

LEA Medi-Cal Billing Option Program

September 24, 2015 Training Part Two

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

Provide guidance on how to correctly submit a CRCS.

Identify common CRCS submission errors.

Provide overview on types of CRCS audits.

Identify errors to look out for when completing a CRCS.

Provide general understanding of the CRCS audit process.

Overview of documentation requirements.

ICD-10 update.

Random Moment Time Study (RMTS) update.

Overview of Training Topics

- Section 1: CRCS Updates
- Section 2: “Lessons Learned” from A&I CRCS Audits
- Section 3: Documentation Requirements
- Section 4: ICD-10
- Section 5: RMTS
- Section 6: 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.

CRCS Updates

Updates to FY 2013-14 CRCS

Minor Revisions to CRCS:

Updated dates to reflect the new fiscal year period

Added subtotals on certain columns (locked cells)

Certification Statement Updates:

Restructured into eight separate parts (letters A – H)

Signatory must now certify that the LEA will maintain documentation supporting the expenditures claimed

Signatory must acknowledge that all records related to funds expended are subject to review and audit by DHCS

Zero Reimbursement Form 2437a

PPL 15-017 notifies LEAs of the CRCS Certification Statement for participating LEAs receiving no LEA Program reimbursement during a FY.

Single page form certifies that the LEA received zero reimbursements for the FY and that there are no expenditures to report.

Form 2437a may be submitted in lieu of the multi-schedule CRCS Form 2437
Due by November 30, 2015 for FY 13-14.

Overview of CRCS Acceptance

Updated CRCS and instructional materials posted on LEA website in September.

CRCS is due to A&I/ARAS by November 30th.

LEAs submit CRCS in both Excel and PDF formats, with naming convention, by e-mail to: LEA.CRCS.Submission@dhcs.ca.gov

A&I ARAS reviews the CRCS:

- Acceptance is based on program compliance and completeness of the CRCS.

- The CRCS may be rejected due to non-compliance and/or report being incomplete.

Common CRCS Submission Errors

Certification page must be complete, signed, and dated and common errors are LEA Identification Section is not filled out and PDF copy is not signed and dated

LEA does not submit both PDF and Excel copies.

There are missing pages and or tabs and PDF should include ALL pages (1a – 9b), including blank ones. Also Excel should include all tabs (Cert – B4).

PDF and Excel copies of the CRCS do not reconcile. They should be exactly the same (other than the PDF copy should be signed and dated).

Naming conventions are incorrect. Naming conventions for the PDF, Excel, and Email subject line should be:

FY1314.NPI.ProviderName.SubmissionDate.CRCS

- An example is: FY1314.123456789.ABCUnified.120515.CRCS

CRCS Submission Non-compliance

CRCS 100% withhold process:

If the CRCS is not received by A&I by the due date, or was rejected due to non-compliance and/or report being incomplete, A&I/ARAS will start the 100% withhold process.

First, a withhold letter will be mailed out to all the delinquent providers. Shortly after, a 100% withhold will be placed with Xerox, the fiscal intermediary.

Withhold will stay in effect until a complete CRCS is received by A&I.

CRCS Submission Non-compliance

PPL 15-019 notifies LEAs of CRCS Compliance Policy.

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

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

CRCS Audit Scope

A&I Special Programs Section (SPS) determines level of audit:

Minimal Audit: Performed from Auditor's desk. Primarily reconciliation of CRCS to third party records, i.e. Xerox and California Dept. of Education.

Limited Audit : Audit of CRCS performed from the Auditor's desk.

Field Audit: Field audit of the CRCS performed on site and may include a tour of the schools in the LEA.

CRCS Documentation Training is available at:

http://www.dhcs.ca.gov/individuals/Documents/ANI/ANI_LEA_CRCS_Documentation_PPT_Training_05.2011.pdf beginning at

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CRCS Audit Scope

Minimal Audit is initiated without contacting the LEA. It is primarily reconciliation of CRCS to Fiscal Intermediary (Xerox) paid claims data & California Dept. of Education indirect rate. If there are no material variances & no adjustments, CRCS is accepted as filed. If adjustments are made, 15 Day Exit Letter is sent with proposed adjustments and supporting audit work papers. LEAs have 15 calendar days to submit additional documentation.

On Limited Audit the auditor initiates contact via telephone then email Notice of Limited Audit to the LEA. It is more detailed audit of items reported on CRCS. LEAs provide A&I with support for the CRCS. 15 Day Exit Letter is sent with proposed adjustments and supporting audit work papers. LEAs have 15 calendar days to submit additional documentation.

CRCS Audit Scope

On Field Audit prior to the audit LEAs will receive a telephone call from A&I to schedule an entrance conference regarding the field examination of the CRCS. A&I will send out the entrance letter and Document Request which includes a list of records A&I typically needs during the audit. Please have these records available by the time specified on the Document Request.

CRCS Audit Scope

On Field Audit during the audit A&I will keep LEAs informed of the progress of the audit. Although the time needed for an audit varies, A&I will give LEAs an estimate of how long the audit engagement will last. A&I will be meeting with LEA staff during the audit to make requests for documentation and ask questions. A&I will discuss the audit issues and potential audit adjustments with LEAs during the audit. To reduce disruptions of business activities, let the auditor know the best time of day to meet with LEA representatives.

CRCS Audit Scope

On Field Audit after the audit the Auditor will provide LEAs with a copy of proposed audit adjustments and supporting work papers. A&I will call to schedule an exit conference to discuss the audit findings. After the exit conference LEAs have 15 calendar days to submit any additional documentation.

CRCS Final Settlement

An audit report with the final settlement amount is issued.

Post Audit Payment and Reimbursement Process:

Due to LEA:

LEA will receive “Statement of Account Status” letter from Xerox identifying anticipated reimbursement amount and check date.

Payment will be included in the check attached to the Medi-Cal Financial Summary and identified on line 8 (A/R Payments) with RAD code 710 “payment to provider of final cost settlement.”

Due to State:

Xerox will offset future claims until the amount due is fulfilled.

On Provider’s Remittance Advice Report(s) as RAD Code 710.

CRCS Business Processes Chart

Lessons Learned from CRCs Audits

CRCS Common Audit Findings

Summary of items to review before CRCS Submission based on recent audit findings. Refer to [CRCS Packet](#) for specific directions on how to report items on the CRCS.

Worksheet A is Indirect Cost Rate and findings are not reporting the Indirect Cost Rate, and some providers are reporting an incorrect rate. Rates are published by California Department of Education (CDE). Refer to this link:

<http://www.cde.ca.gov/fg/ac/ic/index.asp>

Worksheet A-1 B-1 is Federally Funded Salaries and Benefits and findings are not reporting Federal Revenues on column D.

Worksheet A-1 B-1 is Contractor Costs and findings are not reporting contractor costs over \$25,000 on each sub agreement in the appropriate object code (i.e., code 5100).

CRCS Common Audit Findings

Worksheet A-3 B-3 is FTEs and Hours Required to Work and findings are some providers are not reporting federally funded FTEs for practitioners whose time was spent providing LEA services. This results in under-reporting total hours required to work. Time providing LEA services exceeds 100 percent. This may be an indication that the hours required to work were reported incorrectly. Not reporting hours worked during summer months. If summer salaries and benefits are reported, the corresponding hours required to work during summer should be included.

CRCS Common Audit Findings

Worksheet A-4 B-4 is Units, Encounters and Reimbursement and findings are reporting incorrect interim payment or not reporting it at all. Under-reporting units from what was billed, even though the information is provided to the LEAs prior to filing CRCS.

Treatment logs maintained by LEAs, especially for THCA services, are not documenting the nature and extent of services provided.

Treatment logs sometimes do not have signatures of the rendering practitioner and the supervisor in the case of THCA and LVNs.

Documentation 101

LEA Documentation Responsibilities

LEAs are responsible for ensuring proper billing and maintaining adequate documentation.

A&I conducts audits of providers, not billing agents/vendors.

LEAs need to keep records of instructions to billing agents/vendors.

It is against regulation for billing agents/vendors to bill on a percentage basis for the processing of Medi-Cal claims.

[Code of Federal Regulations § 447.10](#)

[California Code of Regulations § 51502.1](#)

LEA Documentation Responsibilities

LEA providers shall maintain records showing that all LEA practitioners, which it employs or with which it contracts, meet and shall continue to meet all appropriate licensing and certification requirements. - [CCR § 51270](#)

LEA providers shall maintain records as necessary to fully disclose the type and extent of services provided to a Medi-Cal beneficiary.

Required records must be made at or near the time the service was rendered – [CCR § 51476](#)

LEA provider must keep records for a minimum of three years, from CRCS submission date.

If an audit and/or review is in process, LEA providers shall maintain documentation until the audit/review is completed, regardless of the three-year record retention time frame.

Documents Required to Bill

To bill for services outlined in the LEA Medi-Cal Billing Option Program, the student may be required to have:

An assessment - [CCR § 51476](#)

An IEP/IFSP identifying medically necessary treatment - [CCR § 51535.5](#)

A referral/prescription authorizing treatment - [CCR § 51476](#)

Progress/case notes that support the service billed - [CCR § 51476](#)

A LEA Medi-Cal Billing Option Program service performed by a qualified practitioner - [CCR § 51491](#)

AND must be Medi-Cal Eligible - [CCR § 51535.5](#)

Authorization for Assessment Services

LEAs must document all assessments with either:

- A written prescription

- A written referral

- A written recommendation

In substitution, a parent, teacher or registered credentialed school nurse can refer the student for an assessment

The prescription, referral or recommendation must be documented in the student's file.

Documenting Prescriptions, Referrals & Recommendations for Assessments

A Psychological & Psychological Status Assessment requires at a minimum a written recommendation by a Physician, Registered Credentialed School Nurse, Licensed Clinical Social Worker, Licensed Psychologist, Licensed Educational Psychologist, or Licensed Marriage and Family Therapist, within the practitioner's scope of practice.

A Health and Health Nutrition Assessment requires at a minimum a written a recommendation by a Physician or Registered Credentialed School Nurse.

An Audiology and Speech Therapy Assessment requires at a minimum a written referral by a Physician or Dentist within the practitioner's scope of practice.

A Physical Therapy & Occupational Therapy Assessment requires at a minimum a written prescription by a Physician or Podiatrist within the practitioner's scope of practice.

Note that a parent, teacher or registered credentialed school nurse may request an assessment for a student in writing in substitution of a written prescription, referral or recommendation by an appropriate health services practitioner.

Assessment Documentation

Written prescriptions, referrals and recommendations for assessments must be maintained in the student's file. A written prescription or referral must include the School/District Name, Student's Name, type of assessment needed, parent, teacher, or practitioner observations and reason(s) for assessment, name, title and signature of prescribing/referring practitioner, and date. A recommendation must include Student's Name, parent, teacher, or practitioner observations and reason(s) for assessment, name, title and signature of prescribing/referring practitioner, and date.

IEP/IFSP Treatment Services

Treatment services must be billed according to the services identified in the student's IEP/IFSP and include:

- Service type(s)

- Number and frequency of LEA treatment service

- Length of treatment, as appropriate

The prescription, referral or recommendation must be documented in the student's file.

Documenting Prescriptions, Referrals & Recommendations for Treatment

Physical Therapy and Occupational Therapy Treatment Services requires prescription by Physician or Podiatrist.

Speech Therapy and Audiology Treatment Services require a referral. A Physician Based Standards Protocol may be developed and used to document medical necessity of speech and audiology treatment services to meet California state requirements that a written referral be provided by a physician or dentist. The protocol does not fulfill federal requirements, as defined in 42 CFR 440.110(c), which requires a physician or other practitioner of the healing arts within the practitioner's scope of practice (i.e., licensed speech language pathologist or licensed audiologist) to refer the student for speech and audiology treatment services. LEAs must meet both State and federal documentation requirements.

Psychology and Counseling Treatment Services require a recommendation by Physician, Credentialed School Nurse, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Psychologist, or Licensed Educational Psychologist.

Treatment Documentation

Written prescriptions, referrals and recommendations for treatment must be maintained in the student's file and include Student's Name, practitioner observations and reason(s) for treatment, specific treatment needed (especially for medications/feedings), signature of prescribing/referring recommending practitioner, name and title of practitioner, and date. A recommendation must also include a written statement in the student's file from the recommending practitioner.

Treatment Services and Qualified Practitioners

Qualified practitioners for audiology are Licensed Audiologist or Audiologist.

Qualified practitioners for nursing are Registered Credentialed School Nurse, Certified Public Health Nurse, Licensed Registered Nurse, Certified Nurse Practitioner, and Licensed Vocational Nurse.

Qualified practitioner for occupational therapy is Registered Occupational Therapist.

Qualified practitioners for psychology and counseling are Licensed Physician/Psychiatrist, Licensed Clinical Social Worker, Licensed Psychologist, Licensed Educational Psychologist, Credentialed School Psychologist, Licensed Marriage and Family Therapist.

Qualified practitioner for physical therapy is Licensed Physical Therapist.

Qualified practitioners for speech language are Licensed Speech Language Pathologist or Speech Language Pathologist.

Qualified practitioners for trained health care aide services are Trained Health Care Aides.

Note that prior authorization and supervision requirements may apply. Only the services provided by a qualified practitioner, outlined in the LEA Medi-Cal Billing Option Program Provider Manual, may be billed under the LEA Medi-Cal Billing Option Program.

Physician Based Standards Protocol

LEAs may use an overall Physician Based Standards Protocol for Speech Pathology and Audiology treatment services.

Protocol must be reviewed and approved by a Physician no less than once every two years.

Specific contents of a protocol may vary with each LEA.

Components of Physician Based Standards

Basic elements of a protocol typically include:

Eligibility and exit criteria.

Indication of medical necessity and speech language disorders are not due to unfamiliarity with the English language.

Developmental norms for speech and language development.

A statement that assessment and treatment services must be documented in writing .

Acknowledgement that parents are provided information through the IEP process to share with their primary care physician.

A statement indicating that a physician designated by the LEA is available to audit records for services billed to Medi-Cal where medical necessity is a requirement for reimbursement.

Documentation Requirements of Physician Based Standards

In each student's file:

A copy of the cover letter with the physician's contact information and signature that states the physician reviewed and approved the protocol standards.

Proof that the services rendered are consistent with the protocol standards.

In the LEAs file:

A printed copy of the protocol standards.

Contact information for individuals responsible for developing the protocol standards.

Contact information for the practitioners who have reviewed and rely upon the protocol standards to document medical necessity.

General Documentation Requirements

Medi-Cal review of documentation for claims billed under the LEA Medi-Cal Billing Option Program may seek to verify:

The student received the billed service.

The service was a Medi-Cal benefit.

The service was performed by qualified personnel.

Medical necessity and appropriate authorization for the service is documented in the student's IEP/IFSP.

Auditors Like to See

Documents that could stand alone.

Each service encounter with a Medi-Cal eligible student must be documented according to the Business and Professions Code of the specific practitioner type, and include, but not be limited to:

- Date of service

- Full name of student and birth date

- Student's Medi-Cal identification number

- Name of agency rendering the service

- Name and title of practitioner or rendering the service

- Place of service

- Nature and extent of services rendered

- Signature of rendering practitioner, and supervisor, if applicable

Required Supporting Documentation

Supporting documentation describes the nature and extent of services and includes, but is not limited to the following:

- Progress and case notes

- Contact logs

- Nursing and health aide logs

- Transportation trip logs

- Assessment reports

Description of Services

Documentation must fully disclose the type and extent of services and answers questions such as:

What was done and why? May reference IEP/IFSP goals or protocols

How much? Time, miles, feeding, medication

What was response? Context important

Was any additional action taken or planned? Next steps

THCA Billing Supervision Requirements

Trained Health Care Aides (THCA) may only provide services and bill under the supervision of a credentialed school nurse, public health nurse, or licensed physician.

NOTE: The signature and title of the supervising practitioner along with the date signed, must be included on nursing treatment logs which may be included with supporting documentation required to bill for continuous monitoring of a medically necessary specialized physical health care service.

Continuous Billing for Nursing & THCA Services

Billed in 15 minute units

- Must be 7 or more continuous minutes of physical health care services

- Cannot add smaller time increments to make a unit

- Continuous minutes = 1:1 care

- Continuous means you cannot stop and do something else for a while unless someone else takes over

- Documentation must occur for each time unit billed

Includes specialized physical health care

- Does not include behavioral supervision

- Does not include 1:1 tutoring

- Does not include service of less than 7 minutes

Documentation Requirements for Nursing & THCA Treatment Services

All nursing and THCA treatment service documents must include the information identified in the general documentation requirements section of this training AND:

- Nursing logs

- Supporting documentation describing the nature and extent of nursing and THCA service

NOTE: The signature and title of the supervising practitioner along with the date signed, must be included on nursing treatment logs which may be included with supporting documentation required to bill for continuous monitoring of a medically necessary specialized physical health care service.

Treatment Log Chart

Nursing & THCA Supporting Documentation

Progress notes are required in addition to the nursing treatment log.

Progress notes may describe:

- Unlisted or other findings

- Performance of tasks such as suctioning, replacing tubing

- Notifies supervising professional

- Summons emergency services

Documentation for Nursing & THCA Services

Must:

Be objective. What was done, seen, heard or felt.

Be factual, accurate and specific, based on IEP goals, Physician's orders, nursing protocols.

Identify the presence as well as absence of characteristics. Every undesirable observation has at least one possible corresponding favorable observation.

Transportation

In order to bill for medical transportation services through the LEA Medi-Cal Billing Option Program, the LEA must:

Provide transportation in a medical vehicle that contains lifts, ramps, and restraints

Document the need for health and transportation services in the students' IEP/IFSP

Provide a transportation trip log that includes the trip, mileage, origination point and destination point for each student, student's full name, and date transportation was provided

Review school attendance records to verify that the child was in school

Verify the student received an approved LEA school-based Medi-Cal service, other than transportation, on the date the transportation was provided

[Transportation Billing Guide](#)

Additional Documentation Resources

Refer to the Spring 2014 Documentation Training (April 29, 2014) for more extensive documentation requirements and for examples of acceptable versus unacceptable documentation for specific services, located on the LEA Program training page at:

<http://www.dhcs.ca.gov/provgovpart/Pages/2013LEA.aspx>

Refer to the Transportation Billing Guide located under the Manuals and Training section of the LEA Program home page at:

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

ICD-10

ICD-10 Goals

Today's training should provide you with:

- A high-level understanding of ICD-10 changes

- A review of two example 'crosswalks' that illustrate the complexity of ICD-10

- LEA Program resources

- Federal and State resources

- Information on how to join tomorrow's CMS ICD-10 webinar

This training will NOT teach you how to “crosswalk” between ICD-9 and ICD-10.

ICD-10 Basics

When? LEA ICD-10 is effective October 1, 2015.

Why? ICD-9 is outdated and limited (developed in 1979, collects limited information).

Who? Impacts all entities covered by the Health Insurance Portability and Accountability Act (HIPAA).

How? On October 1, 2015, all health care services provided in the US must report using ICD-10 diagnosis codes; claims with ICD-9 codes will not be paid.

ICD-10 Mapping

Approximately 14,500 ICD-9 to 70,000 ICD-10 codes.

General Equivalence Mapping (GEMs)

Developed by CMS

Optional tool that can be used to convert data from ICD-9-CM to ICD-10-CM (backwards conversion from ICD-10 to ICD-9 is also available)

LIMITATION: Generally provides only one suggestion; other codes may be better 'match' for the student

ICD-10 Tabular List may be helpful to identify other possible codes.

ICD-10 Tabular List

Certain infectious and parasitic diseases (A00-B99)

Neoplasms (C00-D49)

Diseases of the blood and blood-forming organs, certain disorders involving the immune mechanism (D50-D89)

Endocrine, nutritional and metabolic diseases (E00-E89)

Mental, Behavioral and Neurodevelopmental disorders (F01-F99)

Diseases of the nervous system (G00-G99)

Diseases of the eye and adnexa (H00-H59)

Diseases of the ear and mastoid process (H60-H95)

Diseases of the circulatory system (I00-I99)

Diseases of the respiratory system (J00-J99)

Diseases of the digestive system (K00-K95)

Diseases of the skin and subcutaneous tissue (L00-L99)

Diseases of the musculoskeletal system and connective tissue (M00-M99)

Diseases of the genitourinary system (N00-N99)

Pregnancy, childbirth and the puerperium (O00-O9A)

Certain conditions originating in the perinatal period (P00-P96)

Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

Injury, poisoning and certain other consequences of external causes (S00-T88)

External causes of morbidity (V00-Y99)

Factors influencing health status and contact with health services (Z00-Z99)

LEA Example #1 (Easy)

ICD 9 Code 343.9 Cerebral Palsy, NOS can potentially translate to ICD 10 Code G80.9 Cerebral Palsy, Unspecified (GEM).

LEA Example #2 (More Complex)

ICD 9 Code V57.3 Speech-language therapy (Care involving speech-language therapy) can potentially translate to ICD 10 Code Z51.89 – Encounter for Other Specified Aftercare (GEM). Note that Z 51 series codes also include aftercare for chemotherapy, radiation therapy, and palliative care.

LEA Program Resources

SNFD has posted a table listing the LEA Program's Top 20 most commonly billed ICD-9 Codes and their CMS-identified GEM(s).

Table should not be relied upon as an ICD-9 to ICD-10 strict "crosswalk" for LEAs.

May be used as a starting point in ICD-10 identification process; NOT DHCS OFFICIAL GUIDANCE.

Each LEA responsible for determining if a better ICD-10 'match' exists for the student.

Available on the LEA Program website at:

[ICD-10 General Equivalence Mapping](#)

ICD-10 Resources

General Resources

www.cms.gov/ICD10 (includes information on GEMs)

www.roadto10.org

<http://cdn.roadto10.org/wp-uploads/2014/08/2015-ICD-10-CM-Tabular-List-of-Diseases-and-Injuries.pdf>

<http://www.asha.org/Practice/reimbursement/coding/ICD-10/>

Includes a mapping tool for speech and audiology related ICD-9 Codes

Medi-Cal Resources

http://files.medi-cal.ca.gov/pubsdoco/hipaa/hipaa_icd10_home.asp

Providers may submit ICD-10-related questions to: ICD-10Medi-Cal@xerox.com

CMS Training October 25, 2015

Random Moment Time Study

Random Moment Time Study (RMTS)

What is RMTS? A statistical sampling technique that will be used to capture the amount of time spent providing direct services to students by qualified health service practitioners that bill in the LEA Medi-Cal Billing Option Program

Why is DHCS moving to RMTS for the LEA Program? As a term and condition of DHCS' resolution to the SMAA program deferral, DHCS agreed to implement a combined cost allocation methodology for the SMAA and LEA Medi-Cal Billing Option Programs

SPA 15-021 will be submitted to CMS by 9/30/2015 and will include references to RMTS methodology.

Impact on LEA Billing Option Program

RMTS results will be used to replace the “percentage of time” component on the CRCS.

RMTS Design

DHCS is working with a group of stakeholders on the RMTS design for the LEA Program.

Ten Implementation Advisory Group (IAG) meetings to date.

IAG meeting summaries on the LEA Program Website at

http://www.dhcs.ca.gov/provgovpart/Pages/LEA_RMTS.aspx

The RMTS Stakeholder Feedback Tool is available on the LEA Program website (RMTS landing page, link above).

Submitted comments will be addressed during IAG Meetings

Submitted comments are treated confidentially.

RMTS Resources

Steps in the Quarterly RMTS Process

Quarterly RMTS Process (excluding summer):

Identify RMTS Participant Pools

Identify Number of Time Study Moments by Pool (Moment = 1 minute)

Randomly Select Moments and Randomly Assign to Participants by Pool

Selected Participants Notified to Complete Moment

Moment Is Coded to Reflect Activity Performed

Use RMTS Results to Calculate Direct Health Service % to Apply to LEA

Direct Costs

RMTS Impact on Cost Settlement

Direct Costs (Salaries/benefits/ other costs, net of Federal funds) times RMTS Direct Health Service % (Percentage of RMTS activities coded to direct services) times Indirect Cost Rate % (LEA-Specific California Department of Education ICR for the relevant fiscal year) times Medicaid Eligibility Rate % (Based on number of Medi-Cal eligible students and methodology to calculate is consistent with SMAA) equals Total Medicaid Allowable Cost (Compared to interim reimbursement in order to determine final settlement amount and subject to audit)

Note subject to CMS Approval; Transportation cost settlement will follow a separate methodology, which will not utilize RMTS results.

LEA Billing Option Program RMTS “Quiz”

Will LEAs continue to submit claims to Medi-Cal? Yes.

Will my LEA continue to receive interim reimbursement for submitted claims within the LEA Billing Option Program? Yes,

Will RMTS eliminate the need for the CRCS? No.

Will LEAs be required to continue reporting salaries, benefits and other costs on an annual cost report? Yes.

Does RMTS eliminate the need to document delivery of services? No.

Is my LEA required to participate in RMTS, once implemented? Yes.

Can I communicate my questions/concerns to DHCS?

http://www.dhcs.ca.gov/provgovpart/Pages/LEA_RMTS.aspx Yes.

Note that responses are subject to CMS SPA approval.