MassHealth
Municipally Based Health Services
Bulletin 8
October 2003

TO:  Municipally Based Health Services Providers Participating in MassHealth

FROM:  Beth Waldman, Acting Commissioner

RE:  Program and Administrative Activity Claiming

Background

This bulletin reviews the billing process for services provided by charter schools; addresses Administrative Activity Claiming; describes forms developed by the Massachusetts Department of Education (DOE) to document special education services; and reminds providers of their obligations under the Municipally Based Health Services program.

Charter Schools

Except as provided below, providers may submit claims to the Division for services provided by charter schools to MassHealth members, subject to all terms of the MassHealth Municipal Medicaid Provider Agreement, including, but not limited to: (1) assurance of payment of the state share; (2) compliance with all record-keeping and direct-care provider qualification requirements; and (3) liability to the Division in the amount of any disallowed federal financial participation (FFP). Any provider submitting such claims must enter into an agreement with the charter school reflecting that arrangement. Such an agreement, which may contain provisions relating to the ultimate distribution of funds received by a provider, is not subject to Division review or approval.

Effective July 1, 2003, charter schools may enter into a MassHealth Municipal Medicaid Provider Agreement with the Division directly. However, no charter school may enter into an agreement with, or submit claims to or through, both the Division and another Municipal Medicaid provider, except that one Municipal Medicaid provider may act as the billing agent of another as long as claims submitted by the billing agent are identified as such. Effective July 21, 2005, to submit any claims to the Division, a charter school must enter into a MassHealth Municipal Medicaid Provider Agreement with the Division directly.
Administrative Activity
Claiming

The Division will no longer send providers eligibility lists of MassHealth children. These lists were previously used to determine the Medicaid Eligibility Factor.

The Medicaid Eligibility Factor must be calculated quarterly by dividing the number of Medicaid-eligible students in the district for the quarter by the total number of students enrolled in the district for the quarter. Providers should determine enrollment and eligibility for the same point in time during each quarter. Eligibility verification can be completed using WebREVS or PC Software.

Public school providers should not include in their calculation students that attend regional schools. Regional school providers should calculate their Medicaid Eligibility Factor using the methodology as described above.

Revised Forms

The Massachusetts DOE-mandated Individualized Education Plan (IEP) form does not identify the type of placement where a student receives services. School districts are required to use the Team Determination of Educational Placement (PL1) form to identify the “corresponding placement” (formerly known as “prototype number”) in which a student receives the special education services described in the IEP. The PL1 form does not, however, include information related to cost-shared placements. If a student is in a cost-shared residential school, the Administrative Placement Information (PL2) form must be used to document the cost share. (Cost-share students should be claimed at the residential rate.) Copies of these forms can be obtained from the DOE Web site at www.doe.mass.edu. Copies of completed forms must be maintained in the student’s school record.

Reminder: Compliance with Agreement and Laws

To participate in MassHealth, a provider must abide by its executed provider agreement with the Division, and with applicable federal and state laws and regulations.

Reminder: Individualized Education Plan

Providers must have a current IEP for each child for whom federal Medicaid payment is sought.
Reminder: Attendance Records

Attendance records must document a student’s presence at school on any day for which a Medicaid claim is filed. Private day and residential/educational programs must ensure that their programs maintain attendance records for each Medicaid-eligible special education student, and periodically forward those records to the school district. Payment of tuition is not evidence of attendance.

No claim may be submitted for Medicaid payment when a student is absent or when school is not in session. Providers should ensure that they have appropriate audit mechanisms in place to avoid submitting claims in error.

Reminder: Record Retention

In accordance with Sections II.c and II.d of the Municipal Medicaid Provider Agreement, all relevant records must be maintained for a minimum of six years. Records that must be maintained include, but are not limited to: attendance records, IEPs, and documentation of services provided to the student, such as student progress reports and service encounter data.

Reminder: Financial Responsibility

If a student is residing in one school district and attending school in another district, and the district where the student resides is paying for the student to attend school in the other district, only the district in which a student resides may file a Medicaid claim.

If a student is attending a regional school, only the regional school district is eligible to file a Medicaid claim on behalf of the student, and the public school district should not submit claims for any such student.

If a student is attending a charter school, any district entering into an agreement with the charter school may file a Medicaid claim on behalf of the student in accordance with the provisions of the “Charter Schools” paragraph above.

Questions

If you have any questions about this bulletin, please call MassHealth Provider Services at 617-628-4141 or 1-800-325-5231. This bulletin is available on the Division’s Web site at www.mass.gov/dma.