may contact the Provider Services Unit at DMAP.ProviderServices@dhsosha.state.or.us or 800-336-6016 questions about the Web Portal.

Develop Medicaid Billing Processes and Procedures

Established policies and procedures are critical to school Medicaid billing. The ODE has created a [Quality Medicaid Assurance Plan](#) (QMAP) template designed to support effective, accurate, and sustainable school district Medicaid billing policies and procedures. The QMAP is intended to be a district level document and a school district should work with internal and external stakeholders to ensure QMAP contents align and support the school district's intent and expectation.

Elements that should be included in developing your processes and procedures:

- Define the roles of all the major players (Finance Director, Special Education Director, Medicaid Coordinator, Superintendent, Board, Human Resources, etc.).
- Determine if the school district will submit Medicaid claims at the district level or contract with a third-party vendor (e.g. ORMED or DSCTop) or submitter (e.g. ESD) to submit claims on the district's behalf.

Medicaid claims must be submitted under and paid to the SM provider enrolled to provide services to K-12 students

- Determine what services the school district will bill
- Develop Medicaid billing rates annually and submit to OHA for review and acceptance (due January 31). Ensure internal review processes are in place. If the school district is using a third-party submitter, such as an ESD, be sure to submit costs reviewed and accepted by OHA to the third-party agency so they may bill on the district's behalf.

Please note: Cost rates need only be developed for disciplines that will be billed

- Ensure all parties involved understand and agree upon the accounting structure. For example, is the school district allowing all reimbursement to go to the Special Education department or will a portion of it go toward a grant or the general fund?
- Establish a review process in all billing roles complete through the reconciliation process.
- Decide how the school district wants to track Medicaid reimbursement. If the district has determined the accounting process will include placing Medicaid reimbursement in a grant fund, be sure to have a grant accountant review all revenue and expense transitions. This should be part of your internal control narrative.
- Establish a reconciliation process of the Medicaid remittance advice (RA) for all services billed, including denied, paid, and payable-not-paid services.

Determine if the School District will Bill Medicaid Directly or Through a Third-Party Submitter

There are multiple options for submitting Medicaid claims for reimbursement. Each school district must determine what works best for them. A school district may opt to:

- Bill directly using the Web Portal provided by OHA for free
- Bill via 3rd party Medicaid billing software, such as ORMED or DSCTop, which integrates with special education software for claims submission, validation and reconciliation
- Contract with a third party submitting agency, such as an ESD.

If a district decides to use a Medicaid billing software, they will enter into a contract agreement which includes associated costs (each software will have a different cost). Additionally, the district will need to enter into a [Trading Partner Agreement](#) (TPA) with OHA, which is an agreement between the district (the Trading Partner), Oregon Medicaid and the 3rd party (the EDI submitter) which authorizes the submitter to submit electronic claims on behalf of the district. The 3rd party contractor will work with the district to submit the TPA.

Things to consider when deciding how to bill are the size of the school district, the number of students being billed for, staff capacity, cost, training needs and experience.

Examples:

1. A small school district only has a few students for whom they are billing Medicaid covered services. The school district finds managing a small number of student claims manually as a feasible option. Therefore, they opt to submit claims via the Web Portal. In this instance, the district will be responsible to complete all claims submission, validation of supporting documents, claims accuracy, claims reconciliation and any necessary adjustments manually in-house. Unlike most Medicaid billing software options, the caveat is there is no means of electronically validating or maintaining claims data via the Web Portal.
2. A school district has a Medicaid Coordinator who works within the school district to ensure compliance. The district opts to use a billing software vendor. The Medicaid Coordinator works with the vendor and the business office to ensure that claims are being processed and reconciled properly. A major benefit of using billing software is that it provides claims validation. Billing software also typically stores claims data and some of the required supporting documentation. This reduces the risk of audit findings and decreases the amount of denied claims.
3. A school district contracts with an ESD to submit Medicaid billing on their behalf. All state match leveraging payments and reimbursements flow through the school district. In addition to the supports in example #2, the ESD may provide audit support, claim submission and reconciliation, and training and assistance for school district personnel. Contracts with a third-party billing vendor or ESD can be negotiated to include more or less support depending on the needs of the school district and the capacity of the contractor.

Decide How the School District will Utilize Reimbursed Funds

Oregon's Medicaid State Plan outlines reimbursement methodology for SBHS. States may choose from two allowable payment processes, established by the Office of Management and Budget, for leveraging federal funds: inter-governmental transfer (IGT) or certified public expenditure (CPE). Because Oregon chose the IGT option, Medicaid SBHS payments do not require annual reconciliation. Therefore, the federal obligation is met, and the funds paid to the SM provider belong to the district upon receipt.

In Oregon, each school district determines how they want to allocate reimbursed funds. This decision point is a great opportunity for stakeholder engagement and transparency in the use of funds. This engagement will both incentivize and sustain Medicaid billing in the district. Medicaid reimbursement may be allocated to the school district's general fund and/or special revenue funds. Reimbursement may also be returned to the program that generated the revenue.

The reimbursed funds may be used in a variety of ways, which may include:

- IEP implementation
- Comprehensive school health services
- Hiring and/or increased salaries of medically-qualified staff
- Books, supplies, or other school-related expenses
- Creation of innovative programs
- Assistive technology or frequency modulation (FM) systems
- Medical and/or health room supplies
- Licensing and association fees for staff
- Professional development
- Technology for staff

Establish Internal Rules for Use of Funds

School district leadership will be responsible for developing options on how to utilize Medicaid reimbursements. Once that is determined, a system for tracking the funds must be developed. Medicaid reimbursement revenue can be tracked by creating a separate special revenue fund or a grant, or managed through the general fund. If the funds are placed into a special revenue fund and a grant is created, under [Governmental Accounting Standards Boards \(GASB\) 54 rules](#), the funds can be separated from the general fund and show that they are in a dedicated place and are not open for general use. If the funds are managed through the general fund, they typically do not have that protection unless it is separated; such as how prepaid items are coded on the balance sheet.

Once spending options have been evaluated, it is recommended they be presented to the finance oversight committee, school board, or both for approval. Once approved, create the accounting structure and internal controls.



Set up the Account Structure

Create an Accounting Structure to Manage Assets, Liabilities, Revenue and Expenses

Districts will need to create an accounting structure to properly account for assets, liabilities, revenue, and expenses. See process below.

- Determine if the district will be completing the billing internally or externally via a third-party billing submitter
- Depending on the district's internal accounting structure, develop a separate grant number to account for all revenue and expenses or create a new fund
- Once the grant or fund has been created, develop all the necessary accounts for both the balance sheet and schedule of revenue, expenditures, and changes in fund balance
- Communicate with each department receiving Medicaid reimbursements to determine how they will spend the funds.
- Meet with all departments involved in claims/billing on a frequent basis to ensure that any issues are addressed and operations are running smoothly as intended
- If the school district is using a third-party submitting agency, ensure the contract with the third-party submitter is routed through legal, procurement, and business offices for review prior to approval. Ensure the contractor has been notified they are required to provide documentation and support to the district in the event of an audit

Example: The Program Budgeting and Accounting Manual (PBAM) can assist districts in creating the accounts used for Medicaid billing. Following are typical steps for establishing these accounts:

- Create a Grant Number in your Special Revenue Fund or create a new fund
- Set up a liability or asset account – use this account to pay the prepaid (state match share) to OHA to ensure that you receive the Medicaid reimbursements
- Create a revenue code to bring in the federal revenue
- Create expense codes based upon how each department will spend Medicaid reimbursement (the expenses will be part of the year-end audit report of federal programs SEFA or A-133)

Reconcile General Ledger

The School Finance Officer (SFO) is the person ultimately responsible for the transparency and accountability of school district funds. It is best practice to create a system of checks and balances to ensure no one person is responsible for the entire Medicaid reimbursement and accounting process. It will be the SFO's responsibility to create accounts to track asset or liability (prepaid Medicaid match), revenue (federal) and expenses. It is recommended the district reconcile the general ledger (GL) accounts that are associated with Medicaid activity on a monthly basis. When reconciling the GL, remember to include reconciliation of the Medicaid Remittance Advice (RA). School districts have up to 12 months from the date the service was delivered to bill Medicaid for reimbursement. Billing frequency and expedience will affect the timing of reimbursement and the reconciliation process. There will be a timing difference on the reconciliation.

Please note: Districts have the option to delay billing for up to 12 months from the date of service. However, delayed billing may put the district at higher risk for errors and/or reimbursement loss. Complications that may arise with delayed billing include:

- Medically licensed staff leaves employment and supporting documentation is not signed or complete
- A claim was denied that requires the medically licensed staff person to make a change in order to rebill the services
- The written recommendation required by Medicaid is missing
- Reimbursement amounts may be lower as claims are paid based on costs for the year in which they are billed

Write up Internal Control Procedures for Single Annual Audit

Internal controls are methods put in place to ensure the integrity of financial and accounting information. School districts design internal controls for Medicaid billing similar to the internal controls developed for auditors. However, unlike a school district's typical internal controls, those developed for Medicaid billing will span multiple departments. A narrative is designed for auditors to be able to create a list of items eligible for testing (i.e. match expenses, revenue received, expenses, and cash). The typical model auditors use to evaluate school districts is the [COSO Framework](#), an internal control framework developed by the Committee of Sponsoring Organizations of the Treadway Commission (COSO) (See Appendix H).

The audit standards that cover Medicaid services, used by auditors to test report expenses on the annual single audit report, can be found in the Catalog of Federal Domestic Assistance: [CFDA 93.778 Medical Assistance Program \(Medicaid; Title XIX\)](#). Another auditing tool is found in the Code of Federal Regulations at [2 CFR 200 Subpart F – Audit Requirements](#).

Compliance and Documentation Requirements

School districts can only bill for SBHS when all of the following statements are true:

- The student is eligible under the IDEA;
- The student is Medicaid-eligible;
- The district obtains parental consent to bill Medicaid;
- The health services are covered by Oregon's Medicaid State Plan;
- The health services are identified in the student's IEP, which serves as the prescriptive document;
- The services are delivered by medically qualified providers within their scope of practice;
- The school district ensures (and maintains documentation) that all medical staff providing health services are qualified (licensed, if applicable), in good standing, and checked against the Medicaid fraud database annually;
- The health service billed is recommended as necessary and appropriate by a licensed provider within their scope of practice;
- Supporting documentation, that meets the requirements of applicable state licensing boards, is on file at the school district in support of each health service reimbursed by Medicaid, including transportation; and
- The school district has a state approved Medicaid billing rate for the services performed.

School districts must have proper documentation for all SBHS they provide. All supporting documentation must be maintained for seven years from the date of payment, not the date of service delivery. School districts must determine a process for record keeping. The QMAP contains helpful tools for developing record keeping processes.

Medicaid Supporting Documentation Requirements

The state Medicaid agency, OHA, requires supporting documentation and recordkeeping for health services: specific care; items; or services for which payment has been requested. OHA verifies payment accuracy and appropriateness through random audits on Medicaid-enrolled providers. Audits are not intended to be punitive. Rather they are intended to identify errors that can typically be fixed.

SM providers should maintain supporting documentation and records for SBHS provided. Documents that will be required in the event of an OHA audit include:

- For medically qualified staff, **documentation of credentials and qualifications** in accordance with [Oregon Administrative Rule \(OAR\) 410-133-0120](#), including proof of periodic checks of the Officer of the Inspector General's [List of Excluded Individuals/Entities](#). The list is updated monthly.
- A copy of the **written recommendation**, from a physician or a licensed health care practitioner acting within the scope of their practice under state law, supporting health services written on the child's IEP or IFSP ([OAR 410-133-0160](#)). See [42 CFR 440.110](#) for occupational therapy (OT), physical therapy (PT), speech-language pathology (SLP), and audiology. See [42 CFR 440.130](#) for diagnostic, screening, preventative and rehabilitation services.
- **Proof of required supervision** for medically-qualified staff, if applicable, in accordance with [OAR 410-133-0120](#).
- **Proof of e-signature approval**, if applicable, per: CMS requirements and Oregon e- signature requirements and approval by ODE and DHS/OHA.
- Signed **parental consent** as required by [34 CFR 300.154](#).
- **Proof of annual written notice(s) for parental consent.**
- A copy of the Medicaid-eligible individual's **IFSP/IEP** (used as the prescriptive document), including related goals, health services plans, and any addendum to the plan/program ([1903\(c\) of the Social Security Act](#)).
- **IDEA eligibility report(s)**: evaluation/assessments, evaluation report indicating observations, tests performed and results (See [OAR 410-133-0080](#) for Medicaid covered services and [OAR 410-133-0320](#) for documentation and recordkeeping requirements.)
- **Supporting documentation** and supervision of the specific health services provided, in accordance with [OAR 410-133-0320](#)
 - May be in the form of signed therapy/treatment logs, SOAP (subjective objective assessment plan) notes, etc.
 - Must include location, duration, and extent of each health service provided, date of service, and signature and initials of medically-qualified staff in accordance with their licensing board requirements (If supervised, documentation must include both the name of the assistant and the supervising therapist/licensee.)
 - Must include periodic evaluation of therapeutic value and progress, attendance records, and transportation vehicle trip log (if applicable).
- **Attendance Records** (Include internal processes for public education tracking negative attendance for records.)
- **Medicaid Cost Calculation Worksheets** reviewed and accepted by OHA for SBHS service dates under review.

Please note: Medical professionals in all positions and settings, **including schools**, are responsible for maintaining ongoing accurate and complete documentation of the health services they provide. Documentation, including records of all therapeutic services, must be signed or e-signed (OHA adopts Medicare's electronic signature policy; see [Medicare Program Integrity Manual](#)) and must include: the individual's diagnosis and the medical need for service, and clear indication of who provided the service.

Develop Annual Medicaid Cost Rates

Medicaid rates are based on each school district's prior-year audited costs. Each school district intending to bill Medicaid for SBHS must submit actual prior-year costs, by discipline, annually (by January 31st) to the OHA for review and acceptance for use and rate-setting. School districts report previous fiscal year costs, by discipline, using the [Medicaid Cost Calculation Worksheet](#). Previous fiscal year costs are audited, and rates are set for the current calendar year. (i.e. July 2017 - June 2018 fiscal year costs submitted by January 31, 2019 determine unique Medicaid rates for each discipline for calendar year 2019.) Instructions for developing Medicaid costs are detailed in the first tab of the cost calculation worksheet.

Use ODE Upload Report to Develop Costs

To streamline the annual Medicaid cost calculations, the district may want to gear the chart of accounts toward medically qualified staff objectives by using a function code, allowing the district to sort and filter the ODE annual upload report to more easily pull out costs.

Develop Costs per Discipline

Districts only need to submit costs for disciplines the district intends to bill. It is common practice for school districts who are just beginning to bill Medicaid to select one or two disciplines that yield high rates of return first.

For example: A district provides daily covered services for a student requiring a 1:1 nurse, which incurs a high cost. The district may choose to begin billing nursing services and then expand to include other services once they have a system in place.

There are direct costs and administrative costs for each discipline. Both are used to calculate the Medicaid rates. Administrative costs include the total actual audited salaries, benefits, and costs (not included in the ODE indirect rate) of management and clerical staff that perform work in support of medically qualified staff. The allocation of prorated costs may require calculating the percentage of time spent providing support services for medically qualified staff attributable to each discipline.

For example: A manager only supervises occupational and physical therapists (OT and PT, respectively). The percentage allocated to the OT and/or PT costs is based on the total percentage of full-time equivalent employees (FTE) supervised for each discipline. If there are five full-time OTs and five full-time PTs, 50% of the manager's salary and benefits is allocated to the OT rate and 50% is allocated to the PT rate; if there are seven full-time OTs and three full-time PTs, 70% of the manager's salary and benefits is allocated to the OT rate and 30% is allocated to the PT rate.

The OHA [Medicaid Cost Calculation Worksheet](#) for developing annual Medicaid cost calculations includes a tab for each of the following disciplines:

- Nursing (nurse practitioners, registered nurses, and licensed practical nurses)
- Occupational therapy (OT/COTA)
- Physical therapy (PT/LPTA)
- Speech language pathology (SLP/SLPA)
- Audiologist
- Psychiatrist
- Psychologist (**must be Oregon Board of Psychologists Examiners Licensed Psychologist; *TSPC-licensed School Psychologists do not meet the requirements for Medicaid billing**)
- Delegated Health Care (DHC)
- Licensed Clinical Social Worker/Clinical Social Work Assistant (LCSW/CSWA)
- Transportation (see special instructions for this discipline below)

The instructions are the same for each discipline, with the exception of transportation, and are detailed in the [Medicaid Cost Calculation Instructions](#). The costs associated with medically-qualified staff performing services are combined with the costs for program administration to determine a total hourly cost per discipline.

School districts should review cost rates for accuracy prior to submission. Some common indicators of errors include:

- Costs are very high or low compared to statewide averages. (This may be due to under or over reporting the number of paid work hours in the cost calculation worksheet or an incorrect entry of ODE's state-approved indirect rate.)
- Delegated health care costs exceeding those of their licensed supervising nursing staff.
- More than 100% of combined shared costs between disciplines such as OT/PT being reported (e.g. support staff, travel, and/or materials and supplies exceeding 100% of total costs between disciplines).

The school district should ensure there are multiple levels of review on the proposed rates to ensure all areas have been evaluated for reasonableness and compliance with state guidelines. If you are utilizing an ESD for services be sure to coordinate with that ESD so that you

have their respective rates for billing along with your own internal rates. Worksheets should be submitted to Lasa Baxter at OHA (lasa.baxter@imesd.k12.or.us) for review and acceptance to expedite the cost submission and approval process.

Develop Transportation Costs

Transportation to and from school may be claimed as a Medicaid service when the child is Medicaid-eligible and receives a Medicaid-covered service in school on a day when both the covered service and the need for medically necessary transportation are specified in the child's IEP/IFSP. Reimbursement rates are derived from the school district's prior-year actual audited costs for IDEA special education transportation and are based on a per-trip rate. All special education trips, whether billable to Medicaid or not, must be used in calculating the per-trip cost. Do not include percentages of costs that are unrelated to special education transportation. Complete instructions are detailed in the [Medicaid Cost Calculation Instructions](#).

Medicaid Billing Claims

Match Payments

Medicaid fee-for-service for SBHS is a cost-sharing program. School districts are required to put up local match funds to draw down federal reimbursement for covered services. The [Federal Medical Assistance Percentage](#) (FMAP) rates determine the local match rate. The FMAP is the federal government's share of expenditures for Medicaid and the Children's Health Insurance Program (CHIP). Generally, the FMAP changes annually on October 1st to correspond with the beginning of the federal fiscal year. The local match amount is a percentage of the total amount paid for claims submitted.

Match funds must be public, non-federal funds ([42 CFR § 433.51](#)). School districts may submit funds via paper check or through an electronic funds transfer (EFT). Once local match is received and processed by Medicaid, federal funds are released for payment, and Medicaid

combines the local match funds with the federal funds to reimburse the school district at 100%.

School districts submit local match with the [MMIS Local Match Leveraging Form](#). Local match received and processed by 5:00 p.m. Wednesday is available for claims processed during the following weekend's financial process. If funds are not available during the financial process, claims are pended until local match funds are received and processed. If funds are available during the financial process, the match payment is automatically calculated, and claims are paid in the order received/processed. The Medicaid Management Information System (MMIS) will only process and pay claims for which the entire local match is available; it will not pay partial claims (See [Medicaid Leveraging Process for Public Education Entities](#) for further information).

Remittance Advice (RA)

During the financial process each weekend, the MMIS automatically generates an RA for weeks during which any claims are submitted and/or pended. An RA is not generated if no claims are submitted and/or pended during the previous week. The RA lists all claims processed and/or pended during the most recent financial cycle. Paid, denied, and adjusted claims are detailed claim-by-claim. Pended claims are listed in the [Leverage Claims Payable – Not Paid](#) section, with the local match due, claim-by-claim and total, is calculated and listed.

Automatically generated RAs are mailed to the district at the mailing address on file in the MMIS, unless the district has requested to stop receiving a paper RA. Current and past RAs are also accessible through the MMIS Provider Web Portal at any time (See [Accessing the Online RA](#) for more information).

Match Account Setup

The first time a match payment is made, the school district will have to decide which account to borrow funds from (match funds must be public, non-federal funds [42 CFR § 433.51](#)).

Please note: Medicaid match funds should be tracked for Individuals with Disabilities Education Act (IDEA) Maintenance of Effort (MOE) purposes. Funds used as Medicaid match may be included in a school district's MOE calculation. However, the federal reimbursement, even if expended on IDEA Part B services, is not considered state or local funds for the purposes of MOE. [34 CFR 300.154\(g\)\(2\)](#).

For all payments thereafter, it is recommended the district set up an asset/liability account to be used solely for match payments. This allows a journal entry, upon receipt of the RA and reimbursement check, to put the match revenue received back into the asset/liability account that the match funds were borrowed from. It also minimizes the need to reach back into individual departments.

State Denial of Claims

The RA details paid, denied, and adjusted claims, including reason codes for each. In many instances, the school district will be able to correct the claim and resubmit/adjust for reimbursement (See [Oregon Administrative Rule \(OAR\) 410-133-0280 Rebilling for more information](#)).

To correct a claim reimbursed for services provided to a Medicaid-eligible student, the SM provider must resubmit a claim for services denied or request an adjustment for services paid. The process for resubmitting a claim is the same as initial submission. Adjustments can be requested for claims that are paid, when something on the claim is inaccurate (e.g. an incorrect rate was billed, or the diagnosis code was incorrect). The district may adjust a claim through the MMIS Provider Web Portal or on the [Individual Adjustment Request](#) form.

Examples of denied claims that cannot be corrected include a claim submitted for a child who is not eligible for Medicaid on the date of service, or a claim that is submitted more than 12 months after the date of service. (There is a 12-month timely filing limit on all Medicaid claims. See [OAR 410-120-1300](#))

Frequently Asked Questions (FAQs)

May school districts use their local, or State and local, funds to meet both the Individuals with Disabilities Education Act (IDEA) Maintenance of Effort (MOE) requirement and a matching or MOE requirement for a separate federal program (e.g. Medicaid or Vocational Rehabilitation)?

Yes. In fact, school districts must include the amount of state/local match in their maintenance of effort (MOE) calculations. However, the federal Medicaid reimbursement **must be excluded**.

For example: A school district expended \$4,000 in local funds for the education of children with disabilities in FY 2013–2014. It properly used these funds to meet a matching requirement for Medicaid. The school district may include the \$4,000 in local funds in its IDEA MOE calculation for FY 2013–2014 even though it uses those same funds to meet a matching requirement for Medicaid.

Must school districts deduct Medicaid reimbursements from High Cost Disability Fund (HCD) and State Transportation Grant (STG) Applications?

School districts will no longer need to deduct Medicaid reimbursements from HCD and STG applications from the 19-20 school year forward.

Do I need to report Medicaid reimbursement on the Schedule of Expenditures of Federal Awards (SEFA)?

You will only report the expenses, not the reimbursements. See: [29 CFR 99.205](#) Chapter XI: Schedule of Expenditures of Federal Awards (SEFA) Contents.

Cost Calculation FAQs

How often do I need to complete Medicaid billing rates?

They are due annually on January 31st.

Can I still bill with a rate that has been rejected?

No. You will need to work with OHA to determine why the rate was rejected. You will then make the necessary updates and resubmit the new rate for approval. You can only use approved rates for billing.

What if there are no actual audited costs for the discipline or function from the previous school year?

If the Education Agency (EA) does not have audited costs for the discipline/function from the prior year, an estimate can be made based on current actuals paid to date. However, cost reconciliation will need to be completed after audited costs are confirmed for the current year. Upon submitting the cost calculation worksheets, it should be noted on the worksheet for each applicable discipline that the costs are estimates so that a notation can be made to ensure cost reconciliation is completed at the end of the year. If it is determined that the individual discipline cost decreased once the current year costs are finalized, OHA will request a cost recovery on the EA for the overpayment. If the individual discipline costs increased, then the EA has the option of submitting an adjustment request to receive the additional payment for the difference. Financial advantage will depend on the amount of the increase and the total number of claims submitted to date.

How does a district determine the total number of trips when they do not have any history from the prior year for calculating the cost of transportation for the first time?

For the period of one year only the district is allowed to use an alternate methodology to determine the total number of trips to be entered on line 4 of the transportation cost worksheet. This alternate methodology consists of determining the total number of school days in session multiplied by the total number of potential daily trips (two) multiplied by the total number of Medicaid eligible students receiving transportation as specified in their IEP/IFSP.

For example: 165 days in session x 2 daily trips x 12 Medicaid eligible students receiving transportation as a related service on the IEP/IFSP = 3,960 (total # of trips).

Our EA has an ODE approved FINALIZED indirect rate for the previous year, but does not have an ODE approved FINALIZED indirect rate for the current year. Do we have to have a current ODE approved FINALIZED indirect rate to complete the cost calculations?

No. In order to submit costs for an SBHS Medicaid provider, EAs are not required to obtain and submit an ODE state approved FINALIZED indirect rate. If an EA

does not have an ODE state approved FINALIZED indirect rate for the current year they must leave line 14, column C of box 1C blank.

Please note: EAs may not use an ODE state approved FINALIZED indirect rate from a prior year. ODE state approved FINALIZED indirect rates applied in the cost calculation worksheets must be for the current year.

Acronym Key

CFDA	Catalog of Federal Domestic Assistance	MMIS	Medicaid Management Information System
CFR	Code of Federal Regulations	NPI	National Provider Identifier
CHIP	Children’s Health Insurance Program	NPPES	National Plan and Provider Enumeration System
COSO	Committee of Sponsoring Organizations of the Treadway Commission	OAR	Oregon Administrative Rule
EA	Education Agency	ODE	Oregon Department of Education
ECSE	Early Childhood Special Education	OHA	Oregon Health Authority
EDMS	Electronic Document Management System	OHP	Oregon Health Plan (Medicaid)
EDI	Electronic Data Interchange	OMB	Office of Management and Budget
EFT	Electronic Funds Transfer	ORS	Oregon Revised Statute
EI	Early Intervention	OSEP	Office of Special Education Programs
EIN	Employer Identification Number	PBAM	Program Budgeting and Accounting Manual
FFP	Federal Financial Participation	QMAP	Quality Medicaid Assurance Plan
FMAP	Federal Medical Assistance Percentage	RA	Remittance Advice
GASB	Governmental Accounting Standards Boards	SBHS	School-Based Health Services
GL	General Ledger	SEFA	Schedule of Expenditures of Federal Awards
IDEA	Individuals with Disabilities Education Act	SFO	School Finance Official
IEP	Individualized Education Plan	SM	School Medical (Provider)
IFSP	Individualized Family Service Plan	SOAP	Subjective, Objective, Assessment and Plan
LEA	Local Education Agency	TPA	Trading Partner Agreement
MAC	Medicaid Administrative Claiming	TSPC	Teacher Standards and Practices Commission

Resources

- [Oregon Department of Education Medicaid in Education](#)
- [Oregon Health Authority School Based Health Services Administrative Rulebook](#)
- [School District Quality Medicaid Assurance Plan \(QMAP\)](#)
- [Medicaid and School Health: A Technical Assistance Guide](#)
- [Medicaid Administrative Claiming Guide](#)

Appendix A

SBHS – MEDICAID BILLING CHECKLIST

[For the most recent version of this document click here.](#)

School Based Health Services – Medicaid Billing Checklist

This checklist is for Oregon school districts seeking to bill health related services provided to children eligible for Individuals with Disabilities Education Act (IDEA) who are also Medicaid-eligible. As stated in the IDEA, Medicaid is the first payer, before the Department of Education, for these services. See [Medicaid in Education](#).

Complete all steps to begin billing Medicaid for school based health services.		
✓ Step	Details	Contact
1. Medicaid Preliminary Feasibility Discussion	<p>Discussion points:</p> <ul style="list-style-type: none"> • Will Medicaid reimbursement be feasible/ cost-effective for the district? • How can the district get the most out of billing Medicaid? • Compare reimbursement per discipline. • Decide which services are most worthwhile for the district to begin billing; the district does not have to bill all IDEA services. • What percentage of children in the district’s area are Medicaid eligible? • What about High-Cost Disability and State School Transportation funds available through the Oregon Department of Education? Does billing Medicaid mean the district cannot access these other funds? • What is the process of establishing rates for each discipline? 	<p>Linda J. Williams, Oregon Health Authority (OHA); and</p> <p>Lasa Baxter, OHA</p>
2. Verify you have everything you need to bill Medicaid.	<ul style="list-style-type: none"> • Medicaid Provider Enrollment – Fill out and submit Medicaid Provider Enrollment forms; listed under School Medical on the Oregon Health Plan Provider Enrollment webpage. <p>The Medicaid Provider Enrollment process may take several weeks. The district can work on other steps while this is in-process.</p>	<p>Provider Enrollment, OHA</p>
	<ul style="list-style-type: none"> • Identify students the district plans to bill for, and request parent consent for those students. (Signed consent forms become part of the student’s file. Parent 	<p>Jennifer Ross, Oregon Department of Education (ODE)</p>

Complete all steps to begin billing Medicaid for school based health services.		
✓ Step	Details	Contact
<p><i>Optional: The district may also complete the Medicaid Quality Assurance Plan (QMAP). The QMAP is designed to support effective, accurate, and sustainable school district Medicaid billing policies and practices. See Medicaid in Education. Contact Ely Sanders, ODE.</i></p>	<p>consent must be on file for all dates billed to Medicaid.)</p>	
	<ul style="list-style-type: none"> Review IEPs for students the district plans to bill for to ensure health services are adequately listed. 	Jennifer Ross , ODE
	<ul style="list-style-type: none"> Review service documentation for students the district plans to bill for to ensure service documentation is written per the medically-qualified staff's licensing board requirements. 	Linda J. Williams , OHA
	<ul style="list-style-type: none"> Verify Medicaid eligibility for students the district plans to bill services for. 	Medicaid Eligibility on the Provider Web Portal
	<ul style="list-style-type: none"> Complete and submit the cost worksheet. This establishes the district's costs for each discipline. 	Lasa Baxter , OHA
3. Set up systems	<ul style="list-style-type: none"> Medicaid Provider Web Portal – A Medicaid system used by Medicaid-enrolled providers and schools to verify Medicaid eligibility, bill claimable services, and adjust already submitted claims. 	Provider Services Unit , OHA
	<ul style="list-style-type: none"> Electronic Data Interchange (EDI) system (optional; requires a Trading Partner Agreement and data file testing with the Oregon Health Authority.) –There are several data and billing systems that school districts may choose to purchase and bill through (e.g. DSCtop; ORMED; etc.). 	EDI Support Services , OHA
4. Schedule training	<ul style="list-style-type: none"> Medicaid Provider Web Portal (<i>for business office staff/ Medicaid coordinator</i>) – A Medicaid system used to verify Medicaid eligibility, bill claimable services, and adjust already submitted claims. Medicaid School-Based Health Services program (<i>for medically-qualified staff</i>) 	Provider Services Unit , OHA Provider Web Portal resources
5. Begin billing		Provider Services Unit , OHA

Appendix B

SBHS (WHERE IDEA AND MEDICAID INTERSECT)

PURPOSE: Individual with Disabilities Education Act (IDEA) Special Education and health related services are provided to children in support of their education goals to ensure access to and benefit from Free and Appropriate Public

EDUCATION IDEA

- MOU required by 34CFR300.154 (Medicaid first payer for IDEA services covered under Oregon's Medicaid State Plan)
- IDEA
- Child Find
- FAPE
- FERPA
- Education Staff
- Medically licensed Staff
- Related Services- Rehab Services
- School Nurse Services
- Assistive technology
- Transportation
- Early Intervention (infants & Toddlers Birth to age 3)
- Early Childhood Special Education (ages 3 & 4 yrs.)
- K-12 Education (Age 5 to 21 yrs.)

SCHOOL BASED HEALTH SERVICES (SBHS)

SBHS are IDEA health related services that are also considered a covered service under Oregon's Medicaid State Plan. Medicaid is First Payer before Education for IDEA Medicaid covered services billed to Medicaid under SBHS as part of cost sharing eligible for Federal Financial Participation.

Where IDEA & MEDICAID Intersect

- Audiology**
- Speech Language**
- Nurse services**
- Occupational Therapy**
- Physical Therapy**
- Psychological Services**
- Social Worker Services**
- Assistive Technology services**
- Transportation services**

PURPOSE: Medicaid Title XIX, Title XXI, Early Periodic Screening Diagnosis and Treatment (EPSDT) are provided to children to correct or ameliorate a health condition and to address a child's overall healthcare needs

MEDICAID

- Social Security Act (SSA) 1903(c) Medicaid First Payer (IEP & IFSP svcs. required by IDEA and covered under the Medicaid State Plan)
- Title XIX OHP
- Title XXI SCHIP
- Medicaid State Plan Amendment
- Waiver Services
- EPSDT (children birth to 19 or 21)
- HIPAA
- Medically Licensed Staff
- Rehab services
- Managed Care Organizations
- Care Coordination Organizations
- Clinics
- Hospitals
- Pharmacy
- Transportation

Appendix C

SBHS REIMBURSEMENT FOR IDEA-RELATED SERVICES

HEALTH SYSTEMS DIVISION
Medicaid Programs



Medicaid SBHS reimbursement for IDEA-related Services

Who can bill for SBHS services?

Education Agencies (Schools and Educational Service Districts; not School Clinics) who [enroll with the Oregon Health Authority \(OHA\)](#) as an Oregon Medicaid School Medical Provider.

What are SBHS services?

Any services authorized under Oregon’s approved Medicaid State Plans that also are considered special education, related services, or early intervention services such as:

- Audiology, social work and psychological services, nursing services, occupational therapy, physical therapy and speech/language pathology provided by [medically qualified staff](#)
- [Transportation](#) services

To be reimbursed by Oregon Medicaid, services must be:

- “Necessary and appropriate” as defined in SBHS rules;
- Recommended by a physician or other licensed healthcare practitioner within the scope of practice under state law for the treatment provided;
- Specified in the child’s Individual Education Program/Plan (IEP), or the Individualized Family Service Plan (IFSP) addressing the physical or mental disabilities of the child; and
- Provided by [medically qualified staff](#).

How does SBHS reimbursement work?

Rates:	Fee-for-service SBHS rates are based on cost calculations for the previous school year. Refer to OHA's cost calculation worksheet and instructions .
Billing:	Use the professional claim format and bill using accepted SBHS procedure codes . See the OHP billing tips for Web and paper claim instructions.
Leveraging:	<p>Oregon's SBHS program is a cost sharing program in which the School Medical provider's Public Fund Agency provides the non-federal share (local match) of the claimed amount. When local match is available, OHA processes the claim and pays the federal share portion to the School Medical provider.</p> <ul style="list-style-type: none"> ■ To receive timely payment for claims, submit a prepayment for the claim at the local match rate effective on the date(s) of service being billed. ■ Report the payment using the Local Match Leveraging Form. ■ We must receive the payment and completed form by Wednesday, 5 p.m. of the week you submit the claim(s). Otherwise, the claim(s) will suspend until prepayment is received. ■ Don't know how much to pay? Review the “Leverage Claims Payable – Not Paid” section of your paper remittance advice

In addition to SBHS provided on a fee-for-service basis, publicly funded education agencies may claim costs for:

- Medicaid Administrative Claiming outreach activities designed to ensure that children in schools and the community have access to Medicaid programs and services; and
- Targeted Case Management activities that assist individuals under Oregon’s State Plan in gaining access to needed medical, social, education, and other Medicaid covered services.

Appendix D

SBHS MEDICALLY QUALIFIED STAFFING POSITIONS

HEALTH SYSTEMS DIVISION
Medicaid Programs



School-Based Health Services and medically qualified staff

Staff providing school-based health services must meet the federal requirements of [42 CFR 440](#) and operate within the scope of their health care practitioner's license or certification pursuant to state law (refer to the licensing authority for more information).

Type of service	Practitioner	Licensing authority	CFR
Audiology Evaluation and Services	Audiologist	Board of Examiners for Speech Pathology and Audiology	42 CFR 440.110
Nurse Evaluation and Treatment Services	Registered Nurses and Licensed Practical Nurses	Oregon State Board of Nursing	42 CFR 440.166
Occupational Therapy Evaluations and Treatments	Therapist	Oregon Occupational Therapy Licensing Board	42 CFR 440.110
Physical Therapy Evaluations and Treatments	Therapist	Oregon Physical Therapist Licensing Board	42 CFR 440.110
Social Worker and Psychological Evaluation and Therapy Services	Psychologist	Oregon Board of Psychologist Examiners	
	Social Worker	Oregon Board of Clinical Social Workers	
	Psychiatrist	Oregon Medical Board	
Speech Evaluation and Therapy Treatments	Speech pathologist	Board of Examiners for Speech Pathology and Audiology	42 CFR 440.110

Appendix E

SBHS AND TRANSPORTATION SERVICES

HEALTH SYSTEMS DIVISION
Medicaid Programs



School-Based Health Services and transportation services

The Oregon Health Authority (OHA) may reimburse transportation services when:

- The child is Medicaid eligible and requires specialized transportation adapted to serve the needs of the disabled child;
- Transportation service is documented in the child’s IEP or IFSP and there is documentation to support specialized transportation is “necessary and appropriate”;
- Transportation is only reimbursed on days when the child also receives a Medicaid covered health service other than transportation on that day and the Medicaid covered service is also specified on the child’s IEP or IFSP.

OHA will not cover transportation services provided by the parent or relative of the child.

If deemed medically necessary and listed on the child’s IEP or IFSP, the following also apply:

<p>Transport to and from school</p>	<p>Covered when the transportation provided is adapted to serve the needs of the disabled child pursuant to 42 CFR 440.170 (a)(1); or when a child resides in an area that does not have school bus service (such as those areas in close proximity to a school).</p>
<p>Transport to an off-site facility or provider</p>	<p>Covered for transport between the off-site location and school. Transport between home and school is not covered.</p>
<p>Transport assistance</p>	<p>Assistance by a delegated health care aide is covered. See the standards for delegation of a Nursing Care Task as outlined in the Nurse Practice Act, Division 47, OAR 851-047-000.</p> <ul style="list-style-type: none"> ■ On a regular school bus, only the service provided by the delegated health care aide is covered. ■ On transportation adapted to serve the needs of the disabled student, both the transport and service provided by the delegated health care aide is covered. <p>Other forms of transport assistance cannot be billed separately (they are included in the cost of transportation).</p>

Appendix F

SCHOOL MEDICAID BILLING – INFORMATION FOR FAMILIES



School Medicaid Billing Information for Families

The Oregon Health Authority (OHA), as the State’s Medicaid agency, operates the School-Based Health Services Program. This program helps school districts by allowing them to receive Medicaid reimbursement for covered medical services provided to Medicaid-eligible students with disabilities, as per the child’s Individualized Education Program (IEP). This guide is intended to provide answers to frequently asked questions.

1

Why are school districts billing Medicaid?

The [Individuals with Disabilities in Education Act \(IDEA\)](#) is a federal law governing special education services for eligible infants, children, and youth with disabilities. Under IDEA, school districts are required to provide health-related services in a school setting to meet the needs of students as outlined in their IEP. Billing Medicaid for eligible services for special education is a way to bring more money and resources into schools.

2

What can school districts bill Medicaid for?

School districts can bill for health-related services when these conditions are met:

1. The student is Medicaid eligible;
2. The District obtains parental consent to bill Medicaid;
3. The services are covered by the Medicaid State Plan;
4. The services are identified in the IEP;
5. The services are delivered by medically licensed providers within the scope of their practice – this can include speech and audiology, occupational therapy, physical therapy, mental health, social work, nursing, and specialized transportation services.

3

If a school district bills Medicaid, will Medicaid services that a family receives outside of school be affected?

No. Medicaid services received outside of school and the child’s IEP are authorized separately. School health-based Medicaid reimbursement has no impact on a family’s community Medicaid benefits or eligibility. [OAR 410-141-3420\(8\)\(h\)](#).



School Medicaid Billing Information for Parents

4

Do school districts need parental consent to bill Medicaid?

Yes. The [Family Educational Rights and Privacy Act \(FERPA\)](#) requires school districts to obtain parental consent before disclosing information about a student. This includes providing information to Medicaid. The school district will only ask for informed written consent the first time it requests access to your public insurance (Medicaid) and your release of personally identifiable information from your child's education records for the purposes of Medicaid billing. After that, you will receive annual notices about this information.

5

Can parent withdraw their consent?

Yes. Parents can withdraw consent at any time by notifying the school district in writing.

6

If a parent does not give consent to bill Medicaid, or withdraws consent, will their child still receive IEP services?

Yes. Under IDEA, school districts are required to provide all appropriate IEP services at no cost to parents.

7

What type of information will be shared? Who will see the information?

Personally Identifiable Information to be released:

- Name and address of the child, the child's parent, or other family member;
- A personal identifier, the child's date of birth, gender, diagnosis and procedure codes for billing Medicaid; and
- Records of special education and related services provided under the Individuals with Disabilities Education Act (IDEA).

Who will see the information:

- The State Medicaid Agency (OHA) and its affiliates.

8

Who should parents contact with questions?

Please contact your school district's special education department with any questions or concerns.

[Source](#)



For additional information from ODE please contact:
Jennifer Ross at Jennifer.Ross@ode.state.or.us OR 503-947-0504

Appendix G

DISTRICT PROVIDER ENROLLMENT SUMMARY

Each district will need to become an enrolled provider with Oregon Health Authority (OHA).

OVERVIEW

How to become an Oregon Health Plan Provider

<http://www.oregon.gov/oha/HSD/OHP/Pages/Provider-Enroll.aspx?5225=%7B%22filter%22%3A%22school+medical%22%7D>

Assistance/Questions?

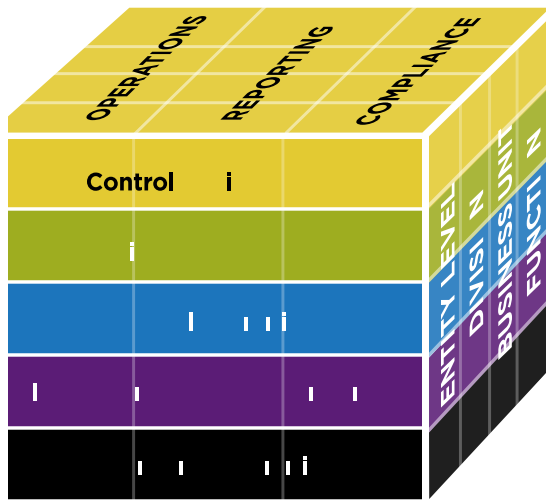
1-800-422-5047

provider.enrollment@state.or.us

Appendix H

COSO – INTERNAL CONTROL MODEL

The Coso Cube



5 Components and 17 Principals of Internal Control

5 components	17 principles
Control environment	1. Demonstrates commitment to integrity and ethical values 2. Exercises oversight responsibility 3. Establishes structure, authority, and responsibility 4. Demonstrates commitment to competence 5. Enforces accountability.
Risk assessment	6. Specifies suitable objectives 7. Identifies and analyzes risk 8. Assesses fraud risk 9. Identifies and analyzes significant change
Control activities	10. Selects and develops control activities 11. Selects and develops general controls over technology 12. Deploys control activities through policies and procedures
Information and communication	13. Uses relevant information 14. Communicates internally 15. Communicates externally
Monitoring activities	16. Conducts ongoing and/or separate evaluations 17. Evaluates and communicates deficiencies

Source: Adapted from the COSO "Internal Control - Integrated Framework"



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