

**Schools and Medicaid Quarterly Call**  
**December 16, 2014**  
**Call Notes**

**I. Administrative Claiming Agreements and Payments**

Ami Flanigan from AHCA reported that she is continuing to get SDAC payments to districts. Payments are no longer on hold related to issues presented by DFS.

Ami has been working on moving payments from the FLAIR system to the Medicaid fiscal agent (FLMMIS) system. Ami is working with AHCA's contract management staff who oversees the HP contract on web portal questions and Medicaid payments. This will allow her and districts be able to see when payments have been made. Districts don't have to change how they are being paid, if they are currently receiving paper (check) payments. If your district would like to receive SDAC payments via EFT, please contact HP Provider Services at the link below to begin the process. You may also phone them at (800) 289-7799x4.

Most districts already have a Medicaid ID for administrative claiming (base number + "16", the 16 being the indicator for administrative claiming). Districts will be notified individually of the provider number they are to use, as there are a few that are not set up with 16 as an option.

Ami is not currently concerned about the agreements that were expected in January, as she has been concentrating her time on getting everyone set up on FLMMIS and pushing payments through. Ami is expecting to be able to provide new contracts at the beginning of next year.

Ami asked that if districts have questions about their individual payments to contact her.

Follow up: See link below.

[http://portal.flmmis.com/FLPublic/Provider\\_Enrollment/Provider\\_Enrollment\\_EnrollmentForms/tabId/129/Default.aspx](http://portal.flmmis.com/FLPublic/Provider_Enrollment/Provider_Enrollment_EnrollmentForms/tabId/129/Default.aspx)

**II. December 15, 2014 State Medicaid Director's Letter (Free Care and TPL)**

Ami reported that AHCA is reviewing the SMD letter that was provided to Medicaid contacts prior to the call. Anne reported that John Hill of NAME has meetings scheduled with the National Association of State Medicaid Directors this week and CMS in January. Expect to hear more information following those meetings and AHCA's review.

Anne stated that NAME and other organizations have been pushing for a position from CMS for a number of years, arguing that there is no basis for what is known as

the “free care” rule. The CMS position, as outlined in the letter, can lead to the ability of districts to receive reimbursement for services provided outside of the IEP, such as billing for services in a 504 plan. However, if and when that becomes available, anticipate that stricter rules/policies for billing would have to be in place.

Follow up: Anne will provide any information she receives from name. Derica/Ami will provide information after AHCA has reviewed and determined any impact on school districts.

### **III. Telemedicine**

In response to inquiries from districts, Ami reported (on behalf of Derica) that reimbursement for telemedicine is not currently available in Florida. It has to be part of the state plan and currently is not. Districts requested that AHCA take steps to add to the state plan, so that they can seek reimbursement for services provided through telemedicine.

Follow up: Anne to request that AHCA look into adding telemedicine to the state plan.

### **IV. Status of New Handbook/Rule**

Derica was not on the call, so we did not receive an update. Anne will follow up with her and send any updates to Medicaid contacts.

Follow up: Anne will follow up with Derica about status and send to Medicaid contacts.

### **V. New Monitoring Process**

Anne shared that she is continuing to participate in the AHCA monitoring workgroup. Debbie Dunn was not able to be on the call, but districts shared their recent experiences with monitoring and concerns:

- One district received a letter with a date the monitor was coming. There was no option to negotiate the monitoring date.
- At least one district received the student information with name and Medicaid number included as an attachment. One district received the same information, but in an encrypted email.
- Several districts expressed concern that they have not been able to see or review the new monitoring tool and guidelines.
- One district only received a two week notice that the monitor was coming.
- One district reported that monitoring occurred for dates of service in May and June of last year.
- Districts want to know if it is possible to get the provider name in addition to the other information received on the DOS being monitored. Another person stated that since the billing goes in under the district provider number, that it isn't possible that AHCA would know the name of the provider.

- Districts want to know how often they will be monitored, and if they do well on the monitoring, what the schedule for future monitoring will be (i.e., if that will make the next monitoring 6 months away, 12 months, etc.).
- One district had claim disallowed re: group and individual therapy.
- One district stated that the monitor said for progress, checkboxes are not allowable and that “we need to have at least a sentence”; another district stated that she was told by the monitor that they have to have a checkbox AND at least one sentence. She stated the monitor wasn’t happy with their statements.
- One district reported that the monitor did not like that they had individual and group therapy on the IEP. Pinellas shared how they put statements in the IEP. Anne stated that there is no policy that individual and group can not be on the IEP, but there needs to be statement for when group will be used and when individual will be used.
- One district stated that there was a new finding in the monitoring: They have an electronic evaluation form that prints out with the date of the evaluation, name of the person performing the evaluation, and the title of the evaluator. The evaluator prints this out and signs it. The district was directed to void the claim because the signature was not dated. The district questioned if the handbook requires a dated signature. This has not been an issue in previous monitoring.

Follow up: Anne will share comments with Debbie Dunn and ask if guidelines/monitoring tool will be shared with districts when approved.

## **VI. Other**

**-Behavioral evaluations prior to IEP:** Districts asked if Derica had provided information following the meeting about the reimbursement of behavioral evaluations that take place prior to the IEP.

Follow up: Anne will seek the information from Derica and provide to Medicaid contacts.