



**Alaska Medicaid Billing Toolkit**  
*for School-based Behavioral Health Services and Therapies*

**Feasibility Study  
and Evaluation of Lessons Learned**

**Commissioned by:**  
State of Alaska  
Department of Health and Social Services

*Prepared by:*  
**The Pacific Health Policy Group**

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## Section 1: Introduction and Acknowledgement

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### *Introduction*

The Pacific Health Policy Group (PHPG) is a consulting firm specializing in the design, implementation, evaluation, and reform of state Medicaid programs. PHPG is headquartered in Laguna Beach, CA and Lake Forest, IL and maintains offices in Newport, DE and Waterbury, VT. PHPG, founded in 1994, has assisted numerous states with all facets of their Medicaid programs.

Earlier this year PHPG was selected by the Alaska Department of Health and Social Services to assist Alaskan school districts to implement programs to bill Medicaid for school-based behavioral health services and therapies. Under this program, school districts would likely enroll as Medicaid providers and bill Medicaid for the services provided to students; this is different than the school-based Medicaid administrative and transportation claiming that is currently being targeted for elimination by the Centers for Medicare and Medicaid Services (CMS).

PHPG's scope of work for this project is divided into three separate areas:

1. Conduct an evaluation of the current state of service delivery for school-based behavioral services and therapies in Alaskan school districts. As part of this evaluation we are charged with evaluating the feasibility of implementing a Medicaid billing program. We sought input from school districts that have implemented Medicaid billing programs and districts that are actively considering implementation of Medicaid billing programs to identify their experiences and "lessons learned."
2. Develop a Medicaid billing toolkit and conduct outreach activities to spur the adoption and implementation of Medicaid billing programs across the State. As part of this task PHPG will reach out to school districts to inform them of the advantages to Medicaid billing and of the resources that were created to assist in implementation.
3. As school districts agree to pursue a Medicaid billing program, PHPG will provide assistance and training to implement the program and ongoing technical assistance to assist districts as issues arise. This work will take place through a combination of on-site training and the use of internet-based training and communication activities.

This report responds to the first area and is divided into three chapters:

1. Feasibility study;
2. Evaluation of lessons learned; and
3. Next steps.

PHPG is working closely with Bradley Grigg, the contract manager and main point-of-contact for the Department of Health and Social Services. Our work will also be overseen by an Advisory Committee developed solely to monitor the progress of this work and provide technical assistance, as needed.

### *Acknowledgement*

PHPG would like to acknowledge the assistance of Mr. Bradley Grigg (DHSS), Ms. Michele Lyons (DHSS), Ms. Melody Douglas (Kenai School District), Ms. Christine Culliton (Juneau School District), Mr. David Arp (Sitka School District), Mr. Michael Fisher and Ms. Robin Mullins (Fairbanks School District), and members of the Advisory Committee for helping make this report possible.

## Section 2: Feasibility Study

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### 2.1 Overview

Alaska's school districts continuously strive to best meet students' needs within the constraints of available program funding. Increased demand for special education services contributes to the fiscal pressure on school budgets. Overall, the 54 Alaskan school districts serve 17,536<sup>1</sup> students who have individualized education plans (IEPs). Alaskan school districts serve approximately 130,000<sup>2</sup> students, which means over thirteen percent of students receive special education services.

One mechanism that school districts can use to increase the amount of money available for educational and health-related services is to enroll as Medicaid providers. Upon enrollment, school districts can submit Medicaid claims for eligible behavioral health and therapeutic services and consequently access additional program funding through the Alaska Medicaid program. Under the Medicaid program, the federal government "matches" state and local spending for Medicaid-eligible services provided to individuals enrolled in Medicaid. The federal matching rate varies from state to state and the 2009 match rate in Alaska is 50.53 percent, meaning federal funds support approximately one-half of all Medicaid claims.

It should be noted that Alaskan school districts currently receive Medicaid dollars for school-based administrative services and transportation. While CMS recently published regulations seeking to eliminate this funding source, Congress extended a moratorium precluding CMS from implementing these regulations. This funding source is different than the proposed Medicaid billing program identified in this report; billing Medicaid for behavioral health and therapeutic services will be wholly unaffected by any developments related to the Medicaid administrative claiming or transportation regulations.

### 2.2 *Number of Medicaid eligible special education children receiving billable health-related services*

The US Census Bureau's estimates Alaska's 2006 population to be 670,053, with approximately 27.1 percent, or 181,584, individuals under the age of 18. According to the Kaiser Family Foundation, in FY2005 the Alaska Medicaid population for children was 80,400, with an additional 10,000 children enrolled in the SCHIP program. Therefore, approximately 50 percent of Alaskan children are enrolled in Medicaid.

In general, students receiving special education services are disproportionately eligible for Medicaid. In Alaska, we can assume that an additional twenty percent of students would be eligible, meaning that approximately sixty percent of students receiving special education

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<sup>1</sup> Alaska Department of Education and Early Development Special Education Child Count as of October 1, 2007

<sup>2</sup> Alaska Department of Education and Early Development Report Card to the Public 2006-2007

services are Medicaid eligible. Exhibit 2.2a, on the following page, shows the presumed number of students with IEPs who are Medicaid eligible.

Based on these data points and assumptions, 13 school districts serve over 100 Medicaid-eligible children and three districts serve more than 1,000 students. While school districts with a greater number of Medicaid-eligible students may be in a better position to hire or assign the needed administrative resources, strategies exist for smaller districts to participate and realize a financial benefit.

### 2.3 *Examination of professional qualifications of providers*

The Alaska Administrative Code at 7 AAC 4.461 (“Payment for school-based services”) lays out the requirements and qualifications of providers eligible to bill Medicaid for eligible services. To be eligible for Medicaid reimbursement, a service needs to be included in the Medicaid-eligible child’s IEP. Services in the IEP can be added to, eliminated, or altered by or under the direction of a:

- Physician;
- Physician’s Assistant;
- Advanced Nurse Practitioner;
- Physical Therapist;
- Occupational Therapist;
- Speech-language pathologist;
- Audiologist;
- Psychologist or psychological associate;
- Behavioral Health Professional;
- Behavioral Health Associate; or
- another health care provider who is acting within the scope of that health care provider’s license under AS 08 and familiar with the child’s plan, health condition, and treatment history.

While the regulations do not specify that the licensed individual actually provide the service (only that the individual oversees the provision of the service), the regulations do specify that Behavioral Health Professional and the Behavioral Health Associate cannot be individuals employed as a teacher. The difference between a “professional” and an “associate” is predicated on whether the individual has a master’s degree “in psychology, social work, counseling, or a related field with specialization or experience in working with children experiencing behavioral, physical, and emotional disabilities, and is working within the scope of [that] person’s training and experience.” Simply, a social worker or counselor, or other non-teacher clinician, is required to oversee the provision of services detailed in the student’s IEP.

**Exhibit 2.2a – Alaska Special Education Child Count and Projected Medicaid Eligibles**

Alaska Department of Education and Early Development Special Education Child County by District (FY2008, Count as of 10/1/07)															
District Name	MR	HI	SI	VI	ED	OI	OHI	LD	DB	MD	AUT	TBI	DD	Total	Medicaid Eligible
Alaska Gateway School District	5	1	30	0	2	0	4	14	0	2	0	0	3	61	37
Aleutian Region School District	1	0	1	0	0	0	0	4	0	0	0	0	0	6	4
Aleutians East Borough School	0	1	11	0	1	0	3	21	0	0	1	0	1	39	23
Anchorage School District	267	71	765	13	350	28	689	2,948	1	177	266	27	1,080	6,682	4,009
Annette Island School District	0	2	17	0	1	0	6	22	0	0	0	0	6	54	32
Bering Strait School District	8	1	63	0	7	4	7	103	0	4	3	0	20	220	132
Bristol Bay Borough School	2	0	4	0	1	0	1	12	0	1	0	0	5	26	16
Chatham School District	3	0	9	0	0	0	4	9	0	3	1	0	4	33	20
Chugach School District	0	0	4	0	0	0	0	7	0	0	1	0	1	13	8
Copper River School District	4	0	30	1	2	0	13	29	0	1	1	0	6	87	52
Cordova City School District	0	3	13	0	4	0	9	10	0	3	3	0	6	51	31
Craig City School District	1	0	10	0	4	0	6	21	0	2	3	0	15	62	37
Delta/Greely School District	1	3	16	1	4	0	14	54	0	0	6	2	19	120	72
Denali Borough School District	3	0	18	0	1	0	4	14	0	0	2	0	4	46	28
Dillingham City School District	5	2	25	0	2	0	8	22	0	5	2	0	16	87	52
Fairbanks North Star Borough	70	12	602	3	62	18	267	627	0	26	49	9	269	2,014	1,208
Galena City School District	3	1	41	0	5	1	21	67	2	2	9	0	4	156	94
Haines Borough School District	2	0	13	0	1	2	8	17	0	1	4	0	1	49	29
Hoonah City School District	1	0	7	0	0	0	3	3	0	0	1	0	1	16	10
Hydaburg City School District	1	0	1	0	0	0	0	10	0	0	0	0	1	13	8
Iditarod Area School District	1	0	22	0	0	0	0	20	0	0	0	0	4	47	28
Juneau Borough School District	26	8	99	2	26	1	91	341	2	21	40	4	104	765	459
Take City School District	2	0	2	0	1	0	0	3	0	1	0	0	1	10	6
Kashunamiut School District	1	0	12	0	0	1	0	8	0	9	0	0	1	32	19
Kenai Peninsula Borough School	35	8	300	5	57	7	162	576	0	29	42	2	118	1,341	805
Ketchikan Gateway Borough	9	6	107	1	5	0	27	66	0	3	4	2	87	317	190
Klawock City School District	0	0	6	0	0	0	2	8	0	0	0	0	4	20	12
Kodiak Island Borough School	7	5	80	2	11	1	64	176	0	9	17	1	52	425	255
Kuspuk School District	5	3	21	1	1	0	8	20	0	1	2	0	1	63	38
Lake and Peninsula Borough	5	1	12	0	1	0	5	20	0	0	1	0	0	45	27
Lower Kuskokwim School District	23	6	113	2	16	1	34	319	4	25	4	1	55	603	362
Lower Yukon School District	13	2	78	0	1	2	3	103	0	6	0	1	13	222	133
Matanuska-Susitna Borough	106	14	329	7	111	10	144	1,014	0	45	48	12	268	2,108	1,265
Mt. Edgecumbe High School	0	0	3	0	0	0	3	9	0	0	0	0	0	15	9
Nenana City School District	4	1	11	0	13	0	7	53	0	0	3	0	2	94	56
Nome Public Schools	9	0	49	0	0	0	4	27	0	2	1	1	10	103	62
North Slope Borough School	1	0	50	1	9	0	11	117	0	8	2	1	29	229	137
Northwest Arctic Borough School	34	7	75	1	1	1	9	136	0	7	2	0	15	288	173
Pelican City School District	0	0	1	0	0	0	1	0	0	0	0	0	1	3	2
Petersburg City School District	1	0	37	0	1	0	16	30	0	1	4	0	13	103	62
Pribilof School District	1	0	1	0	0	0	0	6	0	0	0	0	1	9	5
Saint Mary's School District	2	0	4	0	0	0	2	10	0	0	0	0	0	18	11
Sitka School District	4	0	44	0	8	1	23	82	0	5	5	0	43	215	129
Skagway City School District	0	0	6	0	1	0	5	4	0	1	1	0	0	18	11
Southeast Island School District	0	0	8	0	5	0	7	21	0	0	0	0	4	45	27
Southwest Region School District	9	0	19	0	4	0	5	41	0	4	0	2	12	96	58
Tanana City School District	0	0	6	0	0	0	3	9	0	0	0	0	0	18	11
Unalaska City School District	1	0	20	0	0	0	5	2	0	0	2	0	6	36	22
Valdez City School District	3	0	24	0	2	0	12	63	0	0	4	1	11	120	72
Wrangell Public School District	0	0	13	1	2	0	3	13	0	2	2	0	2	38	23
Yakutat School District	0	0	7	0	1	0	1	5	0	0	0	0	0	14	8
Yukon Flats School District	3	0	16	0	1	2	5	21	0	2	2	0	5	57	34
Yukon/Koyukuk School District	6	0	35	0	7	0	21	44	0	0	0	0	7	120	72
Yupit School District	3	1	15	1	1	0	4	30	0	2	0	0	7	64	38
<b>Totals</b>	<b>691</b>	<b>159</b>	<b>3,305</b>	<b>42</b>	<b>733</b>	<b>80</b>	<b>1,754</b>	<b>7,411</b>	<b>9</b>	<b>410</b>	<b>538</b>	<b>66</b>	<b>2,338</b>	<b>17,536</b>	<b>10,522</b>

Key: MR-Mental Retardation; HI-Hearing Impaired; SI-Speech/Language Impairment; VI-Visual Impairment; ED-Emotional Disturbance; OI-Orthopedic Impairments; OHI-Other Health Impairments; LD-Specific Learning Disabilities; DB-Deaf-Blindness; MD-Multiple Disabilities; AUT-Autism; TBI-Traumatic Brain Injury; DD-Developmentally Delayed

## 2.4 *Review of required billing documentation*

The Alaska Administrative Code details a number of recordkeeping requirements necessary to support a Medicaid claim. These include a clinical record that:

- Documents the relationship of the service provided to the child's achievement of individualized education plan goals and objectives; and
- Each page of the service documentation includes the Medicaid recipient identification number and at least one other item of unique identification for the Medicaid-eligible child who received the service (these include: child's name, date of birth, social security number, or the student identification number assigned by the school district.)

Additionally, each student must have an IEP that specifies the services for which the school district is seeking reimbursement for, each health condition to be addressed, the anticipated treatment goals, and the type, amount, frequency, and duration of each service to be offered.

To actually submit a claim, a district needs to verify that the student is eligible to receive Medicaid benefits. For the Medicaid program, eligibility is determined on a monthly basis, and for KidCare, eligibility extends for six month blocks. Currently eligibility can be verified through either an automated telephone system or via fax.

School districts need to maintain a file for each student that includes:

- A parent authorization form;
- A copy of the IEP;
- Goals and Objectives;
- Progress Notes; and
- Service documentation logs.

In the event of a Medicaid audit, school districts need to maintain the following records for seven years:

- Student attendance records;
- Employee leave records;
- Employee State credentials, professional licenses or certificates; and
- Contracted individuals' credentials, licenses or certificates.

The Kenai School District already has developed a Medicaid Service Authorization form for use. PHPG modified this form to account for a Monday-Friday school week. It is presented as Exhibit 2.4a on the following page. Other forms, while not included, also provide a good basis for assisting other school districts to implement a Medicaid billing program. PHPG will use these forms as templates during the creation of the Medicaid billing toolkit.

**Exhibit 2.4a Example of a Service Log**

**ALASKA SCHOOL DISTRICT SERVICES DOCUMENTATION LOG**

Provider's Name \_\_\_\_\_ School \_\_\_\_\_ School ID \_\_\_\_\_  
 Student ID \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Student Name \_\_\_\_\_  
 Medicaid ID \_\_\_\_\_

*Please complete the table below. If you did not perform a service on that day, leave it blank.*

	Monday	Tuesday	Wednesday	Thursday	Friday
Date of Service					
CPT Code					
IEP AK Standard and Goal					
Description of Service (use codes below or describe)					
Length					
Progress (Y/N)					
# in Group					
Explanation of treatment session					

**Description of Service Codes:**

Child Health Encounter

OR

Child Treatment Encounter

SO - Student Observation

IT - Individual Therapy

PI - Parent Interview (may include home visit)

GT - Group Therapy

IET - Initial Evaluation and Testing

RE - Re-Evaluation

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 2.5 *Plans for parent and physician involvement*

### Parent Involvement and Authorization

One of the barriers to implementing a Medicaid billing program is the identification of students eligible for Medicaid. One mechanism that the state can use is a computer match between students with an IEP and those enrolled in the State's Medicaid program. While confidentiality laws prohibit schools from releasing information regarding students with IEPs, Medicaid providers are permitted to verify whether an individual is enrolled with the State's Medicaid program.

Once the State has identified students who are Medicaid-eligible, the second barrier that arises is that the school district needs permission from the parents to bill Medicaid for the services rendered. This process is somewhat cumbersome if schools attempt to contact parents via mail or phone to seek their written authorization. There are two different approaches that can be used to alleviate this problem:

1. *Incorporate authorization in Medicaid application* – The State could modify its Medicaid application to include a statement that the applicant acknowledges that if the application includes a student, and that the student receives special education services, that the school districts can bill Medicaid for Medicaid-eligible services.
2. *Incorporate authorization in IEP process* – Schools could include an additional authorization form to the packet of documents that parents receive as part of the IEP process. This form could be included regardless of Medicaid enrollment as a blanket authorization that if the student is eligible for Medicaid, that Medicaid will be billed for all authorized services.

### Physician Involvement

Some Medicaid services, such as those related to home health, require physician review and authorization prior to billing Medicaid for those services. However, the federal regulations do not contain a provision requiring physician involvement and review of behavioral health or therapeutic services provided at the school level.

Additionally, the Alaska Administrative Code does not require that a physician review or otherwise authorize service provision. Upon enrollment as a Medicaid provider, and in compliance with the regulations at 7 AAC 43.461, a service can be authorized by a:

- Physician;
- Physician's Assistant;
- Advanced Nurse Practitioner;
- Physical Therapist;
- Occupational Therapist;
- Speech-language pathologist;

- Audiologist;
- Psychologist or psychological associate;
- Behavioral Health Professional;
- Behavioral Health Associate; or
- another health care provider who is acting within the scope of that health care provider's license under AS 08 and familiar with the child's plan, health condition, and treatment history.

Services from both a school provider and a private provider can be separately billed to Medicaid, even if the same service is provided on the same day at a different time.

## *2.6 Recommendation for the most effective and efficient billing strategies*

School districts must dedicate some resources to implement a Medicaid billing program and ensure that they have the appropriate personnel to compile the service data, process the Medicaid claim, and perform the appropriate quality control activities. Quality control activities typically involve cross-checking documentation to ensure that both the student and clinician were present on the day the service was rendered and that the service was actually provided.

While the appropriate documentation is typically collected and maintained as part of the normal course of treatment, the added task of verifying the data and connecting it to a claim requires additional staff time. For districts with a large number of Medicaid-eligible students receiving services, the amount of money reimbursed by the federal government should be more than sufficient to support any additional staff resources that are required to support the Medicaid claiming.

However, for school districts with only a few Medicaid-eligible students, hiring a full-time individual is not financially viable. Further, the training of existing staff and assignment of additional responsibilities may not be possible. However, one of the goals of the Medicaid toolkit is to streamline the processes and provide a resource for completing the necessary administrative functions. The toolkit therefore should alleviate the administrative demands of participating in the program.

Another option that small school districts can pursue is forming a collaborative where a number of school districts work together to hire one FTE that is responsible for pursuing Medicaid claims for a number of districts. Alternatively, one school district can hire the appropriate personnel with an agreement by other school districts to contract with that school district to conduct their Medicaid claiming activities, reimbursed either on a flat fee schedule on a per-claim basis.

## *2.7 Projected gross and net income from billing*

PHPG performed an analysis of the potential federal revenues that would result from statewide participation in the school-based health services program. The analysis divided Medicaid-

eligible services into two groups: therapy services and behavioral health services. While historical Medicaid claims experience was available for those districts already participating, no district currently is billing Medicaid for behavioral health services. The analysis relies on historical experience of potential revenues per student for therapy services and an estimate of potential Medicaid-eligible, behavioral health services.

Historical Medicaid billings for therapy services are presented in Exhibit 2.7a, below.

**Exhibit 2.7a – Medicaid Billing Experience for Therapy Services (FY08)**

District	Students Served	Medicaid Expenditures	Federal Match (at current match)	Federal Medicaid Contribution (per student)
Delta Greely	20	\$36,251	\$18,318	\$916
Juneau	196	\$334,435	\$168,990	\$862
Kenai	118	\$219,987	\$111,159	\$942
Southwest Region	17	\$3,208	\$1,621	\$95
<b>Totals</b>	<b>351</b>	<b>\$593,881</b>	<b>\$300,088</b>	<b>\$855</b>

While there is a range of per student Medicaid expenditures, the average Medicaid reimbursement for students receiving Medicaid-eligible therapeutic services is \$855. Exhibit 2.7b, on the following page, applies an average Medicaid reimbursement of \$855 to the projected Medicaid-eligible child counts for students with IEPs receiving Medicaid-reimbursable therapeutic services. To determine the number students enrolled in Medicaid and receiving reimbursable therapeutic services, PHPG took the total number students served by districts billing Medicaid for therapies and divided by the total number of students with IEPs in those four districts. PHPG projects that 15.11 percent of students with IEPs are eligible for Medicaid and receiving Medicaid-billable therapeutic services.

**Exhibit 2.7b – Projected Medicaid Reimbursement for Therapeutic Services by District**

District Name	Number of Students with IEPs	Medicaid-eligible students receiving reimbursable therapies	Projected Medicaid Reimbursement for Therapies (\$855)
Alaska Gateway School District	61	9	\$7,884
Aleutian Region School District	6	1	\$775
Aleutians East Borough School	39	6	\$5,041
Anchorage School District	6,682	1,010	\$863,610
Annette Island School District	54	8	\$6,979
Bering Strait School District	220	33	\$28,434
Bristol Bay Borough School	26	4	\$3,360
Chatham School District	33	5	\$4,265
Chugach School District	13	2	\$1,680
Copper River School District	87	13	\$11,244
Cordova City School District	51	8	\$6,591
Craig City School District	62	9	\$8,013
<i>Delta/Greely School District</i>	<i>120</i>	<i>20</i>	<i>\$18,320</i>
Denali Borough School District	46	7	\$5,945
Dillingham City School District	87	13	\$11,244
Fairbanks North Star Borough	2,014	304	\$260,298
Galena City School District	156	24	\$20,162
Haines Borough School District	49	7	\$6,333
Hoonah City School District	16	2	\$2,068
Hydaburg City School District	13	2	\$1,680
Iditarod Area School District	47	7	\$6,074
<i>Juneau Borough School District</i>	<i>765</i>	<i>196</i>	<i>\$168,952</i>
Kake City School District	10	2	\$1,292
Kashunamiut School District	32	5	\$4,136
<i>Kenai Peninsula Borough School</i>	<i>1,341</i>	<i>118</i>	<i>\$111,156</i>
Ketchikan Gateway Borough	317	48	\$40,970
Klawock City School District	20	3	\$2,585
Kodiak Island Borough School	425	64	\$54,929
Kuspuk School District	63	10	\$8,142
Lake and Peninsula Borough	45	7	\$5,816
Lower Kuskokwim School District	603	91	\$77,934
Lower Yukon School District	222	34	\$28,692
Matanuska-Susitna Borough	2,108	319	\$272,447
Mt. Edgecumbe High School	15	2	\$1,939
Nenana City School District	94	14	\$12,149
Nome Public Schools	103	16	\$13,312
North Slope Borough School	229	35	\$29,597
Northwest Arctic Borough School	288	44	\$37,222
Pelican City School District	3	0	\$388
Petersburg City School District	103	16	\$13,312
Pribilof School District	9	1	\$1,163
Saint Mary's School District	18	3	\$2,326
Sitka School District	215	33	\$27,788
Skagway City School District	18	3	\$2,326
<i>Southeast Island School District</i>	<i>45</i>	<i>17</i>	<i>\$1,615</i>
Southwest Region School District	96	15	\$12,407
Tanana City School District	18	3	\$2,326
Unalaska City School District	36	5	\$4,653
Valdez City School District	120	18	\$15,509
Wrangell Public School District	38	6	\$4,911
Yakutat School District	14	2	\$1,809
Yukon Flats School District	57	9	\$7,367
Yukon/Koyukuk School District	120	18	\$15,509
Yup'it School District	64	10	\$8,272
<b>Totals</b>	<b>17,536</b>	<b>2,659</b>	<b>\$2,272,956</b>

Note: The four school districts, in italics, actually bill Medicaid; reported FY08 was used instead of projections

In lieu of being able to project expected Medicaid revenues for behavioral health services based on district-specific data, PHPG estimates that approximately 1.5 percent of special education funding in the State of Alaska supports Medicaid-covered behavioral health services for Medicaid-eligible children. It is projected that Alaskan school districts will spend \$276 million for special education in 2009. Therefore, PHPG estimates that roughly \$4,140,000 is spent providing Medicaid-reimbursable behavioral health services. Based on an estimate that 15 percent of students with IEPs receive behavioral health services and are eligible for Medicaid, the school districts would receive an average federal match<sup>3</sup> of approximately \$795 per year, per student.

Exhibit 2.7c applies an average Medicaid reimbursement of \$795 to the projected Medicaid-eligible child counts for students with IEPs receiving Medicaid reimbursable behavioral health services.

To determine projected gross revenues, PHPG combined the projected revenues from both the therapeutic service and behavioral health reimbursement totals. To account for the additional administrative resources necessary to support a Medicaid billing program, PHPG assumed that it would require 15 hours per student per year in administrative resources. Based on an average salary of \$30,000, PHPG projects that districts would need to spend approximately \$200 per student per year to support a Medicaid billing program. Exhibit 2.7d presents the total projected net revenues by district.

PHPG cautions the reader that all projections are based on the best available data but that a school district's actual experiences will likely deviate from the projections. As part of its next steps, PHPG will work with interested school districts to obtain more reliable data about the services offered, actual expenses, and then develop district-specific revenue projections.

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<sup>3</sup> Based on the FY09 match rate of 50.53%

**Exhibit 2.7c – Projected Medicaid Reimbursement for Behavioral Health Services by District**

District Name	Total Number of Students with IEPs	15 Percent of Students - Eligible and Receive BH Services	Federal Reimbursement (\$795 per student)
Alaska Gateway School District	61	9	\$7,155
Aleutian Region School District	6	1	\$795
Aleutians East Borough School	39	6	\$4,770
Anchorage School District	6,682	1,002	\$796,590
Annette Island School District	54	8	\$6,360
Bering Strait School District	220	33	\$26,235
Bristol Bay Borough School	26	4	\$3,180
Chatham School District	33	5	\$3,975
Chugach School District	13	2	\$1,590
Copper River School District	87	13	\$10,335
Cordova City School District	51	8	\$6,360
Craig City School District	62	9	\$7,155
Delta/Greely School District	120	18	\$14,310
Denali Borough School District	46	7	\$5,565
Dillingham City School District	87	13	\$10,335
Fairbanks North Star Borough	2,014	302	\$240,090
Galena City School District	156	23	\$18,285
Haines Borough School District	49	7	\$5,565
Hoonah City School District	16	2	\$1,590
Hydaburg City School District	13	2	\$1,590
Iditarod Area School District	47	7	\$5,565
Juneau Borough School District	765	115	\$91,425
Kake City School District	10	2	\$1,590
Kashunamiut School District	32	5	\$3,975
Kenai Peninsula Borough School	1,341	201	\$159,795
Ketchikan Gateway Borough	317	48	\$38,160
Klawock City School District	20	3	\$2,385
Kodiak Island Borough School	425	64	\$50,880
Kuspuk School District	63	9	\$7,155
Lake and Peninsula Borough	45	7	\$5,565
Lower Kuskokwim School District	603	90	\$71,550
Lower Yukon School District	222	33	\$26,235
Matanuska-Susitna Borough	2,108	316	\$251,220
Mt. Edgecumbe High School	15	2	\$1,590
Nenana City School District	94	14	\$11,130
Nome Public Schools	103	15	\$11,925
North Slope Borough School	229	34	\$27,030
Northwest Arctic Borough School	288	43	\$34,185
Pelican City School District	3	0	\$0
Petersburg City School District	103	15	\$11,925
Pribilof School District	9	1	\$795
Saint Mary's School District	18	3	\$2,385
Sitka School District	215	32	\$25,440
Skagway City School District	18	3	\$2,385
Southeast Island School District	45	7	\$5,565
Southwest Region School District	96	14	\$11,130
Tanana City School District	18	3	\$2,385
Unalaska City School District	36	5	\$3,975
Valdez City School District	120	18	\$14,310
Wrangell Public School District	38	6	\$4,770
Yakutat School District	14	2	\$1,590
Yukon Flats School District	57	9	\$7,155
Yukon/Koyukuk School District	120	18	\$14,310
Yupit School District	64	10	\$7,950
<b>Totals</b>	<b>17,536</b>	<b>2,628</b>	<b>\$2,089,260</b>

*Note: PHPG rounded the total number of Medicaid-eligible students*

**Exhibit 2.7d – Projected Total Gross and Net Revenues by District**

District Name	Total Number of Students with IEPs	Projected Federal Reimbursement for Therapeutic Services	Federal Reimbursement for BH Services	Projected Gross Total Federal Reimbursement	Administrative Expenses (\$200 per student)	Total Projected Net Revenues
Alaska Gateway School District	61	\$7,884	\$7,155	\$15,039	\$3,644	\$11,395
Aleutian Region School District	6	\$775	\$795	\$1,570	\$381	\$1,189
Aleutians East Borough School	39	\$5,041	\$4,770	\$9,811	\$2,379	\$7,431
Anchorage School District	6,682	\$863,610	\$796,590	\$1,660,200	\$402,414	\$1,257,786
Annette Island School District	54	\$6,979	\$6,360	\$13,339	\$3,233	\$10,107
Bering Strait School District	220	\$28,434	\$26,235	\$54,669	\$13,251	\$41,418
Bristol Bay Borough School	26	\$3,360	\$3,180	\$6,540	\$1,586	\$4,954
Chatham School District	33	\$4,265	\$3,975	\$8,240	\$1,998	\$6,242
Chugach School District	13	\$1,680	\$1,590	\$3,270	\$793	\$2,477
Copper River School District	87	\$11,244	\$10,335	\$21,579	\$5,230	\$16,349
Cordova City School District	51	\$6,591	\$6,360	\$12,951	\$3,142	\$9,810
Craig City School District	62	\$8,013	\$7,155	\$15,168	\$3,674	\$11,494
Delta/Greely School District	120	\$18,320	\$14,310	\$32,630	\$7,600	\$25,030
Denali Borough School District	46	\$5,945	\$5,565	\$11,510	\$2,791	\$8,720
Dillingham City School District	87	\$11,244	\$10,335	\$21,579	\$5,230	\$16,349
Fairbanks North Star Borough	2,014	\$260,298	\$240,090	\$500,388	\$121,288	\$379,099
Galena City School District	156	\$20,162	\$18,285	\$38,447	\$9,316	\$29,131
Haines Borough School District	49	\$6,333	\$5,565	\$11,898	\$2,881	\$9,017
Hoonah City School District	16	\$2,068	\$1,590	\$3,658	\$884	\$2,774
Hydaburg City School District	13	\$1,680	\$1,590	\$3,270	\$793	\$2,477
Iditarod Area School District	47	\$6,074	\$5,565	\$11,639	\$2,821	\$8,819
Juneau Borough School District	765	\$168,952	\$91,425	\$260,377	\$62,200	\$198,177
Kake City School District	10	\$1,292	\$1,590	\$2,882	\$702	\$2,180
Kashunamiut School District	32	\$4,136	\$3,975	\$8,111	\$1,967	\$6,143
Kenai Peninsula Borough School	1,341	\$111,156	\$159,795	\$270,951	\$63,800	\$207,151
Ketchikan Gateway Borough	317	\$40,970	\$38,160	\$79,130	\$19,184	\$59,947
Klawock City School District	20	\$2,585	\$2,385	\$4,970	\$1,205	\$3,765
Kodiak Island Borough School	425	\$54,929	\$50,880	\$105,809	\$25,649	\$80,160
Kuspuk School District	63	\$8,142	\$7,155	\$15,297	\$3,705	\$11,593
Lake and Peninsula Borough	45	\$5,816	\$5,565	\$11,381	\$2,760	\$8,621
Lower Kuskokwim School District	603	\$77,934	\$71,550	\$149,484	\$36,230	\$113,254
Lower Yukon School District	222	\$28,692	\$26,235	\$54,927	\$13,312	\$41,616
Matanuska-Susitna Borough	2,108	\$272,447	\$251,220	\$523,667	\$126,930	\$396,737
Mt. Edgecumbe High School	15	\$1,939	\$1,590	\$3,529	\$853	\$2,675
Nenana City School District	94	\$12,149	\$11,130	\$23,279	\$5,642	\$17,637
Nome Public Schools	103	\$13,312	\$11,925	\$25,237	\$6,114	\$19,123
North Slope Borough School	229	\$29,597	\$27,030	\$56,627	\$13,723	\$42,904
Northwest Arctic Borough School	288	\$37,222	\$34,185	\$71,407	\$17,307	\$54,100
Pelican City School District	3	\$388	\$0	\$388	\$91	\$297
Petersburg City School District	103	\$13,312	\$11,925	\$25,237	\$6,114	\$19,123
Pribilof School District	9	\$1,163	\$795	\$1,958	\$472	\$1,486
Saint Mary's School District	18	\$2,326	\$2,385	\$4,711	\$1,144	\$3,567
Sitka School District	215	\$27,788	\$25,440	\$53,228	\$12,900	\$40,328
Skagway City School District	18	\$2,326	\$2,385	\$4,711	\$1,144	\$3,567
Southeast Island School District	45	\$1,615	\$5,565	\$7,180	\$4,800	\$2,380
Southwest Region School District	96	\$12,407	\$11,130	\$23,537	\$5,702	\$17,835
Tanana City School District	18	\$2,326	\$2,385	\$4,711	\$1,144	\$3,567
Unalaska City School District	36	\$4,653	\$3,975	\$8,628	\$2,088	\$6,539
Valdez City School District	120	\$15,509	\$14,310	\$29,819	\$7,228	\$22,591
Wrangell Public School District	38	\$4,911	\$4,770	\$9,681	\$2,349	\$7,332
Yakutat School District	14	\$1,809	\$1,590	\$3,399	\$823	\$2,576
Yukon Flats School District	57	\$7,367	\$7,155	\$14,522	\$3,523	\$10,999
Yukon/Koyukuk School District	120	\$15,509	\$14,310	\$29,819	\$7,228	\$22,591
Yupit School District	64	\$8,272	\$7,950	\$16,222	\$3,935	\$12,287
<b>Totals</b>	<b>17,536</b>	<b>\$2,272,956</b>	<b>\$2,089,260</b>	<b>\$4,362,216</b>	<b>\$1,057,300</b>	<b>\$3,304,916</b>

### *CMS Proposed Rule Limiting Reimbursement to Cost*

Currently, when a school district submits a claim for a Medicaid billable service, the school district is reimbursed based on the State of Alaska's Medicaid Reimbursement Fee Schedule. While currently under a moratorium until April 1, 2009, there is a CMS proposed rule limiting Medicaid reimbursement to the public providers' actual cost. Upon expiration of the moratorium and implementation of the regulation, the school districts would have the additional burden of maintaining and submitting actual cost reports to support the cost of providing the service. While it is currently unclear how CMS would implement the rule, it has the potential of adding significant documentation requirements while possibly reducing the amount of money that the school districts could receive through Medicaid billing.

#### *2.8 Exploration of the feasibility of retroactive billing*

One of the first steps to assisting Alaskan school districts to implement a Medicaid billing program would involve the State automatically enrolling all districts as Medicaid providers with First Health. Through collaboration between the Departments of Health and Social Services and Education and Early Development, and in conjunction with First Health, the State should already have all the necessary information to enroll districts as Medicaid providers.

Upon assignment of a Medicaid Provider Identification Number, school districts would be able to bill Medicaid for all eligible services provided within 12 months from the date of enrollment. The main challenge to retroactive billing is that school districts may not have collected the necessary information and maintained the proper logs to support a Medicaid claim. Through development of the toolkit PHPG will assist school districts in identifying the necessary information to support a Medicaid claim. If the school district already collected this information, nothing would preclude the retroactive claiming of the eligible service.

## Section 3: Evaluation of Lessons Learned

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### 3.1 *History of school-based Medicaid claims*

Over the past several years, officials at different school districts have considered implementing a Medicaid billing program to reduce the fiscal impact of their special education programs. However, only five districts have successfully implemented a Medicaid billing program. The five districts are:

1. Delta Greely School District
2. Juneau School District
3. Kenai Peninsula Borough
4. Sitka School District
5. Southwest Region School District.

Between Fiscal Years 2006 and 2008 these five school districts provided \$1.68 million in reimbursable therapeutic services and served 607<sup>4</sup> students. Based on a report provided by the Alaska Department of Health and Social Services, the school districts billed Medicaid for procedure codes related primarily to speech/language, physical, and occupation therapy. Exhibit 3.1a on the following page shows each procedure code for which school districts billed and the claims, by district, submitted for that procedure code.

### 3.2 *Experiences and Concerns of School Districts*

PHPG held discussions with business officials from the Fairbanks, Juneau, Kenai and Sitka school districts. Due to scheduling constraints, PHPG consultants were able to hold a conference call with the Mat-Su School District, though officials there also expressed interest in working with PHPG and the State further to implement a Medicaid billing program.

PHPG attempted to discuss Medicaid billing opportunities with Anchorage School District. Due to the large size of the district and the number of students with IEPs, Anchorage would likely realize the most financial gain through Medicaid claiming. However, officials there believe that the district lacks the necessary IT infrastructure and staff resources to support the program. Once PHPG develops the Medicaid billing toolkit and training resources, we will make concerted efforts to discuss the benefits and administrative demands with Anchorage.

While expressing interest in working with PHPG to implement a Medicaid billing program, the districts had a number of concerns related to a program. These concerns fall mainly into two areas related to operational support and liability issues.

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<sup>4</sup> The 607 students is a duplicated count of students based on the number of students served each year; a student would be counted for each fiscal year in which s/he received Medicaid-reimbursable services.

**Exhibit 3.1a: Table of Claims by Procedure Code, by District**

Description	Procedure Code	DELTA GREELY SCHOOL DISTRICT	JUNEAU SCHOOL DISTRICT	KENAI PENINSULA BOROUGH	SITKA SCHOOL DISTRICT	SOUTHWEST REGION SCHOOL DIST	Grand Total
Evaluation of speech, language	92506	\$1,019	\$33,375	\$11,353		\$2,186	\$47,932
Treatment of speech, language	92507	\$45,741	\$300,914	\$212,761	\$159	\$4,476	\$564,050
Treatment of speech, language	92508	\$13,645	\$196,399	\$269,612		\$249	\$479,905
Treatment of swallowing dysfunction	92526		\$107				\$107
Therapeutic service(s) for use of non-speech generating device	92606		\$80				\$80
Evaluation for prescription for speech generating device	92608		\$30				\$30
Therapeutic services for use of speech generating device	92609		\$243	\$1,295			\$1,538
Range of motion measurements	95851			\$23			\$23
Psychological testing	96100		\$1,153				\$1,153
Psychological testing	96101		\$28,427		\$96		\$28,523
Developmental testing; extended	96111		\$4,884		\$713		\$5,597
Physical therapy evaluation	97001		\$3,454	\$1,821		\$264	\$5,540
Physical therapy re-evaluation	97002	\$187	\$989	\$2,638			\$3,814
Occupational therapy evaluation	97003	\$95	\$1,060	\$296			\$1,450
Occupational therapy re-evaluation	97004	\$57	\$579	\$8,695		\$118	\$9,449
Therapeutic procedure, 15 min	97110	\$838	\$6,378	\$25,239		\$570	\$33,025
Neuromuscular reeducation of movement	97112		\$4,570	\$19,313		\$279	\$24,161
aquatic therapy with exercises	97113		\$121	\$13,027	\$804		\$13,952
Gain training	97116		\$1,849	\$17,907			\$19,755
Massage	97124			\$55			\$55
Manual therapy techniques	97140		\$257	\$785			\$1,043
Therapeutic procedures, group	97150		\$8,501	\$12,217	\$1,232		\$21,949
Therapeutic activities, 15 min	97530	\$1,737	\$109,359	\$200,339	\$147	\$2,496	\$314,079
Development of cognitive skills, 15 min	97532			\$10,539		\$117	\$10,656
Sensory integrative techniques	97533		\$8,940	\$7,106			\$16,046
Self care/home management training	97535		\$5,003	\$8,929			\$13,932
Community/work reintegration training	97537			\$445			\$445
Wheelchair management	97542			\$7,711			\$7,711
Behavior management education, Individual	CDACD	\$90					\$90
Behavior management education, group	CDACE	\$1,215					\$1,215
Emotional support assistance	CDAKN	\$1,300					\$1,300
Psychological assessment interpretation	CDBAR		\$8,832		\$144		\$8,976
Functional behavior assessment	CDBAW		\$3,150		\$600		\$3,750
Oral medication administration	H0033		\$29,600				\$29,600
Crisis intervention service	H2011		\$71				\$71
Psycho-educational service	H2027		\$750		\$585		\$1,335
Screening to determine the appropriateness of consideration of an individual for participation in a specified program	T1023		\$255				\$255
Evaluation and treatment by an integrated, specialty team	T1024		\$11,138				\$11,138
<b>Grand Total</b>		<b>\$65,922</b>	<b>\$770,468</b>	<b>\$832,108</b>	<b>\$4,479</b>	<b>\$10,755</b>	<b>\$1,683,733</b>

## **Operational Issues**

### *Program Rules/Reference Materials*

School districts feel that they do not currently have the appropriate administrative capacity to stay abreast of all the rules and regulations related to the Medicaid program. While the Medicaid billing toolkit will alleviate some of the initial implementation issues and lower the barriers to implementing a program, school districts are concerned that upon expiration of PHPG's contract that there would not be enough support in remaining current in ongoing changes to Medicaid regulations. One example mentioned was the sheer number of procedure codes and ensuring that the school district was billing services under the appropriate code.

### *Parent Authorization*

Prior to billing Medicaid for an eligible student's services, the school district would first need to obtain permission from the parents to determine Medicaid eligibility and then bill Medicaid for the services. As PHPG discussed in Section 2.5, there are two potential mechanisms that could be used to meet this requirement. While far reaching, the State could consider amending its Medicaid application to include the appropriate authorizations necessary for the school districts. The benefit of this option is that the State would remove this issue from the purview of the school districts; however, it may not be feasible for the State to take such action. Additionally, this method would only work for new enrollees or during a redetermination, potentially unduly limiting the number of students whom would be eligible for enrollment. The Kenai school district chose a more direct route and includes a letter that is sent to all students with an IEP, seeking permission to determine eligibility and to bill Medicaid, regardless of perceived Medicaid eligibility.

### *Verification of Medicaid Eligibility*

Additionally, school districts understand that Medicaid and Denali KidCare eligibility are only applicable for either a month or six months, respectively, and would need to continue to re-verify that students were either eligible or ineligible prior to submitting a claim. While the districts can currently use either a phone or fax-based process for determining a student's eligibility, this process is perceived to be cumbersome and time consuming, especially for larger school districts where there are hundreds of potentially eligible students. While there are confidentiality and privacy concerns related to the transfer of information between the school districts and the Medicaid authority, if there are mechanisms to conduct an auto-match verification process that would check for Medicaid eligibility, this would reduce some of the administrative burden.

### *Documentation of Services in IEPs*

School districts were also concerned that existing IEPs may not be adequate to support a Medicaid claim. To comply with existing regulations, for a service to be Medicaid eligible, the service needs to be included in the IEP, with the type, amount frequency, and duration of provision. Additionally, the IEP needs to specify the health condition that is being addressed and the anticipated treatment goals. School districts questioned the administrative impact on their special education staff to ensure that the IEPs meet these requirements and are therefore in compliance with regulations to support a Medicaid claim. In addition, school districts requested resources that fully explained how to convert a treatment session into a billable claim. For example, they understood that they may not be able to bill all of the services provided to a Medicaid-eligible student and need a methodology for determining what aspects of the services constituted a Medicaid-billable unit of service.

### *Administrative Resources and Contracting Options*

One school district questioned the feasibility of contracting with an external entity to conduct Medicaid claiming. While PHPG does not see a problem with the district providing the necessary information to a contracted entity to support the Medicaid claiming process, further research is necessary to determine whether this method is financially-viable for a larger school district, where the expected Medicaid reimbursements should more than adequately support the additional hiring of staff to support the Medicaid claiming process. However, prior to hiring additional staff, school districts would need some type of assurance that the investment in additional staff would actually prove cost effective and that Medicaid revenues would cover the additional salaries.

An additional concern related to the level of staff turnover within the school districts. Even though the State has made the investment to help initiate the program and provided for training of current staff members, an administrator questioned how applicable the information would be to new staff that may not be familiar with Medicaid and claiming for behavioral health and therapeutic services. PHPG will take this issue into account when developing the toolkit – first, by ensuring that there is enough introductory material to introduce the concept of Medicaid and claiming to administrators and staff who may not be familiar with either program. Additionally, we will strive to develop a toolkit that contains all of the resources developed, with processes to implement the program. PowerPoint presentations used in trainings will be included to assist new staff members become knowledgeable about the program. The toolkit will also be designed to be “updateable” as Medicaid regulations change.

## Liability Issues

The main concern facing school districts are the perceived challenges to maintaining all the proper documentation that would be required if a Medicaid audit was initiated. In the event of an adverse audit, administrators are weary of both financial reimbursement requirements and potential criminal liability for Medicaid fraud.

While they would be committed to meeting both State and federal requirements, the fear arises from a concern that they would not be able to maintain up-to-date knowledge of the vast Medicaid regulations and potential changes. In order to reduce this barrier, the State may want to consider developing a process where a state employee or contractor is responsible for reviewing and informing districts of updated regulations and documentation requirements as opposed to leaving this responsibility to each school district. Alaskan school districts have a positive working relationship with staff members at EED, were staff are more familiar with the processes of working within the constraints of the school district. Establishing a position within the EED that acts as a liaison between HSS, the Medicaid Fiscal Agent, and the school districts would demonstrate the State's support of this program and a sensitivity to the unique school environment.

In order to support a Medicaid claim, the school districts would need to maintain documentation of the services provided to each student, the frequency, and the dates. Additionally, schools need to maintain student and employee attendance records to show that both the student and provider were at school on each date that the service was provided. School districts would also need to maintain records identifying the license or certification of each provider. Parental authorization to bill Medicaid would also need to be maintained as part of the student's case file. Records would need to be maintained for seven years.

Upon enrollment as a Medicaid provider, school districts would also be required to maintain compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This statute mandates stringent requirements related to ensuring the confidentiality of medical records. School districts would need to ensure that all clinical records are kept in secure locations with limited access to the providers and personnel necessary to administer the program. There are additional requirements related to the release of information to entities (such as Alaska's fiscal agent, First Health), and ensuring the security of transmission processes. While these requirements are generally followed during the normal course of business, ensuring compliance is seen as an additional administrative burden that reduces the appeal of developing and supporting a Medicaid billing program.

### 3.3 Overall Conclusions

The following table, Exhibit 3.3a, presents a summary of the identified barriers and PHPG’s proposed solutions.

**Exhibit 3.3a – Table of Barriers and Potential Solutions**

Barrier	Potential Solution
<b>Parental Authorization to Bill Medicaid</b>	<ul style="list-style-type: none"> <li>• Include authorization as part of the Medicaid application</li> <li>• Include a parental authorization form as part of the IEP authorization process</li> </ul>
<b>Clear and Concise Instructions</b>	<ul style="list-style-type: none"> <li>• Medicaid Billing Toolkit</li> <li>• Initial training and ongoing technical assistance provided by PHPG</li> </ul>
<b>Staff and Administrative Resources</b>	<ul style="list-style-type: none"> <li>• Contracting with external entities</li> <li>• Collaboration among smaller school districts to share resources</li> </ul>
<b>Retroactive Billing</b>	<ul style="list-style-type: none"> <li>• Allowable once enrolled as Medicaid provider</li> <li>• Only for dates of service within the past twelve months</li> <li>• Would require that school districts already maintained the appropriate records</li> </ul>
<b>Compliance</b>	<ul style="list-style-type: none"> <li>• Ongoing commitment by the State to assist school districts in staying abreast of current regulations – a liaison within EED</li> <li>• Explore collaboration between DHSS, EED, and Fiscal Agent to automate process as much as possible</li> </ul>

While school districts expressed interest in the additional monies that would result from Medicaid billing, there are numerous logistical concerns that currently have left a majority of districts on the sideline. State support – such as program initiation assistance through a Medicaid billing toolkit – is seen as essential to encouraging additional districts to enroll as Medicaid providers. A commitment to ongoing trainings and technical assistance – beyond program initiation activities – would likely encourage additional school districts to feel that the current barriers can be overcome and that the additional financial resources are sufficient to support the administrative requirements needed to support a program.

## Section 4: Next Steps

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### *Overview*

Despite the potential fiscal benefit, many districts may still be wary of investing time, staff and other resources into pursuing a Medicaid billing program. To assist these apprehensive administrators, PHPG will create outreach materials to help these districts better understand the full range of benefits available and how, through utilization of the toolkit, implementation does not need to be a time-consuming or challenging process. Our strategy relies on web-based and traditional methods of statewide communication, as well as individual outreach to districts.

#### *4.1 Statewide Outreach*

##### Special Education Conference

Depending on continued interest from districts, PHPG is prepared to meet and present an initial portion of its marketing materials and respond to questions at the annual Alaska Statewide Special Education Conference (currently scheduled for February 17-19, 2009). Since the Alaska educational system is comprised of 54 school districts with over 17,500 students having identified special education needs, this will be an excellent opportunity to personally discuss the financial benefits of a Medicaid billing program can offer. Participating in this conference will especially be useful in engaging the 18 schools districts which serve over 100 students having identified special needs. We will also be available to talk with each district individually.

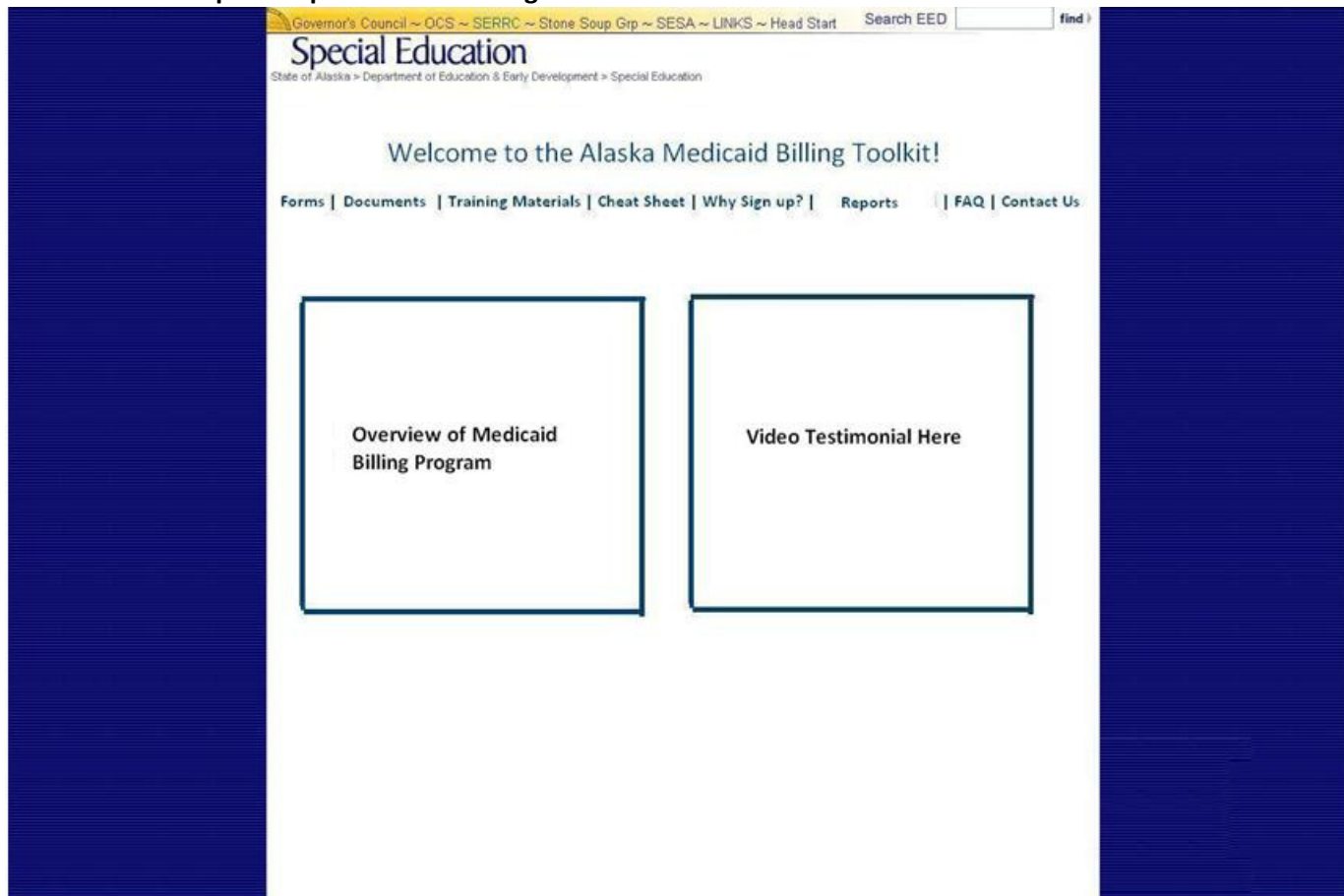
##### Medicaid Online/Paper Billing Toolkit

Our outreach strategy is designed to foremost create a toolkit that includes streamlined documentation forms and training materials for administrators. PHPG consultants are well-versed in understanding the administrative barriers that dissuade school districts from engaging in Medicaid billing. That is why our most important goal is to ease concerns by creating training materials and providing technical assistance to all interested districts.

PHPG will create a toolkit that is accessible in both electronic and traditional media. The dedicated Web site can either be hosted by the State or by PHPG. If hosted by Alaska's Department of Education, the toolkit would more easily be able to integrate with existing billing software and other materials, which perhaps would make a transition to a Medicaid billing Program less intimidating to administrators. PHPG is prepared and has the skills to design the Site, only working with the Webmaster to upload materials to the host's server. PHPG consultants understand that this process should not be time-consuming for the information technologist involved. The toolkit may also be hosted by PHPG, and are willing to dedicate a portion of our Web site to host the material.

The toolkit will be organized into six sections. The Web site would have nine distinct pages, and the paper toolkit will have the same number of sections. Exhibit 4a, on the next page, shows a proposed mockup of a webpage.

**Exhibit 4a: Mockup of Proposed Website Page**



**1. Homepage/Introductory Section**

- a. A brief summary of the Medicaid Billing Program highlighting the advantages and past successful stories.
- b. A video testimonial of an administrator from an Alaskan school district emphasizing the ease and benefits of adopting this billing program (The testimonial will be transcribed for the print version).

**2. Forms**

- a. Service specific forms easily downloadable or available in print.

**3. Documents**

- a. This will be the densest portion of the toolkit, with extensive resources for administrators. Sections include:
  - i. Eligibility
  - ii. Release of Information
  - iii. Physician Authorization

iv. Provider Documentation

**4. Training Materials**

- a. This section will serve as a collection of all training materials created by PHPG, including power point presentations. PHPG will also attempt to record training sessions and post them to the Web site.

**5. One page guide**

- a. This will have common facts needed for easy access.

**6. Why initiate a Medicaid billing program?**

- a. An in-depth look at sample savings from Alaskan school districts.
- b. A description of the anticipated commitment level needed.

**7. Reports**

- a. Previous reports written by PHPG.

**8. Frequently asked questions**

- a. A forum to allow new information and common questions to be addressed. Online, this section has the capacity to be easily updated.

**9. Contact Us**

- a. Telephone and e-mail addresses for PHPG consultants, Alaskan Medicaid officials, and districts administrators.

Again, the goal of this statewide outreach effort is to convince administrators to implement a Medicaid billing program, and prepare them for the additional paperwork it will cause. In return, districts can expect a level of increased funding by federal matching dollars.

*4.2 District Specific Outreach*

The purpose of district specific outreach is to personally connect and inform administrators in those regions of the advantages of a Medicaid billing program. District level communications is especially important to address any lingering questions or concerns about the value of a Medicaid billing program.

PHPG will initially contact each district by e-mail to inform the administration of the available resources and to assess interest in implementing a Medicaid billing program. School districts expressing interest will be contacted by phone for follow-up. PHPG will work with interested school districts to set-up times for initial training and implementation consulting services.

Additionally, PHPG will maintain a database of all school districts. Records will be kept of all contacts made the status of each district interested in implementing a program. PHPG will also track each districts progress in establishing a program.

Finally, district specific literature will be able to tailor specific resources to administrators who otherwise, due to understandable time limitations, might gloss over useful information in the Toolkit. For example, for those districts that are already conducting a Medicaid billing program, we could provide best practices on how to improve the process and eliminate inefficiencies.