



MEDICAID AND SCHOOLS COORDINATORS' MEETING

DMAS Updates
January 25, 2022

PRSS

- Provider Services Solution
 - Will replace VAMMIS or “the portal”
 - Provider enrollment, maintenance
 - Submitting claims
 - Member eligibility
- Part of the larger Medicaid Enterprise System (MES)

PRSS

■ Timeline

■ Training

- Emails to go out this week to providers
- Also, check the DMAS website (<https://www.dmas.virginia.gov/for-providers/medicaid-enterprise-system/>)
- Training starts February 15 with live on-line, on-live “at your own pace” modules, downloadable guides

PRSS

- Timeline

- Other key dates

- Existing providers may not update information between Feb. 18 and April 4.
 - No new provider enrollments between Feb. 18 and April 4.
 - No claims will be *processed* between March 25 and April 4. (Claims *can* be submitted, but won't be processed within the system until April 4.)

PRSS

- Three critical processes for provider maintenance in PRSS
 - Provider registration with PRSS
 - Requires a SSN
 - Not technically required, but highly recommended
 - Provider enrollment with PRSS
 - Provider revalidation with PRSS
 - Providers that are registered to use PRSS will receive email notifications with instructions on the process at 90-, 60- and 30 days prior to the revalidation deadline

PRSS

- Check “For Coordinators” section of the School-Based Services page of the DMAS website at <https://www.dmas.virginia.gov/for-providers/school-based-services/>

Questions about PRSS?

PERM audits

- Payment Error Rate Management (PERM)
- CMS audits of paid claims
- CMS reviews a sample of service records, claims, provider enrollments to ensure all rules are met
- Errors found with ordering referring and prescribing provider requirements

PERM audits

- Recap
 - NPI of an enrolled, individual, licensed provider must be included on all claims for services that require a referral. (All school-based services except for personal care, medical evaluation and transportation services.)
 - The ORP enrolled provider must have been enrolled as of the date of service, AND as of the date of submitting the claim.
 - Providers must update their accounts when significant information changes (name change, licensure change)

Questions about audits?

“Free Care” or Expanding Options for Reimbursement

- Planned changes*: **Students**
 - Currently, reimbursement for costs of providing these services is only available if they are included in an IEP:
 - Physical therapy (PT)
 - Occupational therapy (OT)
 - Speech-language therapy (SLP)
 - Audiological services
 - Nursing
 - Behavioral/Mental Health services
 - Personal care
 - Medical evaluation
 - Specialized transportation

*These changes depend on CMS approval of our state plan amendment

“Free Care” or Expanding Options for Reimbursement

- Expanding options: **Students**

If CMS approves DMAS’ state plan amendment as proposed, schools will be allowed to cost report these services when provided to all students.

“Free Care” or Expanding Options for Reimbursement

- Planned changes*: **Services**
 - Adding:
 - Behavior therapy (aka applied behavior analysis, adaptive behavior therapy)
 - Assessments
 - Interventions
 - Behavioral health crisis intervention
 - Nursing services provided based on district or state-wide orders or protocols for school health services
 - Some school nursing services will not require a student-specific physician order

Note, Specialized transportation may not be claimed for students outside of the IEP.

*These changes depend on CMS approval of our state plan amendment

“Free Care” or Expanding Options for Reimbursement

- Planned changes*: **Providers**
 - The following will also be able to enroll as ORP providers
 - Licensed behavior analysts (BCBAs)
 - School psychologists licensed by DOE
 - School counselors licensed by DOE
 - School social workers licensed by DOE

*These changes depend on CMS approval of our state plan amendment

“Free Care” or Expanding Options for Reimbursement

- Planned changes*: **Documenting need for services**
 - Essentially, a licensed health care provider determines the need for the services. This may be documented in a variety of ways:
 - A student-specific order for a school-based health service signed by a physician, physician assistant or nurse practitioner;
 - A student-specific plan of care that includes a school-based health service signed by a qualified provider acting within the scope of his/her license; or
 - The results of a school-based services screening, assessment or evaluation process recommending a school-based service signed by a qualified provider acting within the scope of his or her practice.

*These changes depend on CMS approval of our state plan amendment

“Free Care” or Expanding Options for Reimbursement

- Planned changes*: **Documenting need for services**
 - Other sources of authority for documenting need for services:
 - A state or federal law mandating a school-based health service;
 - A standing order, as defined by the Virginia Department of Health, for a school-based health service;
 - A school health treatment protocol that includes a school-based health service established by a supervising physician

*These changes depend on CMS approval of our state plan amendment

“Free Care” or Expanding Options for Reimbursement

- Planned changes*: **Documenting need for services**
 - Unplanned (acute care) services
 - Documentation of services provided, signed by the qualified provider rendering the service, is sufficient to establish medical necessity for unplanned services that address acute or crisis health-related conditions, including behavioral health.

“Free Care” or Expanding Options for Reimbursement

- Planned changes*: **Documenting need for services**
 - Billing professionals will use a code modifier to indicate “IEP” versus “non-IEP” on the interim claim form.
 - Billing professionals will use a modifier to indicate “order” versus “non-order” for nursing services.

*These changes depend on CMS approval of our state plan amendment

“Free Care” or Expanding Options for Reimbursement

- Drafts of LEA provider manuals to go up for public comment February 2022
- Training for coordinators, providers later in spring
- Target date for implementing changes is July 1, 2022

“Free Care” or Expanding Options for Reimbursement

- Cost settlement procedures must also change
 - LEA administrative claiming, direct services claiming and RMTS guides will also change
 - Changes are in the planning phase now
 - These also must be approved by CMS

Questions about free care?

Telehealth policy updates

Current LEA provider manual, Chapter IV:

- *The following school-based services may be provided via telemedicine: PT, OT, speech and language, psychological and mental health, and medical evaluation services.*
- *DMAS does not require the presence of a paid staff person with the student at the time of the service, however, a paid staff person must be present and supervise the visit if the LEA submits a claim for the "originating site fee".*

Questions?