



***Department of Medical Assistance
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Medicaid and Schools Reimbursement

Keith Collins
Provider Reimbursement Division
Virginia Department of Medical Assistance Services



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Reimbursement Highlights

- Latest Totals and Trends
- Funding sources
- Cost Settlement
- Services under state contract
- Administrative Claiming



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FY 2020 Medical Reimbursement

- Total Allowable Costs = \$ 80,842,872

- Federal Share = \$ 47,124,606

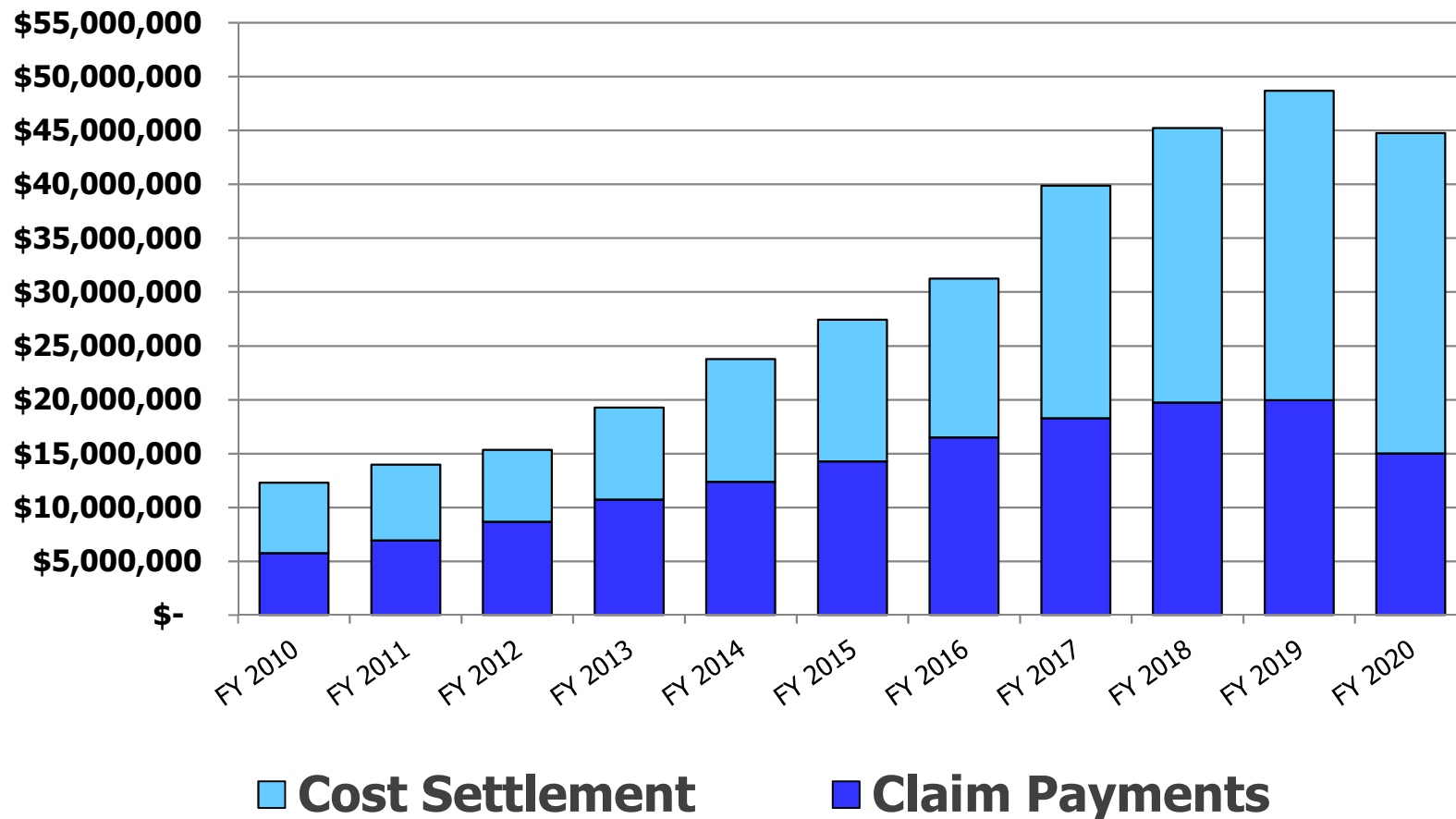
- Reimbursed to Schools = \$ 44,768,376
 - Interim Claim Payments = \$ 15,008,601
 - Cost Settlement Payments = \$ 29,759,775



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Medicaid Medical Reimbursement





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FY 2021 Admin Reimbursement

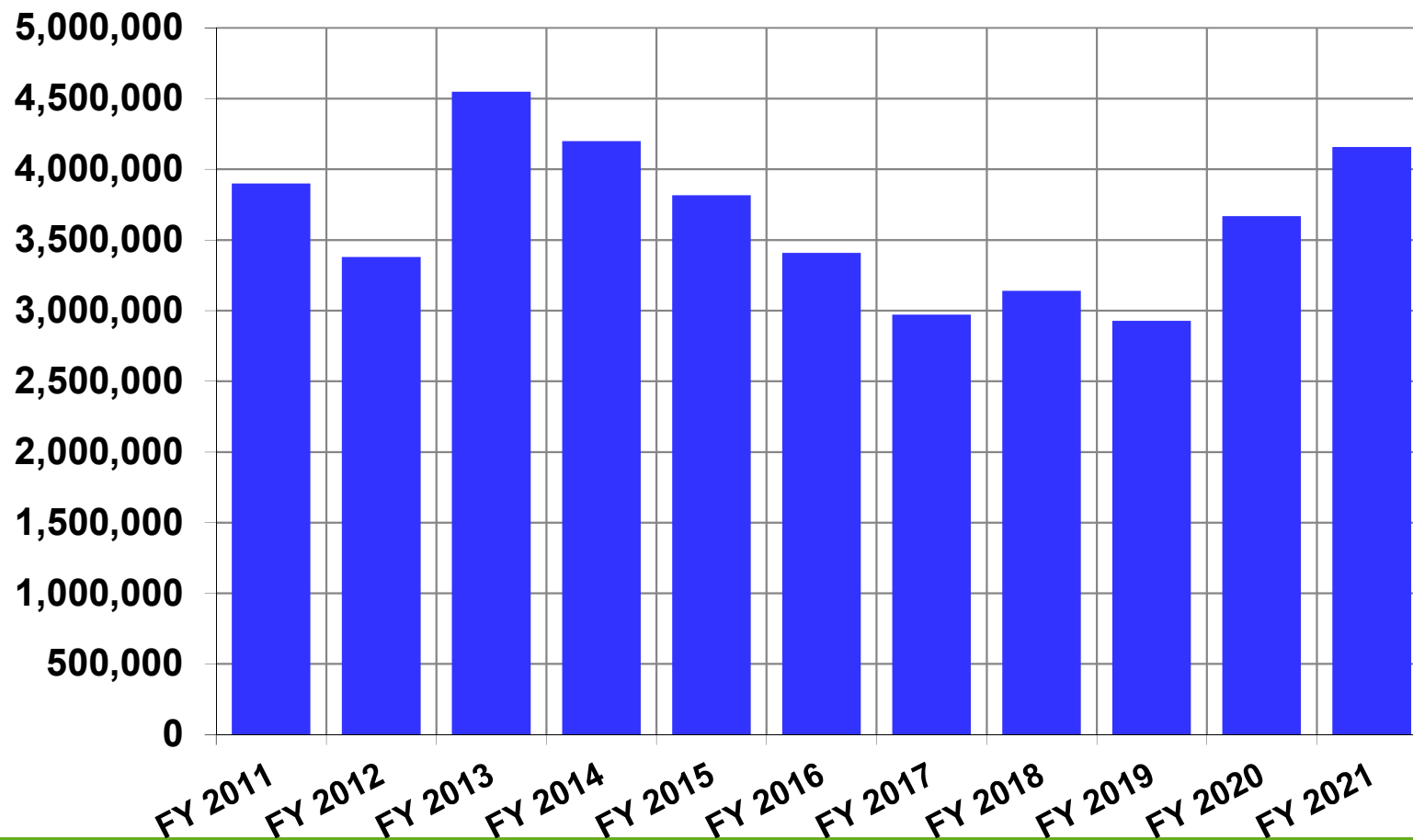
- Total Allowable Costs = \$ 16,631,616
- Federal Share = \$ 8,315,808
- Reimbursed to Schools = \$ 4,157,904



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Medicaid Admin Claiming Reimbursement





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Federal Funding Sources

- Medicaid grant - 50% federal match rate
- Children's Health Insurance grant (CHIP) - 65% federal match rate



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Federal Match Increase – COVID 19

- The Families First Coronavirus Response Act (FFCRA) provides a temporary increase to federal matching rates for medical services.
- The rate increase will remain in effect through the end the last calendar quarter of the declared public health emergency.
- The rate increase will end December 31, 2021 unless the federal public health emergency is extended into 2022.



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Federal Match Increase – COVID 19

- Medicaid – 6.2% temporary FFP increase (bumps federal match rate to 56.2%)
- CHIP – 4.34% temporary FFP increase (bumps federal match rate to 69.34%)
- No federal match increase for Admin costs



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Federal Match Increase – COVID 19

- The increased federal match rates will be factored into the annual cost settlement process to ensure all school districts are properly reimbursed based on the FFP rates in effect during the year being settled.



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State Budget Requirement

- The state keeps 5 percent of the federal share for direct medical services.
- For administrative claiming, the state keeps 50 percent of the federal share.
- DMAS uses the funds in part to cover costs in expanding assistance to school divisions.



Cost Settlement

- Cost settlement is a reimbursement methodology based on calculation of the cost of Medicaid covered services furnished to Medicaid-enrolled students.
- Federal requirements mandate interim billing of Medicaid services as they are delivered. This requirement must be met in order to receive final reimbursement through cost settlement.



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Interim Billing Requirement

- Schools must submit claims to VAMMIS for every individual Medicaid-qualified service that is delivered to a Medicaid-enrolled student.
- The Billing Compliance Review (BCR) is used to monitor the interim billing requirement and is part of the cost reporting process. School divisions are required to calculate a percentage of Medicaid reimbursable services billed and paid.



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Improving Claims Submission

- Higher BCR Percentage = Higher Reimbursement
- Monitor claims submission and payment regularly during the year to maximize reimbursement.
- UMASS provides an online "Claim Review" feature to assist school divisions in monitoring interim billing activity during the year.



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Cost Settlement Payment

- DMAS' goal is to make all cost settlement payments prior to the end of the state fiscal year (FY21 cost settlements to be paid prior to June 30, 2022).
- To meet this deadline UMass must submit cost settlement reports to DMAS by May 15 to allow sufficient time for processing prior the year end cutoff in mid-June.
- Given this schedule, school divisions must submit their cost reports and Billing Compliance Reviews (BCR) to UMass by November 30.



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State Contracted Services

DMAS contracts with UMASS Medical School to provide all services related to school based Medicaid reimbursement including the following:

- Administer Random Moment Time Study (RMTS) used in admin claiming and medical cost reports.
- Assist school divisions in submitting their quarterly administrative claims through the web-based UMASS system. Review and approve the claims for certification and submit to DMAS for processing of payments.



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State Contracted Services

- Assist school divisions with Medicaid eligibility matching.
- Assist school divisions in preparing annual medical service cost reports.
- Review, reconcile, and settle annual medical service cost reports.
- Provide online Claim Review function to assist school divisions in monitoring interim billing activity.



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State Contracted Services

- Assist school divisions in conducting Billing Compliance Review (BCR) and conduct reviews of the results.
- Assist school division staff who may be new and unfamiliar with Medicaid and unfamiliar with financial reporting.



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Eligibility Matching

- Use technology to assist school divisions with eligibility matching.
- School Divisions can utilize the start date information to help track renewal dates and keep families enrolled in Medicaid/FAMIS.
- Privacy agreement between UMass and participating school divisions to protect the privacy of student information.
- DMAS does not have access to school division student information.



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Two-year Window for Admin Claiming

- Administrative claims must be submitted, processed, paid, and certified to CMS within two years.
- School divisions should submit only the most recent 7 quarters of claims in a given quarterly cycle to ensure payment for all quarters within the two-year window.
- Any quarters older than the most recent 7 quarters cannot be processed and certified in time to meet the two year deadline.



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Changes in School Contact Information

- Please notify changes in school contact information related to admin claiming (e.g. new Superintendent or Medicaid Coordinator) by e-mail to: keith.collins@dmas.virginia.gov
- DMAS updates the admin claiming contact information database only upon notification by the school division.
- Changes in contact information related to **medical claiming** should be processed through the Medicaid Portal.



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Resources

- DMAS website page dedicated to Medicaid school-based services:
<https://www.dmas.virginia.gov/#/medandadminreimbursement>



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Contact Information

➤ DMAS

Keith Collins
804-692-0816

or

Chandra Shrestha
804-371-2446

keith.collins@dmas.virginia.gov

chandra.shrestha@dmas.virginia.gov

Rebecca Anderson, 804-625-3662

rebecca.anderson@dmas.virginia.gov

➤ UMASS

Emily Hall
508-421-5855

or

Zach Mitchell
508-856-7640

Emily.Hall@umassmed.edu

Zechariah.Mitchell@umassmed.edu



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Reimbursement Contact Information

➤ DOE

Amy Edwards, 804-692-0150,
amy.edwards@doe.virginia.gov