

Medicaid Reporting

2010 - 2011



OSPI/WASA Special Education Conference
Doubletree Hotel Seattle Airport
Seattle, Washington
August 10, 2010

Understanding OSPI's Role

- On September 1, 2007 the Medicaid billing and reimbursement process moved from OSPI to DSHS.
- However, districts still need to submit their Potential Medicaid Eligible Student data to OSPI.

Budget Language

- School Districts applying for safety net funding are required by the Legislature to maximize all available revenue.

ESSB 6444 §209.40

- Districts safety net awards will be adjusted based on the percent of Medicaid eligible students billed. WAC 392-140-675

Billing Reimbursement

- As of May 9, 2010 DSHS' *new* billing and reimbursement program, **Provider One**, is up and running.
- Self-Billing Districts can submit directly through Provider One.
<http://hrsa.dshs.wa.gov/providerone>
- Districts using a Billing Vendor submit their claims to the vendor; the vendor then submits to Provider One.

See the DSHS website for:

<http://hrsa.dshs.wa.gov/download/Index.htm>



DSHS Washington State Department of Social & Health Services
Health and Recovery Services Administration

Provider Publications

Search Provider Publications

Helpful Links

- Access Washington
- Client Publications
- DSHS Forms
- DSHS Home Page
- ProviderOne
- HIPAA Home Page
- MPA Home Page
- MPA WACs in Progress
- Interpreter Services
- Legislature Website
- Provider Inquiry
- RCW Website
- RPAU Website
- Scope of Healthcare Services Table
- Transportation Services
- WAC Website

Important Pages on this Site

- [What's New?](#)
- [Billing Instructions](#)
- [Document Corrections](#)
- [Fee Schedules](#)
- [Important News](#)
- [Numbered Memoranda](#)
- [ProviderOne Billing and Resource Guide](#)
- [Document Submission Cover Sheets](#)

- Billing Instructions
- Provider Qualifications - inside the Billing Instructions manual
- Fee Schedule - 2010 many rates went up

New Location

OSPI/Special Ed/Finance & Grants

Special Education Finance and Grants - Windows Internet Explorer

http://www.k12.wa.us/SpecialEd/Finance-Grants/default.aspx

File Edit View Favorites Tools Help

Special Education Finance and Grants

State of Washington
OSPI
Office of Superintendent of Public Instruction

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Special Education Home *Special Education*

Special Education Finance and Grants

Special Education Funding

Safety Net

Medicaid

Finance and Grants

The purpose of this page is to provide school district employees and the general public with a central location to find information relating to Special Education funding.

[Special Education Funding](#)
Special Education funding in Washington State is provided through state and federal funding sources.

[Safety Net](#)
Safety net funding is available to school districts with a demonstrated need for Special Education funding in excess of state and federal funding otherwise provided.

[Medicaid](#)
Any Washington school district is eligible to receive federal dollars through the school-based healthcare services program. All approved health-related services provided to Medicaid eligible Special Education students by either qualified district employees or contract personnel may be submitted to DSHS for reimbursement.

Quick Links

- [2010-11 IDEA Allocations \(PDF\)](#)
- [iGrants](#)
- [Federal Excess Cost Verification Template \(Excel\)](#)
- [Special Education Preliminary Maintenance of Effort Test and Possible Supplant Template \(Excel\)](#)

New Location

OSPI/Special Ed/ Finance & Grants/Medicaid



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Medicaid

Any Washington school district is eligible to receive federal dollars through the school-based healthcare services program. All approved health-related services provided to Medicaid eligible Special Education students by either qualified district employees or contract personnel may be submitted to DSHS for reimbursement.

Required Medicaid Forms

- ★ [Eligibility Verification](#) (Word) ([PDF](#)) do not submit
- ★ [Consent for Billing](#) (Word) ([PDF](#)) do not submit
- ★ [Potential Medicaid Worksheet w/Instructions](#) (Excel)

Billing Contractors

Public Consulting Group

- ★ [IEP Online - PCG Dashboard Login](#)
- ★ [Goalview](#)
- ★ [School-based Medicaid claiming and billing information through PCG](#)

[Leader Services](#)

Contact Information

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medicaidreports@k12.wa.us
(360) 725-6075
(360) 725-6107 Fax

OSPI/Special Ed/ Finance & Grants/Medicaid – cont'd

General Information

[CMS \(Centers for Medicare and Medicaid Services\)](#)

[OSEP – Alexa Posny Letter \(PDF\)](#)

Healthcare Services

School-Based Healthcare

[Billing Instructions & Fee Schedule](#)

Healthcare Assistance in Washington State

[DSHS/HRSA](#)

Related Links

[NAME \(National Alliance for Medicaid in Education\)](#)

WACs

WACs for School-based healthcare services for children in Special Education - [Chapters 388-537](#)

Consent to Bill - [392-172A-07005\(2\)\(d\)](#)

Medicaid Eligibility

○ Eligibility Verification

<http://www.k12.wa.us/SpecialEd/Finance-Grants/Medicaid.aspx>

PURPOSE: This form asks for your consent to obtain information from the Department of Social and Health Services, Health and Recovery Services Administration for the purpose of Medicaid eligibility verification. If you have questions regarding this request, you may call the school district director of special education for an explanation as to why the request is being made.

MEDICAID ELIGIBILITY VERIFICATION

State law requires the school district to submit claims for health-related services provided to special education students or students referred for special education. These services include physical therapy, occupational therapy, speech-language therapy, audiology, nursing, counseling, and psychological evaluation.

With your permission, we will submit your student's name and birth date to the Department of Social and Health Services (DSHS) to verify Medicaid eligibility. Such a request will in no way negatively impact services included in your child's individualized education program (IEP).

By giving consent, you are acknowledging that (1) you have been fully informed of all information relevant to the activity for which consent is sought; (2) you understand that the granting of consent is voluntary on your part and may be revoked at any time; and (3) if you revoke consent, the revocation is not retroactive, which means that it does not negate any activity that has already taken place.

I give consent to verify Medicaid eligibility with DSHS.

I do not give consent to verify Medicaid eligibility with DSHS.

Parent/guardian signature

Date

Student name

Date of birth

Eligibility Process, cont'd

- Consent to Bill
 - > Renew annually

<http://www.k12.wa.us/SpecialEd/Finance-Grants/Medicaid.aspx>

PURPOSE: This form is to obtain parent consent to bill the Department of Social and Health Services, Health and Recovery Services Administration. The district is required to obtain parent consent each time they bill for a new procedure. Billing DSHS does not affect individual benefits under Medicaid or require a co-pay or deductible. If parents have questions regarding this request, they may call the school district's director of special education for an explanation as to why the request is being made.

CONSENT TO BILL FOR SCHOOL-BASED MEDICAID REIMBURSEMENT

A school district is required to obtain your consent when it bills Medicaid for reimbursable school based services.

I authorize _____ to share necessary identifying information from my child's education record to access federal Medicaid reimbursement from the Department of Social and Health Services (DSHS).

I understand that if any additional Medicaid reimbursable services are added to the IEP, the school district will request additional consent.

I understand that this consent is good for 365 days. If my child no longer is served by this school district, this consent does not transfer to a new district. I also understand that I can revoke my consent at any time.

By giving consent, you are acknowledging that (1) you have been fully informed of all information relevant to the activity for which consent is sought; (2) you understand that the granting of consent is voluntary on your part and may be revoked at any time, and (3) if you revoke consent, the revocation is not retroactive, which means that it does not undo any activity that has already taken place.

- I give my continuing permission to the _____ School District to submit health claims to DSHS for a period of 365 days from the date of this signature. I understand that if the District needs to bill for a new procedure, it will seek my consent for that procedure.
- I do not give consent. I understand that my refusal to allow the district to submit billing for Medicaid does not allow the District to make a claim for reimbursement for services that might otherwise be covered by DSHS. I also understand that my refusal does not affect my child's access to services under the Individualized Education Program.

Parent/guardian signature

Date

Student name

Date of birth

Potential Medicaid Eligible Student Worksheet with Instructions

Due January 24, 2011

- Form: wa.us/SpecialEd/Finance-Grants/Medicaid.aspx
- Send to: medicaidreports@k12.wa.us (please use Excel format when emailing)

	A	B	C	D	E	F	G
2	Special Education						
3	Old Capitol Building, PO BOX 47200						
4	Olympia WA 98504-7200						
5	Ph. (360) 725-6075 ~ Fx. (360) 725-6107						
6	POTENTIAL MEDICAID ELIGIBLE STUDENT WORKSHEET						
7	2010-2011						
8							
9	School District			Contact Person(s)			
10							
11	Date Completing (mm/dd/yy)			Contact Email Address(es)			
12							
13	Date of Roster (mm/dd/yy)			Phone		Fax	
14							
15							
16	Sec. 1. Medicaid Eligible Students:						
17	Number of students on the most current student roster (Self-Billers are to use Provider One)						
18							
19	Sec. 2. Non-billable Medicaid Eligible Students - <i>Unduplicated</i>						
20	<i>~ (Please do not leave this section blank) ~</i>						
21	Number of students considered non-billable because:						
22	a. The student(s) is/are in initial evaluation process, OR						
23	b. The student(s) is/are no longer enrolled in your district, OR						
24	c. The student(s) have exited Special Education, OR						
25	d. The student(s) receive Specially Designed Instruction (SDI) in academic areas only, and are not scheduled to be re-evaluated during this school year, OR						
26	e. The student(s) receive(s) services delivered by a non-billable provider, OR						
27	f. The student's parent/guardian did not sign the 'Consent to Bill for School-Based Medicaid Reimbursement' form.**						
28	** IMPORTANT: See 'Note' section on instruction page.						
29	Total Non-billable Medicaid Eligible Students:						0
30							
31	Sec. 3. Potential Billable Medicaid Eligible Students						0
32							
33							
34	Fax or Email (email in Excel format) to:						
35	Rebecca Kirby: medicaidreports@k12.wa.us						
36	Ph. (360) 725-6075 ~ Fx. (360) 725-6107						
37							
38							
39							
40							
	Instructions-School-Year				Medicaid Wksht. 10-11		



Potential Medicaid Eligible Student Worksheet, *cont'd*

Section 2 – Deals with deducting students who are non-billable because they are:

- a - In initial evaluation process
- b - No longer enrolled in your district
- c - Have exited Special Education

Potential Medicaid Eligible Student Worksheet, *cont'd*

Section 2 – Deals with deducting students who are non-billable because they are:

- ◉ d - Receive Specially Designed Instruction in academic areas only, and are not scheduled to be re-evaluated during this school year

Potential Medicaid Eligible Student Worksheet, *cont'd*

Section 2 – Deals with deducting students who are non-billable because they are:

- ◉ e - Receive(s) services delivered by a non-billable provider
- ◉ f - Parent/guardian did not sign the 'Consent to Bill' form

Final Thoughts

- 71 Medicaid billable services
- On average districts only bill for 3.3 services.
- Here are a few services districts could bill for but rarely do; for 2009-10...
 - > Only 40 districts billed for nursing (RN/LPN)
 - > 20 districts billed for wheel chair mngmt.
 - > 15 districts billed for gait training
 - > 8 districts billed for assistive technology
 - > 1 district billed for prosthetic training.

Wrap Up

Reminder...

- ◉ Work with your vendor to keep your roster up-to-date.
- ◉ Submit billings regularly.
- ◉ If your student count significantly changes re-submit a Potential Medicaid Student Eligibility Worksheet to OSPI.
- ◉ Make sure providers meet Medicaid qualifications.

For more information...

- OSPI / Special Education site:
<http://www.k12.wa.us/SpecialEd/default.aspx>
- Rebecca Kirby – 360-725-6075
rebecca.kirby@k12.wa.us or
medicaidreports@k12.wa.us
- Chris Bess – DSHS 360-725-1668
bessce@dshs.wa.gov
- Provider One -
<http://hrsa.dshs.wa.gov/providerone>

THANK YOU!

