

SSHSP ANNUAL GOVERNANCE REFRESHER

Medicaid in Education





PRESCHOOL/SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM (SSHSP)



AGENDA & LEARNING OBJECTIVES

- NYS Medicaid Program
- Laws & Policies Governing Medicaid
- SSHSP Provider Qualifications
- Documentation of Medical Necessity
- Documentation of Service Delivery to Support Medicaid Billing
- Certified Public Expenditures (CPE) and RMTS
- Compliance Program
- Contacts and Resources



NYS Medicaid Program & Provider Qualifications

PRESCHOOL/SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM (SSHSP)



- Medicaid is a jointly funded program between the state and federal government that provides health insurance to over 80 million low-income individuals and individuals with disabilities.
- SSHSP was jointly developed by the NYS Education Department and the Department of Health. School Districts and counties are the only allowable billing providers under the program.
- SSHSP allows school districts and counties to access federal monies through reimbursement for medical related services provided to Medicaid eligible students with disabilities ages 3 up to 22.

LAWS/POLICIES GOVERNING MEDICAID COMPLIANCE

- [Social Security Act \(Title XIX\)](#): Outlines duties of the States for implementing a Medicaid program.
- [NYS Social Services Law \(363d & 18 NYCRR Part 521\)](#): Authorizes the appointment of a Compliance Officer & Program.
- [18 NYCRR Section 517.3](#): Districts must maintain records for 6 years
- [6110 - Code of Ethics and Conduct for Employees and Officers](#): Includes Section II-J “Whistle Blowing: There will be no retaliation against any employee or officer who reports waste, fraud or abuse on the part of the District.” *(adopted 12/16/2020)*
- [HIPAA \(est.1996\)](#): Protects the privacy of health records maintained by a health care provider who not education if the provider conducts one or more of the *HIPAA* transactions electronically. *(11/25/08)*
- [FERPA](#): Protects the privacy of student educational records. *(memo issued 03/08/2023)*
- [NYS Plan Amendment \(SPA\) #11-39-B](#): Verify provider certification, license and/or registration in NYS Medicaid Program. *(approved 12/22/2014)*
- [eMedNY Medicaid Provider Policy and Billing Handbook](#): Update #10 *(updated 07/16/2024)*

SERVICES INCLUDED IN THE SSHSP

Speech Therapy, Including
Evaluation/Re-evaluation

Occupational Therapy, Including
Evaluation/Re-evaluation

Skilled Nursing

Medical Specialist Evaluation

Audiological Evaluation

Physical Therapy, Including
Evaluation/Re-evaluation

Psychological Counseling

Psychological Evaluation

Medical Evaluation

Special Transportation

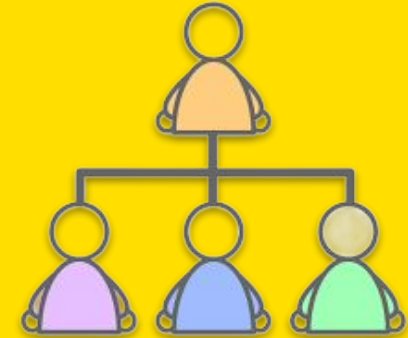
SSHSP MEDICAID PROVIDERS

Provider Role	Definition	Medicaid Enrollment Status
Ordering Provider	The professional who has ordered or recommended services for a student.	Must be enrolled in Medicaid.
Attending Provider	The clinician who has the overall responsibility for the student's medical care and treatment.	Must keep affiliation current.
Servicing Provider	The clinician who renders the service to a student.	Must be a Medicaid qualified provider; must verify current certification, licensure, and/or registration.
Billing Provider	The Medicaid enrolled provider that bills Medicaid for services rendered. This is the school district.	Must be a Medicaid provider and have an NPI number.

To be Reimbursed by Medicaid the following conditions must be met:

- District is a Medicaid provider & has an NPI number.
- Verify service providers have an NPI number.
- Verify “Parental Consent” was obtained.
- Incur a cost for the service.
- Complete Provider Agreements and Statement of Reassignment for outside contractors.
- Verify students are Medicaid eligible and have a Client Identification Number.
- Keep affiliation current for attending providers.
- Annually certify the Electronic Transmitter Identification Numbers.
- Verify all claims submitted are: Medically necessary, documented, provided by an approved Medicaid provider & included in the child’s IEP.

ADMINISTRATIVE ROLES AND RESPONSIBILITIES



Medicaid Eligibility:

- Service included in the student's IEP.
- Medical necessity.
 - ◆ Written order/referral from a Medicaid enrolled provider.
- Provided by a Medicaid qualified provider.
 - ◆ Verification of current certification, licensure, and/or registration, of servicing clinician.
- Documentation of provision of Medicaid reimbursable service.
 - ◆ Evaluation/Re-Evaluation Report; Session Note; Medication Administration (MAR); or Special Transportation Log.

SSHSP MEDICAID REIMBURSEMENT REQUIREMENTS





Documentation of Medical
Necessity

&

Documentation of Service Delivery
to Support Medicaid Billing

**MEDICAL
NECESSITY
VS.
EDUCATIONAL
NEEDS**



- **Written Order/Written Referral**
 - ◆ Documents medical necessity.
 - ◆ NYS Medicaid requirement.
 - ◆ Allows for potential Medicaid reimbursement.
 - ◆ Provided by Physician or Provider

- **Individualized Education Program (IEP)**
 - ◆ Documents educational needs.
 - ◆ Special Education requirement.
 - ◆ District CSE determines what services are needed to receive free appropriate public education (FAPE).

DOCUMENTATION OF EACH ENCOUNTER



- **Evaluation** - Evaluation Report is used to identify a child's health-related needs as part of the IEP process. Typically performed at annual reviews.
- **Ongoing Service (Speech, PT, OT)** - Session Notes for ongoing services specifically document that the servicing provider delivered a service to a student on a particular date.
- **Skilled Nursing Service** - Medication Administration Record (MAR) or Session note is required, provided as an individual service.
- **Special Transportation** - Transportation Log for each one-way trip.

NOTE: BSCSD has not billed for special transportation due low incident referrals in the past, we are exploring further research to determine the cost effectiveness in future years.



Certified Public Expenditures (CPE)
&
Random Moment in Time Study
(RMTS)

The major components of the CPE reimbursement methodology are:

- Time spent by practitioners delivering IEP direct medical services tracked through PCG Random Moment in Time Study (RMTS).
- Actual costs including employee salaries, fringe benefits, contract costs, equipment purchases and maintenance.
- Interim Medicaid reimbursement received by SSHSP providers from encounter based billing (fee for service).

CERTIFIED PUBLIC EXPENDITURES (CPES)



- RMTS is a tool used by the School-Based Medicaid Program to measure what a person is doing during a moment of time of the workday. A specific date and time are chosen and assigned to a participant.
- All district staff who are recorded quarterly in the staff pool are included in this collection, all moments will be received via email. Staff will respond to a series of questions describing the activity they were performing at that time.
- When the results of the RMTS are coded, specific codes identify, on average, how much time providers spend performing direct medical services which established the reimbursement rates for future billing.
- RMTS is NOT a management tool used to evaluate staff activities or performance. If selected for a moment, a response is required, and participation is not optional . The results of the time study are ONLY used in the cost settlement process.

**RANDOM MOMENT
IN TIME STUDY
(RMTS)**





Compliance Program & Medicaid Contacts

**WHY DO WE
NEED A
COMPLIANCE
PROGRAM?**



In 2009, a federal investigation revealed Medicaid disallowances of \$1.1 billion dollars.

- NYS was then required to:
 - ◆ Repay \$540 million dollars
 - ◆ Collect repayments from school districts for inappropriate claims
 - ◆ Implement a compliance program to prevent fraud, abuse, and false billing.

- Ballston Spa School District was required to:
 - ◆ Have a Medicaid Compliance Program in place, due to receiving or submitting Medicaid claims of \$500,000 or more annually.

ELEMENTS OF COMPLIANCE PROGRAM

- ◆ **Element 1**: Written policies and procedures.
- ◆ **Element 2**: Designation of Compliance Officer – an employee vested with responsibility for the day-to-day operation of the compliance program.
- ◆ **Element 3**: Annual compliance training for all affected individuals.
- ◆ **Element 4**: Communication lines to the Compliance Officer that are accessible to all individuals to allow compliance issues to be reported.
- ◆ **Element 5**: Disciplinary policies to encourage good faith participation in the compliance program.
- ◆ **Element 6**: System for routine identification of Compliance risk areas and noncompliance.
- ◆ **Element 7**: System for responding to compliance issues when raised, for investigating and correcting problems.
- ◆ **Element 8**: Policy of non-intimidation and non-retaliation for good faith participation.

All employees are expected to comply with the Code of Ethics/Conduct and the Compliance Policies and Procedures of the District. Failure to do so could result in disciplinary action and possible termination following a thorough investigation.

- All are expected to:
 - ◆ Promptly report noncompliance.
 - ◆ Participate in good faith in investigations.
 - ◆ Be truthful and preserve documentation for investigations.

- Consequences for:
 - ◆ Failing to report potential compliance issues.
 - ◆ Participation in noncompliant behavior.
 - ◆ Encouraging, directing, or permitting noncompliant behavior.

- The following will result in disciplinary charges/termination:
 - ◆ Violation of Federal and State Laws.
 - ◆ Failure to report illegal or suspected illegal conduct.
 - ◆ Intentionally providing false information to the district, agencies or to Medicaid for payment.

REPORTING OF FRAUD, WASTE, OR ABUSE & PENALTIES FOR NOT REPORTING



EXAMPLES OF FRAUD, WASTE, OR ABUSE

- ◆ Billing for medical services not provided.
- ◆ Providing services that are unnecessary.
- ◆ Billing services separately that should be billed together.
- ◆ Billing more than once for the same service.
- ◆ Giving or accepting something of value in return for medical services.
- ◆ When someone: Lies about eligibility, lies about a medical condition, or forges a referral/order.

CLAIMS OF FRAUD, WASTE & ABUSE: INFORMATION NEEDED

- ◆ Name, position and work location of alleged perpetrator.
- ◆ Complete description of the alleged act.
- ◆ Description of how the alleged act was discovered.
- ◆ The date and time the alleged act occurred.
- ◆ The name(s) of administrative personnel you previously reported the alleged act to (if none, please state so).
- ◆ Name, Address, telephone and email address of reporter. (*optional*)

HOW TO REPORT SUSPECTED FRAUD, WASTE OR ABUSE:

Choose one of the following methods to report:

- Ballston Spa Central School District Medicaid Compliance Officer:
 - ◆ Margaret Giller
 - ◆ E-mail: mgiller@bscsd.org
 - ◆ Telephone: (518) 884-7195, Ext. 1346
 - ◆ Fax: (518) 490-7410
 - ◆ Mail: 70 Malta Avenue; Ballston Spa, NY 12020
- NYS DOH Medicaid Fraud Hotline:
 - ◆ 1-877-873-7283
- NYS DOH Online Complaint Form:
 - ◆ <https://www.omig.ny.gov/bfma-form>



Complaints may be made in person or anonymously, information is strictly confidential, any reports treated to protect the identity of the complainant.

CONTACTS

Ballston Spa Central School District

Alicia Backus, Director of Elementary Special Education

70 Malta Avenue, Ballston Spa, NY 12020

Telephone: 518-884-7195, Ext. 1331

E-mail: abackus@bscsd.org

Margaret Giller, Medicaid Compliance Officer

70 Malta Avenue, Ballston Spa, NY 12020

Telephone: 518-884-7195, Ext. 1346

E-mail: mgiller@bscsd.org

Allison Minervini, Medicaid Billing

70 Malta Avenue, Ballston Spa, NY 12020

Telephone: 518-884-7195,

E-mail: aminervini@bscsd.org

New York State

NYS DOH – SSHSP Medicaid Policy and Medicaid Claiming Questions

DOH 518-473-2160

DOH SSHSP Mailbox: SSHSP@health.ny.gov

SED – Provider Support and Training

SED 518-474-7116

SED Mailbox: medined@nysed.gov

Office of the Medicaid Inspector General

800 North Pearl Street, Albany NY 12204

Telephone: 518-473-3782

Mailbox: information@omig.ny.gov

GENERAL RESOURCES



[BSCSD Medicaid Compliance](#)

[eMedNY](#)

[Medicaid.gov](#)