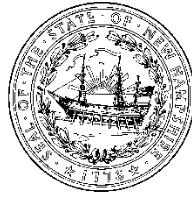

NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES

MEDICAID TO SCHOOLS INFORMATIONAL BULLETIN

Reference Number	SFY 2021-03
Authorized by	Henry Lipman, Medicaid Director
Division/Office/Bureau	Division of Medicaid Services
Issue Date	December 2020
Effective Date	Immediately
Subject	Billing and Auditing Guidance
Description	Responses to questions received from billing agents and school districts

OVERVIEW

On Friday, February 21, 2020, He-W 589, the new Medicaid to School rule, went into effect. This bulletin is being issued to provide information regarding the changes to the Medicaid to Schools Program and provide clarification to explain these changes.
Previous guidance documents are posted on the DHHS website at https://www.dhhs.nh.gov/ombp/medicaid/mts/index.htm under the Communication and Guidance link.

1. Participation in the Medicaid to Schools Program

Participation in the Medicaid to Schools Program (MTS) is at the discretion of the Local Education Authority (LEA) or School Administrative Unit (SAU). Districts will become the enrolled Medicaid Providers and if applicable, identify their contracted, trading partner third party billing agent**. *Note: If the school uses a third party billing agent, the school must complete and submit a Third Party Billing Agreement to MMIS.***

Enrolled Districts are eligible for reimbursement of Medicaid, covered medical services in a child's plan of care. Districts may collect up to 50% of their actual cost or 50% of the published Medicaid rate, ***whichever is less*.**

2. Eligibility Requirements

For services rendered to a student to be eligible for MTS reimbursement, the *student* must:

- Be Medicaid eligible;

- Have a care plan that is maintained in the student's file that documents and demonstrate the requisite criteria for any Medicaid covered services provided to the student (IEP, 504 plan, Healthcare plan);
- Be under 21 years of age; and
- Be served by a New Hampshire LEA or SAU that is an Enrolled Medicaid provider.

3. Covered Services

Covered services shall be provided through a student's LEA or SAU and designed to meet the health needs of the student by facilitating reduction of a physical or mental disabilities and any other remedial services that are included in the student's care plan as medically necessary excluding educational and social activities such as classroom instruction and academic tutoring.

Such services may be provided in a variety of locations and settings as stated in the care plan; may be provided outside of school hours provided as part of an extended school program; and can be provided by staff employed or subcontracted by the enrolled provider.

<u>Services Eligible for Medicaid Reimbursement:</u>

- Occupational Therapy, Physical Therapy, Speech/Language Services
  - Individual and group treatment
  - Evaluation
  - Supplies and Equipment
- Hearing Services
  - Evaluation
- Nursing
  - Assessment
  - Direct Treatment (positioning, management and care of specialized medical equipment, observation, etc.)
  - Medical Administration
  - Nursing Supplies and Equipment
- Mental Health services
  - Individual, group, and family counseling
  - Behavioral management
  - Crisis intervention
- Psychological Services
  - Testing
  - Evaluation
  - Individual and group treatment
  - Family Counseling
- Vision Services
  - Examinations
  - Prescriptions
  - Evaluations
  - Supplies and Equipment

- Substance Use Disorder (SUD) Services
  - Services provided by Licensed Alcohol Drug Counsel (LADC) or Master Licensed Alcohol Drug Counselor (MLADC)
- Rehabilitative Assistance
  - Medically related, non-academic, health related services for the maximum reduction in a student's physical or mental disabilities
  - Personal care
  - Mobility
  - Nutrition
  - Communication
  - Behavior management, etc.
- Psychiatric Services
  - Evaluation/Diagnosis
  - Treatment
- Specialized Transportation
  - Transportation to and from school- only on a day when the student receives a Medicaid coverable service at school during the school day; and
  - Transportation to and from a Medicaid coverable service in the community during the school day.
  - An Information Bulletin focused on transportation is forthcoming.

In order to be identified as a service to be provided, the best practice is to include these services in the healthcare plan in the "Related Service/Special Education" table grid.

4. Licensed Clinician Qualifications

All individuals ordering and supervising medical services delivered to a student must meet the licensure and/or certification standards as set forth in He-W 589.
Also see the August 28, 2020 Provider Type Ordering Chart which can be found at https://www.dhhs.nh.gov/ombp/medicaid/mts/index.htm under the Communication and Guidance link.

Licensed clinicians are responsible for development and documentation of student-specific health information related to the individual provider's scope of practice.

5. Service Documentation Requirements

Providers are required to maintain documentation of:

- Student's current Care Plan (IEP, 504, or healthcare plan)
- Copy of order from a physician, physician assistant, APRN, or other licensed clinician
  - Order must be within the clinician's scope of practice
- Evidence of credentials and/or licensure of all staff delivering medical services
- Evidence of service implementation:
  - Invoices
  - Mileage logs

- Transaction logs (which must include the following):
  - Name(s) of the student(s) and the medical assistance ID number
  - Date(s) of service
  - Location of service
  - Type of service
  - Name of service provider
  - Signature of service provider
  - Number of service units delivered
  - Start and stop time of delivered services
  - If service was provided to one child or in a group setting (include how many in group regardless of Medicaid eligibility)
- School calendar
- School attendance records
- Parental consent to access Medicaid
- Rate-setting methodology
- 30 Day Review documentation (if applicable)

6. Audit Process

MTS audits are federally mandated. There are two (2) units within the NH Department of Health and Human Services that conduct audits. The Financial Compliance Unit (FCU) monitors for claims and rule requirements. The Program Integrity (PI) Unit audits claims with anomalies for fraud waste and abuse.

When the FCU conducts an audit, student selection is random. The process is begun by an *Engagement letter* mailed to the Special Education Director including the date of review, student(s) selected (for whom services were billed) and documents necessary for review.

Requested Documents & Information:

- Student's Healthcare Plan for audited school year
- Credentials of Providers and Supervising Professionals
- Service transaction logs
- School year calendar, including:
  - Unscheduled closings (i.e. snow days, flooding, etc.)
  - Early release days, delayed start or early dismissals
  - Teacher conference days
  - Actual last of day of school
- Attendance records (daily not period attendance)
- Parental consent to access Medicaid & written notification of parental rights
- Referrals, orders, recommendations as required
- Rate-setting methodology
- Copies of 30 Day Review documentation (if applicable)

A *Preliminary Findings letter* will be mailed to the SAU Superintendent. The SAU is given 30 days to respond with additional documentation or additional or corrected information. Then a

Final Findings letter will be issued. The SAU will be given an additional 30 days to respond with further documentation and/or information and an opportunity to appeal due to disagreement with the findings. Finally, a *Conclusion letter* is issued.

7. Rehabilitative Assistant (RA) – Qualification and Training

The supervising, licensed clinician should evaluate and document the RA's level of competency and develop trainings to ensure the ability of the RA to perform tasks outlined in the plan of care. Every 30 days the supervisor must evaluate the RA's performance of assigned tasks.

Documentation should include:

- Planned date of the session
- Whether the session was held (if not, reason for cancellation)
- The type of contact i.e. face-to-face, observation, telephone call
- Areas covered i.e. duties and expectations, skills development
- If applicable, list of trainings completed within past 30 days
- Issues identified, if any, and action to be taken
- Date of next session
- Signature of the supervising licensed clinician and date

Rehabilitative Assistants Providing Services Under a Behavioral Treatment Plan

RA's can provide services under the direction and supervision of a school psychologist or a Board-Certified Behavioral Analyst (BCBA). These services will be reimbursable if there is a medical component, a valid order, and the service is in the student's IEP, 504 plan, or healthcare plan.

8. Out-of-District Services Billed with an Invoice

Ex. A student from your district receives medical services outside of your district. If you are billing Medicaid for those services, the invoice from the entity providing the services must include:

- The student's name
- The type of service provided
- The date(s) of service
- The number of units or minutes/hours of service
- If service was provided to one child or in a group setting (include how many in group regardless of Medicaid eligibility)
- The provider's rate
- The provider's name and signature
- Supervisor's name and signature if the service provider worked under a supervisor

9. Group vs. Individual Billing Sessions

Services can only be billed if there is an order and the service is required in the healthcare plan. The mode of services must match what is in the healthcare plan. ***Ex- if the plan calls for a group service, you cannot bill for individual services.***

Individual services can only be billed when individual services are included in the plan of care. Group services can only be billed when group services are included in the plan of care

As previously described in guidance document SFY 2020-02 published September 2019, group therapy consists of simultaneous treatment to two or more students who may or may not be doing the same activities. If the therapist is dividing attention among the students, providing only brief, intermittent personal contact, or giving the same instruction to two or more students at the same time, then it is appropriate to bill for each student one unit of group therapy. In this instance, the students do not receive one on one treatment; therefore, it is appropriate only to bill the group code.

Currently the only Current Procedural Terminology (CPT) code that is setup with a group rate is 92508 TM HQ, which is treatment of a speech language, voice communication and/or auditory processing disorder group, 2 or more individuals. The Department will be establishing group codes for physical therapy and occupational therapy, and when established, a provider notice will be sent to the Superintendents of Schools and other stakeholders in the local school districts for distribution.

Maintaining documentation of the Medicaid services delivered to support the claims billed is a condition of enrollment with NH Medicaid. Thus, keep in mind that each student in the group should have unique documentation of the service delivered, including a description of the group session, and how the session contributed to the student's IEP or care plan treatment goals in compliance with 42 CFR 431.07 and NH Administrative Rules He-W 520.03.

10. Rounding up or Rounding down?

When billing for transportation mileage, it is acceptable to round up. ***For example, 18.6 miles can be rounded to 19 miles.***

When billing for other services, the following rules apply:

The Department has modeled its billing instructions, particularly the 8-minute criteria, on the standards for Medicare billing established by the Centers for Medicare and Medicaid (CMS).

This means, for any single timed CPT code in the same day measured in 15-minute units, school districts should bill one 15-minute unit for treatment greater than or equal to 8 minutes up to and including 22 minutes. If the duration of a single modality or procedure in a day is greater than or equal to 23 minutes, up to and including 37 minutes, then 2 units should be billed. See the table below:

Number of minutes	Number of 15-minute units that can be billed
Fewer than 8 minutes	No units can be billed
8 minutes up to 22 minutes	1 unit
23 minutes up to 37 minutes	2 units
38 minutes up to 52 minutes	3 units
53 minutes up to 67 minutes	4 units
68 minutes up to 82 minutes	5 units
83 minutes up to 97 minutes	6 units
98 minutes up to 112 minutes	7 units
113 minutes up 127 minutes	8 units

The 8-minute criteria remains the same for treatment times in 30, 45 and 60-minute increments

11. Common findings – Billing and Documentation Errors to Avoid

Below are common errors found in provider billing and documentation.

- No provider signature on log or signature was photocopied and used on multiple logs
- Billed the wrong procedure code
- Overbilled the number of units actually delivered
- Billed 15 minutes of service as 30 minutes
- Several school districts billed the same service
- Service was billed under the wrong school district
- Service was billed twice
- Logs were not submitted
- Billed for services not included on logs
- Provider credentials were not submitted
- Provider not qualified
- Parental Consent not submitted or dated after service delivery

12. Telehealth

In administering telehealth services, providers are required to:

- Maintain documentation
- Document consent
- Only medical telehealth services are reimbursable under Medicaid
  - *Ex. Reimbursable nursing care is the medical service authorized for the student. The nurse cannot perform or bill for academic support/remote learning during the medical service.*

Questions about this informational bulletin can be sent to: MTS@dhhs.nh.gov
Please reference informational bulletin SFY 2021-02 in the subject line.

Revision History

Activity Date	**Version**	**Description of Activity**	**Author**	**Approved By**
12/9/2020	Final	Questions and Responses	A. Driscoll	H. Lipman