# **Medicaid 101 Module 2: For LEA Administrators**

## **Title Slide 1: Medicaid 101: For LEA Administrators**

Welcome everyone to the Medicaid one oh one [101] training series developed in partnership between MassHealth and the University of Massachusetts Medical School. My name is Emily Hall, and I am the director of the School-Based Medicaid Program at UMass, and I will be presenting today’s webinar. My colleague, Evan Sweet, is joining me today to help monitor questions and provide support as needed.

## **Slide 2: Distributed April 2021**

The training being distributed in April of twenty twenty-one [2021] is accurate as of right now, but as always, L-E-As are responsible for reviewing information on the School-Based Medicaid Program website. That is the web address there: mass dot gov slash MassHealth slash schools [https://www.mass.gov/masshealth/schools]. Everything you need to know is always posted and available there. Anything that might come out as subsequent guidance that would supersede any content here, you know you do need to be aware of that. We will also, of course, update these trainings periodically as needed.

## **Slide 3: Introduction to Medicaid 101 Training Series**

The Medicaid one oh one [101] training series is designed to provide the essentials to understanding the School-Based Medicaid Program, we refer to it as S-B-M-P. Some modules are designed for a broad, general audience. Other modules are targeted very specifically to the learning needs of a specific audience within each Local Education Agency, which we refer to as an L-E-A.

I’m not going to read out what all these sessions are here but just want to make everyone aware that there are several sessions available and there might be others that are of interest to you. They’re shown here for reference.

## **Slide 4: Introduction to Medicaid 101 Training Series**

And then these are the rest of the modules through module nine.

## **Slide 5: Training Agenda**

So, here is today’s training agenda. Please note that this module was written assuming that you participated in or viewed the introduction module to the series. So, we kind of build upon that background knowledge; however, if you did not attend the introduction module, I really feel that, this audience, you are going to be fine with the content level that is here. So, we are going to cover the Training Objectives. We’ll talk about best practices for building your L-E-A’s Medicaid Team. We’ll explain the following roles in the S-B-M-P:

* + - The Random Moment Time Study or R-M-T-S Coordinator Role,
		- The Clinical Leadership Role,
		- Financial Leadership Role,
		- Legal and Regulatory Perspective Leadership Role,
		- And Technology Leadership Role.

And then we’llbring it all together and review how to overcome common roadblocks, and we’ll provide some next training steps, and contact information and resources.

## **Slide 6: Training Objectives**

So, our **t**raining objectivesfor today.

By the conclusion of this training, we hope that you will:

* Learn some things to consider to structure your L-E-A’s participation in the program for success, such as:
	+ What types of information is needed?
	+ What types of knowledge and expertise is needed?
	+ What school departments and staff are involved?

And we hope that you’ll

* Have a better understanding of how to create an action plan to build your L-E-A’s Medicaid team,
* And return to your L-E-A with information, ideas, perspective on how to overcome some common roadblocks and ensure that your L-E-A receives the maximum allowable reimbursement through this program.

## **Slide 7: Identifying your LEA’s Medicaid Team Members**

So, we’re going to start withIdentifying your L-E-A’s Medicaid Team Members.

Successful participation in the School-Based Medicaid Program, S-B-M-P, requires coordination and collaboration among people responsible for managing various key pieces of the Medicaid program.

* Senior L-E-A leadership support and empowerment of staff in these key roles will ensure your S-B-M-P reimbursement program operates smoothly and effectively.
* Your L-E-A Medicaid Team should be comprised of Senior L-E-A Leadership, Clinical Leadership, Financial Leadership, Legal or Regulatory Leadership, Technology Leadership, and of course, the very important R-M-T-S Coordinator. We’ll discuss a little bit about each of these roles next.

There is a module in this Medicaid one oh one [101] training series designed for each of these Medicaid Team roles. So, we’re going to talk about these roles at a high level in this presentation, and we strongly encourage people who fit into each of these different roles to attend the module designed for that role to provide much more information specific to each of these roles.

## **Slide 8: RMTS Coordinator Role**

So, let’s start with theR-M-T-S Coordinator Role.

* L-E-As are required to designate an individual from the L-E-A as primary contact for R-M-T-S operations, and this is the person that we call the R-M-T-S Coordinator.
* L-E-As can also designate another L-E-A employee or a contracted billing agent to assist with R-M-T-S operations. That is completely up to you how many staff are involved with that process. However, just a reminder that as with all contractual obligations, the L-E-A is ultimately responsible for ensuring compliance with program requirements and deadlines as outlined in the L-E-A R-M-T-S Coordinator Guide.
* Due to the nature of R-M-T-S in determining all S-B-M-P reimbursement, it is strongly recommended that each L-E-A designates an appropriate staff member for this role who:
	+ has the authority to oversee the R-M-T-S for the L-E-A,
	+ has time designated for R-M-T-S coordinator duties,
	+ has been properly trained in R-M-T-S coordinator duties,
	+ and has the support and cooperation of other staff and departments within the L-E-A to fulfill the responsibilities.
* Management of your L-E-A’s participation in R-M-T-S directly impacts your reimbursement and reimbursement to all L-E-As statewide!

So, let’s take a look at this concept of R-M-T-S being the key to each L-E-A’s reimbursement in this program.

## **Slide 9: High-Level, Cost-Based Reimbursement**

We reviewed this in the introduction module, but it’s so important that we wanted to briefly review this again. So, let’s discuss, at a high level, this Cost-Based Reimbursement Methodology that we use in the School-Based Medicaid Program.

* In the cost-based reimbursement methodology, L-E-A specific costs, based on each L-E-A’s actual, incurred costs to provide services, are multiplied by statewide R-M-T-S percentages, which reduces those costs just to the portion of the costs that can be attributed to performing reimbursable work activities, then the L-E-A’s specific Medicaid Penetration Factor, which identifies the portion of your L-E-A’s students who are enrolled in MassHealth, is applied to calculate the total Medicaid allowable expenditures.
* That’s why we say that “we are all in this together” in terms of R-M-T-S. Note that, in the R-M-T-S results box, it’s noted as being statewide. That’s because the combined statewide R-M-T-S results are applied to every L-E-A’s reimbursement calculations. Therefore, the quality of each participant’s responses and the degree to which each L-E-A is compliant with R-M-T-S requirements impacts every participating L-E-A in the state.

## **Slide 10: RMTS Coordinator Role**

The L-E-A R-M-T-S Coordinator responsibilities require coordination with other staff and support areas. So, we wanted to talk about some of the potential support areas and related information that R-M-T-S Coordinator, or Coordinators, that you use will need to be successful.

* The R-M-T-S Coordinator will need to work with Human Resources to obtain information about staffing changes such as hires, promotions, people on a leave of absence.
* The coordinator will need support from perhaps building or department-level or team-level administration and support staff to obtain information about staff scheduled workdays, their scheduled hours.
* They will be coordinating with the payroll department or business office to obtain information about staff funding sources and ensuring that staff whose costs are included in the indirect cost rate are excluded from the R-M-T-S.
* They might need support from the building, department or team-level support to assist in determining appropriate staff for Direct Service pool participation versus Administrative pool participation, to provide staff training, to follow up on moments that aren’t answered, and to provide feedback to the R-M-T-S Coordinator on staff absences or schedule changes. All of these things that impact the R-M-T-S Coordinator role.
* And finally, Human Resources or Clinical Supervisors may be needed to help relative to tracking staff license status or qualifications, as applicable.

## **Slide 11: Clinical Leadership Role**

Let’s move on to the second role in our L-E-A Medicaid team: TheClinical Leadership Role.

For L-E-As who participate in the Direct Medical Services reimbursement portion of the program, identifying a clinical leader or leaders will be key to ensuring that all the requirements for reimbursement are met and that opportunities for reimbursement are recognized and pursued.

* So, they should monitor licensure status and ensure that supervision is in place where required.
* They may be part of assisting in gathering and providing clinical training for L-E-A procedures around documentation of plans of care, service delivery documentation, and maintaining consistency with clinical standards of practice.
* They provide valuable clinical input and perspective in the design of interfaces and processes that support the Medicaid billing process at your L-E-A.
* And really, the most successful school districts, in terms of their Medicaid reimbursement program, have a clinical leader or leaders who translate Medicaid requirements and implement the detailed procedures and processes that clinical staff will need to follow at your L-E-A.

## **Slide 12: Financial Leadership Role**

The third role in our L-E-A Medicaid team is the Financial Leadership Role.

A financial leader plays a key role ensuring that accurate expenditure reporting is occurring and should be empowered to institute procedures that efficiently and effectively identify all the allowable expenditures and ensure compliance with reimbursement requirements.

So, the financial leader should Identify all the allowable costs to seek Medicaid reimbursement, which involves:

* Payroll & benefit costs for qualified staff,
* Acquisition costs of capital assets,
* Materials, equipment and purchased services costs in support of Medicaid reimbursable work activities,
* And identifying all the expenditures in the period that the expense was paid using cash-based accounting principles.

A financial leader should also ensure compliance with the cost principles. So, they should:

* Ensure that only expenditures paid from state and local funds are being claimed,
* Ensure that no indirect costs are being claimed directly,
* And ensure compliance with the O-M-B Uniform Administrative Requirements. You can see this here; it’s the two C-F-R two hundred [2 CFR 200], that is the federal regulation for it. We tend to call that “super circular,” and something I would assume most business managers are familiar with, but that is the cost principles that are followed in the Medicaid Program.

And finally, financial leaders should create sustainable internal procedures such as:

* Procedures for identification of expenditures through purchasing or accounts payable processes perhaps,
* Training accounting or payroll or bookkeeping staff maybe,
* Communication with the R-M-T-S Coordinator is very important,
* And monitoring reimbursement and interim claiming through remittance advices.

## **Slide 13: Legal or Regulatory Leadership Role**

Next, let’s look at the legal or regulatory leadership role.

So, L-E-As are responsible for compliance with the terms of each L-E-A’s provider contract and state and federal regulations and guidance that apply to this program. Since there are so many moving pieces to monitor, L-E-As should designate someone to be responsible for monitoring L-E-A compliance, addressing contract issues and providing audit responses. So, some resources to help support this role are:

* The provider contract that each participating L-E-A has executed with MassHealth. There is a model S-B-M-P provider contract available, published on the S-B-M-P Resource Center. That is the link if you wanted to refer to that.
* We all know that schools are also subject to fur-pah [FERPA] privacy regulations, but participation in the Medicaid program also requires compliance with any of the relevant provisions of the Health Insurance Portability and Accountability Act; we call that hip-pah [HIPAA]. So, hip-pah [HIPAA] compliance, in addition to fur-pah [FERPA], has to be paid attention to.
* And the S-B-M-P mandatory School District Contact Information form requires each L-E-A to identify a primary point of contact for audits, PERM reviews, program compliance, record requests, etcetera. So, please be sure to keep this important contact information up-to-date by updating the form as needed, and there is the link again on the S-B-M-P Resource Center where everything you need is located. You can find the form, and if you’re not sure who is currently designated for your L-E-A, because every L-E-A has designated someone. So, if you’re not sure who that is, you can reach out to us and we can tell you who it is right now, provide you with a copy of your most current form on file if you’re not sure about these things. It’s really important to update these contact points as appropriate.

## **Slide 14: Applicable Laws, Regulations, Published Guidance**

There are a variety ofapplicable laws, regulations, published guidancein effect with the S-B-M-P.

So, any L-E-A or subcontractor of that L-E-A has to comply with applicable federal and state laws, regulations, guidance, and the terms of the provider contract, which include but are not limited to all of these things listed here:

* + - Social Security Act,
		- Code of Federal Regulations. These are federal regs forty-two and forty-five [42 CFR and 45 CFR],
		- The two C-F-R two hundred [2 CFR 200], that’s that super circular we were referencing a minute ago,
		- And then there’s another O-M-B Circular about state and local government audits and those requirements,
		- Additionally, MassHealth School-Based Medicaid Program Bulletins, Instruction Guides, and the Provider Contract itself.

All of this is really to say that one of the key Medicaid team members that is often overlooked by L-E-As is the concept of someone who is going to take responsibility for compliance and sort out all of these things.

## **Slide 15: Technology Leadership Role**

The final Medicaid team role that we’re going to discuss is the Technology Leadership role.

So, key areas for a technology leader to be involved in the Medicaid program are things like:

* Designing queries or reports from your Student Information Management system that are needed to provide required student enrollment data for the quarterly Medicaid eligibility matching process,
* Interfacing data between your I-E-P data, student records, student health records, Medicaid billing software, a Medicaid billing vendor,
* Coordination with the R-M-T-S Coordinator relative to things like internet connectivity, internet browsers being compatible and upgraded, staff’s ability to receive R-M-T-S notification emails, making sure that doesn’t get treated as spam or junk, and perhaps support for the use of your staff in using cell phones or tablets or mobile devices to respond to moments if that’s something your L-E-A allows,
* Technical assistance and support for processes and solutions that are about tracking required data in financial or accounting, payroll, H-R systems, and the Student Information Management system; somebody who can help people retrieve the right data.
* And, of course, ensuring compliance of technology with the provisions of hip-pah [HIPAA]
* And ensuring compliance with the six-year record retention requirement. So, all the data that supports any of your S-B-M-P claiming has to be retained for six years and that is something where a technology person can be very helpful in ensuring that that’s happening.

## **Slide 16: Bring It All Together**

So, now let’s bring it all together.

We’re hoping that you’ve seen how important it is to manage your L-E-A’s Medicaid reimbursement program by doing the following:

* Identifying key staff that is going to form a Medicaid team,
* Supporting those team members to fulfill their role by allowing sufficient work time and standing behind the importance of their work,
* And taking responsibility for oversight of all of the program activities, claiming, and compliance.

## **Slide 17: Overcome Common Roadblocks**

Now I want to switch gears just a little bit and talk about how L-E-A administrators can work to overcome common roadblocks.

The following items really can either be roadblocks or signposts for smooth travel, depending on, you know, what’s going on through the S-B-M-P. So:

* Number one. Oversight and engagement from the senior leadership team and administration.
* Number two. Staff training.
* Third would be coordination among key staff who make up the Medicaid team.
* And fourth would be planning for deadlines.

So, next we’re going to talk about each of these items a little bit more to hope that we can help you move any of these items that might currently be functioning more as a roadblock in your L-E-A to where they are effectively creating smooth processes for your L-E-A.

## **Slide 18: Oversight from Senior Leadership or Administration**

So, the first item is oversight from senior leadership or administration.

We thought it might be helpful to frame the thoughts here by acknowledging that someone in a senior leadership position at every L-E-A signs the Certification of Public Expenditure letters that accompany every quarterly Administrative Activity Claim and the annual Direct Services Cost Report.

So, we are kind of posing the question here for your own reflection: Has your L-E-A’s senior leadership provided appropriate oversight to confidently certify the following statements that are included in the certification letters? The statements are:

* The expenditures and the other information reported are true and correct statements prepared from the books and records of the L-E-A in accordance with applicable instructions.
* The expenditures included are based on the actual allowable cost of allowable expenditure categories.
* The required amount of public funds were used to pay for the total allowable expenditures, and such public funds are not federal funds, and are not funds authorized by federal law to be used to match other federal funds.
* No expenditures claimed are duplicative of any costs included in the claim or report through the application of the Indirect Cost Rate.
* And the signor has made a good faith effort to assure that all information reported is true and accurate.
* And finally, the signor understands that falsification or concealment of a material fact may result in prosecution under federal, state, civil, or criminal law.

So, we’re not framing this slide in this way to appear threatening or scary, and so I truly hope no one took it that way. Our intention is simply to point out that these are real and serious statements, and we hope that you’ll take these thoughts back and reflect upon how confident your L-E-A’s senior leadership feels certifying these statements.

## **Slide 19: Staff Training**

The second item is staff training.

Training for members of your L-E-A’s Medicaid team, and for all staff involved in the Medicaid program at any level, requires a plan. The risks of inadequate training include: failure to maximize your Medicaid reimbursement potential; non-compliance and audit and recoupment risk.

So, identifying staff who need training, planning timely trainings, is an ongoing process as new staff are hired, job responsibilities change, time goes on indicating that, you know, refresher training might be appropriate.

As we all know, L-E-As are organizations made up of people, and people will naturally seek to fill in any knowledge gaps from anywhere they can. So, if your L-E-A doesn’t have an intentional training plan for staff who have a role in the Medicaid program, staff will attempt to fill in any knowledge gaps the best that they can.

So, again to reflect where and how are your staff are filling in any knowledge gaps:

* They might refer to instructions that have been handed down from a predecessor or a co-worker. Is that happening without actually looking at any official MassHealth guidance?
* They might learn based on sort of those casual water cooler or lunchroom kinds of conversations.
* Or do your staff have access to an organized, planned process for timely dissemination of training information?

## **Slide 20: Staff Training**

On the topic of staff training, we just wanted to provide some of these key resources from which information might be drawn to develop a comprehensive training plan for your L-E-A. So:

* Training information needed regarding S-B-M-P policies and guidelines Can be found on the MassHealth S-B-M-P website at mass dot gov slash MassHealth slash schools [https://www.mass.gov/masshealth/schools].
* Training information for S-B-M-P procedures for using the applications that U-Mass hosts to monitor and administer the program. This information you can obtain from U-Mass’ Help Desk by contacting school-based claiming at U-Mass med dot E-D-U [SchoolBasedClaiming@umassmed.edu].
* Fur-Pah [FERPA] and other educational policies and guidelines. The source for this type of information would, of course, be the Department of Elementary and Secondary Education.
* Guidelines for clinical practice standards. The source for this information is going to be the State clinical licensing boards. There is a link there [https://www.mass.gov/topics/division-of-professional-licensure-boards-of-registration]. They all have information posted online and contact information, as well as the professional practice organizations. We have listed a few here: A-O-T-A, M-A-O-T, APTA, APTA of MA, ASHA, MSHA, ANA, MNA, MSNO, MAMHCA, ABHMass, NASWMA, APA, NEAFAST, and others. All of the different healthcare providers working in the school setting have professional practice organizations that do a fantastic job of guiding their professional practice and have wonderful resources available.
* Procedures for using billing vendor software or systems that your L-E-A might have in place for Medicaid billing. We here at the S-B-M-P Help Desk get a lot of misdirected questions about billing software. So, just remember that the only billing option that’s provided by MassHealth is the Direct Data Entry system that’s available on the Provider Online Service Center. It is used by a few L-E-As, but most L-E-As utilize software or a billing vendor or agent. So, training related to that software is going to come from your L-E-A’s Medicaid billing vendor or software company.

## **Slide 21: Coordination of Efforts Among the Medicaid Team**

The third item is coordination of efforts among the Medicaid team.

So, here we’re really asking you to reflect on your L-E-A’s internal operations that support the Medicaid program, and ask yourself whether your team efforts are well coordinated.

* So, does your R-M-T-S Coordinator have the information and support needed to accurately identify all of the correct staff to include in the R-M-T-S, and only the correct staff who are eligible to be included? Also their schedule information. Is that information that they are coordinating and getting accurately?
* Do department heads, team leaders, clinical supervisors participate in the identification of staff members for Medicaid program participation? Are they ensuring or is someone ensuring that staff has received appropriate training?
* What does your expenditure data collection process look like? Are the people involved in identifying expenditures for Administrative Activity claims or the Direct Service Cost Reports properly trained in the requirements? Do they collaborate and ensure accuracy and compliance?
* And can your L-E-A improve overall coordination and collaboration among your Medicaid team and support areas? Is everybody “on the same page” or do you have staff working in isolation?

THE BOTTOM LINE here is… We are just asking you to reflect: Do you have a well-functioning Medicaid TEAM, and if not, what steps can you take to change this?

## **Slide 22: External Partners in your LEA’s Medicaid Team**

And this need for coordination extends outside of your L-E-A to any external partners in your L-E-A’s Medicaid Team.

So, many L-E-As rely on external partners for assistance with participation in the S-B-M-P. Administrative oversight of your L-E-A’s relationship with these partners, and coordination with the work that each is performing, is key to successful participation in the program. So, similar to your team’s review of internal coordination efforts, you may want to, you know, make sure to coordinate with your external partners in terms of defining roles and responsibilities, ensuring good communication and information flow, ensuring sharing of training information, and program compliance.

Some examples of some of the key partners include:

* Billing vendors,
* The private special education schools,
* Special education collaboratives,
* Contracted staff or individuals or agencies,
* And perhaps contracted transportation companies.

## **Slide 23: Plan to Meet All Deadlines**

And finally,plan to meet all deadlines.

Most deadlines in the Medicaid program have been in place for more than ten years. All deadlines are published in the corresponding instruction guide for whatever it is that you’re, you know, whatever piece of the program it is you’re working on, and they’re also published annually on a handy-dandy, little one-page reference sheet that is available on the SBMP website on the Resource Center.

Last minute scrambles, missed deadlines really lead to inaccurate data, potential compliance issues, audit risk and potentially lost reimbursement. So, it’s really best to have an internal process in place to gather all required information and review it for accuracy and compliance, in plenty of time to comfortably meet the deadlines:

* For R-M-T-S participant lists and work schedules,
* For ongoing Interim direct service claims,
* For your quarterly Administrative Activity Claims,
* And for that annual Cost Report.

If you utilize a third-party billing vendor to assist with any processes, be sure to get required information to them in sufficient time for it to be compiled and submitted to the Medicaid program. Remember submitting to your billing agent doesn’t meet the deadline. It’s got to get submitted to the School-Based Medicaid Program.

* + - Billing vendors are a great resource and partner for L-E-As in the program; however, you know, L-E-As, it is your ultimate responsibility for the accuracy of all data and for meeting all deadlines, so collaborate with your vendor on how best to ensure program integrity.

## **Slide 24: Next Training Steps**

For next training steps:

Again, here is the list of the modules in the one oh one [101] series. And we talked about some of the roles of the Medicaid team, and as you can see, some of these modules are targeted to those roles. There really is a module specifically designed for each of the Medicaid team members here.

## **Slide 25: Contact Information & Additional Resources**

And finally, contact information and additional resources.

There is again the MassHealth School-Based Medicaid Program website at:

Mass dot gov slash MassHealth slash schools [https://www.mass.gov/masshealth/schools]

If you have questions or require assistance with anything, the U-Mass School-Based Help Desk is always available for you. We are open from seven thirty [7:30] in the morning to seven thirty [7:30] in the evening at School Based Claiming at U-mass med dot E-D-U [SchoolBasedClaiming@umassmed.edu], or by the eight hundred number is there as well one eight hundred five three five six seven four one [1-800-535-6741].

And that concludes what I have for prepared presentation today. Thank you so much for attending the webinar.