Schools and Medicaid Call

July 9, 2020

Call Reminders

- Put your name and district or company represented in chat box
- Phone lines will be muted during the call
- If you have questions as the meeting progresses, please enter them into the chat box. We will pause periodically during the call to answer questions.

Agenda

- Introductions
- Legislation-CS/HB 81
- FMAP Increase
- Charter/Private School Enrollment
- Q2 2020 SDAC
- Reconsideration of Moments
- Outstanding Questions
- Provider Relief Fund

Legislation-CS/HB 81

- CS/HB 81
  - Approved by Governor June 23, 2020
  - Removed the language that certified match is available only for services on the student's IEP or IFSP
  - Applies only to school districts, not charter/private
  - Effective date of July 1, 2020

Legislation – CS/HB 81 Draft Policy

- AHCA
  - Continuing to refine the draft coverage policy
  - Planning to discuss with districts and FDOE prior and in addition to the rule making process
  - Planning a state call to discuss
- Memo to Districts
  - Scheduled to go out to superintendents in July

Legislation – CS/HB 81 Parental Consent

- Workgroup
  - Orfi Sanchez (Miami-Dade), Karen Thomas (Leon), Mary Ellen Barkman (Pinellas) volunteered to review draft of consent
- Draft
  - Sent to workgroup members July 7, 2020
- Next Steps
  - When draft is complete, will be sent to FDOE legal for review
  - After legal review, will be distributed and translated into Spanish and Creole

FMAP Increase

- FMAP Rate
  - Increased from 61.47 to 67.67
- Section 6008 of the FFCRA
  - Provided a **temporary** 6.2 percentage point increase to the FMAP rate effective beginning January 1, 2020 and extending through the last day of the calendar quarter in which the public health emergency declared by the Secretary of Health and Human Services for COVID-19, including any extensions, terminates
- Quarter 1 State Fiscal Year
  - The rate will continue through September 2020
  - Possible change in federal fiscal year in October 2020
- Outstanding Question
  - Is the payment system reflecting this change for services delivered on or after January 1, 2020 and if districts were not reimbursed at the 67.67 FMAP rate, what should they do?

Charter/Private School Enrollment

- AHCA sent information to the FDOE staff in the School Choice office on 6-24-20
- Plan Includes Phases
  - Phases 1 and 2: included past work to update payment system and hold a pilot
  - Phase 3 (effective 6-26-20): AHCA implementing new updates to allow select providers to individually enroll
  - Phase 4 (fall 2020): remaining system updates to allow all individual providers to enroll and be linked to their respective private or charter school.

  AHCA will send additional information in the future

  We have asked additional questions and will ask AHCA to send all information to districts

Q2 2020 SDAC

- SDAC Fee For Service Requirement During Duration of Telemedicine
  - One service submitted for Nursing, Behavior and Therapy
  - There will **not** be an allowance/flexibility made for this requirement
- Concerns
  - Many districts are concerned they may not meet the requirement for nursing due to school closures during the pandemic with no direct nursing
    - Consultation and coordination; Health care coordination and referrals; Compilation of health histories

Reconsideration of Moments

- ## Q3 2018 Results
  - June 15, 2020 - Deadline for AHCA to review
    - In process – Districts have begun receiving updated monitoring reports, if applicable
  - June 22, 2020 - Deadline for AHCA to distribute revised claiming workbook
    - Should be receiving in the next couple of weeks
      - Check with your data manager
- ## Q4 2018 Timeline
  - July 15, 2020 - Deadline for districts to submit moments for reconsideration
  - August 14, 2020 - Deadline for AHCA to review moments

Outstanding Questions

- Denied Claims
  - Will claims denied due to NCCI edits (with dates of service under a year old) be reprocessed or will districts have to resubmit?
  - Have the GT modifiers been added to the payment system? If so, to what procedure codes will they apply?
  - 96150 HO GT – Social Worker Individual Telemedicine and 96150 AH GT – Psychologist Individual Telemedicine with a denial code of 4108 - EAPG Rate Not Found/Provider Charge Record/HMO PHP Record Not Found.
  - 97150 GP – PT Group denied
  - Is AHCA going to reprocess claims denied for using the GT modifier and other denied codes, once they are in the Medicaid payment system correctly or will we have to resubmit them? Any claims submitted to the Agency using the draft 2020 "H" procedure codes, **for behavior,** should be resubmitted using the 2019 procedure codes. (Email received from Matt Brackett 4/23/2020).
- Health Alerts
  - Do health alerts regarding "All Providers" apply to school districts?
- Telemedicine – Parent Present
  - A mental health therapist is concerned with having to have a parent present in the room, if they have parent approval is it necessary for them to be present?
  - If the student is over 18, do they need a parent present for telemedicine to be billable to Medicaid?

Outstanding Questions

- Telemedicine Direct Nursing
  - Since nursing services are allowed for home health, is it also allowable for nursing services provided by school health nurses to students (Medicaid recipients) via telemedicine?
- Type of Services
  - Districts that used to provide services (such as speech therapy) have group services on their IEPs/plan of cares. The districts are now having to provide the services on an individual basis through telehealth. Can you tell me if these services will be billable? Districts can bill for individual telemedicine services when group is stated on the plan of care. (Email received from Antraneise Jackson on 4/9/2020)
- Charter/Private School SDAC
  - Can charter/private schools enrolled as an "08" provider participate in the Administrative Claiming Program?
- Cares Act Funds and Billing
  - Can a school submit claims to Medicaid for services provided by a health care provider paid out of CARES Act Funds?

Provider Relief Fund

- Cares Act Provider Relief Fund
  - https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html
- Relief Portal User Guide
  - https://chameleoncloud.io/review/3016-5ec704315a620/prod
- Enhanced Provider Relief Fund Payment Portal – Set Up Optum ID and Begin Application
  - https://cares.linkhealth.com/#/
- Criteria
  - No payment received from the original $50 billion General Distribution (Medicare)
  - Billed Medicaid for services between January 1, 2018 – December 31, 2019
  - Filed a federal income tax return for fiscal years 2017, 2018 or 2019 or be exempt from filing a return
  - Provided patient care after January 31, 2020
- Payment
  - Will be **at least 2 percent** of reported gross revenue from patient care
  - Should begin by the end of August
- Deadline to Apply is July 20, 2020
  - Once submitted, no changes can be made to the application
  - Begin the application now

Provider Relief Fund

- Terms and Conditions
  - Requirements within 90 days of receiving payment
    - Funds **must** be used to prevent, prepare for, and respond to coronavirus
      - Payment cannot be used to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse
  - Funds shall reimburse the recipient **only** for health care related expenses or lost revenues that are attributable to coronavirus
  - Recipient shall comply with all reporting and information requirements
  - Recipients must consent to public disclosure of payment

Provider Relief Fund

- Instructions for the Distribution
  - Gross revenue from patient care includes all revenue attributable to patient care
    - Patient care means **health care, services and supports**, as provided in a medical setting, a home or in the community to individuals who may currently have or be at risk for COVID–19
    - HHS broadly views **every patient** as a possible case of COVID–19
  - Increased expenses due to COVID–19
    - Expenses to **provide health care services** for possible or actual COVID – 19 patients
  - Lost revenue due to COVID–19
    - March and April 2020
    - Negative value indicates a net loss due to COVID–19
    - You may use any reasonable method of estimating the revenue during March and April 2020 compared to the same period had COVID–19 not appeared

Provider Relief Fund

- Support – #866-569-3522

- Webinar – June 25, 2020 recording
  https://webex.webcasts.com/viewer/event.jsp?ei=1334682&tp_key=9dd6d30493

- Questions and concerns submitted and answered
  - If school districts have multiple NPI #s, what NPI # do school districts indicate on the application? The NPI # is not mandatory. The TIN # is mandatory.
    - The first step of the application process is to validate the district's TIN is on a curated list of known Medicaid providers
      - Applicants that are not on that list will be validated through an additional process with the state
  - Confirm what schools should indicate under "Applicant Type" (5). Schools should indicate "other".
  - Confirm dates of services that must be billed to qualify for the relief. On the application the dates of service are January 1, 2018 to December 31, 2019. HHS states dates of services are January 1, 2018 to May 31, 2020. Districts must have billed for dates of service January 1, 2018 to December 31, 2019.

FDOE Contact Information

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Student Support Services Project Website:
http://sss.usf.edu/resources/topic/medicaid/index.html