

Medicaid and Schools Call Notes

July 9, 2020

CS/HB 81: Health Care for Children

Approved by the Governor on June 23, 2020. School districts can bill for services outside of the IEP as long as the student is Medicaid eligible and has some type of plan. For example, a diabetic student with a 504 Plan or a student with a behavior plan of care would be eligible to bill. This only applies to school districts, not charter and private schools. The bill that included charter and private schools died in appropriations. CS/HB 81 has an effective date of July 1, 2020, yet districts will have to wait to bill Medicaid until it is in Rule.

AHCA is continuing to refine the draft coverage policy language. AHCA is planning to discuss the coverage policy with districts and FDOE as part of the rule making process. AHCA is planning a state call, however a date for the call has not yet been set.

FDOE created a memorandum regarding House Bill 81 for school superintendents. They should be receiving the memo in the next week.

Additional Information:

The memo was distributed on Friday, July 24, 2020.

District questions and comments:

Question: Will an Individual Health Care Plan be adequate for Medicaid?

Answer: We do not know what the rules are going to look like for the free care services. The draft policy that was released a couple of years ago addressed a plan of care and listed the things that would need to be in the plan. We expect that something similar will be in the new rule. They did not address or name the plans previously, they indicated that the plan must cover specific elements. As long as the healthcare or behavior, etc. plan contained those specific elements then the plan met the requirements for a plan of care.

Question: When you refer to "behavior plan" does that refer to a mental health plan for counseling?

Answer: Yes

Parental Consent HB 81

Previous call in April a work group was created to draft a sample parental consent form for free care. FDOE created a parental consent form a few years ago for the IDEA services. It was not required for districts to use. We went through the FDOE Legal Department and they confirmed that everything in the parental consent form met the requirements of parental consent. We are now doing the same practice for the free care services. Miami-Dade, Leon, and Pinellas school districts have volunteered to review the draft. When the draft is complete we will route it to the FDOE Legal Department for review. Upon completion of that process we will distribute the draft

to school districts and it will be posted on our website and will be translated into Spanish and Creole.

District questions and comments:

Question: Is this consent for both ESE and non-ESE services?

Answer: FDOE Legal Department required specific language for what we previously had approved for ESE addressing IDEA, since some of the plans will not be related to IDEA, we will most likely have two different parent consent forms.

Additional Information:

FDOE worked with Karen Thomas from Leon, Orfi Sanchez from Miami and Mary Ellen Barkman from Pinellas to develop one parental consent. Attached is a draft of the parental consent for district review. The draft consent is in the process of being reviewed by FDOE legal.

Federal Medical Assistance Percentage (FMAP) Increase

The FMAP rate has been increased from 61.47 to 67.67 percentage. The Families First Coronavirus Response Act (FFCRA) provides a temporary 6.2 percentage point increase effective January 1, 2020 and extends through the last calendar day of the quarter in which the public health emergency was declared by the Secretary of Health and Human Services. AHCA confirmed the increase will extend through September 2020, and may possibly change with the start of the Federal fiscal year in October. The National Association of Medicaid Directors made a request to Congress to provide an additional increase of 5.8 to increase the total percentage to 12%.

FDOE asked the following questions to districts. Did all districts get reimbursed at the increased rate? Was the payment system updated to reflect the change? What if districts had already submitted services before this went into effect on March 18, 2020?

The increase was effective January 1, 2020, however the change did not occur until March 18, 2020.

These questions have been presented to AHCA and we are awaiting a response at this time. They did indicate that they were looking into this to ensure that districts do receive the increased rate.

Additional Information:

Districts have confirmed they received reimbursements at the increased rate. AHCA responded on 7/24/2020 If districts submitted claims prior to the increase on March 18, 2020 for services delivered after January 1, 2020 and did not receive the increase in FMAP rate, they will need to submit an adjustment or a void to correct the payment.

Charter/Private School Enrollment

AHCA sent information to FDOE, the Bureau of School Choice and Independent Education on June 24, 2020. The information outlined the phases that will be implemented to bring private and charter schools in to Medicaid billing. Phases 1 and 2 included past work to update the payment systems and hold a pilot session. The pilot session was with Lake Wales Charter

School and UCP in Orange County. Phase 3 was effective on June 26, 2020 where AHCA implemented updates to allow select providers to individually enroll. Private and charter schools are unlike public schools in that each individual treatment facilitator must enroll as an individual provider then become linked with their respective private or charter school. Legislation has proposed that they be treated similarly to a school district where providers do not have to individually enroll. It has not yet passed in the Florida Legislature at this time. During Phase 4 in the fall of 2020 there will be additional updates to allow all individual providers to enroll and be linked to their respective private or charter school. AHCA will send additional information to the Bureau Chiefs of School Choice and Independent Education, which will be disseminated to school districts. Once the information is received by you, the district, you will be able to share the information. Districts will not be responsible for enrolling providers or charter/private schools.

Q2 2020 SDAC

SDAC Fee for Service Requirement during the State of Emergency

There are concerns about not meeting the SDAC requirement of one nursing, one behavior, and one therapy claim. FDOE requested flexibility with this requirement. On June 2, 2020 AHCA responded there would be NO flexibility with the fee for service requirement for Q2 2020. The information was shared with districts. If a district does not meet the FFS requirement, the district will not be reimbursed for code 5 for the quarter that is out of compliance. AHCA allowed behavior services with audio only to be claimable. Districts that have expressed concern about the nursing requirements should review services provided in their district for consultation and coordination, health care coordination and referrals and compilation of health histories to meet the fee for service requirement. If a district typically captures that information in administrative claiming then these moments would be coded a 5, at this time for Q2 2020 the district can make the decision to code those moments as a 10. Have the nurse document those services as a nursing service and submit a claim to meet the fee for service requirement. To avoid duplication of services, nurses who are documenting consultation and coordination, health care coordination and referrals and compilation of health histories need to ensure those moments are coded a 10 in administrative claiming. This practice does not need to be a policy change, but can be reflected in only this quarter to meet requirements. Questions should be directed to the district's data managers to determine best practices for each district. Additionally, FDOE is available to discuss the requirements or defining those types of services.

District questions and comments:

Question: Since all our data for consortiums are dependent upon one another the loss of 5's will affect everyone can we get an idea of how many 5's are lost so we can reflect that in loss of revenue in Cares Act?

Answer: Your data manager will get that information to you once everything is complete for each quarter.

Reconsideration of Moments

Q3 2018 - Districts submitted moments they felt should have been coded a claimable code but were either changed on the monitoring report to a non-claimable code or districts were given

guidance to code the moment a non-claimable code when it should have been claimable. Either way they were requesting AHCA review the code and make a determination. The deadline for AHCA to complete their review was June 15, 2020 and their deadline to distribute a revised claiming workbook was June 22, 2020. Some districts did request an extension do to the pandemic, so AHCA is a little behind on their deadlines. There is great news though! Districts have begun receiving updated monitoring reports showing changes to claimable codes. Data managers should be receiving revised claiming workbooks if any of your districts received a change in the monitoring report. So, be on the lookout for that. Hopefully, districts will be able to recoup the loss in Admin claiming they experienced during that quarter.

Q4 2018 - Make sure your district submitted any moments for reconsideration by July 15, 2020. The deadline for AHCA to review the moments is August 14, 2020. We are very excited to hear this process is working in the district's favor.

AHCA is accepting moments for reconsideration for all four of quarters. Q3 2018, Q4 2018, Q1 2019 and Q2 2019

District questions and comments:

Question: If we have not heard from AHCA regarding reconsiderations should we contact them?

Answer: Antraneise Jackson, with AHCA, has stated they would be finished in the next few weeks and that was nearly 2 weeks ago. If the district has not heard from AHCA in the next week or so, reaching out to AHCA is the districts discretion. Be aware the word document needed to be completed and submitted to AHCA for reconsideration. AHCA is only reviewing what was submitted to them.

Question: If I haven't received any updated information on the reconsiderations I submitted, how long should I wait before I start asking them about it?

Answer: Same as above

Question: Will districts need to resubmit a revised claiming work book to AHCA?

Answer: No, AHCA is sending out a claiming workbook and an invoice with the difference that must be signed. FDOE is under the impression that districts do not need to do anything further than this.

Additional Information:

AHCA has completed their review of Q3 2018. If districts have not received a response from Logan Harrison, please email her at Logan.Harrison@ahca.myflorida.com

Outstanding Questions

FDOE still has some outstanding questions with AHCA regarding denied claims for NCCI edits, GT modifiers, denied Social Worker and Psychologist Individual services and denied PT Group services. AHCA did let districts know they would need to resubmit any behavior services submitted with the H codes using the 2019 procedure codes on 4/23/2020. Other than that, FDOE has not received any other responses. FDOE will follow up with AHCA to ensure these issues get resolved.

In regards to health alerts, there was a lot of confusion when the health alerts came out regarding telemedicine for “all providers” but did not apply to schools. FDOE asked AHCA for clarification of “all providers”, but have not received a response.

FDOE did ask the questions you submitted regarding the parent being present during telemedicine. AHCA referred us to their Q&A received on May 22, 2020 question #13 on consent. Stating the Agency does not require consent to receive services using telemedicine. Schools should refer to the Florida Department of Education for consent requirements.

FDOE submitted a question to AHCA regarding direct nursing during telemedicine but did not receive a response. Nursing was left off of our telemedicine guidance we received on March 31, 2020. Non direct face to face services, for nursing, could continue as indicated in the guidance received from AHCA on 4/10/2020. For example, consultation and coordination of services.

All of this information has been added to the Student Support Services Project website for your reference. <http://sss.usf.edu/resources/topic/medicaid/index.html>

FDOE asked AHCA for clarification on providing individual services when the plan of care states group. They responded on April 9, 2020 that those services would be billable as Individual during telemedicine.

FDOE asked an additional question regarding the type of service on the plan of care. FDOE requested AHCA reconsider their interpretation of “type” of service to go back to its original meaning of speech, ot, pt, etc... and not the group size. FDOE has not received a response.

FDOE asked AHCA if Charter/Private schools are able to participate in the SDAC program but have not received a response.

FDOE recently submitted a question regarding submitting claims for providers paid out of CARES act funds but have not received a response.

FDOE will be following up on each one of these questions and share the information with districts as we receive it. If there are any additional questions that are outstanding and not listed here, please let us know.

District questions and comments:

Question: Is AHCA addressing the needed changes in the system so we can get paid for non-ESE services?

Answer: AHCA is not differentiating between general education and ESE services.

Question: Do we not add the GT modifier for nursing services even if we were not in brick and mortar?

Answer: Not for the nursing consultation, coordination and referrals services. Any service that was not done face-to-face prior did not need to have the GT modifier added to it for nursing.

Question: Most districts will have a virtual option for schools, telehealth may continue. Will the same guidelines given thus far continue?

Answer: Guidance received did not give an end date. It is assumed that it will continue for the duration of the crisis, however a definite date has not been set.

Question: Districts that used to provide services (such as speech therapy) have group services on their IEPs/plan of cares. The districts are now having to provide the services on an individual basis through telehealth. Can you tell me if these services will be billable?

Answer: Districts can bill for individual telemedicine services when group is stated on the plan of care. (Email received from Antraneise Jackson on 4/9/2020)

Question: Will districts need to have physical signatures on IEP's that were done virtually?

Answer: Electronic signatures are acceptable, but the process for electronic signature will need to be available during an audit.

Additional Information:

AHCA responded on July 28, 2020:

Claims are no longer being denied for NCCI edits. If districts are receiving denied claims for NCCI edits, please forward to FDOE. AHCA also stated the historical NCCI reported issue is still under review with their system team.

It is not necessarily that health alerts sent to "all providers" do not or always apply to schools. For the behavioral health specific COVID-19 provider alerts, they apply to services by community behavioral health centers.

Direct nursing cannot be permitted for telemedicine. Refer to the March 2020 telemedicine guidance for allowable services.

After reviewing the School District Administrative Claiming (SDAC) Program Guide, federal and state authorities, policies, and procedures, the Agency does not have the authority to permit Private and Charter Schools to participate in the SDAC program.

It is federally prohibited to bill Medicaid for services provided by a health care provider paid out of CARES Act Funds, because it is seen as a duplication of federal funding.

Provider Relief Fund

FDOE provided 3 links for district reference.

Information regarding the provider relief fund. <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html>

User guide. <https://chameleoncloud.io/review/3016-5ec704315a620/prod>

Website to set up your Optum ID and begin the application. <https://cares.linkhealth.com/#/>

The criteria to qualify for this payment is that your district has not received a distribution from the original \$50 billion general distribution. If your district did not bill Medicare, they did not receive this distribution. Your district had to have billed Medicaid for services between January 1, 2018 and December 31, 2019 and filed a federal income tax return for fiscal years 17, 18 or 19 or be exempt from filing and provided services after January 31, 2020. Note, your district had to

submit claims January 1, 2018 through December 31, 2019 to be eligible. If your district is eligible you will receive at least 2 percent of your reported gross revenue from patient care and they should begin rolling payments starting the end of August. The final amount each provider receives will be determined after the data is submitted. The deadline to apply is July 20, 2020 and less than 2 weeks away. So, begin your application now. You cannot make changes once you submit, so make sure your district has all the information needed before they begin the application.

Districts must attest that funds will be used to prevent, prepare for and respond to coronavirus. Payment cannot be used to reimburse expenses or losses that have already been reimbursed from other sources. These funds should only reimburse the district for health care related expenses or lost revenues that are attributable to coronavirus. Districts must comply with all reporting and information requirements and consent to public disclosure of payment.

Your district will need to determine gross revenue from patient care. What does gross revenue from patient care mean? It refers to all revenue attributable to patient care. Patient care includes any health care, service or support provided to students who may currently have or be at risk for COVID 19. Every student is at risk, right? Your district will need to include increased expenses due to Covid 19 as well. What does that mean? Any expense to provide health care services for students who may be at risk for COVID 19. PPE, Cleaning supplies, Laptops, etc.... For those students who receive Medicaid reimbursable services. Then, your district will need to determine the loss of revenue during Covid 19 for March and April of 2020. We talked about the loss of direct nursing services and therapy services where audio and video were not available as well as transportation services. Since your district was not able to bill for those services, they incurred a loss of revenue. Your district may use any reasonable means to determine the loss. Comparing the budgeted revenue to actual revenue or comparing actual reimbursement from March and April of this year compared to March and April of the previous year. A negative value on this line indicates a net loss due to Covid 19.

There is a support number for districts to call. FDOE called the number as well as many other districts. They are very helpful in answering your questions. Remember they are not necessarily expecting school districts to call. Typically, they are dealing with hospitals and doctor's offices. They are able to provide guidance in completing the application though. FDOE did let districts know we were submitting questions or concerns for the webinar on June 25. We did receive some answers through the webinar and by calling the support line. Districts did not know what NPI # to use? The NPI # is not mandatory. You do not need to include it. The TIN#, however, is mandatory. Now, the first step of the application process is to validate the district's TIN# is on a curated list of known Medicaid providers submitted by the state. If your district is not found, which may happen, they will be validated through an additional process with the state. FDOE, also, emailed AHCA to have a district added to the list. Some are already on the list while others are not. FDOE confirmed districts should indicate "other" as the applicant type and confirmed the dates of services districts must have billed for are January 1, 2018 through December 31, 2019. There was some discrepancy on the information received on the alert vs HHS website. Districts must have billed services for the entire year in 2018 and 2019 and must have continued providing services after January 1, 2020 to qualify. To determine loss of revenue it would be helpful to bill through May 31, 2020 to compare reimbursement to last year at the same time.

Mary Ellen Barkman from Pinellas County has been working on the application and is available to speak to her experience.

PC suggests working with the district financial department to complete the process.

PC called support line to inquire about whether to include administrative claiming or only include fee for service. The support service hotline advisor indicated that administrative claiming should be included in the gross revenue numbers.

PC inquired about which fiscal year to use. The support service hotline advisor indicated that either year 2017, or 2018, or 2019 data can be used. One of the years, not the data combined.

PC inquired about telehealth where care was provided. The support service hotline advisor indicated that telehealth should be included in the data.

PC is considering including the loss of code "5" If districts were unable to bill direct nursing under FFS as a loss of revenue.

PC stated regarding increased expenses, CFO and financial would have information on any PPE or other expenses incurred.

PC stated some questions in the application do not apply to an entity with tax exempt status.

PC stated when looking at the attestation, one of the questions refers to diagnosing, testing, or treating a COVID or probable COVID patient. The support service hotline advisor reaffirmed that broadly speaking every patient is a probable case.

Again, the district has 90 days to attest.

District questions and comments:

Question: Does the Optum ID and the application need to be completed all in one sitting? Can we go ahead and create our ID and return later to complete and submit the application?

Answer: (PC) It does look like you can create the Optum ID then return later to complete and submit the application. The attestation must be completed within 90 days.

Question: Does Specialized Transportation loss get included?

Answer: (PC) Yes

Question: Does the health care and services/support expense have to be paid for by general funds rather than a grant or other funding source?

Answer: (PC) The total gross revenue is calculated from all sources.

Question: Are we using fiscal year or calendar year?

Answer: (PC) Fiscal year

Question: For the PPE costs did you use a total amount or some percentage?

Answer: (PC) On the primary provider worksheet the total number of FTE can only be 125 and "other". Keep in mind that the PPE and all COVID related increased expenses are only referring to ESE students who are receiving medical or mental health services. A "reasonable

explanation" refers to the district's ability to justify the funds. Documentation is the responsibility of the school district.

Question: I understand you can't change information once you have submitted your application, but can you start and stop and save as you go along in the application?

Answer: (PC) It appears to be that the application can be started and stopped, however once it's submitted it cannot be changed.

Question: Did you do the Primary Provider worksheet?

Answer: (PC) Yes.

Question: Do we include those expenses which have been reimbursed by FEMA or use only the non-reimbursed expenses?

Answer: (PC) Pg. 14 and pg. 25 both reference FEMA. The payments that are received cannot be used to reimburse expenses or losses cannot be reimbursed from other sources or from which other sources are obligated to reimburse.

Question: Is this beneficial to a small district?

Answer: Yes. FDOE Finance Department has been notified regarding the specifics of this program and if any information is disseminated to district finance officers, FDOE will notify the district Medicaid contacts as well. It is advised that any district considering not participating be conscientious that the deciding authority make that decision.

Question: Referring to the PPE costs for masks, shields, etc. That's a district wide number for all students, or are we supposed to use a percentage for ESE students?

Answer: (PC) Yes

Question: Is "Total Revenue for Patient Care" exclusively fee for service and administrative claiming proceeds unless your district is also billing some other insurance company?

Answer: (PC) Administrative claiming should be included as a healthcare related expense. The district is able to use the administrative claiming along with the fee for service expense for the chosen fiscal year.

Question: Is there anything else we would consider as "revenue for patient care" other than fee for service and administrative claiming from Medicaid?

Answer: (PC) No, this is specifically about the loss of Medicaid revenues for reimbursement.

Question: What would you put in the FTE fields?

Answer: (PC) The total number of FTE has to be pulled from a report exhibiting how many employees are in each position. The office of the CFO should have the number of FTE for each FIRN code or job description. It should consist of all of the fee for service providers.

Question: Did we ever receive information on our Federal FFS audit?

Answer: No

Additional Information:

The deadline to apply for the Provider Relief Funds was extended to August 28, 2020.

*Please visit the following website as it will be updated with pertinent information:
Student Support Services Project Website:
<http://sss.usf.edu/resources/topic/medicaid/index.html>*