

**KNOCK, KNOCK,
WHO'S THERE?**

**KENTUCKY DEPARTMENT OF EDUCATION
2014 SCHOOL BASED MEDICAID SUMMIT**

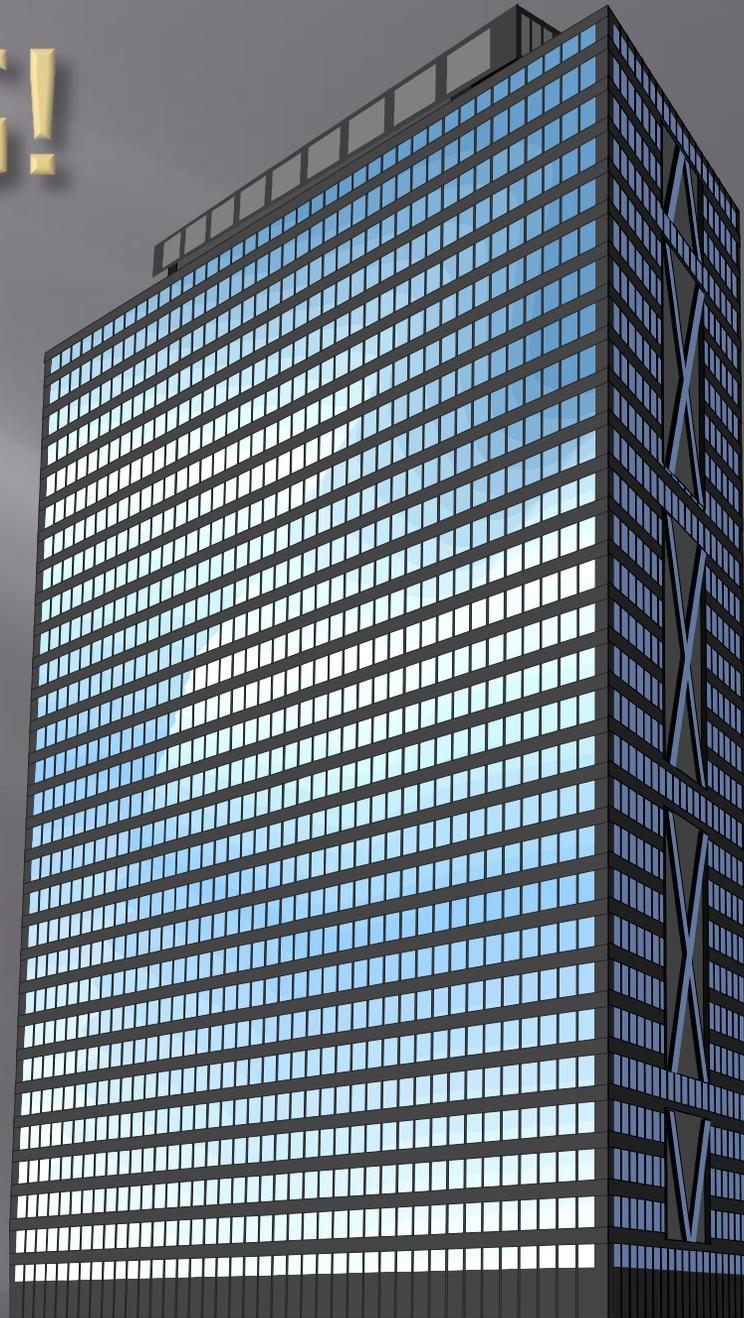
KNOCK, KNOCK!



WHO'S THERE?



THE OIG!



Sorry, no one is home!



STATE OF MARYLAND



Maryland Medicaid Billing

Maryland approved billing for school-based services in 1989.

The Department of Health and Mental Hygiene (DHMH) works directly with the school districts in conjunction with the Maryland State Department of Education (MSDE).

Students must have an Individual Education Program (IEP), have Medical Assistance, and parental approval in order to bill for services.

Services Billable for the State of Maryland

Service Coordination

Related Services (Speech, Occupational Therapy, Physical Therapy, Psychology, Audiology, Nursing, Social Work, Counseling)

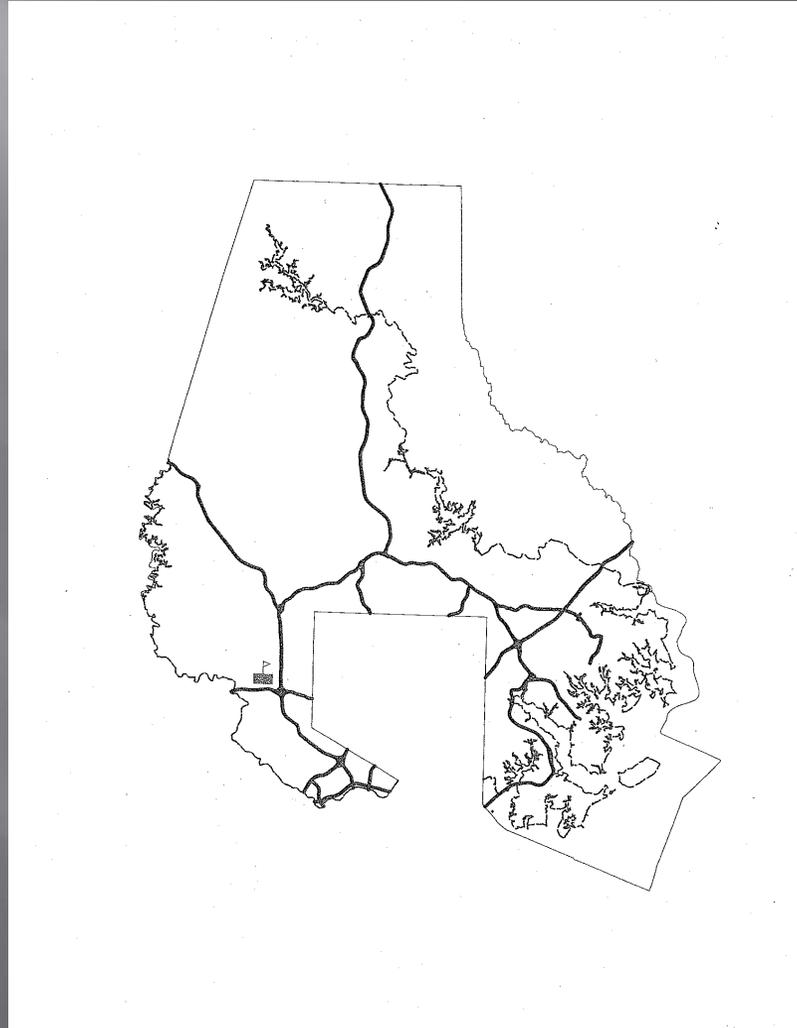
Transportation

Autism Waiver

All are Fee For Service

**Maryland does not bill for
Administrative Claiming**

Baltimore County, Maryland



Baltimore County Public Schools' Facts

- 26th largest school district in the Nation
- 3rd largest school district in the state of Maryland

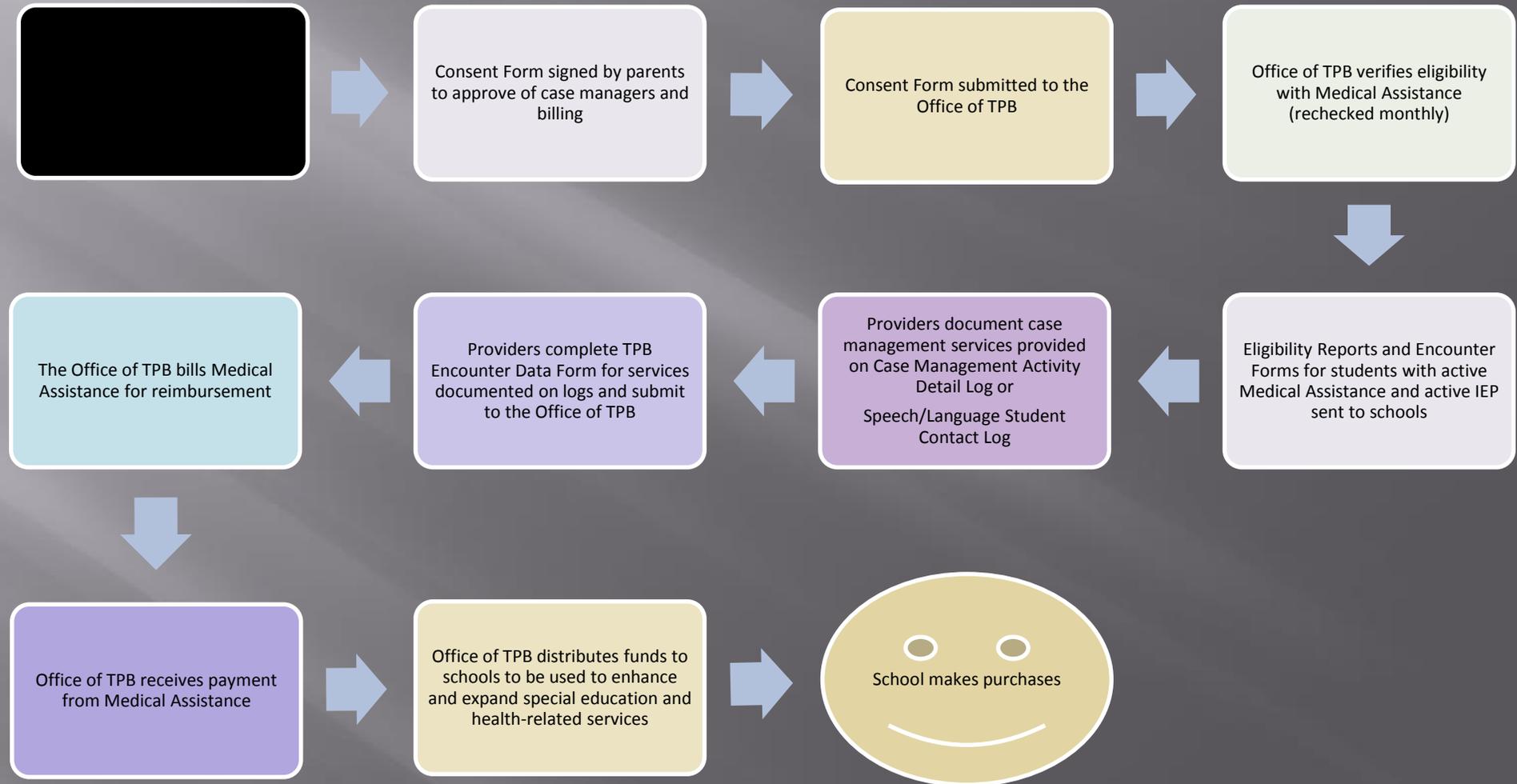
- 173 schools, programs, and centers

- 18,783 employees
- 108,442 students (projected 2013-2014 enrollment)
- 45.9% students eligible to receive Free and Reduced Price Meals

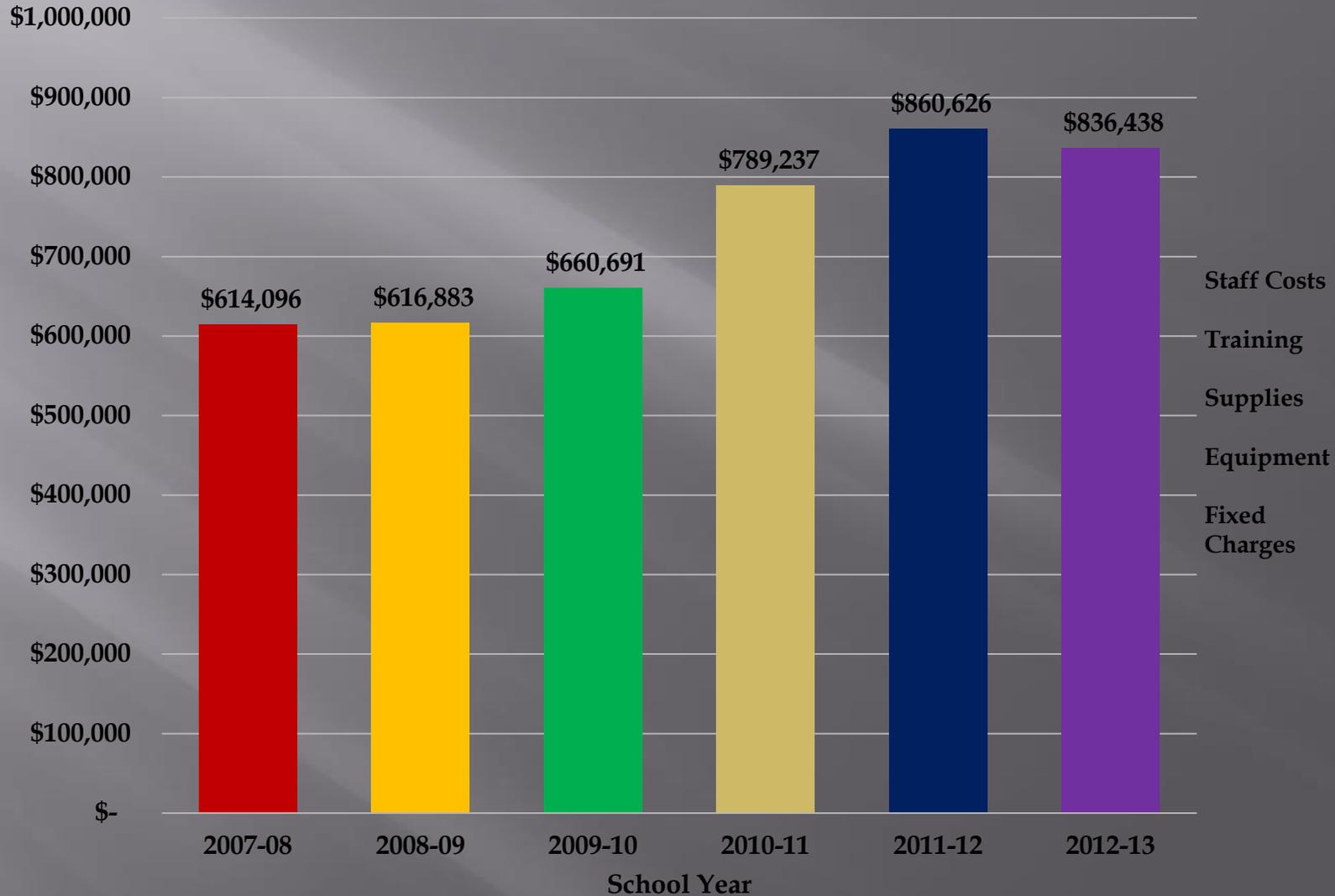
- **13,706** students receiving special education services
- **5,919** Medicaid eligible special education students

- BCPS began billing Medicaid for services in 1993

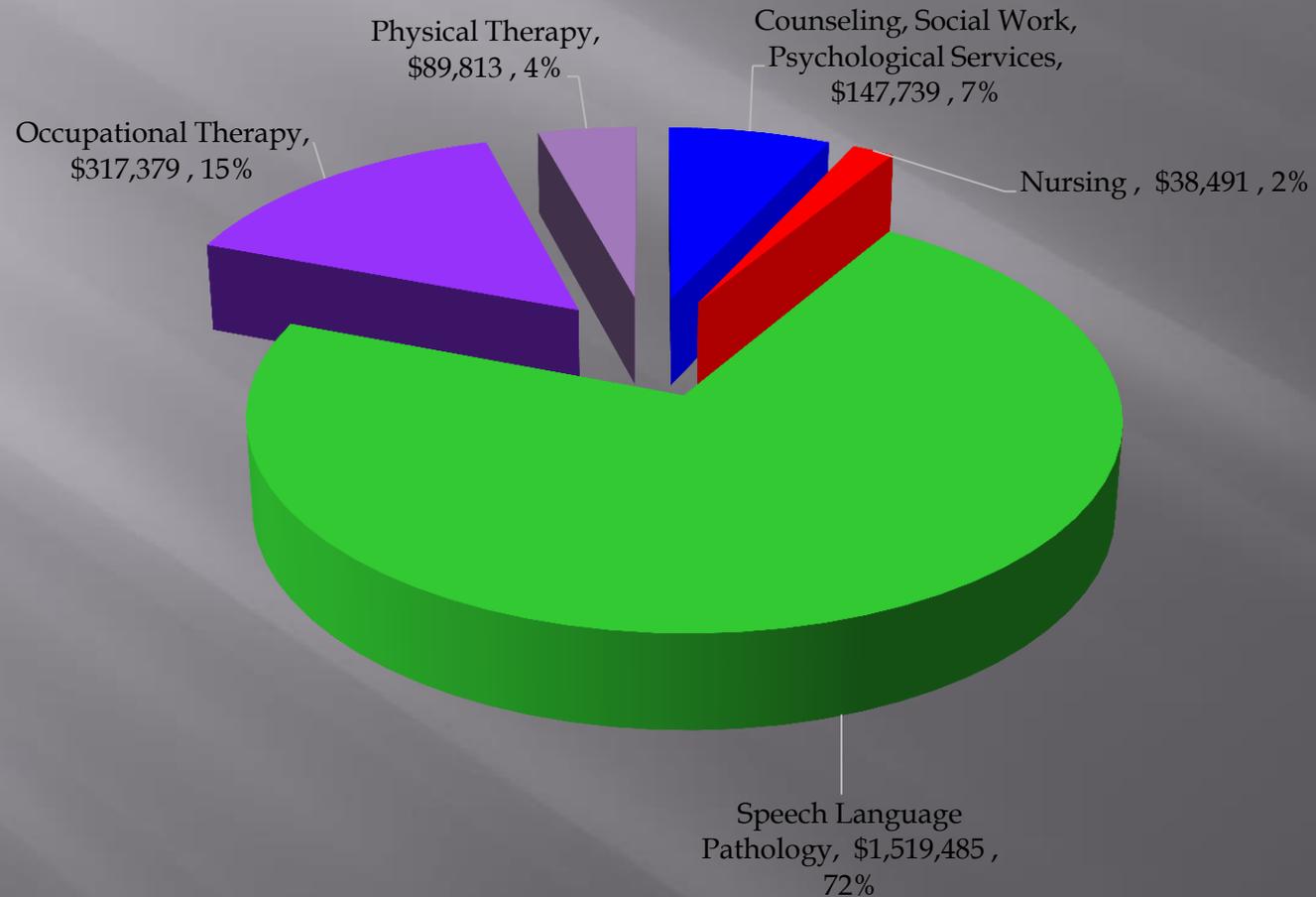
BALTIMORE COUNTY PUBLIC SCHOOLS' BILLING PROCESS



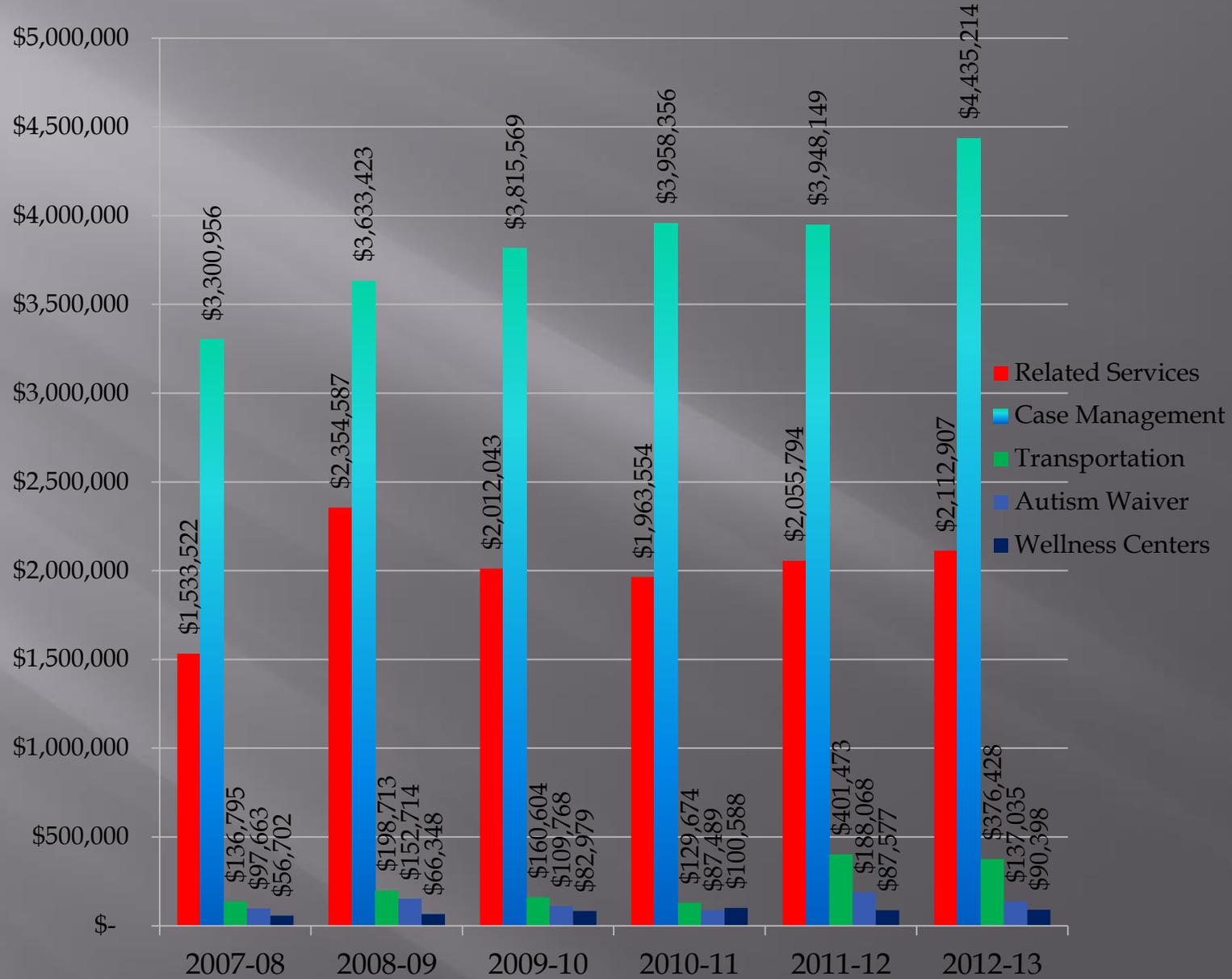
Baltimore County Medicaid Billing costs



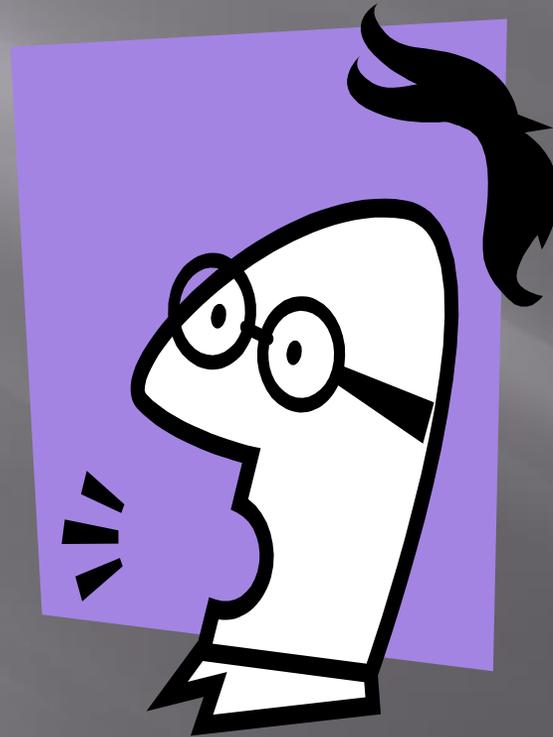
Percentage of Related Services Submitted



Baltimore County Public Schools' Revenue



Audit time!!!!!!!!!!!!



Audits

The state of Maryland and Baltimore County Public Schools has been audited on many occasions.

- OIG Compliance Audit (2001)
- State Audits (annual since 2002)
- OIG Rate Audit (2005)
- PERM audits (2007, 2008, 2013)

Audits

What time, effort, and energy is required for an audit?

Standard State Audit (60 students) – 100 hours of staff time - annually

OIG Compliance Audit (15 students) – 225 hours of staff time

OIG Rate Audit – 45 hours of staff time

PERM Audit (10 students) – 6 hours of staff time

OIG AUDITS

OIG I – State of Maryland Service Audit (2001)

OIG II – State of Maryland Rate Audit (2005)

OIG I

OIG wanted to examine 80% of the dollars generated by Maryland school districts in the 1999-2000 school year.

In Maryland, 80% of the funds are generated by 8 of the 24 school districts.

OIG I – The Onsite Visit

- Three auditors from the regional office in Philadelphia, Pennsylvania
- Reviewed records for 15 students
- Onsite for two weeks
- Visited one school to verify a provider's note and confirm questionable services

“The purple book”

Medicaid created a manual in 1997, titled
“MEDICAID AND SCHOOL
HEALTH: A TECHNICAL ASSISTANCE GUIDE “

http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Financing-and-Reimbursement/Downloads/School_Based_User_Guide.pdf

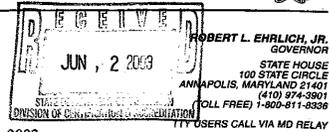
OIG I Findings of the State of Maryland

We recommend the DHMH:

1. Consult with CMS to develop new school-based payment rates based on actual medical costs.
2. Ensure school-based service providers adhere to federal and state Medicaid requirements for provider qualifications.
3. Develop and implement written policies and procedures requiring school-based service providers to document services delivered to Medicaid recipients.
4. Refund \$19,954,944 federal share that was inappropriately paid by the Medicaid program.
5. Revise the state plan to eliminate all references to Medicaid coverage for section 504 services.

OIG I Response from the State of Maryland

STATE OF MARYLAND
OFFICE OF THE GOVERNOR



May 19, 2003

The Honorable Tommy Thompson
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Secretary Thompson:

On March 31, 2003, the Department of Health and Human Services (HHS), Office of Inspector General (OIG) issued a report entitled, "Review of Medicaid School-Based Services Claimed During State Fiscal Year 2000 by the Maryland Medicaid Program." The report contains five recommendations, four of which are procedural and the state accepts and has already begun to implement. The state, however, is opposed to recommendation #4, requesting the return of approximately \$20 million to the federal government. I hope that you will consider waiving the request for the State of Maryland to return these funds and work with us on the implementation of the procedural recommendations.

The recommendation for the return of these funds emanated from the examination of 100 cases out of the over 23,000 students who are eligible to receive Medicaid services in the jurisdictions tested. There is no question that the services were appropriately provided; rather there are questions about the availability of proper documentation. The state did provide additional documentation during the audit process, however the OIG did not change the majority of the findings.

Maryland is extremely concerned about having to pay the federal government approximately \$20 million for services that were provided to eligible children. I hope you will consider the impact of this recommendation on the provision of services to children with disabilities. Any curtailment of this program would have a serious negative impact on services to children, particularly those in Anne Arundel County, Baltimore City, Baltimore County, Prince George's County and Wicomico County.

The loss of this money will adversely impact all children in the identified jurisdictions. Maryland will have to withhold millions of dollars of funding for services to local school districts without another source of funding to make up for the reduction.



Financial losses of this magnitude will negatively affect our school improvement efforts. Further, it will negatively affect our ability to make progress under the No Child Left Behind Act, putting other funding sources at risk.

Again, I hope that you will consider waiving the request for the State of Maryland to return these funds and work with us on the implementation of the procedural recommendations. If there is anything that I can do regarding this, or any other matter, please let me know.

Sincerely,

Robert L. Ehrlich, Jr.
Governor

bcc: Nelson J. Sabatini, Secretary
Maryland Department of Health & Mental Hygiene

✓ Nancy S. Grasmick, Superintendent
Maryland State Department of Education

OIG I Results for Local Education Agencies

The creation of the Interagency
Medicaid Monitoring Team (2002)

News Articles

Additional scrutiny by federal, state,
and local agencies

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Audit faults schools' records

Medicaid spending woes could cost \$12.2 million; 'Frequent incidences of billing error'; Money is earmarked for special-ed students

By SARA NEUFELD**SUN STAFF**

ORIGINALLY PUBLISHED JULY 21, 2005

Record-keeping problems could cost Baltimore's school system at least \$12.2 million - and perhaps millions more - as federal auditors examine the spending of Medicaid dollars earmarked for special-education students.

The \$12.2 million represents about half of the \$24 million in Medicaid money the city schools received in the 1999-2000 school year for services such as speech and physical therapy. Federal auditors had problems proving that the services were provided and the people who provided the services were qualified to do so.

The auditors plan to examine four additional years of records, and if they are found lacking, the city schools could be liable for millions more.

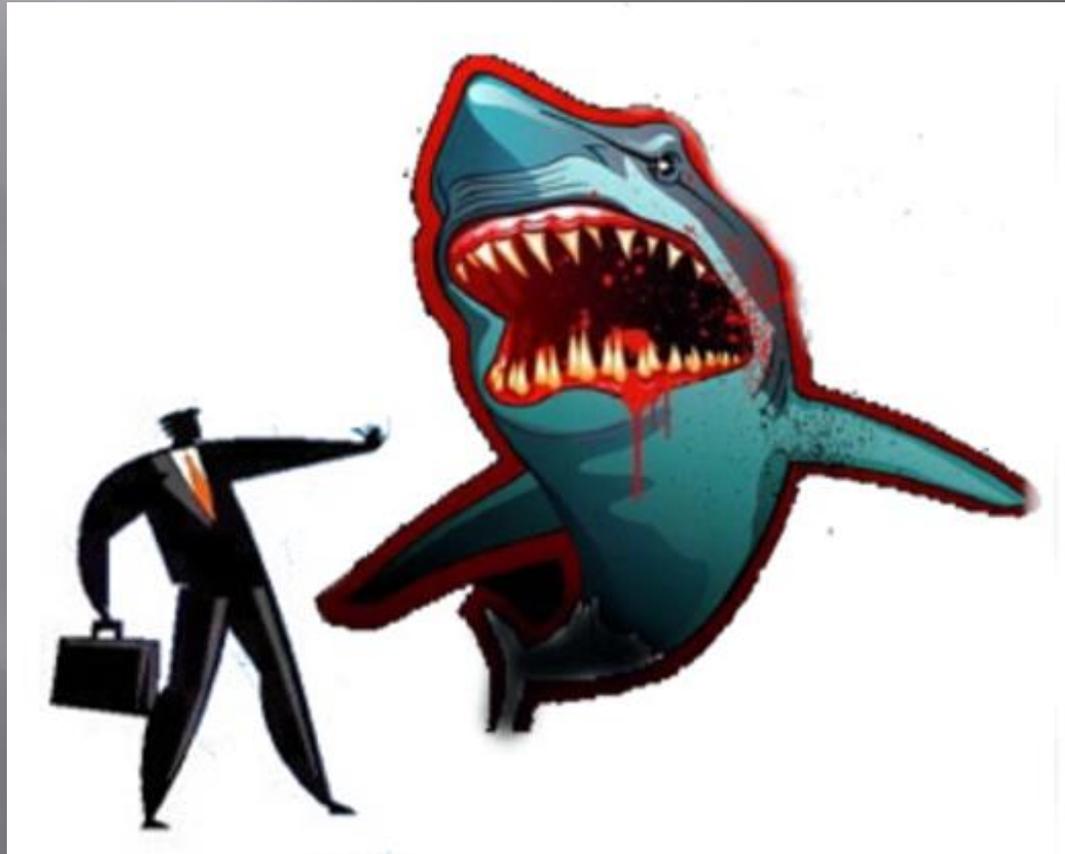
The city schools were not alone in their problems with Medicaid money. Four other school systems and the state are being held accountable for \$7.7 million.

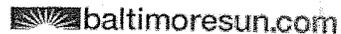
The problems arose after federal auditors looked at the eight Maryland school systems that received the largest amounts of Medicaid money. In addition to Baltimore, they found problems in Anne Arundel, Baltimore, Prince George's and Wicomico counties.

The federal government is seeking a total of \$19.9 million from the state and the five school systems. But it has announced plans to audit additional years of records only in Baltimore City.

Though the federal government released its audit of the systems' records in 2003, state and federal officials sparred over the auditors'

The Return of the OIG to Maryland (2005)





<http://www.baltimoresun.com/news/education/bal-md.medicaid30jul30,1,4271584.story?coll=bal-home-headlines>

U.S. plans to audit 20 Md. school systems

Medicaid billing records are the focus of Health and Human Services review; Action exacerbates Baltimore-state dispute

By Sara Neufeld
Sun Staff

July 30, 2005

The federal government plans to conduct a major audit of Medicaid billing records in 20 of Maryland's 24 school systems, a move that could cost the systems millions and has exacerbated a feud between State Department of Education and Baltimore City school officials.

School systems receive Medicaid reimbursement to cover part of the cost of medical services, such as speech and physical therapy, provided to special-education students from low-income families, and the cost of students' transportation to school on days they receive those services.

As the result of a previous review, covering one year of records in eight Maryland school systems, auditors have determined that six systems and the state must repay \$19.9 million in reimbursement -- a decision the state is appealing.

Last month, the auditors announced that they would return to review an additional four years of records in Baltimore, which will be responsible for repaying \$12.2 million of the \$19.9 million if the appeal is lost. Then on July 22, a federal official sent a letter to the state announcing auditors' intention to review the Medicaid billing records from 2000 to 2004 for all school systems that contract out for school-based health services, not just Baltimore. (The earlier audit covered the 1999-2000 school year.)

State officials said 19 school systems in addition to Baltimore will be affected, including Anne Arundel, Baltimore, Howard, Carroll and Harford counties. Systems that use only their own staffs to provide services will not be affected.

The affected systems will be required to produce a huge amount of paperwork, including copies of contracts, providers' certification records, documentation that a child needed a particular service, documentation that a service was provided, and documentation of how much a provider was paid.

OIG II Audit

2005 Review of the Billing Rates

- OIG audited all 24 school districts
- Audit took over 8 months to complete
- OIG requested various financial reports from each school district
- OIG calculated rates for each school district based upon actual costs (excluding the cost of education)

OIG II Findings

- All 24 jurisdictions billed using rates higher than calculated by the OIG
- State of Maryland required to repay \$33 million
- State of Maryland required to revise all billing rates

OIG II Settlement

The state of Maryland appealed the audit based on the grounds that the state was in the process of revising rates based upon the OIG I audit.

The OIG agreed with the state and waived the financial responsibility.

OIG Reports

Links to audit reports

2001 OIG Audit of the State of MD

<http://oig.hhs.gov/oas/reports/region3/30100224.htm>

2005 OIG Audit of the State of MD

<http://oig.hhs.gov/oas/reports/region3/30500206.htm>

Audits

How do you fight audit findings?

- Work collaboratively with your state and local officials
- **appeal to the next highest authority**
- **study rules and requirements**
- **locate documents**
- **communicate with attorneys**

State Intervention



The Introduction of the Interagency Medicaid
Monitoring Team

Interagency Medicaid Monitoring Team (IMMT)

- ❖ Statewide review of all school-age programs, Infants and Toddlers programs, and non-public school programs.
- ❖ Number of students audited is based upon funds generated.
- ❖ Documentation of everything is paramount.

MARYLAND STATE DEPARTMENT OF EDUCATION
Division of Special Education/Early Intervention Services
Divisional and State Interagency Support Branch

MEDICAL ASSISTANCE MONITORING

In 2000, The Maryland State Department of Education/Division of Special Education/Early Intervention and the Department of Health and Mental Hygiene established an Interagency Medicaid Monitoring Team to provide technical assistance and monitoring services to local schools systems (LSS), local lead agencies (LLA) and non-public schools. The objective of this Interagency Team is to facilitate compliance with COMAR 10.09. 25, COMAR 10.09.36, COMAR 10.09.40, COMAR 10.09.50, and COMAR 10.09.52 regulations.

The Interagency Medicaid Monitoring Team has completed the first two segments of a three-part process designed to:

- Review the policies and procedures of the Medical Assistance program with the local school systems, local lead agencies and the non-public schools
- Confer with each local school system, local lead agency and non-public school to support the development of a self-monitoring system for services billed to Medical Assistance
- Assess the role of the local school system, local lead agency and non-public school's self-monitoring system in ensuring compliance with Medical Assistance policies and procedures

Phase I (2000-2001) of this process was designed to provide technical assistance to the 24 local school systems visited and the non-public schools that bill Medical Assistance for health-related special education services. After receiving a pre-visit Survey/Questionnaire, The Interagency Medicaid Monitoring Team met with the Medical Assistance Team of each LSS to review policies and procedures and discuss the current self-monitoring practices of the local school systems. During each LSS site visit and a Statewide two-day training session, the Interagency Medicaid monitoring team emphasized self-monitoring for billing, tracking and monitoring Medicaid reimbursements for health-related special education services.

Phase II (2002-2003) of the Interagency Medicaid Monitoring process is designed to review the self-monitoring systems that were developed as a result of the technical assistance provided in Phase I. The Interagency Medicaid Monitoring Team meets with the Medicaid Coordinators, Special Education Directors and Local Infant and Toddler Program Directors of local school systems and local lead agencies. A second Survey/Questionnaire is discussed. A standard monitoring instrument is used to review for compliance with Medicaid policies and procedures. The Team provides verbal feedback regarding systemic issues impacting Medical Assistance reimbursement, followed by a written report outlining the findings of the Interagency Medicaid Monitoring Team. As of this date, records of ten (10) students receiving special education services and three (3) children receiving early intervention services in each of eight (8) local jurisdictions have been reviewed. The Interagency Medicaid Monitoring Team will be visiting the remainder of the local school systems, local lead agencies and non-public schools by June, 2003.

Phase III (2003-2004) of the Medicaid Monitoring process will review the monitoring report of the Office of the Inspector General (OIG) and will focus on the statewide systemic issues that impact Medical Assistance reimbursement. School systems with significant findings from the OIG report will be reviewed to determine whether or not the school system's revised self-monitoring process has led to enhanced compliance with Medical Assistance policies and procedures. Medical Assistance reimbursement issues specific to each LSS, LLA and non-public school will be addressed by the Interagency Medicaid Monitoring Team.

From its inception, the Interagency Medicaid monitoring team has offered interim technical assistance to local school systems, local lead agencies and non-public schools. These reviews provide focused feedback to the appropriate agencies with concerns regarding specific issues and are designed to ensure successful Medical Assistance billing for children with special needs.

AUDIT REQUIREMENTS

1. Name of Medicaid Recipient
2. Name of Provider
3. Qualifications of Provider
4. Date of Service
5. Type and Description of Services

Maintenance of Records for Six Years:

The following records must be maintained:

- The IEP or IFSP
- Notes of an IEP Meeting if a child is found not to be eligible under IDEA.
- Notes of the meeting with the multidisciplinary team and family if an infant or toddler is found not eligible under Part C of IDEA.
- Monthly Medicaid Report Form
- Record/copy of Provider Qualifications

IMMT Questions

- Was a direct service provided to the child?
- Was the child in attendance?
- Is the service in the Individualized Education Plan (IEP) / Individualized Family Service Plan (IFSP)?
- Was the service provided in excess of the IEP/IFSP?
- Was the service provider qualified?
- Was the service documented properly?
- Did the parent approve of the billing?
- Was the child transported to and from a covered service?

Interagency Medicaid Monitoring Team Results

Monitoring Criteria (Relevant COMAR cite)	Compliance Rate	Relevant Comments
Student attendance verified (10.09.50.07.B.(1) & (3))	99.5%	In one instant, speech service was billed when the student was absent.
MA billing records made available upon request (10.09.36.03.A.(5))	100%	
Health related services provided by appropriately licensed/certified professionals (10.09.50.02)	96%	Two Speech Language Pathologists, who provided nine dates of speech services, DHMH licenses were unavailable.
Health related services provided in accordance with IEP (10.09.50.04.A.(5))	98%	Three dates of Occupational Therapy (OT) services were provided in excess of the frequency on the students' IEPs.
Adequate documentation of health related services (10.09.36.03.A.(5) & 10.09.50.04.A.(4))	91%	Three dates of "group" physical therapy (PT) services were disallowed. There is no MA procedure code for group PT service. In another record, for 10 dates of speech services, the speech pathologist did not sign the related service logs. In addition, three dates of speech services had missing related service logs. Five dates of speech evaluation were disallowed. The maximum unit for code 92506 is one time per 12 months. Only one speech evaluation was accepted but is an adjustment because the assessment was provided on 4/23/10 but billed on 4/9/10. There was another adjustment for one date of "group" OT service which was billed on 4/22/10 but provided on 4/21/10. BCPS may submit adjustment forms to DHMH for correction.
Service coordinator identified (10.09.52.03.B.(3) & (5)(d), 10.09.52.03.C.(1)(b) & 10.09.52.05.C.(3))	100%	
Service coordination provided by appropriately licensed/certified professional (10.09.52.03.C)	100%	
Signed parental consent for service coordination (10.09.52.02.B.(3) & 10.09.52.03.B.(5)(b))	100%	
Adequate documentation of service coordination (10.09.52.03.B.(5)(c) & 10.09.52.04)	95%	In two instances, the documentation of service coordination was inadequate.
Specialized transportation services provided in accordance with IEP (10.09.50.04)	100%	
Adequate documentation of transportation services (10.09.25.04, 10.09.25.05, 10.09.36.03.A.(5))	91%	The documentation was inadequate for seven dates of transportation services. In two cases, the students were absent. The other five reasons were due to the health-related service on the day of transportation was disallowed.

Interagency Medicaid Monitoring Team Results



STATE OF MARYLAND
DHMH

Received

AUG 08, 2011

Office of Third Party Billing

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

August 3, 2011

Charles Tyler, Fiscal Manager
Office of Third Party Billing
Baltimore County Public Schools
1946 P Greenspring Drive
Timonium, MD. 21093

Dear Mr. Tyler:

The Interagency Medicaid Monitoring team conducted their annual visit to the Baltimore County Public Schools on March 30, 2011. As you know, the purpose of the Interagency Medicaid Monitoring site visit is to ensure that local agencies are in compliance with COMAR 10.09.36, COMAR 10.09.50, COMAR, 10.09.52, COMAR 10.09.25 and COMAR 10.09.40 regulations.

Findings from the on-site visit included claims for Medicaid school-based services that were not delivered in accordance with the terms of applicable federal regulations and the State Medicaid rules. Therefore, the Department of Health and Mental Hygiene (DHMH) is seeking reimbursement for the overpayment of \$1,419.37.

I have attached documentation to assist you in identifying the specific claims.

Please make your check payable to the Department of Health and Mental Hygiene and forward it to the following address:

Doris Gaskins, Supervisor
TPL Coordination Section
Division of Recoveries and Financial Services
Office of Operations and Eligibility
P. O. Box 13045
Baltimore, Maryland 21203

You may appeal this decision to the Maryland Office of Administrative Hearings pursuant to COMAR 10.09.36 by writing within thirty (30) days of the receipt of this letter to:

Office of Health Services c/o Dina Smoot
201 W. Preston Street, Room 127
Code 0413
Baltimore, Maryland 21201

Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.state.md.us

Developing a Framework for Records and Retention

Annual meetings with staff to ensure compliance and accuracy

Annual reviews of policies and procedures by office heads

Schools procuring annual parent approval for billing

Schools assisting in the eligibility determination process

Parental Consent Form

BALTIMORE COUNTY PUBLIC SCHOOLS

S. Dallas Dance, Ph.D., Superintendent

6901 Charles Street Towson, MD • 21204-3711

Dear Parent/Guardian:

The Baltimore County Public Schools are pleased to provide special education services to your child. In order to maintain the highest quality of special education services, we are requesting your assistance. The Baltimore County Public Schools are able to bill Medical Assistance for services that may be provided to your child. In order to receive funding from Medical Assistance, the Baltimore County Public Schools must release information from your child's educational record regarding the special education and related services provided during the school year. These records are confidential under federal law and may not be released without your consent. There is no cost to your family as a result of this billing and it will not affect or change your Medical Assistance benefits. Your consent will help the Baltimore County Public Schools to obtain funds for children with special needs. Parents have the right to withdraw consent.

PLEASE BE ADVISED THAT YOUR REFUSAL TO CONSENT OR WITHDRAW TO THE BILLING WILL NOT RESULT IN THE DENIAL OF SERVICES TO YOUR CHILD AS BALTIMORE COUNTY PUBLIC SCHOOLS IS OBLIGATED TO PROVIDE SERVICES AT NO COST TO YOU.

EVEN IF YOUR CHILD DOES NOT HAVE MEDICAL ASSISTANCE, PLEASE COMPLETE AND RETURN THIS FORM TO YOUR CHILD'S SCHOOL APPROVING THE CASE MANAGERS. ALL INFORMATION WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY TO BILL MEDICAL ASSISTANCE FOR SERVICES PROVIDED TO YOUR CHILD.

We appreciate your cooperation. If you have any questions, please feel free to contact the **Office of Third Party Billing at 410-887-4130** or your child's school.

Sincerely,

Principal

Student Name: _____ **Student Date of Birth:** _____
Student Social Security number: _____ **Student ID number:** _____
School Name: _____ **School 4 Digit Location Number:** _____

STUDENT MEDICAL ASSISTANCE NUMBER (MA#)**

____ - ____ - ____ - ____ - ____ - ____

**Depending on the Managed Care Organization (MCO) the Medical Assistance number can be located on the health insurance card in the following category:

Amerigroup- Medicaid #

Helix Family Choice- MA ID#

Jal Medical Systems- Member ID#

United Health Care- MA ID#

Diamond Plan- State ID#

Maryland Physicians Care- MA#

Priority Partners- Recipient ID#

Case Manager

Alternate Case Manager

2nd Alternate Case Manager

PLEASE SELECT ONE IF APPLICABLE.

Student has changed:

- Schools (New School Submits)
 Case Managers

With my signature, I give permission for my child to receive Case Management services, and I approve of the Case Manager(s) for my child listed above. I CONSENT TO BALTIMORE COUNTY PUBLIC SCHOOLS BILLING MEDICAL ASSISTANCE FOR THE CASE MANAGEMENT AND RELATED SERVICES WHICH ARE PROVIDED IN ACCORDANCE WITH THE SERVICES LISTED IN THE INDIVIDUALIZED EDUCATION PROGRAM (IEP) AND ARE NECESSARY TO ADDRESS THE GOALS IN THE IEP. THIS CONSENT IS FOR SERVICES DELIVERED DURING THIS SCHOOL YEAR. I AGREE TO THE ABOVE CHANGES AS AN AMENDMENT TO THE IEP, AND CONSENT TO THE SCHOOL UPDATING THE IEP.

Signature of Parent/Guardian

Date

Autism Waiver Program

The Autism Waiver through Medical Assistance, allows eligible children with Autism Spectrum Disorder to receive specific waiver services to support them in their homes and communities. Services include respite care, environmental accessibility adaptations, family training, intensive individual support services, and therapeutic integration.

Q. I am interested in the Autism Waiver Program. How do I get information and register for this program?

A. Families interested in registering for the autism waiver should call 1-866-417-3480 to get on the waiting list. For questions regarding the autism waiver, please call the Office of Third Party Billing at 410-887-4130.

Q. What are other benefits my child can receive through the waiver?

A. The waiver child may use their Medical Assistance card to access additional Medicaid-covered services.

Infants & Toddlers Program

The Baltimore County Infants and Toddlers Program brings together many agencies with wide experience in support of a child's healthy development. These agencies include the following: Baltimore County Public Schools, Department of Health, Department of Social Services, and various private agencies. If your child receives Medicaid, the federal government allows our program to bill the State of Maryland for services provided to your child at no cost to you. The Medicaid funds collected are used to support and increase Early Intervention Services to all children in the program. This billing will not affect or change your Medicaid eligibility or benefits. If your child does not receive Medicaid, no billing will occur.

Q. How are parents informed about Third Party Billing?

A. Parent/caregivers are informed about the Infants and Toddlers Program by the interim case manager or parent coordinator during the initial face-to-face meeting. The Infants and Toddlers' registration form is to be completed at the time of the initial case management contact, initial evaluation, or Initial Individualized Family Service Plan (IFSP) meeting with the parent.

Q. What services will be provided to my child in this program?

A. The Medicaid Program reimburses for health services generally considered as screening, assessment, treatment, or consultation. They include, but are not limited to, high-risk nursing services, speech/language services, physical therapy services, occupational therapy services, psychological services, audiological services, social work services, and case management services.



For more information,
please contact:

Baltimore County Public Schools
Division of Business Services
Office of Third Party Billing

Phone: 410-887-4130
Fax: 410-583-2468
E-mail: tpb@bcps.org
Web site: www.bcps.org/offices/tpb



Third Party Billing



*A Brochure for
Parents and
Guardians*

Office of Third Party Billing

Telephone: 410-887-4130

Fax: 410-583-2468

E-mail: tpb@bcps.org
www.bcps.org/offices/tpb

Office of Third Party Billing

Mission Statement

In accordance with the Baltimore County Public Schools' (BCPS) *Blueprint for Progress*, Performance Goal 8, the Office of Third Party Billing is dedicated to strengthening and expanding special education and health-related services for students in BCPS through the reimbursement of funds collected from Medicaid and other third party payors.

Key Goals and Objectives for the Office of Third Party Billing

- Train school-based staff to identify and document services provided to Medicaid-eligible special education students who receive speech, occupational and physical therapy, psychological, nursing, social work, audiological, transportation, and case management services in BCPS and provide quality technical assistance and training to school-based staff for successful implementation of the Third Party Billing program at each school.
- Provide quality fiscal management for all funds generated through the Third Party Billing program to ensure compliance with Maryland State Department of Health and Mental Hygiene (DHMH), and federal regulations from the Centers for Medicaid and Medicare Services (CMS).
- Collaborate with the Offices of Special Education, Grants, Infants and Toddlers, Psychological Services, Health Services, School Social Work Services, Transportation, and the Department of Technology in order to ensure the accuracy, effectiveness, and efficiency of the billing program.
- Effectively bill Medicaid and other third party payors for services provided in school-based health centers.
- Administer the state of Maryland Autism Waiver Program in Baltimore County.
- Increase stakeholder understanding of the Third Party Billing program in an effort to maximize the collection of reimbursable funds from all sources.
- Monitor billings to Medicaid and third party payors to ensure the integrity of the billing systems, as well as the accuracy of the data collected.
- Ensure that all billing data and supporting documentation are in compliance with federal and state regulations.
- Monitor data and provide timely feedback to schools regarding encounter data submitted.
- Monitor and provide quality technical assistance to users of the Grants Approval System.
- Develop and maintain a mechanism for the review of data entered into the Grants Approval System and ensure approvals accordingly.
- Collaborate with the Department of Social Services and Office of Pupil Personnel in order to ensure accuracy in the Out-of-County Living Arrangement data and revenue generation and collection.
- Provide outreach efforts to families who do not have insurance and are interested in applying for Medical Assistance.

Questions & Answers

Q. What makes Third Party Billing possible?

A. On July 1, 1988, President Reagan signed Public Law P. L. 100-360, the Medicare Catastrophic Coverage Act. This law permits school systems to recover costs from public health insurance for services in a child's IEP.

Q. How are parents informed about Third Party Billing?

A. Parents are informed about Third Party Billing through the Third Party Billing registration form or at the IEP team meeting.

Q. What will happen to my Medicaid coverage if I participate?

A. There will be no change in your Medicaid coverage if you participate in the Third Party Billing program.

Q. What happens if my family has private insurance and Medicaid coverage?

A. Baltimore County Public Schools provides IEP services at **no cost** to families. Baltimore County Public Schools does not seek reimbursement from private insurance companies for IEP services.

Q. What is case management?

A. Case management is the coordination of service activities as outlined in your child's IEP. The parental approval for case management is provided by signing the IEP and the registration form with case managers listed. There is no cost to the family for participation in this program.



Q. What case management services are provided by Baltimore County Public Schools?

A. Case management services provided to students and families by Baltimore County Public Schools include: Initial Individualized Education Plan Development, 60-Day Reviews, Special Reviews, Annual IEP Reviews, Triennial (3 year) IEP Reviews, and Monthly Ongoing IEP Case Management.

Q. My child is enrolled in a Managed Care Organization (MCO) through Medicaid. Does he/she qualify for the Third Party Billing Program?

A. If your child is also enrolled in special education, then they will qualify for the Third Party Billing program.

Q. My child is enrolled in the Maryland Children's Health Program (MCHP). Does he/she qualify for the Third Party Billing Program?

A. If your child is also enrolled in special education, then they will qualify for the Third Party Billing program. The MCHP is an expansion of the Maryland Medicaid program.

Q. My child qualifies for the Third Party Billing Program. What should I do next?

A. Please complete the registration form and return it to your child's school.

Thank you for your support and cooperation!

School-based Health Center Program

The School-based Health Center Program provides comprehensive health and social services for school-age children.

Q. What services are provided at the School-based Health Center?

A. School-based Health Center services include: physical exams, health screenings, limited diagnostic testing, education, counseling, referrals, and administration of necessary medications and immunizations.

Q. How does the school system bill for School-based Health Center services?

A. The school system will bill private insurance or medical assistance for allowable medical services. If your insurance does not cover health center services, you may be billed.



How Much Documentation for Medicaid is Required?

Amount of time school-based staff spend on documentation

- Is the necessary documentation similar to what staff are currently required to do by the school district?
- Use of technology to reduce paperwork
- School based staff state that on an average, an additional 4 minutes per student, per service is needed to ensure appropriate documentation



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Audit faults schools' records

Medicaid spending woes could cost \$12.2 million; 'Frequent incidences of billing error'; Money is earmarked for special-ed students

By SARA NEUFELD**SUN STAFF**

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Record-keeping problems could cost Baltimore's school system at least \$12.2 million - and perhaps millions more - as federal auditors examine the spending of Medicaid dollars earmarked for special-education students.

The \$12.2 million represents about half of the \$24 million in Medicaid money the city schools received in the 1999-2000 school year for services such as speech and physical therapy. Federal auditors had problems proving that the services were provided and the people who provided the services were qualified to do so.

The auditors plan to examine four additional years of records, and if they are found lacking, the city schools could be liable for millions more.

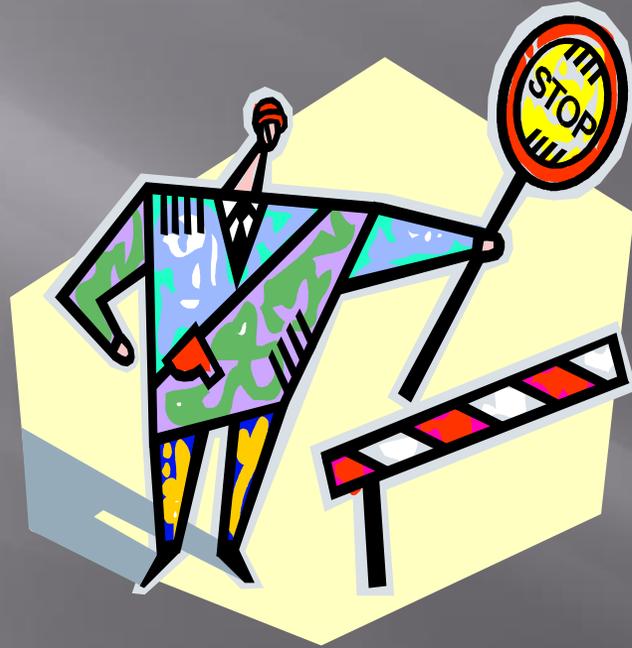
The city schools were not alone in their problems with Medicaid money. Four other school systems and the state are being held accountable for \$7.7 million.

The problems arose after federal auditors looked at the eight Maryland school systems that received the largest amounts of Medicaid money. In addition to Baltimore, they found problems in Anne Arundel, Baltimore, Prince George's and Wicomico counties.

The federal government is seeking a total of \$19.9 million from the state and the five school systems. But it has announced plans to audit additional years of records only in Baltimore City.

Though the federal government released its audit of the systems' records in 2003, state and federal officials sparred over the auditors'

State Intervention – AGAIN!!!!!!!!!!!!



The Creation of the Self-Monitoring Process

Two Self Monitoring Reviews per Year

Review One

- ▣ Conducted by The Office of Internal Audit.
- ▣ Required by the Maryland State Department of Education (MSDE).
- ▣ Sample – one month of documentation for 60 students randomly selected from the district.
- ▣ Results - presented to the Baltimore County Board of Education and submitted to MSDE.



Two Self Monitoring Reviews per Year

Review Two

- ▣ Conducted by The Office of Third Party Billing.
- ▣ Not required - for internal purposes only.
- ▣ Sample - thirty schools, not randomly selected. A sample is requested from each provider.
- ▣ Results - presented to the principal in a report with detailed explanations.



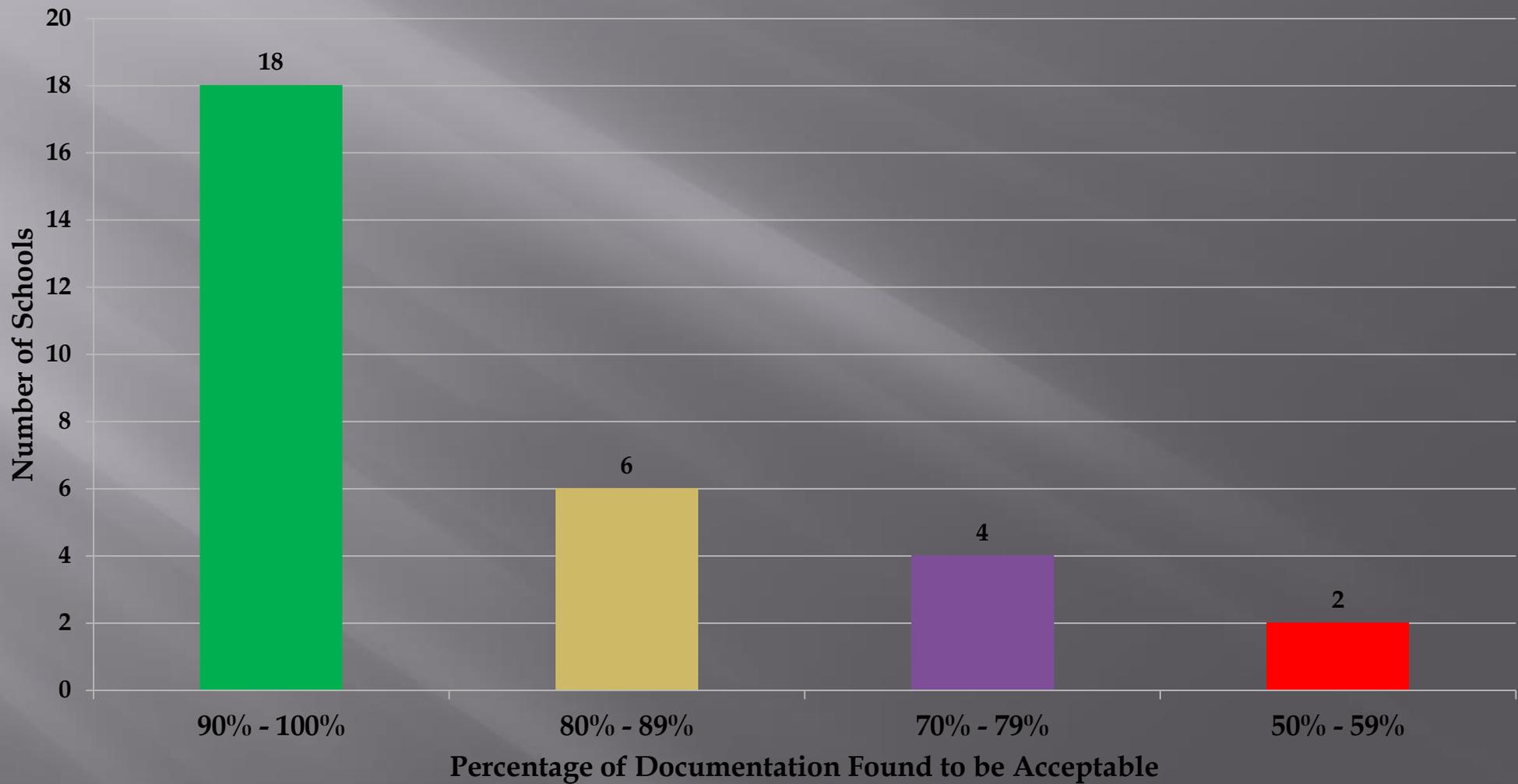
Follow up to the Office of Third Party Billing Review.

- ▣ All Schools – An annual training session is always recommended.
- ▣ Schools below 80% - An annual training session is required.
- ▣ Schools below 60% - Required to be included in the following year's review.



Results of the FY2013 Office of Third Party Billing Review

FY2013 Results



Results of Audits

Turn to other funding sources to pay for federally mandated services:

Grants

Operating Budget

Redirected resources

Results of Audits

- Increased level of documentation
- Increased level of frustration of staff
- Repayment of funds

WOW! Words of Wisdom

- Annual meetings with staff to ensure compliance and accuracy
- Annual reviews of policies and procedures by office heads
- Schools procuring annual parent approval for billing
- Schools assisting in the eligibility determination process
- Make yourself audit proof. Constantly examine and revise the process

WOW! More Words of Wisdom

- Document everything
- Train, train, and train again
- Do your best to interpret all regulations
- Stress to staff the urgency to bill is not an authorization to over bill

Lessons Learned from the Medicaid Audit Experience

1. We are in the business of education. It is very important to be prepared to answer the question, “Why do we continue to do this?”
2. Be creative. There is a solution to every problem/issue.
3. If it isn't written, it wasn't done.
4. Fight, fight, fight. Leave no stone unturned.
5. Read EVERYTHING YOURSELF and ask questions!!

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QUESTIONS ??