

**Medicaid Policy Updates
School-based Rehabilitative Services (SBRS) and
Rehabilitative Behavioral Health Services (RBHS)**

**Office Of Medicaid Services
Department of Education
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Webinar Instructions

- Please write your questions in the Chat box
- Please mute your microphone
- If you need assistance during the webinar please call the Administrative Assistant Renee Gibson at 803-734-8023 or your Q A representative after the webinar.
- PowerPoint will be placed on the SCDE Medicaid Services website after the webinar

Agenda

- Agenda
- Goals of this training
- Purpose of Office of Medicaid
- Medicaid Contracts
- Consent forms
- Referrals
- Diagnosis codes
- Electronic signatures
- Medicaid policies for School-based Rehabilitative Services (SBRS) and Rehabilitative Behavioral Health Services
- RBHS Diagnostic Assessment /Psychological Evaluation and Testing
- Crisis Management
- Audiology
- Nursing Services
- Nursing IHP
- Orientation and Mobility Services
- Occupational Therapy Services
- Physical Therapy Services
- Speech Services
- School District Administrative Claiming (SDAC)
- Special Needs Transportation (SNT)
- Telemedicine
- TPL billing requirements

Agenda Continued

- IEP and Frequency/Duration
- Credentials/HHS-OIG Exclusion List
- FERPA/HIPAA
- Storage and Record Retention
- Web Tool
- Coming Soon
- Questions

Medicaid Policy Updates

Goals of Training

- To provide an overview of major policy changes
- To provide a summary of major Medicaid billing requirements
- To provide an overview of the Q A items checklist for 2018-19
- To provide an update on major upcoming changes

The SCDE Office of Medicaid

- The Office of Medicaid Services (OMS) provides leadership and support for school districts' efforts to improve education by identifying opportunities for Medicaid reimbursement.
- OMS helps coordinate the efforts of schools, districts, and other state agencies to:
 - Maximize the reimbursement and scope, of healthcare services in schools
 - Monitor the quality and continuous improvement of school-based Medicaid services
 - Benchmark and promote best practices

Medicaid Services

The Medicaid program, as established by Title XIX of the Social Security Act, as amended, provides quality health care to low income, disabled, and elderly individuals by utilizing state and federal funds to reimburse providers for approved medical services. This care includes the diagnosis, treatment, and management of illnesses and disabilities.

The South Carolina Department of Health and Human Services (SCDHHS) is the single state agency designated to administer the South Carolina Medicaid program in compliance with state and federal laws and regulations and the South Carolina State Plan.

Districts can only bill for SBRS and RBHS Medicaid services if a contract has been signed by SCDHHS.

Once the Medicaid contract or MOA is signed and sent back to the district, the district is authorized to bill for Medicaid services provided to Medicaid eligible children only.

Identifying Students with Medicaid

- Important processes that the LEA should focus on are:
 - processes for obtaining the Medicaid ID
 - processes to enhance actual enrollment through Medicaid outreach
 - communicating to staff the importance of enrollment in Medicaid
 - ensuring the Medicaid ID is recorded correctly in Power School
 - processes that ensure that a valid and complete consent form is on file to enable districts to bill for Medicaid

Medicaid Contracts with SCDHHS and SCDE

- DHHS/school district contract for Rehabilitation and Related Services, (Audiology, OT/PT, Speech, RBHS, Nursing, Telemedicine and O&M)
 - Private contracts must include Appendix A of the DHHS/school district contract for Rehabilitation and Related Services. A copy must be maintained in the contract file
- DHHS School District Administrative Claiming (SDAC)
- SCDE School District Administrative Claiming (SDAC)
- SCDE Special Needs Transportation (SNT)

Consent Forms

General Consent/Release of Information Form must be present in the clinical record:

- Medicaid General Consent – for all students with Medicaid
- Annual Medicaid Notification of Use of Public Benefits or Private Insurance To Pay For Services Under the IDEA – IDEA Requirement
- Non-IEP Nursing Consent – for students receiving nursing services who don't have an IEP
- RBHS Consent Form – only for the RBHS program students

Note: The school district may add the district logo to the form, but you cannot change the language or format of the form.

Medicaid General Consent

Insert District Letterhead]

- Medicaid General Consent

The **Insert District Name** (District) and the South Carolina Department of Education (SCDE) have my permission to provide services to my child and release and exchange medical, psychological, and other personally-identifiable confidential information, as necessary, to the South Carolina Department of Health and Human Services (SCDHHS) and any applicable third-party insurer regarding billable services provided to my child. I understand the purpose of this consent is to bill Medicaid and/or private third-party insurer for services under the Individuals with Disabilities Education Act (IDEA).

By signing this form, I give the District and the SCDE my permission to bill and receive payment from Medicaid and any third-party insurer for diagnostic and psychological evaluation services, behavioral health services, nursing services, and other health-related screenings and treatment services billable to Medicaid or a third-party insurer with or without the requirement of an individualized education program (IEP). The District provided me written notification consistent with the IDEA regulation at 34 C.F.R. §§ 300.154(d)(2)(v) and 300.503(c), prior to my signing this consent to release information to bill Medicaid or any third-party insurer and prior to accessing Medicaid or my child's third-party insurance benefits.

I further understand that the District must provide me annual written notification of my rights relative to Medicaid or any third-party insurer accessing my child's information and before the District and the SCDE access my benefits to pay for services under the IDEA. This consent for release of information to bill Medicaid and any third-party insurer is a one-time consent and is not required annually thereafter, unless there is a change in the type or amount of services to be provided to my child or a change in the cost of the services to be charged to Medicaid or a third-party insurer. I understand that Medicaid and third-party insurance reimbursement for billable services provided by the District and the SCDE will not affect any other Medicaid services or insurance benefits for which my child is eligible. I understand that my child will receive the services listed in the IEP regardless of whether my child is covered by public or private insurance programs and regardless of whether I provide consent to access those benefits. I understand that my refusal to consent to the SCDHHS or any third-party insurer accessing my child's personally-identifiable information does not relieve the District of its responsibility to ensure that all required services in my child's IEP are provided at no cost to me.

I understand that this consent is voluntary on my part and may be revoked at anytime. If I later revoke consent, the revocation is not retroactive (i.e., it does not negate an action that occurred after the consent was given and before the consent was revoked).

I also understand that the District and the SCDE will operate under the guidelines of the IDEA and the Family Educational Rights and Privacy Act (FERPA) to ensure confidentiality regarding my child's treatment and provision of services.

Student's Name:

DOB:

Medicaid #:

Signature of Parent/Guardian

Date

Medicaid Notification of Use of Public Benefits or Private Insurance To Pay For Services Under the IDEA

[Insert District Letterhead]

Medicaid Notification of Use of Public Benefits or Private Insurance To Pay For Services Under the IDEA

This notification is to inform you of the intent of the [Insert District Name] and the South Carolina Department of Education (SCDE) to bill Medicaid and/or third party insurance and receive payment from Medicaid and/or any third party insurer for services, as permitted under the Individuals with Disabilities Education Act (IDEA), and as set forth in your child's individualized education program (IEP). The District and the SCDE may bill Medicaid for diagnostic and psychological evaluation services, behavioral health services, nursing services, and other health-related screenings and treatment services billable to Medicaid or a third-party insurer with or without the requirement of an IEP. The District must provide this notice to you prior to requesting your consent to bill Medicaid and/or any third party insurer once a year for services that the District will provide in the future.

This document also serves as notice that the District and the SCDE will release and exchange medical, psychological, and other personally-identifiable confidential information, as necessary, to the South Carolina Department of Health and Human Services and any applicable third-party insurer regarding services provided to your child.

Medicaid and third-party insurance reimbursement for billable services provided by the District will not affect any other Medicaid services or insurance benefits for which your child is eligible. The District cannot bill Medicaid or your child's insurance program if it will decrease available lifetime coverage or any other insurance benefit, result in the family paying for services that would otherwise be covered, increase your insurance premiums, or risk loss of eligibility for waived programs. You are not responsible for paying any outstanding deductibles, co-payments, or co-insurance related to the District billing Medicaid or your child's insurance program for services provided by the District. Your child will receive the services listed in the IEP regardless of whether your child is covered by public or private insurance programs and regardless of whether you provide consent to access those benefits. Your refusal to provide consent to release personally-identifiable information to Medicaid or any third-party insurer does not relieve the District of its responsibility to ensure that all required services are provided at no cost to you.

Any previous, current, or future consent to bill Medicaid or third-party insurance was voluntary and you may revoke your consent at any time. If you choose to revoke consent, that revocation is not retroactive (i.e., it does not negate an action that occurred after the consent was given and before the consent was revoked).

The District and the SCDE will continue to operate under the guidelines of the Family Educational Rights and Privacy Act (FERPA) to ensure confidentiality regarding your child's treatment and provision of services.

Student's Name: [Insert Student's Name]

Medicaid #: [Insert #]

Medicaid Consent for Treatment, Release of Information, and Reimbursement for Non-IEP Nursing Services

By my signature below, I consent for _____ (the District) to:
provide Non-IEP Nursing services to my child;

release and exchange the following information from my child's record to the Department of Health and Human Services (Medicaid Agency) for the purpose of billing for the Non-IEP Nursing services provided to my child – information about the service provided, my child's name, date of birth, Medicaid or health insurance number, gender, and my contact information;

bill the Medicaid Agency for the Non-IEP Nursing services; and

receive payment from the Medicaid Agency for the Non-IEP Nursing services that the District provides to my child.

I understand that:

Medicaid reimbursement for Non-IEP Nursing services provided by the District will not affect any other Medicaid services for which my child is eligible.

The District will continue to provide required Non-IEP Nursing services for my child at no cost to me even if I refuse to allow billing for services.

Granting consent is voluntary on my part and may be revoked at any time. If I later revoke consent, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).

The District will operate under the guidelines of the Family Educational Rights and Privacy Act (FERPA) to ensure confidentiality regarding my child's treatment and provision of Non-IEP Nursing services.

Student's Name _____

Student's Signature _____ Date _____

Student's Date of Birth _____

Student's Medicaid # _____

Signature of Parent/Guardian _____

Date _____

The Process To Provide Services

- A release form signed by the child's parent or guardian authorizing the release of any medical information necessary to process Medicaid claims. This can be incorporated into a Consent for Treatment form.
- A referral for services must be completed annually for every service. (The Diagnostic Assessment can be referred by the parent or any concerned person).
 - The Licensed Practitioner of the Healing Arts (LPHA) authorizing the initial referral must be obtained from the individual other than the direct provider of the rehabilitative service.
 - The LPHA authorizing the referral service must clearly document on the referral form the following: name, signature, date, title and their credentials.
 - Explanation or reason for the referral
 - See the referral list in the LEA Manual - Must be signed by an LPHA within the same discipline or a Physician or LISW-CP
 - Note: Physical Therapy only requires a written referral signed/dated and titled by a physician
 - The referring LPHA cannot supervise the service or cosign the documentation

The Process to Provide Services (cont.)

- An updated annual Medicaid evaluation/re-evaluation for services must be completed for every service:
 - The LPHA authorizing the service must clearly document on the evaluation/re-evaluation form the following: name, signature, date, title, and their credentials
 - The certified Orientation and Mobility Specialist may render the evaluation
 - Must be signed by an LPHA within the same discipline of the service
- The consent, referral form and evaluation/re-evaluation forms must be updated before the annual IEP. **(Best practice – this process must be done before the day of the treatment plan. The process listed above must be completed before services are billed to Medicaid.)**

Referrals

- Referrals must be made by a licensed provider working within the scope of their licensure.
- The health professional must be currently licensed in South Carolina and located within the South Carolina Medical Service Area (SCMSA).

Provider Type	LPHA
Audiologist	Licensed Physician; Medical Doctor (M.D.), or a Doctor of Osteopathy (D.O.), Licensed Advanced Practice Registered nurse (APRN), Licensed Physician Assistant (P.A.), Licensed Speech Language Pathologist (SLP), Licensed Independent Social Worker - Clinical Practice (LISW-CP)
Orientation and Mobility Specialist	Licensed Physician; Medical Doctor (M.D.), or a Doctor of Osteopathy (D.O.), Licensed Advanced Practice Registered nurse (APRN), Licensed Physician Assistant (P.A.), Licensed Independent Social Worker – Clinical Practice (LISW-CP)

Referrals Continued

Occupational Therapist	Licensed Physician; Medical Doctor (M.D.), or a Doctor of Osteopathy (D.O.), Licensed Advanced Practice Registered nurse (APRN), Licensed Physician Assistant (P.A.), Licensed Independent Social Worker – Clinical Practice (LISW-CP)
Physical Therapist	Licensed Physician; Medical Doctor (M.D.), or a Doctor of Osteopathy (D.O.), or a (Physical Therapist (PT) within the first 30 days only accompanied by a physician’s referral/prescription after 30 days.)
Speech Language Pathologist	Licensed Physician; Medical Doctor (M.D.), or a Doctor of Osteopathy (D.O.), Licensed Advanced Practice Registered nurse (APRN), Licensed Physician Assistant (P.A.), Licensed Speech Language Pathologist (SLP), Licensed Independent Social Worker – Clinical Practice (LISW-CP)

- SCDE considers best practice for the LPHA to only refer students for School Based Rehabilitative Therapy Service within his or her discipline.

Diagnosis Codes (ICD-10)

- Effective 10-1-15, the updated diagnosis code (ICD-10) must be used for all services. It is best practice that the diagnosis code be listed on the CSNs.
- [ICD-10 Diagnosis Codes](#)
- [SCDHHS Manual Link](#)

Electronic Signatures

- For medical review purposes, Medicaid requires that services provided/ordered be authenticated by the author. Medical documentation must be signed by the author of the documentation except when otherwise specified within this policy
- The signature may be handwritten, electronic, or digital. Stamped signatures are **NOT** acceptable
- Consent forms, referrals, evaluations, progress summary notes and clinical service notes have been approved for electronic signature if they meet the SCDHHS requirements as listed in (Section 1) of the Medicaid LEA Policy Manual
- To date, the IEP has not been approved for electronic signature

RBHS - Diagnostic Assessment (DA) Policy

- All school districts may bill for the Diagnostic Assessment (DA) and Psychological Testing and Evaluation under the guidelines of the LEA manual.
- These services maybe provided without the provider rendering the other array of services included in the RBHS program.

Criteria for the DA

- The purpose of the initial Diagnostic Assessment is to determine the need for rehabilitative services by establishing **medical necessity**, to establish and/or **confirm a diagnosis**, and to provide the basics for the **development** of an effective **course of treatment**.

Referral for the DA

- Although SCDHHS does not require a DA referral it is highly recommended by SCDE Medicaid Services that a DA referral is present in the record to conform with best practice standards.
- **The referral may come from a parent, teacher or school district team.**
- SCDE recommends that a form be completed (best practice). A form has been created as a template for districts to use as a guide.

Note: The Q A team recommends the DA referral (Best practice to document a referral).

Referral and Clinical Service Note for the Diagnostic Assessment

Referral for the Diagnostic Assessment		Procedure Code: 90791	
Student Name:		Modifier: AH or HO	
Student Name:	Diagnosis Code:	Diagnosis Code:	Diagnosis Code:
Student Medicaid #:	Place of Service: School (3)		
Name of School:	School NPI#:		
Print the Referral Staff Name:	Title of Referring Staff:		
Signature of the Referral:	NPI # (If applicable)		
Date of referral:	Note: 1 encounter per 6 months (encounter = 1 unit)		
Reason for the referral:			
Recommendations or referrals from the assessment:			

Diagnostic Assessment – Policy Updates

- The DA must clearly state recommendations for treatment, including services and frequency for each service.
- Recommendations must be listed separately.
- **The LPHA must sign the DA to confirm medical necessity as of July 1, 2016.**
 - Must be provided by a qualified clinical professional operating within their scope of practice. The professional must be specifically trained to render and review the assessment tool to make a clinically appropriate referral.
 - Rendered by a master's level professional within their scope of practice or the School Psychologist (I, II, III), Licensed Psychologist or the Licensed Psycho-Educational Specialist.

Diagnostic Assessment Policy Requirements

- The DA may be administered to all Medicaid-eligible beneficiaries who have been identified as having or at risk of behavioral health issues which may cause the child not to thrive in their environment.
- Medical necessity means the need for treatment services are necessary to diagnose, treat, cure, or prevent an illness, or participation in services are reasonably expected to relieve pain, improve and preserve health, or be essential to life.

Diagnostic Assessment Policy Requirements

Diagnostic Assessment Instructions:

- The new DA must be completed annually and the new form must be used. (see the SCDE Website for the document).
- The diagnosis and description must come from the current edition of the DSM or the ICD.
- There are several components in the DA and each section that applies to the child must be completed.
- You may not delete any sections on the form. You may state which items apply or do not apply to the child.
- You may add extra lines, if more information is needed.
- Note: The procedure code – 90791 – Modifier – AH – Licensed Psychologist or HO – Master’s Level

Psychological Testing and Evaluation

- After the DA is conducted and reviewed, the psychological testing and evaluation, in accordance with 42 CFR 440.130,(d) may be recommended.
- It must be recommended by a physician or other licensed practitioner of the healing arts, within his or her scope of practice under State law.
- The referral must be documented on the CSN, be present in the clinical record and must list the reasons for the test.

Note: The procedure code – 96101

No modifier is needed - (All Certified School Psychologists may render the service).

Psychological Testing and Evaluation; Purpose

The Psychological Testing and Evaluation assessment may be used for the purpose of psycho-diagnostic clarification, as in the case of establishing a DSM or ICD diagnosis or a differential diagnosis, once a thorough comprehensive assessment/initial clinical interview has been conducted and testing is deemed necessary for further clinical understanding or treatment planning.

Referral and Clinical Service Note for the Psychological Testing and Evaluation

Referral for the Psychological Testing and Evaluation	Procedure Code: 96101
Student Name:	
Student Medicaid #:	Place of Service: School (3)
Name of School:	NPI#:

Print the LPHA Referral Staff Name:	Title of Referring Staff:
Signature of the LPHA Referral:	NPI # (If applicable)
Date of the Diagnostic Assessment:	
Diagnosis Code:	Date of referral:
Reason for Referral:	

PSYCHOLOGICAL TESTING AND EVALUATION REPORT:

Date(s) of Evaluation:	
Recommendations or referrals from the evaluation:	

Signature of staff completing test: _____ **Title:** _____
Date of completion of test: _____

Crisis Management

- **Purpose:** Is to assist a beneficiary who is experiencing a marked deterioration of functioning related to a specific precipitant, in restoring his or her level of functioning.
- **Goal:** To maintain the beneficiary in the least restrictive, clinically appropriate level of care.
- Definition of a crisis is an event that places a beneficiary in a situation that was not planned or expected.
- Crisis management is an immediate intervention that includes stabilization of the person in crisis. It is not a replacement for behavior modification therapy or PRS services.

Crisis Management (cont.)

- The clinician must assist the beneficiary in identifying the precipitating event, identifying personal and/or community resources that he or she can rely on to cope with this crisis and must develop specific strategies to be used to mitigate the crisis and prevent similar incidents.
- Once the crisis has been stabilized, an evaluation of the beneficiary should be conducted promptly to identify presenting concerns, issues, identify available supports and any potential risk to harm self or others.
- Best Practice: If the child continues to have crisis issues, it is recommend the child receives an evaluation and a referral for services. Also note that shadowing is not a Medicaid billable service.
- SCDHHS reduced the annual unit maximum to 80 units per person. Anything over the 80 units will require a prior authorization from SCDHHS.

Audiology

Audiology Services include the diagnostic, screening, preventive, or corrective services provided to individuals with hearing disorders by or under the directions of an Audiologist.

Required:

- Written Referral for services signed/dated/titled by a Physician, Licensed P.A., APRN, Licensed SLP, LISW-CP or an Audiologist who is not the direct provider of services.
- An Evaluation/Re-evaluation report with recommendations, signed/dated and titled by a LPHA with Audiology credentials.

Nursing

Nursing Services for Children Under 21 are those specialized health care services including nursing assessment and nursing diagnosis; direct care and treatment; administration of medication and treatment as authorized and prescribed by a physician or dentist and/or other licensed/authorized healthcare personnel; nurse management; health counseling; and emergency care.

- A Registered Nurse as allowed under state licensure and regulation must perform acts of nursing diagnosis or prescription of therapeutic or corrective measures.
- Referral which includes a written medical order for services signed by physician, if applicable

Nursing (cont.)

- Current and valid IHP, IFSP, IEP, or ITP that lists Nursing Services, if applicable
- Emergency Protocol of services
- Clinical Service Notes, with response to treatment listed in the narrative section (must include start and stop times)
- Credentials
- Signature Sheet
- Acronym List
- Evidence of RN supervision, if applicable. (See Supervision)
- These instructions are for All Nursing services – IEP, Non-IEP

Occupational Therapy

Occupational therapy services are channels to improve or restore functional abilities for maximum reduction of physical disability and restoration of a beneficiary to his/her best possible functional level.

- Written referral signed/dated by a Physician, APRN, or P.A., or LISW – CP.
- Evaluation report with recommendations with attached diagnostic test or assessment, signed and dated by a licensed Occupational Therapist.

Note: When billing for co-therapy the therapist must split the time or one therapist may bill for the entire therapy. Both therapists may not bill for the entire therapy session.

Orientation and Mobility

Services provided to assist individuals who are blind or visually impaired to achieve independent movement.

- Written Referral for services signed/dated/titled by a Physician, Licensed P.A., APRN, or LISW-CP who is not the direct provider of services.
- Current (less than three years old) and valid vision report completed by optometrist or ophthalmologist.
- Orientation and Mobility (O & M) assessment report with recommendations with attached diagnostic test or assessment, signed/dated and titled by a Certified O & M Provider.

Physical Therapy

Evaluation and treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

- Written referral signed/dated and titled by a physician (M.D. or D.O.) or a physical therapist within the first 30 days, only, accompanied by a physician's referral/prescription after 30 days.
- Evaluation report with recommendations with attached diagnostic test or assessment, signed/dated and titled by a Physical Therapist.

Note: When billing for co-therapy the therapist must split the time or one therapist may bill for the entire therapy. Both therapists may not bill for the entire therapy session. This hold true also, for the tracking of frequency and duration for the IEP.

Speech

Speech services include the diagnostic, screening, preventative, or corrective services provided to individuals with speech language disorders by or under the direction of a Speech-Language Pathologist.

- Written Referral for services signed/dated/titled by a Physician, Licensed P.A., APRN, Licensed SLP, or LISW-CP who is not the direct provider of services.
- Evaluation/Re-evaluation report with recommendations, signed/dated and titled by a Licensed Speech Language Pathologist.

School District Administrative Claiming

School District Administrative Claiming (SDAC) is the administration of the Medicaid program that supports direct services and other Medicaid-related items.

- outreach
- eligibility work
- coordination and monitoring services
- training
- planning
- districts receive federal money for conducting SDAC under contract with SC Department of Education and SC Department of Health and Human Services

For complete training please go to the [SCDE website](#). Please click on the Medicaid tab and then again on the SDAC tab.

Special Needs Transportation

Training can be found on the [SCDE website](#). Click on the Medicaid tab and proceed to the tab for Special Needs Transportation (SNT). The following topics are discussed in detail:

- SNT Logs
- Logging into the Member Center
- District Bus Management
- Bus Driver Assignment
- Student Information
- Ridership

Telemedicine

Why should you be interested in telemedicine?

- Telemedicine can help lower absenteeism rates for the district.
- Telemedicine assures that the students are getting healthcare.
- Telemedicine is a source of revenue for the school districts.

Telemedicine (cont.)

- School districts can bill a facility fee of \$14.96 using the Q3014 HCPCS code.
- All documentation should be placed in the student's Medicaid file under the CSN.
- Schools should include all supporting documents from the healthcare provider.

Note: That an IEP, IFSP, IHP, or ITP may be needed to reflect the diagnosis and treatment plan resulting from the telemedicine service if ongoing health care is expected.

Documentation Criteria

Each file should contain the following documents:

- Consent Form(s)
- A written Referral signed/dated and titled by an LPHA who is licensed by LLR and working within the scope of his or her practice under State Law.
- Evaluation/Re-evaluation Report with Recommendations signed/dated and titled by the LPHA or certified clinician(O&M).
- Current IEP, IFSP, IHP, and or ITP that lists the services as stated in the current LEA manual. A Supplemental Form if the provider can not attend the IEP meeting.
- Clinical Service Notes
- Progress Summary Notes every 90 days
- Credentials/Signature Sheet of the Staff
 - Evidence of supervision of physical therapist assistants. (See LEA manual-Supervision)
 - Acronym List

Third Party Liability (TPL)

Third-party liability (TPL) refers to the beneficiaries who have multiple insurance carriers. Please note that in order to bill Medicaid the beneficiary/student must have active Medicaid status.

- Medicaid is the insurance of last resort therefore, all other medical coverage must be billed prior to submitting services to Medicaid.
- Web Tool: The Eligibility Verification function of the South Carolina Healthy Connections (Medicaid) Web-based Claims Submission Tool provides information about TPL coverage.

Each student's Medicaid eligibility should be checked regularly and a copy kept in the healthcare file. (Best Practice)

Note: The LPHA that renders the service must include their NPI number on the claim along with the school district's NPI number.

Third Party Liability

Medicaid Pays after all other coverage has been billed.

- Use the CMS-1500 Claims (Commercial and Medicare) to bill TPL and wait for a response such as an Explanation of Benefits (EOB).
- Once you have received an EOB or a denial then you may now bill Medicaid for services rendered.
- Listed are ways Medicaid will reimburse claims.
 - Medicaid compares two amounts.
 - Medicaid Allowed Amount – Other Carrier’s Paid Amount = X
 - or
 - The Patient’s Responsibility Amount = y
 - Medicaid pays the smaller of the two x or y.

Third Party Liability (cont.)

School districts must follow these TPL guidelines:

- TPL applies to Coordination of Benefits (COB) for all services
- TPL applies to a beneficiary covered by more than one health plan
- Organizes a processing hierarchy
- Eliminates duplication of payment
- TPL applies to all health plans and other payers
 - Private insurance
 - Medicare

TPL Process for Services

The following Medicaid services must follow the TPL process:

- Diagnostic Assessment
- Psychological Testing and Evaluation Services
- Audiology
- Occupational Therapy Services
- Physical Therapy Services
- Speech Services
- RBHS

TPL Billing Process

- Once you have received a reply from all potential TPL(s), if there are charges that are not “paid in full” that may be covered by Medicaid, you can bill Medicaid. This process is known as sequential billing.
- The school district must receive a valid denial before billing Medicaid. A request for more information or corrected information does not count as a valid denial.
- A ‘denial’ is a refusal of an insurance company or carrier to reimburse for services rendered.
- NOTE: Keep EOBs and denial letters in the student’s Medicaid or financial file.

TPL Billing Process Continued

- Timely Filing Requirements
 - Submit claims within 365 days/1 year from the date of service.
 - No extensions for TPL
- Claims must be clean; meaning that it is edit and error free.
 - Attach any required documentation

TPL Billing Process Continued

Billing for services with other insurance companies

- You will receive an Explanation of Benefits (EOB) from the insurance company which will explain the reimbursement for services or the denial of services.
- You will receive reimbursement for services, if applicable.
- Keep this documentation in your student's file. You may need this information later if DHHS requests further documentation to prove a denial or proof of reimbursement.
- In order to keep up with the billing process, you will need an electronic or paper system to maintain a record of payments by the third party payer and the Medicaid system to ensure proper billing and records.
- This information is subject to QA reviews and Medicaid audits.
- Contact each insurance company that you send claims to in order to set up payment options for the school district or your billing company.

TPL Billing Process (cont.)

If you use the Medicaid Web portal:

- Add the TPL information to the claim along with the Medicaid claim information to bill Medicaid.
- Bill Medicaid the amount listed on the fee schedule (contract amount).
- Do not bill Medicaid the lesser amount that was subtracted from the insurance reimbursement from the primary carrier.
- Medicaid will send you the remittance which shows the reimbursement for services rendered.
- You may also go on to the web portal to review your claim submissions.

If you have a billing company:

- The school district will need to provide the billing company with the TPL information.
- The billing company must bill for TPL and Medicaid.

Credentials and HHS-OIG Exclusion List

- SCDE will begin auditing for documentation on credentials/licensure/HHS-OIG Exclusion List compliance.
- Credentials for all licensed professionals must be checked regularly utilizing the [South Carolina Labor and Licensing Regulatory Authority \(SCLLR\) website](#).
- Districts are also required to verify regularly that their licensed professionals are not excluded from providing coverage to Medicaid beneficiaries by visiting the [OIG website](#).

Note: A copy of current licensure and proof of non-exclusion is required to be stored in the Medicaid health record or credential file.

Family Educational Rights and Privacy ACT (FERPA)/Healthcare Insurance Portability and Accountability Act (HIPAA)

- SCDE will begin auditing for HIPAA/FERPA security measures.
- Every district must have a breach policy available and presented at the time of review.
- All healthcare records must be kept under lock and key and in locked file cabinets.
- A physical list of all staff who has access to the healthcare information must be available.
- Signature logs of people who have accessed records are required. This also, must be present at review.

Storage and Record Retention

Are you aware prior to destroying or purging any educational or healthcare record you must give forty-five day notice to family and give them the option of picking up the records?

- Does your district have an archival policy for education and health records?
- All records must be maintained in a secure manner.

Coming Soon.....

Individual Health Plans will be required for all students receiving medication, procedures, treatments over a fourteen day duration.

- This is to bring us into compliance with the Section 59-63-80 of the South Carolina Code of Law.
- SCDHHS will be adding this to the Local Education Agency manual in January or shortly thereafter.

Training will be held on the afternoon of October 5, 2018.

Medicaid Reimbursement Can Fluctuate

Factors that influence Medicaid reimbursement:

- Decision to bill for a service
- Staffing
- Billing correctly or incorrectly
- Third Party Liability (TPL)
- Managed Care Organization (MCO) involvement

Medicaid Reimbursement Can Fluctuate

Future Access: Medicaid Financial Reports

SNT Claims Report Application

Includes two distinct types of reporting to assist in tracking billing trends:

- **Reimbursed School Based Services and RBHS** - tracks district and statewide totals by month or year and discrepancies from previous time periods
- **Procedures Report** – tracks district monthly or yearly reimbursement by procedure code with match amounts

SNT Claims Report

After logging in to the Member Center, click on the 'SNT Claims Report' link.

SOUTH CAROLINA
Department of Education

Logout

Member Center

Name: Matthew Melton | E-mail: mmelton@ed.sc.gov | Username: mmelton

User Tools

- [Change your security question answers](#)

Agency Employee Resources

- [MySCEmployee](#)
- [SCDE IT Project FAQ](#)
- [SCEIS - Citrix](#)
- [SCEIS - Supplier-Relationship Mgmt \(SRM\)](#)
- [Webmail](#)

Thursday Tech Tips

- [January 2017 \(PDF, 4MB\)](#)
- [Archive](#)

Web Applications

- [EPMS](#)
- [Medicaid Payment Error Rate Management \(PERM\)](#)
- [Medicaid QA Review](#)
- [SDAC](#)
- [SNT Claims Report](#)
- [Special Needs Transportation](#)

Surveys

Training Resources

Web Applications
* Applications below are for training purposes only.

Reimbursed Services and RBHS Report

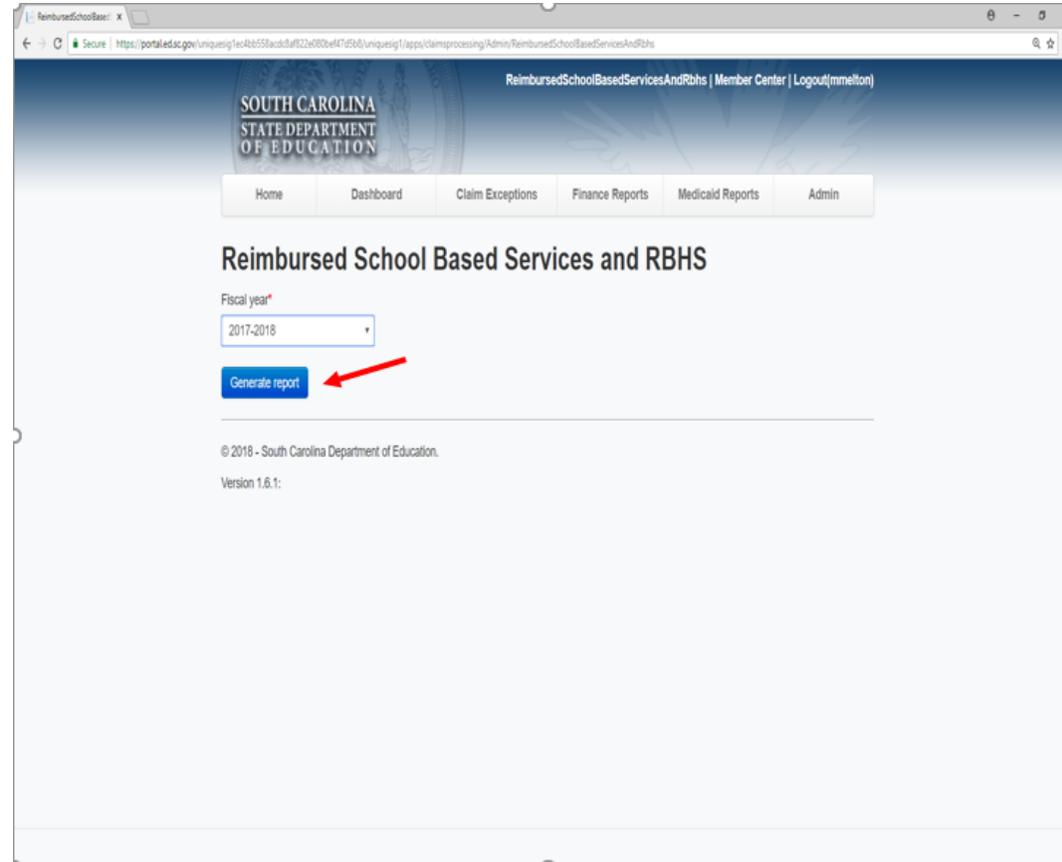
Click on the 'Medicaid Reports' tab (second tab from the right).

A sub-tab will appear. Click on the 'Reimbursed Services and RBHS' sub-tab.

The screenshot shows a web browser window displaying the 'Claims Processing' application. The page header includes the South Carolina State Department of Education logo and the text 'Claims Processing | Member Center | Logout[mmelton]'. A navigation menu at the top contains tabs for 'Home', 'Dashboard', 'Claim Exceptions', 'Finance Reports', 'Medicaid Reports', and 'Admin'. The 'Medicaid Reports' tab is selected, and a sub-menu is open, showing options for 'Reimbursed Services & RBHS', 'Procedures Report', 'Medicaid Audit Confirmation Report', 'Categories Summary', and 'Billing Reporting'. The 'Reimbursed Services & RBHS' sub-tab is highlighted in blue. The main content area displays a welcome message for user 'mmelton' and a list of features available for the Administrator section, including 'Dashboard', 'Claim Exceptions', and 'Admin' sections. The footer contains copyright information for 2018 and the version number 1.6.1.

Reimbursed Services and RBHS Report

Use Fiscal Year you wish to view. Then click the blue 'Generate Report' button.



School Violence Prompts Expansion Planning

Coordination with SCDMH

- By 2022 every student will have access to school-based mental health services
- Initiation of telepsychiatry in the school districts
- MOA and agreements between the two agencies
- Application to SAMHSA for Project AWARE grant has been awarded

Project AWARE: Advancing Wellness and Resiliency in Education

Goals of the five-year grant with SCDMH:

- Build the state's capacity to increase awareness of school mental health services statewide (marketing and outreach plan)
- Provide a multi-tiered system of supports (MTSS) to address mental and behavioral issues within partnering districts (Anderson 2, Florence 1, Sumter)
- Provide training to help the LEAs respond to students, families, and caregivers (anti-bullying, suicide prevention, Ending the Silence, and others)

Variety of Behavioral Health Services

Services Available in Districts	Number of Districts
Contract with SCDMH	68
Medicaid behavioral health providers	11
Provide behavioral health and contract with SCDMH	8
Provide Telemental Health (MUSC)	5

SC Department of Mental Health is the Major Provider

- SCDMH provides clinicians in more than 650 of the 1267 public schools in SC
- SCDMH staff serve over 50% of the SC schools
- 18,000 students are served through SCDMH school-based services

SCDHHS Web Tool Information

- Trading Partner Agreement
 - All users must have an individual login ID and password
 - Individuals cannot share login/password information
- 1-888-289-0709
 - Option “1” for the EDI Support Center
- Available 24 hours/day, 7 days/week

District Assignments

Dee Drayton: Calhoun, Charter Schools, School for the Deaf and Blind, Greenville, Kershaw, Laurens, Lee, Lexington 2, Newberry, Orangeburg, Pickens, Richland, Saluda, Spartanburg 6-7, Sumter, York, and Union.

Temporary Districts: Chester, Chesterfield, Dillon, Fairfield, Lancaster and Marlboro.

Note: All temporary Districts will be given to the new QA team member.

District Assignments (cont.)

Maureen Ryan: Abbeville, Aiken, Anderson, Barnwell, Darlington, Edgefield, Florence, Greenwood, Horry, Lexington (all but 2), McCormick, Oconee, Williamsburg, Spartanburg 1-5.

Temporary Districts: Bamberg, Beaufort, Berkley, Charleston, Colleton, Clarendon, Dorchester, Georgetown, Hampton, and Jasper.

Note: All temporary Districts will be given to the new QA team member.

Contacts

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