

NAME TAG

National Alliance for Medicaid in Education, Inc.
Take a Glance
Volume III Number 3

June 2007

NAME

National Alliance for Medicaid in Education, Inc.

Providing a network among stakeholders to share information on issues pertinent to Medicaid programs in public education.

Contents

Improving Children's Health: School Medicaid Funds Promote Vision and Dental Services

Issues Corner

- Up-Date on NPI
- Cost Limits
- State Plan Amendment
- LEAnet Conference

Editorial Corner

Presidents Corner

Committees Corner

- **Governmental Affairs:**
 - + Office of Special Education Programs Meeting Re-Scheduled
 - + Protecting Children's Health in Schools Act of 2007 (SB 578 & HR 1017)
 - + Regulation Trumps Public Law?
- **Education & Research:**
- **Communications:**
- **Nominations:**

President-Elect's Corner

2007 NAME Conference
Bridge to Understanding

IMPROVING CHILDREN'S HEALTH

School Medicaid Funds Promote Vision and Dental Services to Students in Los Angeles Schools (June 2007)

The Los Angeles Unified School District, the QueensCare Foundation and Franciscan Clinics, and the University of Southern California School of Dentistry have created a partnership that provides dental and vision services to students in the Los Angeles Unified School District (LAUSD). These services combine LAUSD school Medicaid dollars, foundation funding, and volunteer services of the community in order to provide strategic dental care to 4,700 students and dispense nearly 4,000 pairs of eye glasses to identified students via the screening of approximately 19,000 middle-school students every school year.

Mouth and tooth pain are among the top explanations for student absences in LA schools. About 50,000 children each year report to LAUSD's school nurses complaining of tooth pain. Nationwide, children miss an estimated 51 million school hours each year due to dental disease and lack of treatment access. In the 2005-2006 school year, the QueensCare Mobile Dental Program provided free dental care to 4,720 students in collaboration with the Los Angeles Unified School District (LAUSD) and the University of Southern California (USC) School of Dentistry. Complications from inadequate dental care include malnutrition, poor concentration in school, sleeplessness, and if untreated, an increased risk of heart disease.

The program targets students in the 2nd and 3rd grades, when the student's permanent molars first appear. Administering both restorative treatment and preventive dental sealants to these students, it is estimated that up to 78% of future tooth decay can be prevented. In 2005, the program also expanded services to include 4th and 5th graders at the targeted schools who similarly receive great lifetime benefit from these strategically administered oral health services.

The mobile offertory trailers rotate among 27 LAUSD elementary schools, all of which qualify for these services based upon their having more than 75 percent of students in the free-and-reduced-price meal program. The QueensCare Program has a total of 5 clinic trailers and has plans in future to increase the number of trailers, allowing two trailers to serve a school site while providing mobile services on three school sites simultaneously. Three complete offertories are housed in each 48-foot trailer, which operates during school hours, each trailer serving an average of 15 students per day.

In an informal study of three LAUSD middle schools, District officials discovered that nearly half of the 1,000 students screened needed glasses or had other identifiable vision problems. Since this initial study, it has been established that on average 20% of middle school students have unmet vision needs in Los Angeles. When an article describing these conditions appeared in the Los Angeles Times it caught the attention of the Chief Executive Officer at QueensCare Foundation, setting the wheels in motion for a new optometric service program aimed at middle school students.

2007 NAME Board Meeting Dates

July 12, 2007
Board Business

August 9, 2007
National Issues

September 13, 2007
Board Business

September 28, 2007
Annual Meeting
(*Minneapolis, MN*)

Watch the NAME web site
for the most current updates.
<http://www.medicaidforeducation.org/>

The middle schools are selected if at least 75% percent of their students receive free-and-reduced price meals and the school is located within a 10-mile radius of QueensCare's service area - the heart of the City of Los Angeles. All students in the 7th grade of the target schools are vision screened by retired school nurses. Those students identified as needing additional evaluation are given a written consent to be signed by the parent or guardian and are scheduled for examination by the QueensCare optometrist. The optometrist comes to the school with portable equipment for further eye examination and refraction if necessary. A free pair of glasses is dispensed to each student while in school via the LAUSD retired nurses.

If other vision problems are detected, the student is referred to an ophthalmologist or appropriate eye specialist for follow up care. All of this takes place with minimal disruption of the school's educational program. In school year 2005-2006, 24 middle schools received service where more than 19,000 7th graders were screened and nearly 4,000 students received corrective lenses.

Because of the School Medicaid Program, LAUSD District Nursing Services, the generous support from the QueensCare Foundation, and the commitment of the USC School of Dentistry, thousands of students in central Los Angeles have improved oral health and vision status.

For more information about these and other programs supported in part by the School Medicaid Program, contact John DiCecco, Director, Health Partnerships and Medi-Cal Programs, LAUSD at 213.241.3872.

Issues Corner

Cost Limits: CMS-2258-FC

Final Rule with Comment on Costs Limits for Providers Operated by Units of Government and Other Provisions.

The Centers for Medicare & Medicaid Services (CMS) placed on display at the Federal Register a final rule with comment period regarding cost limits for providers operated by units of government (CMS-2258-FC). Over the last few years, CMS has been closely examining reimbursement state plan amendments and their associated funding arrangements due to agency concerns about questionable methods of State Medicaid financing. The Government Accountability Office (GAO) and the Office of the Inspector General (OIG) have expressed similar concerns about Medicaid financing practices, and in 2003 the GAO placed Medicaid on its list of "high risk" programs.

CMS-2258-FC addresses a number of key Medicaid financing issues and strengthens accountability to ensure that statutory requirements within the Medicaid program are met. Particularly, the final rule (1) reiterates that only units of government are able to participate in the financing of the non-Federal share of Medicaid payments; (2) establishes minimum requirements for documenting cost when using a certified public expenditure; (3) limits providers operated by units of government to reimbursement that does not exceed the cost of providing covered services to eligible Medicaid recipients; (4) provides that providers receive and retain the total computable amount of their Medicaid payments; and (5) makes appropriate conforming changes to the State Children's Health Insurance Program (SCHIP) regulations.

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In response to the January 18, 2007 proposed rule (CMS-2258-P), CMS received 422 items of timely public correspondence, containing over 1,000 public comments. In light of the concerns about the unit of government definition, CMS revised §433.50 and plans to issue CMS-2258-FC as a final rule with comment, allowing the public 60 additional days to comment specifically on the revised regulatory definition of unit of government.

The final rule was published in the Federal Register on May 29, 2007 with a 60-day comment period. An electronic copy of the proposed rule can be accessed on the CMS website at:

http://www.cms.hhs.gov/MedicaidGenInfo/08_MedicaidRegulations.asp.

Up-Date on NPI

The National Provider Identifier (NPI) deadline IS really here. As a covered entity, school districts must have and use their NPI. So, what's up with contingency plans and a deadline of May 23, 2008? The Center's for Medicare and Medicaid Services (CMS) clarified what's going on in a recent NPI Tip Sheet. These tips include:

- LEAs must still apply for an NPI.
- LEAs must still report their NPI to the Medicaid Agency and other trading partners.
- Determine if your State Medicaid Agency:
 - Requires providers use only their NPI for claims and other transactions;
 - Is still using only the provider numbers you have previously been issued; or
 - Is using both NPIs and provider numbers on transactions.
- Make sure all of the systems used by your LEA are ready for NPI transactions including those provided or supported by your vendor/billing agent.
- Maintain documentation of your efforts to become NPI compliant including:
 - The date you applied for your NPI;
 - How and when you communicated your NPI to your trading partners (Medicaid Agency, billing agent, etc.); and
 - Any testing you may have done on your systems.

To view the complete document, go to:

<http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/ContingencyTipSheet.pdf>

If you have not applied for your NPI, you can do it online at:

<https://nppes.cms.hhs.gov>

or call the NPI enumerator to request a paper application at 1-800-465-3203.

Getting an NPI is free and very easy. Not getting an NPI means you will not be able to be paid for school-based Medicaid services.

2006- 2007 Committees

Standing Committees

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Jane Reagan, Chair

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Tricia Krotenberg, Chair

Communication Committee

Amy Edwards, Co-Chair
Larry Charny, Co-Chair

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Education and Research Committee

Cathy Griffin, Tri-Chair
Barbara Neely, Tri-Chair
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Governmental Affairs Committee

John Hill, Chair

Conference Committee

2007 Conference Co-Chairs

Cathy Griffin and Teresa Pastore

2007 Conference Subcommittees

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Education and Program

John Hill, Co-Chair
Jane Reagan, Co-Chair

Communication

Teresa Pastore, Chair

Charity Auction

Janet Lowe, Chair

Budget and Finance

Dann Stevens, Chair

State Plan Amendments

An Afternoon at the "SPA"...Earlier this year, NAME sent out a member survey to determine if there was interest in "topical conference calls." Of the thirty members who responded to the survey, 90% said they were interested in participating in conference calls to discuss issues related to current practices and operations. Sample topics for the calls were listed and State Plan Amendments (SPAs) got the most votes for a topic of significance.

Iowa's Department of Education offered 40 conference call lines and NAME's Education and Research Committee planned and organized the event which was held on Friday, April 27th. At the start, we did a roll call of states which showed there were NAME members from at least 18 states participating with 17 individuals representing State Medicaid Agencies, 4 from State Education Agencies, 9 from Local Education Agencies, and 5 who indicated they were from vendor organizations. During the course of the call, additional people joined in.

We started with a brief overview explaining what a SPA is, went to questions from the participants which were answered by our State Medicaid members, and then moved to a general discussion of recent SPA experiences. If you visit the NAME web site, you will find a one page document describing SPAs as well as notes from the call.

This was the first topical conference call hosted by NAME and we think it worked fairly well. We received several emails from those who did participate with the following comments:

- "Thank you for the conference call today....I would like to say that these topical conference calls are wonderful to participate in."
- "I want you to know how much I appreciated the opportunity to participate in the first national topical conference call. For many of us who participated in the conversation the topic of SPAs was very timely. As an active member of the organization I want to say thank you very much for organizing the event and I look forward to more in the future."

LEAnet Washington, DC Conference

Over 100 people from around the country attended the second annual LEAnet in Washington, DC on May 10. This year's conference format consisted of short informative presentations that focused on 11 hot issues related to Medicaid reimbursement to schools:

Free Care	Third Party Liability
Random Moment Time Studies	Parental Consent
Medical Necessity	National Error Rate Study
Cost Limits: CMS-2258	Deficit Reduction Act of 2005
OIG/CMS Audits	Effective LEA Advocacy
FERPA vs. HIPAA	

For presentation materials, please visit:

http://www.theleanet.com/new_page_11.htm

Editorial Corner

"Just which part of quantum mechanics and Medicaid claiming don't you get?" Some have given serious consideration to having that on a t-shirt to be given out at September's conference.

It was said that when Einstein first published his Theory of Relativity, at the most, only ten of the world's greatest scientific minds fully comprehended the concepts. Consider the ever shifting requirements from CMS and OSEP, etc., the conflicting or ambiguous directives given to comply with claiming, and the variety of regional interpretations and state licensure policies and local practices. I would be hard pressed to find 10 people in the world of Medicaid claiming that could say with absolute confidence that they fully comprehend the makings of a "safe" claim that reaches out to get the full range and scope of Medicaid funding for school based services as it was originally designed to provide.

The issues, the directives, the disclaimers attached to directives provide a dynamic force-field that the faint of heart are loathe to enter. In fact, many LEAs are beginning to retreat from claiming because it is so labor and time intensive, the return on investment becoming progressively smaller and the concern about legal exposure, real or imagined, having greater impact on decisions to participate in these efforts.

NAME was created five years ago in response to the need to find a clearing house that could provide a more comprehensive, national perspective on the multiple and frequently contradictory directions that impact on states and LEAs' ability to comfortably negotiate claiming. That need continues! In fact, now more than ever, that need has dramatically increased. We need current information, as well as information that has been held up to possible alternative interpretations of importance and application. And we need information that comes not from traditional outlets. NAME can, has and will go forward, in generating information that can only be developed by NAME constituents. Among the vital surveys to be conducted, or being discussed for development, growing out of membership expression of need and urgency, are:

- methods other states are using to address the IDEIA requirement for parental consent...samples and frequency of parental consent being incorporated in the IEP or as a separate document used... which states and what language is being used on their Medicaid application forms to address the IDEIA requirements;
- establish a listing of links to different forms/documents being developed by other states so that NAME members can reference the material;
- states still claiming for Transportation and what methodologies are being used to capture required information;
- licensure for counseling: a national concern or is it a state-by-state issue ;
- how many LEAs have requested discontinuation of participation in Medicaid claiming; and,
- how many LEAs claim \$5 million annually (gross or state share) and what type of false claims training has been introduced?

Whether or not you see the need to become involved in any political response to the present claiming environment is not a component of the NAME mission statement. Its reason for being is to both collect and develop information that is accurate and trustworthy – material that is relevant, timely and reflective of the expressed needs of its membership. It's success and longevity will be the result of it continued commitment to integrity, leadership, networking, etc., with it's focus always on maximizing the potential to support the best services for children.

There is no other organization that offers that absolutely essential service. Now, more than ever, it's NAME. Don't leave your office without it!

President's Corner

Dear Colleagues:

What has been happening in Delaware? A lot has been happening such as rate rebasing, implementing the National Provider Identifier and during the week of June 4, 2007 through June 8, 2007 the Centers for Medicare and Medicaid Services (CMS), Philadelphia, PA in Region III conducted an onsite financial management review of Delaware School-Based Health Services.

Every three years, the Delaware Department of Education, Children's Services Cost Recovery Project requests information from various facilities to go through a time study process. The time study assists us in determining the allowable program costs that can be billed to Medicaid. In addition, we use the previous year expenditures, contractual costs, direct assignable costs, etc. Once rates are developed they must be approved by the Delaware Department of Health and Social Services. They were approved March 12, 2007.

Delaware began submitting claims using the new NPI number effective March 26, 2007. The Delaware Children's Services Cost Recovery Project obtained permission from Delaware providers and practitioners to get the National Provider Identifier number on their behalf. Delaware submitted an Electronic File Interchange in the proper format to the National Plan and Provider Enumeration System (NPPES). We received immediate feedback from NPPES with the actual NPI numbers. There was no disruption in the claims processing and payments.

CMS purpose was to ensure School-Based Health Service payments were calculated in accordance with the approved State plan and Federal regulations.

CMS reviewers' specific objectives were to:

- 1.) Monitor Delaware's compliance with Federal statute, regulations, and policy in the area of School-Based Health Services;
- 2.) Verify that School-Based Health Services claims were documented and allowable;
- 3.) Determine whether the total computable Certified Public Expenses (CPEs) were related to actual cost; and,
- 4.) Ensure there was no use of "Bundled Rates" for the reimbursement for School-Based Health Services.

Of course, there may be some recommendations from CMS which will be addressed when an official letter is received.

So that is what's happening in my corner. Stay tuned!

Sincerely,



Brenda Mack-Bowman
2006-2007 NAME President

NAME Committees Corner

Governmental Affairs Committee

- **Office of Special Education Programs (OSEP) Meeting Re-Scheduled**

On July 17, 2007, representatives from NAME will be meeting in Washington, DC with Patty Guard, OSEP Director and other representatives from OSEP and the Office of Special Education & Rehabilitation Services (OSERS) to discuss School-Based Medicaid Services.

Meeting Agenda

1. National Alliance for Medicaid in Education (NAME)
2. Collaborating partners on Medicaid/school health issues
3. Issues with Parental Consent requirement for Medicaid billing*
4. School-Based Medicaid Billing - "Optional or IDEA Mandate?"...
...34 CRF 300.154(a)(1) and 34 CRF 300.154(f)
5. OSERS/OSEP Medicaid contact
6. Future collaboration with OSERS/OSEP
7. 2007 NAME Conference.

** NAME will not be asking for any additional guidance regarding the regulation, only discussing its potential significant impact.*

- **Protecting Children's Health in Schools Act of 2007 (SB 578 & HR 1017)**

In February this year, Senator Ted Kennedy, Mass. and Representative John Dingell, Mich., introduced the "Protecting Children's Health in Schools Act of 2007", to amend Title XIX of the Social Security Act to improve requirements under the Medicaid program for items and services furnished in or through an educational program or setting to children, including children with developmental, physical or mental health needs. To help assure the measure gets passed, there is a major effort to have the Senate Bill 578 incorporated in the State Children's Health Insurance Program (SCHIP) reauthorization bill.

- **Regulation Trumps Public Law?**

As indicated in the article on page 2 (Cost Limits: CMS-2258-FC), the May 29, 2007 published Federal Register included CMS-2258-FC. CMS has pursued establishing the rule even though numerous national and state organizations expressed strong opposition during the comment period. In fact, this opposition was so strong that an amendment was successfully added to the Supplemental Appropriations bill *Public Law 110-28* which was signed by President Bush on Friday, May 25 containing language imposing a one-year moratorium preventing CMS from implementing CMS-2258-FC.

Apparently, CMS claims it issued the regulation prior to the time the President signed the bill and therefore it is not prohibited from enforcing the new regulation. In a seeming attempt to avoid burning all of its bridges with Congress, CMS stated that, although it is not bound by the legislative moratorium, it will voluntarily refrain from implementation for the one-year period.

Unfortunately, indications are that CMS has no intention of modifying the dates set out in the regulation, including the effective date of July 30, 2007 and the requirement that the determination of governmental status be completed within 90 days from the effective date of the regulation (March 25).

Education and Research Committee

The ER Committee is working hard to develop the bi-annual national data survey. This survey is sent to a State Medicaid and a State Education contact in all fifty states. We are very excited to be near finishing the design and hope to be able to send it out and begin to collect and analyze the data before the annual conference. Please watch for this important document and do your best to make sure we get your state's data into the data base.

Communications Committee

In the very near future, you will receive an online survey asking for information about you. This information will be placed into a Membership Profile. One of the main purposes for the National Alliance for Medicaid in Education, Inc. (NAME) is to provide networking. Your membership profile will supply NAME with your particular areas of knowledge, expertise and interest. This information will be maintained on a members' only section of the NAME webpage and used by our members to appropriately link with each other. The Membership Profile will only be of benefit if everyone responds to the survey. So, "complete it, don't delete it" when it comes!

Nominations Committee

Work has begun to develop the election slate for the Board of Directors positions that are up for renewal. The elections will be conducted during the annual meeting on September 28, 2007. The following NAME Board of Directors positions are up for election:

• President-Elect	• Region II representative
• Treasurer	• Region VI representative
• Secretary	• LEA board representative
• Region I representative	

If you are interested in serving in any of these positions or would like to recommend someone to serve in one of these positions, please contact your current Regional or LEA Board representative or Chair of the Nominations Committee.

Cathy Griffin, Nominations Committee Chair

651-582-8263

Cathy.griffin@state.mn.us

President-Elect's Corner

I have enjoyed my tenure on the Board and have found that the relationships I have developed are both professionally and personally beneficial. I believe this affirms the original concept of the organization, and look forward to protecting and enhancing that concept during my upcoming term as your President.

Given the visibility that can come with that role, I thought it useful for you to know something about me.

I am a manager in the Medicaid Agency in California. (As most of you know, California has a penchant for doing things a little differently than most other States. We don't call it Medicaid, we call it Medi-Cal and our name for MAC is MAA) I am responsible for five programs, two of which are the School Based Administrative Claiming Program and the School Based Direct Services Billing Program. I have a staff of 30 people that keeps me quite busy. In addition to that, most of my programs (including the school based programs) have advisory boards made up of program end users.

My other programs include County Based Targeted Case Management, Tribal MAC, and County MAC. As you can see, there is quite a bit of commonality between them.

Total reimbursements for the four programs (we are still trying to get Tribal MAC off the ground) are approximately \$300 million.

I anticipate that the year ahead will be an exciting one for me and for NAME and invite you to join in that excitement by participation on one of our various committees or by assisting in our national conference in Minneapolis in September.

Liz Touhey
President-Elect

The Fifth Annual NAME Conference

Bridge to Understanding

September 25th-28th,
Minneapolis Hyatt Regency Hotel

Key note presenter: Dr. Vernon K Smith
Principal, Health Management Associates



The conference committee is excited to announce the selection of the key note speaker, **Dr. Vernon K Smith**. Dr. Smith is a Principal with Health Management Associates and his expertise is in state and federal health policy, with an emphasis on Medicaid and Medicare reforms. He has extensive experience analyzing and developing health reform proposals, administering programs and representing state agencies with federal and national organizations. At Health Management Associates, Dr. Smith assists state agencies in managed care, long term care and understanding the impact of economic trends and welfare reform on Medicaid enrollment. Dr. Smith has authored reports on Medicaid and SCHIP enrollment trends, the impact of welfare reform on Medicaid, the use of Medicaid as a source of financing in state health programs, and exemplary practices in Medicaid primary care case management programs. He has spoken on these issues before many national and state audiences, including testimony before the U.S. Senate Finance Committee and the House Ways and Means Committee.

In addition to Dr. Smith, the committee continues to invite and confirm other general session speakers. **Bruce Hunter**, Associate Executive Director of Public Policy from the American Association of School Administrators and **Nancy Reder**, Deputy Executive Director/Governmental Relations of the National Association of Directors of Special Education have accepted an invitation to present at the conference and will provide an update of activities taking place in Washington. The **Centers for Medicare and Medicaid Services (CMS)** have agreed to attend and be part of both general and breakout sessions. **Office of Special Education (OSEP)** has accepted an invitation to attend this year's conference. Lastly, we have selected an excellent array of breakout sessions... choosing which to attend will be hard!

LIFE LONG MENTORING SERVICES, INC. was selected as the beneficiary of the charity auction at the 2007 Annual Name Conference. The focus of this organization is "Bridging the Gap for At-Risk Youth, between Communities, Families and Institutions." This organization provides mentoring and life skills services for "at risk" students. Many of these students receive EBD (Emotional Behavioral Disorder) special education services and may be involved in the juvenile justice system. To find out more about Life Long Mentoring:

<http://www.lifelongmentoring.com/index.html>

Last year NAME members generously bid on the silent auction items and raised over \$1,000 for Rupert's Kids. Let's see if we can beat this mark this year. Instead of a "state" theme for auction items this year, we want donations reflect the "Twin Cities." Use your imagination to donate items that come in pairs, are identical, exact opposites, doubles, look-alikes, mirror images.... Drop your items off when you check-in at the registration table. The Charity Auction Luncheon is scheduled for Wednesday, Sept. 26th at noon and the winners will be announced late Friday morning. If you have any questions about the auction, contact Janet Lowe at 651-767-8189 or janet.lowe@spps.org.

Conference registrations are currently being accepted and we are happy to report that "Online" registration is available this year. Registration information can be accessed on the NAME web-site under the "Conferences" tab or by using the following link:

<http://www.medicaidforeducation.org/pdf/RegForm-Finalwoonline.pdf>