#### TALKING POINTS NOVEMBER 2012 MEETING

## Thursday Fee For Service

- Fee For service requirement to keep activity 5.
  - Claims submitted should have an expectation of paying. Claims denied for omissions and lack of eligibility will not count for this requirement.
- District Specific Rates Remember the UNRESTRICTE D INDIRECT RATE.
- Transportation Calculation
- Who can bill based on how they're paid. CMS Reg. 2258 cost reporting/reconciling. Optional Billing Provider Costs, Chapter, Appendix 8. Match is the accumulated non-federal funds a district spends (Fund 100) for all school based services—in the aggregate (therapies, behavioral, nursing and transportation.

## **Friday SDAC**

Activity Code 13 Not Scheduled to Work, Attachment II, Chapter 1, Chapter 2 Appendix 2,

- This is for <u>non-paid</u> time. It's mostly used for contractors that do work at the moment. As you know, everyone sampled must be on the list by NAME.
- Non-Paid sick leave
- No Longer employed
- LWOP

## Certification Process Chapter 3, Appendix 3

• Notice the functions that will probably not be approved. Those that are in these functions and previously approve can stay.

#### Direct replacement Chapter 3

Sampled staff that that have left and still on the sample list.

- 1. DIRECT REPLACEMENT
  - Staff of the same title, FIRN code and job duties of those they replace. They will have the same position/budget number. Cross out the old name on the form and give it to the replacement.
- 2. RE-CLASSIFIED POSITION-SAMPLED
  - Staff re-classified with a different title but is still a Chapter 3 approved title. If it's the same position/budget number, then cross out the old name and give it to the replacement.

#### 3. RE-CLASSIFIED-NOT SAMPLED

• Staff re-classified with a different title that is not a Chapter 3 title is not permitted to complete the form. Mark the replaced person as a 13 and remove that person's name from the sample list as soon as possible.

#### 4. POSITION DELETED/ELIMINATED

• The position number is removed. Mark that form activity 13 and remove the name from the sample list.

## 5. POSITION CREATED

 Depending on the title, a newly created position must be made available to be sampled for the entire quarter. Must be on the sample list by name and position prior to the sample.

# Electronic RMS Chapter 4

 Running the two sampling methods together to see if any problems exist with the electronic RMS. Parallel samples to run until all major problems are rectified as determined by headquarters staff.

# Time Study Documentation-Proof of Activity Selection Chapter 4

The sample taker must be able to authenticate each reimbursable selection they make.

# Sampled Results Chapter 6

 Invalid and missing forms will be transferred to activity 11 and will not count toward the 75% requirement (Chapter 4). Invalid: no activity code; no sentence; no signature; no date; completed form a copy; completed by a non-certified staff.

# Unrestricted Indirect Rate, Chapter 6, INDIRECT COSTS,

- Effective July 1, 2011, DOE has approved the unrestricted indirect rate for MEDICAID grants (plant operation and maintenance)
- No direct cost claimed in these functions:

Functions 7500 (Fiscal), 7700 (Central Services), 7900 (Plant Operation), 8100 (Plant Maintenance)

## Optional Billing Provider Costs Chapter 6, Appendix 8

#### What does it mean or do?

Looking at the example, for the fiscal year, the district has earned \$456,663 federal with associated match of \$218,473. The district could receive that much in FFS claims because they have spent the required match. So a district could compare the amount of reimbursement from the FFS program to their actual costs. Also, can tell a district if they are billing more than the match allows.

Under billing might result in being paid the difference

- Over billing will most definitely make the school district refund the overage to the feds
- The feds cannot pay anything unless a claim is tied to it. (eligibility and edits in the system)
- Several grey areas.
- Easiest way to maximize your FFS revenue is to calculate the unit cost and bill more.

# COMMUNITY PROVIDER PROOF Chapter 7, certification forms.

• Normally, we don't ask for proof that the district gives claiming information to a community Medicaid provider to fulfill the FFS billing requirement. But if we do, the burden of proof is with the district. We would expect a copy of the current contract with provider number.

# Monitoring Activities, Chapter 8

• Electronic RMS will require the same monitoring as the paper RMS forms. All electronic systems must have sufficient means to track and identify all personnel that have access to the RMS form.