School District Administrative Claiming Guide Updates

Jim Robinson & Derica Smith Agency for Health Care Administration September 10, 2013



Objective

- High level overview of **draft** changes
 - Overview of major changes
 - Chapter by chapter review



- Removal of one of the agreements between the Agency and School District(s)
- Amended contract to reflect that all administrative activities will now be reimbursed at the federally established reimbursement rate of 50%
- Formal inclusion of School District Administrative Claiming (SDAC) activity code 13



- Amended section titled SDAC Interface with the Medicaid Certified School Match (MCSM) Program to clarify that the school district is responsible for maintaining documentation to identify that functions performed by school district staff does not overlap among programs
- Direct billing requirements for activity code 5



- Direct replacement staff and position numbers that have been reclassified to a Chapter 3 title can be included on the sample pool
- SDAC Sample Pool to indicate those staff with position numbers that are reclassified with a different FIRN title that is not a Chapter 3 should not be included in the sample pool
- Inclusion of Exceptional Student Education (ESE) Teachers in time studies to reflect the addition of Emotionally/<u>behaviorally disabled</u>, handicapped and <u>intellectually disabled</u>



- Sample Pool Personnel/Job Title Certification Functions
- Job Title Certification form FIRN Codes



- Random Moment Sample (RMS) processes accepted by the Agency include:
 - Electronic RMS (pending federal approval)
 - Paper RMS
- Time study documentation



• School district staff should be trained on <u>paper</u> or <u>electronic</u> sampling techniques



- Invalid or missing forms will be added to activity code 11 and will reduce reimbursable percentages
- Indirect cost
 - Medicaid will use the calculated indirect rate percentage that has been approved by the appropriate cognizant state and federal agencies



• School districts must present documention that the billing requirements are met through a community participating Medicaid provider



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Discussion

Question, Comments, Concerns

