

Division of Medicaid State of Mississippi Provider Policy Manual	New: X Revised: Current:	Date: 03/01/06 Date:
Section: School Based Administrative Claiming Program	Section: 79.01 Pages: 1 Cross Reference:	
Subject: Introduction		

Medicaid, as authorized by Title XIX of the Social Security Act, is a federal and state program of medical assistance to qualified individuals. Each state designates a state agency as the single state agency for the administration of Medicaid. State law has designated the Division of Medicaid, Office of the Governor, as the single agency to administer the Medicaid program in Mississippi.

The Division of Medicaid (DOM) is responsible for formulating program policy. The DOM staff is directly responsible for the administration of the program. DOM is assisted in the program's operation and in potential changes in the program by state agencies, private and public providers which have expertise in specific areas of Medicaid-covered services.

The DOM, the Mississippi Department of Education (MDE) and individual schools share in the responsibility for promoting access to healthcare for students in the public school system, preventing costly or long term healthcare problems for at risk students, and coordinating student's healthcare needs with other providers.

The Medicaid School-Based Administrative Claiming program (SBAC) allows school districts to be reimbursed for some of their costs associated with school-based health and outreach activities which are not claimable under the Medicaid School Health-Related Services "fee for service" program or under other Medicaid "fee for service" programs. In general, the types of school-based health and outreach activities funded under SBAC are the referral of students/families for Medicaid eligibility determinations, the provision of health care information and referral, coordination and monitoring of health services and interagency coordination. These activities include:

- Medicaid and non-Medicaid Outreach services;
- Facilitating application for Medicaid and Non-Medicaid eligibility determination or non-Medicaid programs;
- School related and education activities;
- Direct medical services;
- Transportation services assistance for Medicaid covered and non-Medicaid services;
- Medicaid and non-Medicaid related Translation services;
- Program planning, policy development and interagency coordination related to medical non-medical services;
- Medicaid specific and non-Medicaid training;
- Referral, coordination and monitoring of Medicaid and non-Medicaid services; and,
- General administration.

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The Mississippi Department of Education (MDE) shall be responsible for the administration of the SBAC program. Qualified participants shall include Mississippi public school districts. Participants in the program must:

- Have a signed agreement with the Mississippi Department of Education;
- Attend staff training conducted by MDE;
- Keep time studies of work activities at prescribed time intervals;
- Determine statistically valid time sample results;
- Prepare cost determinations and allocations and;
- Prepare and submit to MDE a quarterly invoice.

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Quality Assurance

The DOM will establish and maintain a quality assurance process which ensures the quality management of the program. It is necessary to monitor the SBAC program in order to assure that Medicaid dollars are utilized to make Administrative Claiming available to eligible Mississippi Public School Districts enrolled in the SBAC program. The provider agrees to share data as part of the quality assurance program upon request by the DOM in a timely manner. The provider will make available to the DOM the documentation/records/reports maintained from the SBAC program.

These documentation/records/reports include, but are not limited to:

- Random Moment Sampling (RMS) documents;
- Methodology that supports the construction of the Administrative Claiming billing process;
- Revenue projection reports; and,
- School district quarterly reports.

DOM will obtain copies of the contents of the quarterly audit files for each participating public school district and verify a small percentage of RMS documents quarterly to ensure accuracy. Verification will be through direct face-to-face contact with the sampled participants.

Each quarter DOM will:

- Interview 5% of a material percentage of the sampled school staff to ascertain if the sampled participants understood the instructions on sampling time forms. The percentage may be reduced, as a time study history is compiled.
- Verify that the time study form turned in was completed by the individual who signed the form and that he/she accurately reported his/her activity at the time he/she was sampled (to the best of his/her knowledge) and
- File a report of the monitoring findings at the DOM office.

Monitoring Plan

The Monitoring Plan should be initiated within six weeks of the date the sample list is sent and received.

Monitoring Objectives

Monitors from various organizations review the Administrative Claiming program documents and provide performance standards to validate whether or not the providers and/or the Administrative Claiming program have:

- Complied with federal and state laws, regulations and policies;
- Complied with the terms of the Administrative Claiming guide agreement;

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- Charged DOM in accordance with the provider's agreement;
 - Billed DOM for those services that were authorized and actually delivered in compliance with the Administrative Claiming guide; and,
 - Provided a service which produced an effective and cost effective outcome for beneficiaries and the Medicaid program.

Desk Reviews

Periodically DOM staffing may conduct desk reviews of Administrative Claiming services. These desk reviews include, but are not limited to, the analysis of required documentation and various reports.

On-Site Visits

The on-site visits will be scheduled periodically to be conducted by Medicaid Administrative Claiming staff. During on-site visits, required records and documents will be reviewed for consistency with claims submitted and with applicable program requirements.

Cooperation Required of the Provider During Monitoring Activities

The Administrative Claiming provider must cooperate fully with monitoring activities, evaluations or other reporting requirements authorized by DOM. Records and supporting information must be made available as required for any authorized monitoring activities.

The SBAC provider's executive director or authorized representatives must be available to answer questions during the monitoring review and to receive the results of the review.

Findings from Monitoring Reviews

DOM staff that conducts the monitoring review will prepare a report of monitoring activity. A copy of the report will be forwarded to the provider with a request, when appropriate, for a response to be submitted to DOM thirty (30) days after the receipt of the report. The response should include a plan of correction, as necessary, which addresses any deficiencies noted in the monitoring report. The staff of DOM will review the response and contact the reviewer within thirty (30) days of the receipt of the response regarding the acceptance of the response and approval of the plan of correction.

The provider will be notified in writing by DOM of any administrative noncompliance with provider agreement terms or applicable regulations.

If items of noncompliance are not corrected, DOM may take appropriate actions to ensure correction by the provider of noted problem (s), or DOM may terminate the provider's participation in the Medicaid Administrative Claiming program.

Erroneous overpayments to providers are subject to restitution. The provider is entitled to notification by DOM of the erroneous payment (s). If the provider has been overpaid, he/she will be contacted regarding the repayment schedule.

Technical Assistance Provided by Medicaid MCH – Administrative Claiming Program Staff

Medicaid MCH – Administrative claiming program staff is available to provide technical assistance to the Administrative Claiming provider and SBAC districts in resolving any contractual or performance problems. However, technical assistance visits by DOM staff are not comprehensive reviews of the services under the terms of contracts or provider agreements for services. If deficiencies are not identified during the provision of technical assistance, the provider is still responsible for audit exceptions

and correcting any other contractual or performance problems noted during monitoring activities.

DOM is not liable for acts or omissions of the Administrative Claiming provider, contracted providers, school districts or their employees. The provider should seek their own legal counsel regarding questions of liability.

Records Retention

DOM staff and Administrative Claiming providers must keep all records pertaining to the Administrative Claiming program for a period of five years after each quarterly claim is filed to the Mississippi Department of Education, unless an ongoing audit or resolution of an audit exception is in process.

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Rate Setting

Under the SBAC program, it is necessary to determine the amount of time school staff spend performing Medicaid administrative activities. Time spent by the school staff on Medicaid administrative activities is captured through the use of time samples. The results of the time samples are then used in a series of calculations to determine the percentage of the SBAC school districts cost that can be claimed under SBAC. SBAC reimbursement to the SBAC school districts is made from Medicaid federal funds.

DOM permits Random Moment Sampling methodology for the collection of data for the SBAC program. The sampling percentages for staff identified, along with the total costs for activities detailed, will be the basis for a school district to receive reimbursement under the SBAC program. The total cost from the expense report will be multiplied by the percentages from reimbursable activities.