

# LEA Medi-Cal Billing Option Program

September 24, 2015 Training Part One

# Logistics and Questions

Two part webinar – morning and afternoon sessions. 9:00 to 11:00. 1:00 to 3:00. Submit questions via message box throughout webinar. Q&A session includes 10 – 15 minute break.

# Introductions

## California Department of Health Care Services

Safety Net Financing Division

Administers the LEA Program

## Audits and Investigations

Financial Audits Branch

Conducts financial audits/reviews of LEA Program providers

## Medical Review Branch

Performs federally mandated post-service, post-payment utilization reviews

## Navigant Consulting Inc.

Consultant that works with SNFD to enhance the LEA Program

# Training Goals and Overview of Training Topics

- Section 1: Refresher on LEA Program Resources
- Section 2: Participation Requirements Updates
- Section 3: Site Visits/Technical Assistance
- Section 4: Claims Processing Updates
- Section 5: In-Progress Work
- Section 6: Paid Claims Overview
- Section 7: Q & A

# Remember

It is the obligation of each LEA to ensure that they comply with current Medi-Cal policy pertaining to rendered services. It is the LEA, not the billing vendor, that is ultimately responsible for Medi-Cal compliance in the LEA Program.

# Refresher on LEA Program Resources

# Website Overview

Getting Started

Program Information

Manuals & Training

Tools & Templates

Publications & Bulletins

Policies & Legislation

Contact Information

# Onboarding Handbook

Provides guidance to new LEAs

Program structure – who is involved?

How to become a billing provider

Program participation requirements

Enrollment process

Claims process

Submission requirements

Provider responsibilities

# Internal Administrative Functions Chart

Lists key functions integral to program administration. Provides guidance as to who may be responsible for participating in each function.

# Toolbox New

Quick access to useful resources and information

Helpful Program Links

Important Program Documents and Dates

Billing Information and Rates

At a Glance Self-Audit Checklist

Technical Assistance Site Visit Request Form

Contact Information

# At A Glance Self Audit Checklist New

## Basic program requirements

- Program Compliance

- Basic Claim Documentation Requirements for LEA Medi-Cal Billing

- Basic Requirements for Practitioners and Services

- Other Health Care Coverage

- Practitioner License Verification

- Record Retention

LEAs are solely responsible for administrative functions and should be familiar with the LEA Program Website, department policies, program regulations, and LEA Program Provider Manual.

# Glossary of Terms

The Glossary of Terms link is located under the heading of Program Information.

# FAQs

Under the Program Information Section of the website is the link to Frequently Asked Questions or FAQs. The FAQs are separated into 19 individual sections. Each section has hyperlinks that go to the related section in the LEA provider manual or LEA website.

# Random Moment Time Study RMTS

## Quick Profile Page

Highlights RMTS areas and topics that impact LEAs

What is RMTS?

Potential program integration with SMAA

Direct billing and claiming

## Stakeholder Feedback Tool

Questions, input and comments from stakeholders

<http://lea-medical-rmts.surveyanalytics.com/>

## IAG Summaries

Meeting summaries include ten meetings to date

# Provider Manual

## Contact Information

- LEA (loc ed)

## Participation Requirements

- Provider's Guide (loc ed a prov)

- Eligible Students (loc ed elig)

- IEPs/IFSPs (loc ed indiv)

## Billing Information

- Billing and Reimbursement (loc ed bil)

- Billing Codes and Rates (loc ed bil cd)

- Billing Examples (loc ed bil ex)

## Practitioner Requirements

- Practitioner Qualifications (loc ed rend)

## LEA Specific Services (10 links)

- Individual services includes covered services, practitioners, prescription/referral/recommendation/supervision requirements, and service limitations

# Transportation Billing Guide

What is needed to bill for LEA covered transportation?

Documentation requirements.

Provider qualifications.

Transportation regulations and resources.

# Transportation Billing Guide

How to calculate mileage:

Scenario 1: Transportation from home to school and school to home.

Scenario 2: Transportation from school to service location and service location to home.

Scenario 3: Transportation from school to service location and service location to school.

Scenario 4: Transportation from home to service location and service location to school.

Scenario 5: Transportation from multiple origination points to service location (school or service provider).

Scenario 6: Transportation from home to multiple treatment service locations on the same day (school and service provider).

# ICD 10 GEMs New

General Equivalence Mappings (GEMs).

Represents the top 20 most frequently billed ICD-9 codes in the LEA Medi-Cal Billing Option Program.

Crosswalk Summary of the 20 ICD-9 codes and their associated ICD-10 GEMs.

# Publications and Bulletins

## Claims Processing

- Inflated Reimbursement Rates

- Erroneous Payment Correction (EPC) Letters

- Annual Accounting of Funds Summary Reports

## For Your Information (FYI)

- Public Notice re SPA 15-021

- SPA 12-009

## Medi-Cal Provider Bulletins

## Paid Claims Information

- Medi-Cal reimbursement by LEA Provider

- Program trends by State Fiscal Year

## Reports to the Legislature

## Advisory Workgroup Minutes

# Policy and Procedure Letters (PPL)

The PPL is a formal communication channel to provide and disseminate policy related to the LEA Program. PPLs help to clarify LEA Program participation requirements, ensure consistency within the LEA Program, and provide technical assistance in LEA Program implementation. PPLs are sent by DHCS to LEAs that have signed up to receive subscription notifications.

# Resources and Contacts

LEA Medi-Cal Billing Option Program Website:

<http://www.dhcs.ca.gov/provgovpart/pages/lea.aspx>

LEA Email Subscription Form:

<http://apps.dhcs.ca.gov/listssubscribe/default.aspx?list=DHCSLEA>

LEA Mailbox for Policy or General Questions: [LEA@dhcs.ca.gov](mailto:LEA@dhcs.ca.gov)

Provider Enrollment Questions: (916) 323-1945

Reinvestment Questions/CDE: (916) 319-0914

Eligibility Match Questions/DHCS Information Technology Services:

(916) 440-7254 E-mail: [Alexandria.Carrillo@dhcs.ca.gov](mailto:Alexandria.Carrillo@dhcs.ca.gov)

(916) 440-7240 E-mail: [Walter.Osikowicz@dhcs.ca.gov](mailto:Walter.Osikowicz@dhcs.ca.gov)

(916) 440-7328 E-mail: [Sherri.Henderson@dhcs.ca.gov](mailto:Sherri.Henderson@dhcs.ca.gov)

# Resources and Contacts

Xerox Billing Questions: 1 (800) 541-5555

Annual Report Submissions Mailbox

[LEA.AnnualReport@dhcs.ca.gov](mailto:LEA.AnnualReport@dhcs.ca.gov)

DUA Submissions Mailbox

[LEA.AnnualReport@dhcs.ca.gov](mailto:LEA.AnnualReport@dhcs.ca.gov)

CRCS Submissions Mailbox

[LEA.CRCS.Submission@DHCS.CA.GOV](mailto:LEA.CRCS.Submission@DHCS.CA.GOV)

A&I Mailbox for CRCS Questions

[LEA.CRCS.Questions@DHCS.CA.GOV](mailto:LEA.CRCS.Questions@DHCS.CA.GOV)

# Advisory Workgroup

Strategize goals and activities to enhance Medi-Cal services provided on school sites and increase access by students.

Generally first Wednesday of February, April, June, August, October and December.

DHCS, A&I and California Department of Education (CDE).

E-blast invitation sent to LEA primary and secondary contacts.

Includes program and policy updates.

Includes breakout groups and sub-workgroups.

# Participation Requirements Updates

# Provider Participation Agreement (PPA)

Effective this year, the PPA will have an 'evergreen' term in lieu of an expiration date.

- No longer requires to be renewed at scheduled three-year intervals.

- No pre-determined expiration date.

- Will remain in effect until terminated by DHCS or LEA Provider.

- May be submitted by mail or electronically (with digital signature).

All LEAs must submit the PPA by November 30, 2015.

- Extended deadline for FY 2015-16 only.

# Provider Participation Agreement (PPA)

PPL 15-020: Implementation of the Evergreen Provider Participation Agreement in the LEA Medi-Cal Billing Option Program The 'evergreen' PPA was implemented on July 1, 2015, and is effective beginning with the 2015-16 fiscal year. All new and returning LEAs must submit the PPA by the mandated due date. LEAs do not have to automatically resubmit the PPA in 2018.

# Annual Report (AR)

All LEAs must submit the AR by November 30, 2015 with the PPA.

Will continue to be due annually.

Reporting period for current and previous fiscal year.

LEAs may use AR to update their information .

If the LEA updates its official name, payment/ mailing address, EIN number or NPI number, it must resubmit PPA to DHCS and submit Form 6209 to Provider Enrollment Division (PED).

May be submitted by mail or electronically (with digital signature).

# PPA and AR Compliance Policy

## PPL 15-018: Notification of Compliance Process For LEAs That Do Not Submit The PPA and AR By The Mandated Due Date

LEAs that do not submit PPA/AR by November 30, 2015 will be considered out of compliance.

Out of compliance LEAs may be placed on withhold from future reimbursements.

LEAs will receive written notices to alert them of past due documents prior to institution of the reimbursement withhold.

LEAs will be eligible to receive retroactive reimbursements from initial date of withhold after required documents accepted and filed by DHCS.

# Data Use Agreement (DUA)

All LEAs must submit the DUA by November 30, 2015.

Must be renewed at scheduled three-year intervals.

FY 2015-16 is the renewal year.

Agreement period extends to November 30, 2018.

May be submitted by mail or electronically (with digital signature).

## Attachment E: Certificate of Destruction of Confidential Data

Must be submitted with DUA by all returning LEAs who have previously used data tape match to verify eligibility.

May be submitted by mail or electronically (with digital signature).

# Cost and Reimbursement Comparison Schedule (CRCS)

The CRCS is an annual cost settlement required by CMS.

CRCS calculates the difference between costs incurred by LEAs and interim reimbursement payments received during fiscal year.

Results in an LEA overpayment or underpayment.

Due November 30 of each fiscal year for the prior fiscal year.

The CRCS for FY 2013-2014 will be due November 30, 2015.

# Certification of Zero Reimbursements for LEA Services

LEAs who received zero reimbursements are required to complete Form 2437a.

LEAs indicate that zero reimbursements were received.

PPL 15-017-“Certification of Zero Reimbursements for LEA Services.”

Due November 30 of each Fiscal Year.

# CRCS Compliance Policy

Submission of the CRCS is a mandatory requirement.

Social Security Act, Section 1903 (w)

Code of Federal Regulations, Title 42, Section 433.50

PPL 15-019 notifies LEAs of the CRCS Compliance Policy.

Failure to submit the CRCS by the mandated due date of November 30, may result in future reimbursement withholds.

Continued failure to submit the CRCS may result in subsequent suspension from the LEA Medi-Cal Billing Option Program.

# CRCS Resources

## CRCS Documents:

[http://www.dhcs.ca.gov/provgovpart/Pages/CRCS\\_FY\\_13-14.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/CRCS_FY_13-14.aspx)

## CRCS Submission to DHCS A&I:

[LEA.CRCS.Submission@DHCS.CA.GOV](mailto:LEA.CRCS.Submission@DHCS.CA.GOV)

Excel and PDF format

Naming Convention

Fiscal Year, NPI Number, Business LEA Name, Submission Date

Example: FY1314.1234567890.SampleSchoolDistrict.10.15.2015.CRCS.XLS  
(or .PDF)

## CRCS Questions:

[LEA.CRCS.Questions@DHCS.CA.GOV](mailto:LEA.CRCS.Questions@DHCS.CA.GOV)

# Fiscal Year 2015-16 LEA Program Requirements

2013-14 CRCS due November 30, 2015

2014-15 AR due November 30, 2015

2015-16 PPA due November 30, 2015

2015-16 DUA due November 30, 2015

Please note that the normal deadline for the AR and PPA is October 10. The deadline was extended to November 30 for 2015.

# Site Visits and Technical Assistance

# Program Integrity

## Goals for Site Visits

Who: New LEAs, Non-Compliant LEAs, and those seeking Technical Assistance

What: Assist LEAs in understanding program requirements, help LEAs to identify areas for LEA program expansion

Where: On-site at the LEA's administrative office

Why: Assist LEAs with program compliance

This is not an Audit!

# Program Integrity

[Technical Assistance Request Form](#)

Submit to [LEA@DHCS.ca.gov](mailto:LEA@DHCS.ca.gov)

# Claims Processing Updates

# Erroneous Payment Corrections

EPC: Adjustment of LEA claims for CPT Code 92507 with Modifiers GN and TM.

Retroactive price correction for claims paid at an erroneous rate that affected claims for dates of service from July 1, 2012, through July 30, 2014.

Adjustments began appearing on RAD forms on March 12, 2015 with RAD code 0883: Retroactive price correction.

# Erroneous Payment Corrections

EPC: A0425 (mileage) erroneously denied.

Background: Starting in March 2015 an error caused some LEA procedure code A0425 claims to be erroneously denied. The error was corrected in May 2015.

EPC: In process to reimburse those claims that were erroneously denied.

Implementation date to be determined.

# Erroneous Payment Corrections

## EPC: 2013-14 Rate Inflation

Background: FY 2012-13 interim reimbursement rates inflated to calculate revised FY 2013-14 interim reimbursement rates.

EPC: Corrects reimbursement rate adjustments for claims submitted by LEA providers for dates of service 7/1/13 through 6/30/14 using updated reimbursement rates for LEA services.

Implemented on May 29, 2015 with RAD code 0875.

UPDATE: FY 2014-15 Inflated Rates Table located at

<http://www.dhcs.ca.gov/provgovpart/Pages/LEAClaimsProcessing.aspx>

# LEA Program Provider Support Costs

1% administrative fee for claims processing and related staff costs.

Medi-Cal Remittance Advice Detail (RAD) code 795.

Combined 2.5% withhold for the following:

- A&I fee for administrative costs associated with CRCS audit process with maximum collection of \$650,000 under RAD code 798.

- NCI withhold to fund activities mandated by W&I Code 14115.8 with maximum collection of \$1.5 million under RAD code 798.

Any over-collection of funds will be proportionately redistributed to LEAs.

# System Development Notice (SDN) 14002

Exempts cost settlements, over collected withhold reimbursements and electronic health record provider incentive payments from withholds.

Projected implementation in September 2015.

# Xerox Help Desk

For billing and claims issues, LEAs should contact the Xerox Telephone Service Center (TSC) at 1-800-541-5555.

The LEA provider should initially call the TSC to ask for assistance.

**IMPORTANT:** Keep a log of issue numbers that the TSC representative provides for each phone call.

If the issue is too complicated for TSC, LEA provider should either request the TSC agent to send a Xerox provider field representative OR the LEA provider should write the Correspondence Specialist Unit (CSU), explain the issue, attach required documents, and request assistance.

If Xerox provider field rep or CSU is not able to resolve the issue, LEA provider may notify SNFD at [LEA@dhcs.ca.gov](mailto:LEA@dhcs.ca.gov)

# In Progress Work

# Termination of CPT Code 92506

Current Procedural Terminology (CPT) Code 92506 (evaluation of speech, language, voice communication, and/or auditory processing) will be eliminated and replaced with four new, more specific CPT Codes:

92521 Evaluation of speech fluency (eg, stuttering, cluttering).

92522\* Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria).

92523\* Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (eg, receptive and expressive language).

92524 behavioral and qualitative analysis of voice and resonance.

CPT code 92522 is a sub-component of CPT code 92523 and these two codes cannot be billed together for the same student.

# Termination of CPT Code 92506

Effective for dates of service on or after July 1, 2016, Speech-Language Assessments will use new CPT code(s) 92521, 92522, 92523 and 92524.

LEAs may bill up to a maximum of three components depending on type of assessment.

When multiple evaluations are appropriate, documentation should clearly reflect a complete and distinct evaluation for each disorder.

On or after July 1, 2016 Audiology Assessments will use CPT Code 92557.

A Policy and Procedure Letter is forthcoming.

The LEA Program Provider Manual will be updated to reflect the current rates for these CPT codes.

# Telehealth for Speech Therapy

Effective for dates of service on or after July 1, 2016, the LEA Program will allow LEAs to bill for covered speech therapy assessment and treatment services when performed via telehealth.

Telemedicine service must use interactive audio, video or data communication to qualify for reimbursement.

Audio-video telemedicine system used must have capability of meeting the procedural definition of the CPT-4 code provided through telemedicine.

The provider performing services via telemedicine at the distant site, whether from California or out of state, must be a licensed Speech-Language practitioner in California and enrolled as a Medi-Cal provider.

When multiple evaluations are appropriate documentation should clearly reflect a complete and distinct evaluation for each disorder.

# Telehealth for Speech Therapy

A Policy and Procedure Letter is forthcoming. The LEA Program Provider Manual will be updated to reflect the current rates for these CPT codes.

# Targeted Case Management (TCM) SPA 12-009 and PPL 15-016

PPL 15-016 notifies LEAs of the approval of SPA 12-009 and sunset date of June 30, 2015 for current TCM reimbursement methodology.

Effective July 1, 2015, all TCM claiming with dates of service from July 1, 2015 forward will be suspended until a rate methodology has been approved by CMS.

The TCM Labor Survey will no longer be valid effective July 1, 2015. DHCS will submit a new rate methodology to CMS to include TCM services.

TCM claiming under the new rate methodology may be retroactive to July 1, 2015.

# New Services and RMTS SPA 15-021

The Public Notice regarding SPA 15-021 is located at <http://www.oal.ca.gov/res/docs/pdf/notice/26z-2015.pdf> listed under “New Services and Random Moment Time Study (RMTS) Methodology for the LEA Medi-Cal Billing Option Program” on page 1088.

SPA 15-021 proposes to provide new additional direct health care services.

SPA 15-021 proposes to authorize new practitioner types.

SPA 15-021 proposes that the LEA Program will use a RMTS methodology to capture the amount of time spent providing direct medical services by qualified health practitioners that bill in the LEA Program.

# Free Care

On December 15, 2014, the Centers for Medicare and Medicaid Services (CMS) issued a [letter](#) to the State Medicaid Director clarifying existing “ambiguity” concerning Medicaid payment for services provided without charge or “free care”.

SPA 15-021 proposes to include all individuals under age 22 who are Medicaid eligible beneficiaries, including Medicaid eligible individuals with an IEP/IFSP to receive services under the LEA Program without limitations.

# OHC Requirements

Per CMS Guidance, states must recoup Third Party Liability (TPL) funds from legally liable third parties, such as health insurance plans and other health coverage (OHC).

CMS guidance necessitates that LEAs bill private insurance companies for direct services rendered to students prior to billing Medi-Cal.

If a student is dual-eligible, Medi-Cal is the payer of last resort.

Consistent with the current LEA Program Provider Manual, which requires that LEAs collect OHC information for its students and bill OHC when applicable.

# Paid Claims Overview

# General Program Information

LEA Program continues to grow since SPA 03-024 was implemented.

Number of participating LEAs continues to increase.

Number of unduplicated students served continues to increase.

Utilization continues to increase.

Most Program expenditures are based on assessments (three types); speech therapy treatments and trained health care aide treatments.

# Program Growth Over Time

Claims reimbursements have increased from fiscal years 2006-07 to 2013-14 from approximately 70 million dollars to approximately 140 million dollars. Note that in fiscal year 2011-12 the FMAP increased to 61.59% and then stepped down and returned to 50% in fiscal year 2011-12.

# Growth in LEA Program Participation

The unduplicated student count has increased from fiscal years 2006-07 to 2013-14 from approximately 190,000 to approximately 330,000. The number of LEAs has grown from 461 to 535 in that time period.

# LEA Reimbursement by Service Type in Fiscal Year 2013 2014

Total reimbursements were 148.72 million dollars. Speech therapy is 35.8%. Trained Health Care Aide is 15.7%. Assessments are 25.9%. Occupational Therapy is 5.8%. Nursing Services are 4.8%. Medical transportation and mileage is 5.3%. Psychology and Counseling is 4.2%. Targeted case management is 1.7%. Physical Therapy is .6%. Audiology is .3%.