

Medicaid and Schools Call Notes

April 7, 2020

Monitoring

Received from Antraneise at AHCA:

- Administrative Claiming: There are now two AHCA monitors for administrative claiming: Makesha Griffin will monitor Broward and FDOE EMACS. Leila Jett will monitor Sivic and Accelify. Logan Harrison and Antraneise Jackson at AHCA will continue reviewing monitoring.
- Fee for Service: Leila Jet will continue to monitor all fee for service.

Fee for Service School-Based Services Rule/Fee Schedule

No feedback received from AHCA on fee schedule comments submitted, at AHCA's request, from districts, contractors and Anne. There is no timeline for receipt of the draft rule that AHCA had anticipated sending to districts prior to the postponed April 3 face-to-face meeting. Anticipate due to the draft rule posted last year, some type of plan of care will be required for non-IEP services.

AHCA will be addressing:

- Denied claims for PT group services
- Addition of the new behavioral services procedure codes (H codes)
- Addition of the GT modifier (for telemedicine), and in addition to just adding the modifier, to which services the GT modifier will apply.
- Claims denied due to other NCCI edits: Matt at AHCA confirmed a while back that the fee schedule is correct and that is what should be paying.

Anne requested that if there are claim types or procedure codes other than those above, please let her know (if not entered in the chat box during the call).

District questions and comments:

Question: Can we bill for a CNA who administers meds?

Answer: CNAs are not a provider under the certified school match program. However, a certified nursing assistant should meet the requirements to be a school health aide so the answer would be yes. It is required that the work performed by the school health aide and billed to Medicaid be under the supervision of a registered nurse. Refer to the certified school match handbook nursing services chapter.

Question: Is AHCA going to reprocess claims denied for using the GT modifier and other denied codes, once they are in the Medicaid payment system correctly or will we have to resubmit them?

Answer: We will seek answer from AHCA.

Question: What is a virtual plan?

Answer: The virtual plan indicates how the district will continue to provide IEP services while school sites are closed.

Question: Districts are doing some type of virtual plan for continuation of IEP services. If this virtual plan is filed with the IEP would that be accepted for the modifications that are occurring to the plan? Moreover, will that have to be signed?

Answer: As it pertains to claiming for the service, if the service provided is not more than indicated on the IEP/plan of care, it will meet Medicaid requirements. Remember that we now have guidance from AHCA that if group services are indicated on the IEP/plan of care, then those services may be billed as individual services.

Question: Should districts be requesting consent or providing informed consent for group therapy?

Answer: As this is not a Medicaid question, suggest you ask your ESE department.

Telemedicine

AHCA sent telemedicine guidance to school districts on April 1. Some of the important points in the guidance:

- must be a recipient and legal guardian present for the entire uninterrupted session with video and audio
- telemedicine must be indicated in progress note
- group services are not billable for behavioral services
- must add the GT modifier on the documentation
- have to follow the existing rule, which is our Medicaid Certified School Match Coverage and Limitations rule (handbook)

Telemedicine health alerts issued previously for behavioral services providers and therapy providers. Much of the information does not apply to districts. For instance, in the behavioral providers telemedicine alert, a fee schedule, procedure codes and services were listed that do not apply to school districts.

The telemedicine guidance pertains to replacing face-to-face sessions with video and audio sessions. Any other claimable activity that would have been provided other than face-to-face, such as some consultations/referrals, are still claimable. If districts were claiming for care planning and coordination services or making referrals, and you are actually claiming those under the fee for service, and not under administrative claiming, then you would still claim those. The telemedicine rule applies to just those services that are replaced with the face-to-face sessions.

District questions and comments:

Question: Will FLMMIS be able to have 2 modifiers such as AH and GT?

Answer: We assume it will, as these are codes that have been provided to us.

Question: Is the telemedicine group service okay for speech and OT?

Answer: The telemedicine guidance from AHCA did not mention group therapy for speech or OT/PT.

Question: A mental health therapist is concerned with having to have a parent present in the room, if they have parent approval is it necessary for them to be present?

Answer: We will seek answer from AHCA

Question: If the student is over 18, do they need a parent present for telemedicine to be billable to Medicaid?

Answer: We will seek answer from AHCA

Question: Is there guidance where the legal guardian must be (in room with student, in another room in the house)? Any suggestion on how to define for providers what parent present means?

Answer: Under AHCA's telemedicine requirements, the recipient and their legal guardian must be present for the duration of the service provided using telemedicine. It does not say in the same room or on the call, but only states the guardian must be present.

Question: If the plan of care/IEP, states group therapy and individual therapy provided, is it claimable as either group or individual?

Answer: Follow-up: AHCA sent email confirming that these services are reimbursable as individual service (if the service was provided on an individual basis), if provided through telemedicine.

Question: Does there need to be a virtual plan for each student?

Answer: Medicaid does not require a virtual plan for billing.

Question: Do you recommend changing plans of care to reflect changes individual and group or telemedicine ways of work?

Answer: AHCA has now provided guidance that if an IEP/ plan of care indicates group service, if provided through telemedicine, it may be claimed as an individual service.

Question: Do we have guidance on virtual platforms? I am having my district providers document what format face to face telephonic or other communication, so that if guidance changes I can sort and bill

retroactively. I also put parent present button into our documentation system so I can go back and sort by criteria to try to mass populate and bill.

Answer: Given that we do not have any guidance directly from AHCA, if you have your own billing system would suggest you do whatever you think will capture the requirements given what you know. Same for those of you who have consultants or contractors; they will be guiding you. If you are using your own billing system, and it serves as your documentation system, then it can be documented in system, as always.

Question: FERPA versus HIPAA: HHS released guidance that relaxed the HIPAA requirements during school closures, but no guidance has been received on relaxing FERPA on the school side.

Answer: We have not received any guidance from AHCA specific to relaxing requirements on HIPAA.

Question: HIPAA compliance: There was a federal waiver; hoping AHCA is going to use to allow flexibility as we go through this covid-19 period.

Answer: We believe that some of the allowances already made are the result of this guidance. Additional information received from AHCA will be sent to Medicaid contacts.

District comment: DOE requires minutes to be completed, so if parent is not present but rather grandma etc., we have to give the minutes, but we will not be able to bill. It is s a hindrance to schools.

District comment: I participated in a telemedicine call including other districts and many states are giving flexibility during COVID 19, about how services are provided by telephonic means. Many students are having trouble with camera face to face.

FDOE Certification Delays

Districts have reported there are certification delays that are causing issues with billing services for psychologists and school social workers. Nanci and Anne will follow up on this issue.

Administrative Claiming

Coding moments during school closure: Districts received guidance from AHCA (Antraneise Jackson) on March 17. Her guidance was during the school closures any random moment time studies during these periods should be coded a 12 for paid leave, or a 13 for unpaid leave. We did request clarification from AHCA on its definition of school closures. AHCA confirmed on March 24 that schools are considered closed until those students move back to their brick and mortar site. During that time AHCA's guidance is to code samples a 12 for paid leave and a 13 for unpaid leave. Any samples prior to the schools closing would follow that 7 working days once the schools reopen. Again, guidance is that anyone sampled prior to March 16: the working days ended when school closed and will not continue until schools reopen. Their guidance is that schools are not considered reopened until the students return back to their brick and mortar site.

Additional guidance for how to handle quarter 2 of 2020: Districts will receive guidance from FDOE if in EMACS consortium or from your vendor for more clarification on those moments. We did send this question to AHCA and have not received any information back about, "what is the impact to districts if the fee for service billing requirements are not met?" Districts are aware there must be a service submitted for behavior, nursing, and therapy. There is some concern that if nursing services are not being delivered, not going to be claimable during that quarter, will the administrative claim be paid? We are waiting for clarification on that as well and that question was submitted to AHCA. Additional guidance from AHCA was received on April 9, 2020 stating if school is in session but conducted remotely, for the purpose of the RMTS used in allocating Medicaid administrative cost, the participant working remotely may respond to the sampled RMTS moment.

Reconsideration of coded moments Q3 2018 – Q2 2019: School districts received guidance from AHCA (Antraneise Jackson) regarding the reconsideration for the random moment time studies previously submitted.

- Deadlines for submission: Refer to the email from AHCA on April 2, 2020. Need to ensure those deadlines are met.

- If districts have any random moment samples from Q3 2018 – Q2 2019 that need to be reconsidered, make sure the form you received is complete and submitted prior to the deadline. All reconsiderations must be submitted to Logan Harrison at Logan.harrison@ahca.myflorida.com. Deadlines are also included for when AHCA will respond and when they will distribute the revised claiming workbook and submit the invoice approval to the agency.

CMS FAQ: The CMS April 2 FAQ contains a few questions related to the random moment time study. Questions addressed in the FAQ:

- Can those samples be completed by participants while schools are open remotely” (the answer was “yes, even though the participant is working remotely and the students are not in school, some participants can complete those random moments).
- Participants who are not working-answer is the same as provided by AHCA (coding those moments as being paid or not paid).
- Could there be flexibility with the percentage that has to be in compliance in order to submit that claim?” The FAQ refers to 85% compliance (Florida is 75%). CMS answered to say that the states could modify the state plan to temporarily suspend this requirement. No guidance received from AHCA.
- 2-year timely filing requirement: Nanci shared the 2-year timely filing requirement given to us by AHCA on a previous call. The recommendation is to submit the quarter upon receipt of the claiming workbook from the data manager, which is usually about 4 to 5 months from the quarter. Pay attention to these deadlines as well to make sure that you get your claim submitted in time.

Ami Flanigan is no longer with AHCA. Alycia Berry started the beginning of March. Alycia can be contacted at Alycia.berry@ahca.myflorida.com.

The technical overview that was provided by Leila last year has been removed from the AHCA website.

Question: We have not been able to bill for behavioral since January 1st as FLMMIS does not have the new codes in the system. Concerned that we won't have any claims in the system when AHCA does the monitoring for the Q2 2019 administrative claim.

Answer: AHCA has stated they are working on that so districts can go back and submit those claims once the procedure codes are in the FLMMIS system. Remember that AHCA may not check for the services until the claim is filed, which would be a few months after June, at the earliest.

Question: Our nursing requirement (school health aide) requirements have been met by the health department. Are we still covered for fee-for-service requirement for nursing services in administrative claiming?

Answer: Anne talked to Leslie from the Department of Health, to assess what Department of Health nurses are doing in the schools during the crisis. She told Anne they are doing a survey and she will send information when they receive it.

Parental Consent-Free Care Services

Beginning to work on a consent form related to free care services, similar to the form developed for parental consent that went through FDOE's legal department to assure it met all of the federal/state requirements for parental consent.

Requested school district volunteers to be part of work group (either in chat box or send email). When draft is complete, will email to Medicaid contacts and others for input.

- Volunteers: Orfi Sanchez (Dade), Karen Thomas (Leon), Maryellen Barkman (Pinellas)

Reminder that parental consent is required one time and notification required annually for release of information. Florida Administrative Code 6A.603028(3)(q) (within FAPE provisions) can be found at <https://www.flrules.org/gateway/ruleNo.asp?id=6A-6.03028>

Parental consent and notification forms (approved by FDOE legal), available in English, Creole, Spanish, can be found at <http://sss.usf.edu/resources/topic/medicaid/index.html>.

Medicaid Enrollment/Reenrollment

If any district is having issues with the re-enrollment process, let Anne know. We will ask AHCA to provide any new dates/deadlines for re-enrollment due to COVID.

Charter Schools-Medicaid

AHCA has stated the enrollment process has not changed. If charter schools are having difficulty with enrollment, they should contact Matt Brackett at matt.brackett@ahca.myflorida.com. Below is the AHCA approved text that can be provided to any charter or private school requesting information about Medicaid enrollment.

Charter school/private school provider:

If you are interested in enrolling in Medicaid to be a school-based services Medicaid provider, the first step in the process is to enroll as a provider.

According to the Agency for Health Care Administration (AHCA), the state Medicaid agency, a charter or private school planning to participate in the Medicaid school-based services program can currently enroll to receive reimbursement for occupation, speech and physical therapy services provided to students. It is anticipated that at a future date you will be able to enroll as a provider for nursing and behavioral services. To enroll as a Medicaid provider, you should complete the following steps:

- 1. Obtain a National Provider Identification (NPI) number. To obtain information on NPI numbers and how to apply for one, go to the following link:*
<https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/index.html?redirect=/nationalprovidentstand/>
- 2. After obtaining the NPI number, complete a Florida Medicaid provider enrollment application*
http://portal.flmmis.com/FLPublic/Provider_ProviderServices/Provider_Enrollment/tabId/42/Default.aspx

Below is a link to the Provider Services section of the AHCA website where you can find additional provider enrollment information, as well as information for local provider training for using a web portal for filing claims.

<https://ahca.myflorida.com/Medicaid/Operations/assistance/providers.shtml>

AHCA Contacts and Roles

Districts expressed confusion about whom to contact at AHCA. Christine Pawelczyk is the contact for questions regarding policy. Anne is seeking a list of appropriate contacts for policy, quality and finance (for SDAC claims) and will forward those contacts when received.

Legislation

HB 81 passed the legislature but has not been signed by the Governor.

SB 1650 died in appropriations (bill that would allow for charter/private schools to enroll as providers like school districts (not requiring enrollment of individual treating providers))

Conclusion:

There are several questions to which we have answers and a number to which we do not. Nanci and I will follow up on all of the questions and provide answers as they are received. If you have developed solutions related to any of the discussion and want to share it with other districts, let Nanci and Anne know.

