A Note from the Editorial Staff

There are many critical issues and challenges facing the future viability of Medicaid funding in special needs educational programs. At this moment, looming most ominously and casting a long shadow, is a current proposed rule which would eliminate Administrative Claiming and “School to Home” Transportation, rule 2287-P. It requires immediate attention and response. Schools are the place to reach large numbers students and their families; these cuts would ignore the growing numbers of uninsured children in the U.S. and the increased need for school-based outreach and Medicaid enrollment assistance. This rule would also eliminate transportation to and from school, in specially adapted school busses, on days that a student receives a Medicaid billable service.

This special edition of NAME Tag is in response to the urgency of the present situation. NAME encourages you to comment on this proposed rule. The deadline for public comment is November 6, 2007, 5 PM EST.

To see the entire rule and how to submit comments, go to

At Issue

NATIONAL ALLIANCE FOR MEDICAID IN EDUCATION:

Comments Opposing Rule 2287-P, submitted November 2, 2007

The National Alliance for Medicaid in Education, Inc., (NAME) strongly objects to the administrative cuts proposed in recently published Rule 2287-P. NAME finds the proposed rule particularly disturbing when states have made substantial gains in correcting “questionable” claiming practices identified nearly a decade ago. The proposed CMS funding cuts ignore the growing numbers of uninsured children in the U.S. and the increased need for school-based outreach and Medicaid enrollment assistance. Schools are the obvious place to reach large numbers of preschool through 12th Grade students and their families. Accordingly, NAME urges CMS to continue funding efficient and effective Medicaid administrative services provided by our nation’s schools.
CMS has been called to task for inadequate oversight and inconsistent guidance which have contributed to improper claiming for school-based services. Unfortunately, the agency responded with this proposed rule to eliminate vital services rather than work with stakeholders to address the problems identified by federal reviewers. Twice Congress urged CMS to improve its guidance on school-based claiming,\(^1\) based on findings of the Government Accountability Office (GAO) [see *Medicaid in Schools: Poor Oversight and Improper Payment Compromise Potential Benefit*]. However, Congress and the GAO have recommended that CMS improve its guidance and oversight of school-based claiming, not eliminate funding for services that improve access to health care for underserved impoverished and disabled children.

Absent leadership and technical assistance from CMS, state education and Medicaid agency personnel from across the country founded NAME five years ago to provide leadership, share best practices and promote integrity in Medicaid claiming for school-based services. To help address school-based claiming issues on a national level, NAME has made repeated attempts to engage CMS in public discourse with Medicaid and education staff directly involved in school-based claiming throughout the country. Although a central office staff member participated in one of NAME’s five annual conferences, last minute no shows and very limited phone participation at NAME conferences seem to indicate the agency’s indifference. NAME is aware that the federal education agency also offered CMS timely and relevant input on guidance published in 2003; however, there is no evidence that the U.S. Department of Education’s comments were incorporated into the latest CMS school-based administrative claiming guide.

In addition to proposing cuts of transportation services that help children access Medicaid services at school, Rule 2287-P proposes to eliminate funding for school-based Medicaid administrative activities based on DHHS Secretary Leavitt’s determination that “such activities are only necessary for the proper and efficient administration of the [Medicaid] State plan when conducted by employees of the State or local Medicaid agency.” NAME believes that school personnel, rather than state or local bureaucrats, are best suited to reach out to potential Medicaid eligible among the fifty-three million students they see daily in their local communities. The Administration’s philosophy that only Medicaid agency employees can perform these activities efficiently and effectively is unfounded, and if put into practice, would prove cost prohibitive and garner poor results.

Despite inadequate oversight and inconsistent guidance from CMS, schools involved in Medicaid claiming have fixed previously identified problems and come into compliance with current CMS policy, a fact acknowledged by CMS staff members.\(^2\) Schools and local governments have been working to resolve school-based claiming problems identified by the federal government. NAME urges CMS to do what Congress and the GAO have recommended: improve rather than eliminate the policy and procedures for school-based Medicaid claiming.

\(^{1}\) H.Rept. 106-577 for the Concurrent Resolution on the Budget for Fiscal Year 2001, and H. Rept 106-1033
Respectfully submitted,

Elizabeth Touhey, President
National Alliance for Medicaid in Education, Inc.

To see comments on this rule and other proposed CMS rulemaking, go to http://www.medicaidforeducation.org

Further on the Subject of Commenting

We encourage you to listen to the Oversight and Government Reform Committee hearing on The Administration’s Regulatory Actions on Medicaid: The Effects on Patients, Doctors, Hospitals, and States. This hearing discusses 6 proposed rules by CMS which include the proposed Elimination of Administrative Claiming and School Transportation Services (http://oversight.house.gov/story.asp?ID=1578).

WAXMAN HEARINGS

Oversight and Gov. Reform Committee hearing - Thursday, Nov. 1, 10 a.m. EDT. The hearing witness list, their printed testimony, and a copy of the video of the hearing can be found at http://oversight.house.gov/story.asp?ID=1578 The title of the hearing is "Hearing on The Administration's Regulatory Actions on Medicaid: The Effects on Patients, Doctors, Hospitals and States"

Structure of hearing - two panels, focus on multiple Medicaid issues and regulations - context will be health-related and witnesses will be from the health care point of view as the committee has oversight over CMS.

1st Panel

David Parrella, Director, Medical Care Administration, Department of Social Services, State of Connecticut, Hartford, CT; and Chair, Executive Committee, National Association of State Medicaid Directors

Barbara Miller, Medicaid beneficiary

Twila Costigan, Program Manager, Adoption and Family Support Program, Intermountain, Helena, MT

Denise Herrmann, School Nurse for Saint Paul Public Schools, Saint Paul, MN; Representing the National Association of School Nurses

Alan Aviles, President, New York City Health and Hospitals Corporation, New York, NY

Sheldon Retchin, Vice-president for Health Sciences and CEO of the Health Sciences
System, Virginia Commonwealth University, Richmond, VA

Angela Gardner, Attending Emergency Physician, University of Texas Medical Branch, Galveston, Texas; and Vice President, American College of Emergency Physicians

Marjorie Kanof, Managing Director, Health Care, Government Accountability Office

2nd Panel - Dennis Smith

Chairman Henry Waxman, Representative Danny Davis, Representative Dennis Kuchinich, and Representative Diane Watson were the most aggressive in their questioning of Mr. Smith.

NAME Tag will then return to its standard format with the December issue.

Never wanting for issues and questions, always engaged in researching and interpreting information that you need and can use....

-- National Alliance for Medicaid in Education