

# School Based Claiming Program Cost Report Training

2/20/2024



#### Medicaid Cost Recovery Process

#### Agenda

- **❖** What is School-Based Claiming?
- ❖ What the School-based Medicaid Programs?
- ❖ What is a Cost Report?
- What is a Cost Allocation Methodology?
- What are the Claiming Mechanism?
- Cost Report Layout
- **LEA Roles/Responsibilities**



### What is School Based Claiming?

The School-Based Medicaid Program (SBMP) offers local education agencies (LEAs) an opportunity to receive federal dollars to offset costs associated with providing certain Medicaid covered services in a school setting.

- Medicaid is an insurance program jointly financed by state and federal public funds.
- Medicaid reimburses school districts the federal share while the LEAs put up the state share.



# School-based Medicaid Programs (SBMP)

- Therapy Services
- Nursing Services
- **❖** Behavioral Health Services
- Personal Care Services (PCS)
- Special Transportation

MAC (outgrowth of the other direct services program)



#### What is a Cost Report?

- It is a tool used to report the cost of providing direct medical services.
  - It calculates the cost to be allocated to Medicaid.
  - It helps determine reimbursement.



#### What is a Cost Allocation Methodology

- It is the amount of time spent providing:
  - Medical services to students
  - Educational services to students
  - Administrative tasks
  - Outreach & Coordination

Time study percentages are calculated based on the results of the four quarterly statewide random moment time samples (RMTS) performed during the cost report year.



#### **Allowable Costs**

#### Employee Costs

- Staff members must have participated in the RMTS and the cost are reflective of the time study period.
- Staff members must have completed some interim billing during the year.
- Annual salaries and employer-paid benefits of staff members for the cost reporting year.



#### Allowable Costs (cont)

#### **❖** Vendor Costs:

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- Vendor must meet the qualifications for a provider in the School—based Medicaid Program (SBMP).
- Vendors are reimbursed based on a rate per service.
  - This rate includes all vendor's direct and indirect costs.
  - The service rate should cover the time spent providing the direct service, administrative time and any other time related to tasks related to that service.



#### **Excluded Cost**

- Anything cost related to time outside of the time study
  - extended school day
  - extended school year
  - federal dollars



#### Claiming Mechanisms

- Interim Billing (Fee-for-service)
  - Fee for the particular services are set by the fee schedule and then those funds are sent to the school (See interim billing example on the next slide).

- Cost Reporting
  - The cost report determines the total amount your LEA is eligible for based on your costs.



#### Interim Billing Example

- LEA delivers Medicaid eligible services
- LEA/billing agent submits claims to Gainwell
  - (example: \$5,000 each month)
- LDH withholds the LA state match share
  - (30%) = \$1,500.00
- LEA will probably receive a payment of \$3,500 each month

Bottom Line: The net gain in new funds to the LEA is \$3,150 X 10 months = \$31,500



#### Cost Settlement Process Example

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❖LEA Files Cost Report = $145,500
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- **LDH** calculates federal share of cost report = \$101,850 (70% of \$145,500)
- **❖**LDH calculates 15% fee = 15% X \$101,850 = \$15,277.50 \$101,850 - \$15,277.50 = \$86,572.50
- ❖LDH deducts LEA payments received = \$86,572.50 \$31,500 (Interim Billings) =
- **Settlement = \$55,072.50**



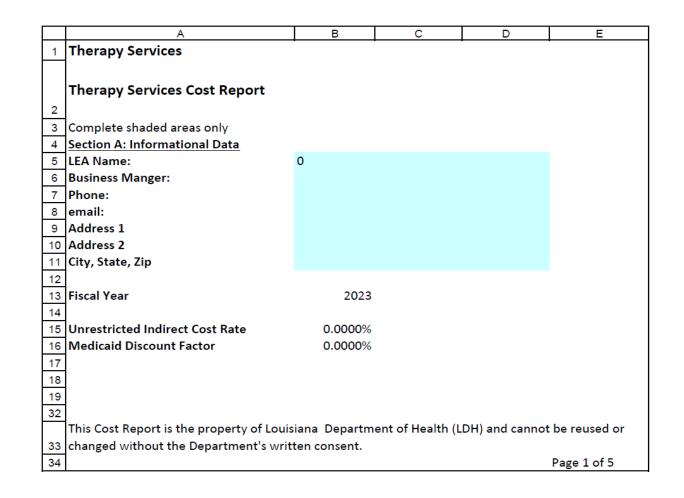
#### Cost Report Layout

- **❖LEA Contact Info**
- **❖**Time Study Results
- Time Study Participants
- **❖** Total Cost Calculations
- Certification of Cost
- Certified Public Expenditures



# The Cost Report – <u>LEA Contact Info</u>

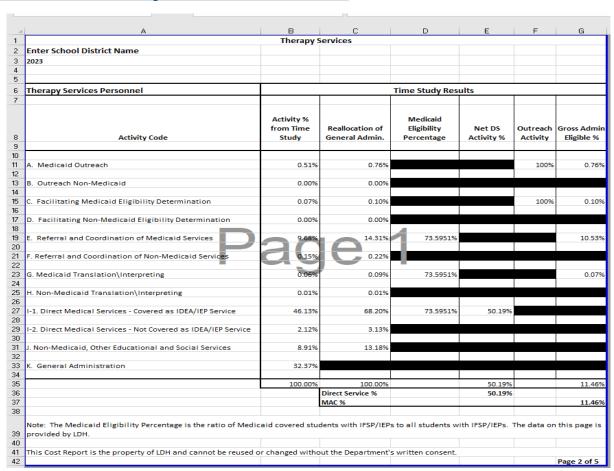
- Fields to be completed by LEA:
  - LEA Name
  - Business Manager
  - Phone
  - Email
  - LEA's address





### The Cost Report - Time Study Results

- Percentages on this page show the results of the state-wide random moment time study.
- ❖No input required by LEA





### The Cost Report – Time Study Participants

- Fields to be completed by LEA:
  - Employee Information
  - Funding and Percentages
  - Annual Salary and Benefits

Behavioral He	alth Services																					
	Parish Name:		0										SALAR	Y AND BENEF	ITS							
	Parish Contact:		0								Employer Retirement Contribution	Group Health Insurance- Employer	Dental	Medicare Tax - Employer	Employer – FICA	Annual Salary Payments	Vendor Payments		State/ Local Salary, Benefits & Vendor Pmts.	s		
	Contact email:		0							Employees	-	-	-	_	_	_		-	_	1		
	Phone:		0							Vendors							_	_	_			
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steps 1 and 2																				-		-
MPLOYE	EINFORMATION			FU	INDING	AND P	ERCEI	NTAGES				SALARY AND	BENEFITS									
Emp ●	Name	Job Title	(V)endor/ (E)mployee	State		Fed	Other		Total =	Retirement Contributio	Group Health Insurance- Employer		Medicare Tax - Employer	Employer - FICA	Annual Salary Payments	Total Salary & Benefits	States Local Salary &	Salary & Benefits IDEA	Federal	Other	Total	Check
12345	Smith, John	SLP	E	70%	26%	4%	,		100%	15,000	12,000	100	750		60,000	87,850	61,495	22,841	3,514	4 -	87,850	
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### The Cost Report – Time Study Participants (cont.)

#### **Employee Information**

- LEA Staff Prepopulated from RMTS
  - Employee number
  - Name
  - Job title fields
- Fields to be completed by LEA:
  - Vendor/Employee

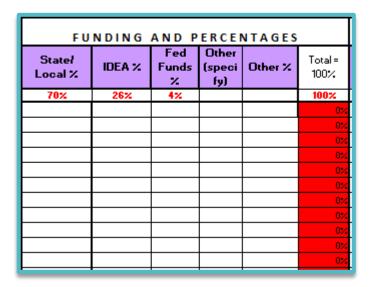




#### The Cost Report – Time Study Participants (cont.)

#### **❖** Funding and Percentages

- Fields to be completed by LEA:
  - State/Local %
  - IDEA %
  - Fed Funds %
  - Other (specify)
  - Other %





# The Cost Report – Salary and Benefits

#### **❖** Fields to be completed by LEA:

- Employer Retirement Contribution
- Group Health Insurance- Employer
- Dental
- Medicare Tax Employer
- Employer FICA
- Annual Salary Payments

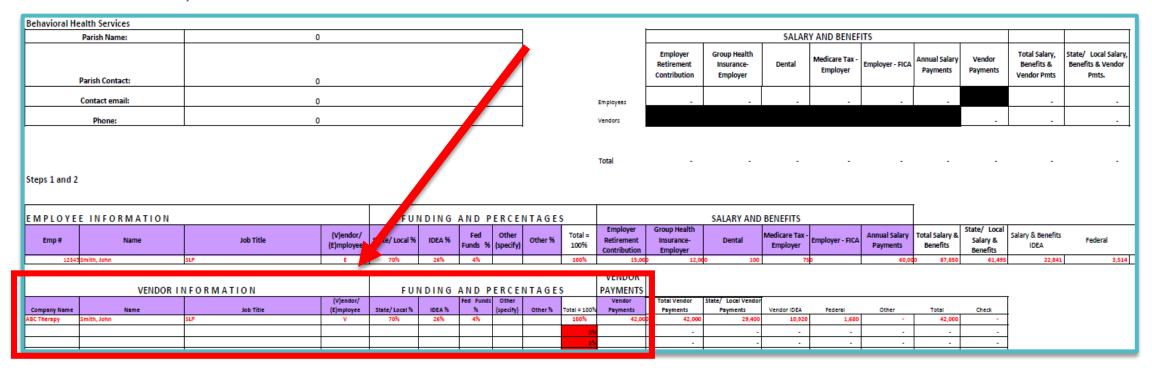
SALARY AND BENEFITS												
Employer Retirement Contribution	Group Health Insurance- Employer	Dental	Medicare Tax - Employer	Employer – FICA	Annual Salary Payments							
15,000	12,000	100	750		60,000							



# The Cost Report – Salary and Benefits (cont.)

#### Vendor Information

- Funding and Percentages
- Vendor Payments





# The Cost Report – Salary and Benefits (cont.)

#### **❖** <u>Vendor Information</u>

- Fields to be completed by LEA:
  - Company Name
  - Names
  - Job Title
  - Vendor/Employee

Company Name	VENDOR INFORI	Job Title	(V)endor/ (E)mployee		
ABC Therapy	Smith, John	SLP	٧		
-					
			i		



# The Cost Report – Salary and Benefits (cont.)

#### **❖ Vendor Funding and Percentages**

- Fields to be completed by LEA:
  - State/Local %
  - IDEA %
  - Fed Funds %
  - Other (specify)
  - Other %
- Vendor Payments
  - Fields to be completed by LEA:
    - Vendor Payments allowed by Medicaid

FU	VENDOR PAYMENTS					
State/Local%	IDEA %	Fed Funds %	Other (specify)	Other %	Total = 100%	Vendor Payments
70%	26%	496			100%	42,000
					O96	
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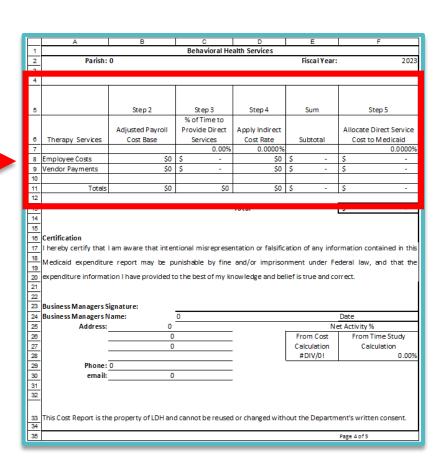


#### The Cost Report - Total Cost Calculations

**❖** Calculations will prepopulate

Employee Costs

Vendor Payments



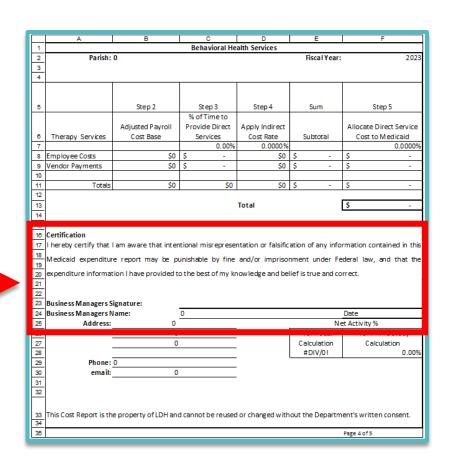


### The Cost Report – LEA Certification of Accuracy

**❖** Fields to be completed by LEA:

Business Manager's Signature

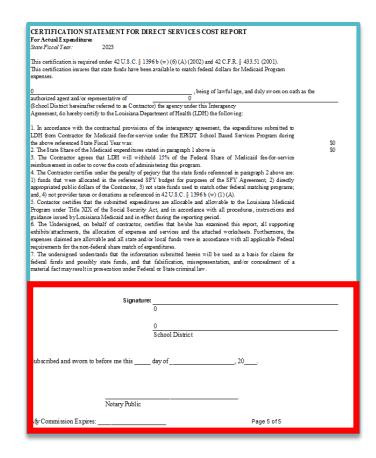
Date





### The Cost Report - Certified Public Expenditure

- Certification Must be notarized
  - Fields to be completed by LEA:
    - Business Manager's Signature
    - Need notary stamp and/or notary number visible





#### LEA Roles/Responsibilities

#### **Business & Personnel Office**

- Certify the use of non-federal funds for services (certified match)
- Maintain employee file for each program
- Maintain Licensing/Certification of all personnel
- Maintain annual cost reports for each program



### LEA Roles/Responsibilities (cont)

#### **Program Staff**

- Participation in quarterly time study
- Maintain documentation of service provision by providers (Paper or Electronic)
- Secure and maintain written authorization for Medicaid eligible services. (Transportation still requires an IEP)
- Secure parental consent to bill



#### Good House Keeping Items and Changes

- ❖ November 30 of every is the deadline for the submission of SBMP cost reports.
- In order for a cost report submission to be considered complete, **BOTH** an electronic version **AND** a hard copy must be submitted.
- ❖NOTE: We have retired the MACuser email account. Therefore, electronic submissions (Excel and PDF versions) should be emailed to the new SBMP email account:

LDH-SBMP@la.gov



# Good House Keeping Items and Changes (cont)

Instead of mailing hard copies of your cost report to LDH, submissions will now be mailed to *EisnerAmper (EAG Gulf Coast, LLC)* formally know as Postlethwaite & Netterville at the address below:

Attn: Angelle Johnson
EAG Gulf Coast, LLC
c/o Medicaid Administrative Claiming
8550 United Plaza Blvd Suite 1001
Baton Rouge, LA 70809



# Good House Keeping Items and Changes (cont)

- ❖ Note: Extensions may be request but must be submitted in writing PRIOR to the deadline and must demonstrate a VALID hardship.
  - A valid hardship is an unavoidable event. "We were too busy," is not a valid hardship.
- Note: The sooner you turn in your cost reports, the sooner your cost reports can be desk reviewed and your cost settlement can be generated.



# Good House Keeping Items and Changes (cont)

In closing, please do not neglect to update your SBMP contacts.

 As soon as you become aware of a change, please send that information to us via the new SBMP email account: <u>LDH-SBMP@la.gov</u>



#### **SBMP Contact Information**

Should you have any questions regarding these this process, please feel free to contact me or Afolasade Shobamowo via email at:

#### Anissa.Young-Ned@la.gov

Anissa Young-Ned, Medicaid Program Supervisor

#### Afolasade.Shobamowo@la.gov

Afolasade Shobamowo, Medicaid Program Monitor

### THANK YOU

