# Notice of Request for Information Oregon Department of Education – Office of Student Services Medicaid Billing Pilot 2018-2019

The Oregon Department of Education is issuing this Request for Information (RFI) for 9 school districts to participate in a Medicaid Billing pilot project. The intention of the RFI process is to create an inclusive cohort that is representative of Oregon's diverse districts (geographic, size, location, experience with Medicaid) to demonstrate opportunities for Medicaid reimbursement under School Based Health Services (SBHS). School Based Health Services (SBHS), provided by a public Education Agency (EA) as an enrolled school medical (SM) provider, is a cost-sharing program in which a government entity (Public Fund Agency) provides the non-federal share of the claimed amount using public funds.

#### Why is this happening?

SB 111 (2017) requires the Oregon Department of Education (ODE) to assist school in funding school nurse services through increased SBHS Medicaid billing. As part of this pilot project, ODE will submit a report that includes a cost benefit analysis to the interim committees of the Legislative Assembly related to education no later than October 1, 2020. SB 111 states:

- (4) Technical assistance provided to a school district or an education service district under this section shall include the following:
- (a) Assistance in the creation and implementation of a district plan to maximize Medicaid billing for school nursing services as part of the overall structure for providing school health services;
- (b) Assistance to school nurses with practices related to Medicaid billing and efficiencies; and (c) Ongoing technical assistance to participating school districts and education service districts in maximizing Medicaid billing.<sup>1</sup>

#### **Outcome Goals**

The Oregon Department of Education's (ODE) primary goal for the pilot project is to increase Medicaid reimbursement to participating districts. ODE will provide a cost and benefit analysis to the Oregon Legislature by October 1, 2020. The intention of this legislation is that increased Medicaid reimbursement will allow districts to increase school nursing and other health services to students.

#### Who can bill for Medicaid reimbursement?

Public Education agencies (school districts) enrolled with the Oregon Health Authority (OHA) as a School Medical (SM) provider type, can bill Medicaid for reimbursement for covered SBHS.<sup>23</sup> Covered SBHS include services authorized under Oregon's Medicaid State Plan that are also considered Special Education, related services or early intervention services provided by medically qualified staff such as:

- Speech, language pathology, audiology<sup>4</sup>
- Social work and psychological services
- Nursing services<sup>5</sup>
- Occupational therapy and physical therapy
- Transportation<sup>6</sup>

<sup>&</sup>lt;sup>1</sup> Senate Bill 111, School Medicaid Pilot Project (2017)

<sup>&</sup>lt;sup>2</sup> Medicaid SBHS Reimbursement for IDEA-related Services PDF

<sup>&</sup>lt;sup>3</sup> School-Based Health Services Administrative Rulebook

<sup>&</sup>lt;sup>4</sup> Guidance Regarding Coverage for Therapy Services for School Children PDF

<sup>&</sup>lt;sup>5</sup> School-Based Health Services and Medically Qualified Staff PDF

<sup>&</sup>lt;sup>6</sup> School-Based Health Services and Transportation Services PDF

#### **Selected Districts: What to Expect**

Districts will receive a wide variety of technical assistance and guidance to assist development of a comprehensive Medicaid billing program. ODE will utilize a cohort model to support districts:

- To develop a District Medicaid Quality Assurance plan
- To enroll with Medicaid as a School Medical (SM) provider
- To develop district policy and processes to support Medicaid billing and reimbursement
- To train and support district staff, and
- To reduce risk and liability related to incorrect billing

### **Expectations of Participating Districts:**

(ODE) looks to develop partnerships with school districts to increase federal Medicaid reimbursement and demonstrate the costs and benefits related to billing Medicaid. As such there are certain expectations that ODE will ask of participating districts. School Districts will:

- Enroll as a Medicaid SM Provider with the State Medicaid Agency (Oregon Health authority).
   School districts enrolled as a School Medical Provider with the Oregon Health Authority and must agree and abide by the conditions set forth in the provider enrollment agreement.
- Commit to assign, or otherwise identify, primary FTE to serve as the school Medicaid Coordinator for this project. The school Medicaid Coordinator will facilitate, drive, and promote Medicaid billing within the school district environment. Staffing will be dependent upon multiple factors including size of district, district experience in billing Medicaid, and buyin from district staff.
- Commit to actively participate in the development of a district Medicaid Quality Assurance Plan.
- Contract with Cascade Technology Alliance (ORMED) for electronic billing submission services. (ODE may grant exception to allow a pilot district to use the Medicaid agency's Web Portal to submit Medicaid billing.)
- Commit to attend planning and training sessions by webinar, phone, and/or in person.
  - o 1-2 day, in person training (TBD August)
  - To be attended by the primary administrative staff members (2) identified in your RFI application.
- Agree to collect and provide data and information related to costs and benefits of billing Medicaid.

#### **Application Timeline**

- RFI will be released on 3/22/18
- RFI Close at 5pm on 4/20/18.
- RFI Q&A Webinar 4/11/2018 (2-3pm)
- District Selection expected by 4/27/18

Please refer all questions and documentation to the Sole/Single Point of Contact for this RFI is:

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## Request for Information: School Medicaid Billing Pilot Project

| 1. District name:   |           |        |        |
|---|-----------|--------|--------|
| Primary Contact (Name)  | Position: | Phone: | Email: |
| Please describe why you are interested in participating in the Medicaid Pilot Project |           |        |        |
| Brief description of your school district and current health services level:          |           |        |        |
| Briefly describe level of internal interest, support or concern for billing Medicaid. |           |        |        |
| Does your district have a Medicaid Billing Coordinator?                               |           |        |        |
| If Yes, please provide contact information.   |           |        |        |
| If no, please address how you will meet this requirement                              |           |        |        |
| Does school district currently bill Medicaid?   |           |        |        |
| If yes, for what services?  |           |        |        |
| (Examples may include nursing, physical therapy, transportation)                      |           |        |        |
| Does school district contract or otherwise partner with an ESD                        |           |        |        |
| or school district to provide   |           |        |        |
| health services (examples:<br>Nursing, OT, PT, Other)?                                |           |        |        |
| If yes, which ESD(s) or school district?  |           |        |        |
| What Student Information system does your school district currently use?              |           |        |        |
| For SPED services?  |           |        |        |
| How many IDEA eligible students   |           |        |        |

| Agree to share data with ODE as it relates to the cost/benefit of billing Medicaid. (Please initial) | YES | No |
|--|-----|----|
| Agree to draft Medicaid Quality  |     |    |
| Assurance Plan. (Please Initial)   | Yes | No |
| Name of authorized   |     |    |
| representative:  |     |    |
| Title:   |     |    |
|  |     |    |
| Authorized Signature:  |     |    |
| Date:  |     |    |
|  |     |    |

<sup>\*\*</sup>This RFI will not result in a contract or grant.