



Department
of Health
State Education
Department

Preschool/School Supportive Health Services Program (SSHSP)

Medicaid 101

2015 – 2016

What is SSHSP?

Preschool/School Supportive Health Services Program (SSHSP)

A New York State Medicaid program that allows school districts and counties to access federal monies for medically necessary services provided to Medicaid eligible students with disabilities as long as all Medicaid requirements are met.

SSHSP Mission

To assist school districts and counties in providing quality health care to students with disabilities for certain diagnostic and health support services while accessing Medicaid reimbursement for eligible services and preventing fraud, waste, abuse, and false billing to the Preschool/School Supportive Health Services Program (SSHSP) through compliance with federal and State laws, regulations and guidelines.

Resources

- **Medicaid-In-Education:**
<http://www.oms.nysed.gov/medicaid/>
 - Questions & Answers
 - Medicaid Alerts
 - Handbook 8
 - Handouts 1 – 7
- DOH: SSHSP Policy and Claiming, and
- SED: Provider Support and Training
- **Public Consulting Group (PCG):**
 - Random Moment Time Study (RMTS) and Certified Public Expenditures (CPEs)
- **Computer Science Corporation (eMedNY):**
<https://www.emedny.org/>
 - Enrollment, Affiliation, and Revalidation
- **NYS Office of Medicaid Inspector General (OMIG):**
<http://www.omig.ny.gov/>
 - Compliance Program and Audit



Resources

- MedinEd Mailbox
MedinEd@nysed.gov
- DOH SSHSP Mailbox
SSHSP@health.ny.gov
- Public Consulting Group
NYSSHSP@pcgus.com



Overview

PART I
SSHSP Fundamentals

- NYS Medicaid Program
- SSHSP History
- Compliance Policies
- HIPAA & FERPA
- IEP Services
- Stakeholders

PART II
SSHSP Services

- SSHSP Providers
- Medicaid Covered SSHSP Services
- Provision of Services
- Supervisory Requirements
- Documentation Requirements

PART III
SSHSP Claiming, Oversight, and Contacts

- SSHSP Billing and Claiming
- CNYRIC & RIC Functions
- OMIG Functions
- Certified Public Expenditures (CPEs)
- Contacts

Part 1: SSHSP Fundamentals

New York State Medicaid Program

New York State Medicaid Program

- Program Goal
 - **To increase access to health care coverage for low income individuals, families, and children.**
- Medicaid is a program for low-income persons whose income and/or resources are below certain levels.
- Eligible populations include: children, pregnant women, single individuals, families, and individuals certified blind or certified disabled.



Not Medicaid eligible? Child Health Plus (CHP) is available to children who are residents of NYS, under the age of 19—at little or no cost. Call toll-free: 1-800-698-4KIDS, and ask about CHP.

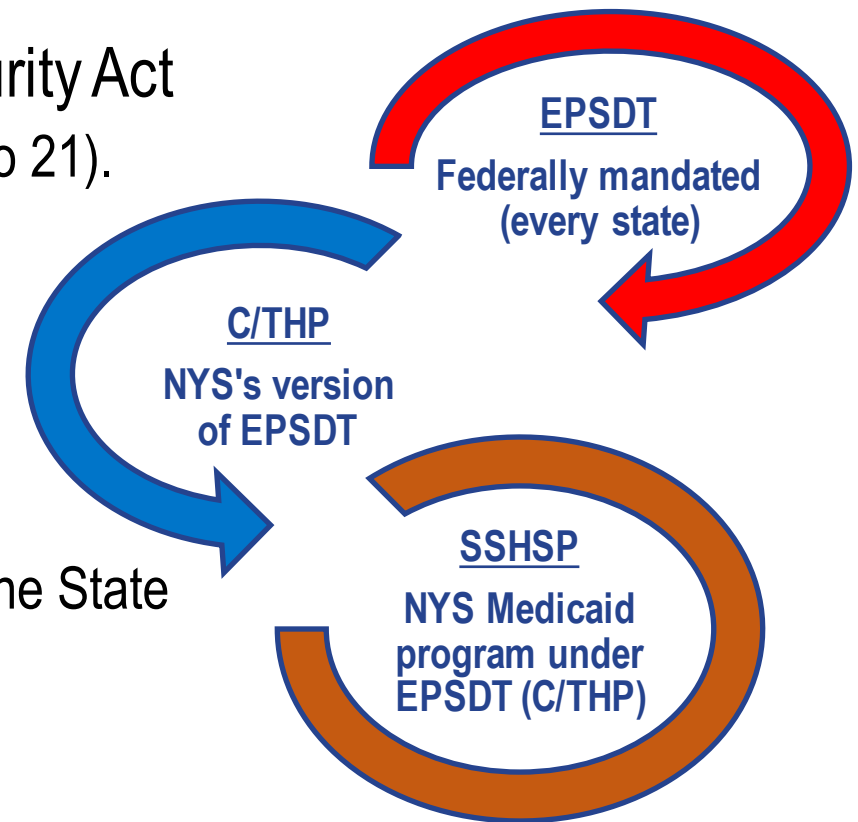


Covered Services

- Medicaid offers a full range of health services for eligible persons.
- Most Medicaid eligible persons are enrolled in a Medicaid managed care plan and access these services within that plan's network.
- Some services are accessed directly through Medicaid fee-for-service (FFS) even when the eligible person is enrolled in Medicaid managed care plan.
- SSHSP services are accessed directly through FFS Medicaid.
- Refer those wishing to apply for Medicaid to the NYS Health Exchange at: <http://info.nystateofhealth.ny.gov/contact>.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT); Child/Teen Health Program (C/THP); & SSHSP

- **Federal** – EPSDT service – §1905 of the Social Security Act
 - Comprehensive/preventive child health program (birth up to 21).
- **State** – Child/Teen Health Program (C/THP)
 - NYS's version of federally required EPSDT services.
 - Provides EPSDT services for children (birth up to 21).
- **School District & Counties** – SSHSP
 - Medicaid program included in EPSDT (C/THP) section of the State Plan.
 - Available to students with disabilities (ages 3 up to 21).
 - Provides Medicaid coverage for 10 unique services.



Part 1: SSHSP Fundamentals

SSHSP History

Preschool/Supportive Health Services Program (SSHSP)

- Previous authority to operate the SSHSP in New York State (NYS) fell under State Plan Amendments (SPAs) 92-42 and 96-41.
- 1998 – Whistleblower filed lawsuit in the U.S. District Court.
- Federal audits/findings:
 - Justice Department and the Centers for Medicare and Medicaid Services (CMS) audited NYS's SSHS program.
 - NYS's SSHS program was found to be out of compliance with federal and State regulations and guidelines.
 - NYS school districts and counties did not maintain documentation to support Medicaid billing.



Did you know: A Medicaid State Plan is an official document that describes the nature and scope of a state's Medicaid program. Each state develops its own Plan, as required under §1902 of the Social Security Act, which is then approved by the federal Department of Health & Human Services – CMS.



HISTORY

- \$540 million settlement (NYS to pay \$440 million and NYC to pay \$100 million).
- SPA 92-42 was ended on June 30, 2009.
- SPA 96-41 was rescinded as of July 1, 2010.
- Compliance Agreement between NYS and CMS entered into July 2009.
- SPA 09-61 was approved on April 26, 2010, and was retroactive to September 1, 2009.



SPA 92-42 contained a monthly billing methodology. No State Plan in place for SSHSP for months of July and August 2009 – No Medicaid billing because no federal funding available.

State Plan Amendment (SPA) 09-61

- SPA 09-61 Defines:
 - Services
 - Includes 10 unique services.
 - Qualified Providers
 - Specifies provider qualifications, and
 - Criteria for Medicaid reimbursement.
 - Reimbursement Methodology
 - Encounter-based.

SPEECH THERAPY

PHYSICAL THERAPY

OCCUPATIONAL THERAPY

PSYCHOLOGICAL COUNSELING

SKILLED NURSING

PSYCHOLOGICAL EVALUATION

MEDICAL EVALUATION

MEDICAL SPECIALIST EVALUATION

AUDIOLOGICAL EVALUATION

SPECIAL TRANSPORTATION



SPA 09-61 can be viewed at:

http://www.oms.nysed.gov/medicaid/resources/state_plan_amendment/home.html



Part 1: SSHSP Fundamentals

Compliance Policies

Compliance Agreement

- Set down in writing NYS's commitment:
 - To comply with all federal and State laws and regulations related to Medicaid funding;
 - To ensure policies and practices are modified to achieve compliance; and
 - To remedy the consequences of past practices and policies.
- Compliance Agreement between NYS and CMS has officially ended.
 - Initially the Compliance Agreement was for 3 years. NYS requested 2 extensions to ensure all elements of the Agreement were met.
- However, NYS will continue close oversight of the SSHSP and continue to provide Medicaid trainings to ensure continued compliance.



Compliance Policies

NYS Policies

- Compliance Policy
 - NYS policy regarding its commitment to ensure compliance.
 - NYS agrees to be in compliance with federal and State laws, rules and regulations.
- [Confidential Disclosure Policy](#)
 - How to anonymously report fraud, waste and abuse.
 - Should be posted conspicuously in the school district/county locations.



Do you know who your Compliance Officer is?

Part 1: SSHSP Fundamentals

Health Insurance Portability & Accountability Act (HIPAA) and
Family Educational Rights & Privacy Act (FERPA)

Health Insurance Portability & Accountability Act (HIPAA)

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires standards to be adopted in two areas:
 - Electronic health-care transactions (include standardizing the manner in which health services are claimed by any entity for any person in receipt of such a service), and
 - Privacy (confidentiality) of all health-related services provided. This involves protection of health information for anyone in receipt of such services.
- For more information about HIPAA please visit the US Department of Health and Human Services website at: <http://www.hhs.gov/ocr/privacy/>.



Family Educational Rights & Privacy Act (FERPA)

- The Family Educational Rights and Privacy Act (FERPA) (1232g; 34 CFR Part 99) (also known as the Buckley Amendment) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.
- In order to assure compliance with FERPA (and thus with HIPAA), the following minimum procedures must be in place:
 - All student data files and information must be protected (e.g., student files are locked or only accessible by appropriate personnel).



Family Educational Rights & Privacy Act (FERPA) — contd.

- Any student information/files transmitted to other appropriate recipients must also be protected. Information/files must be encrypted and password protected.
- Student information/files may be faxed to appropriate personnel, but only to secure sites.
- Parental consent is required for the release of any personally identifiable information other than those specifically excluded in 34 CFR 99.31.
- See *Procedures for the Transmission of Student Specific Information For Medicaid Billing Purposes* in [Medicaid Handbook 8](#), page 11, for all communications between school districts, counties, and SED/DOH pertaining to student-specific information.



Part 1: SSHSP Fundamentals

IEP Services

Individualized Education Program (IEP)

- The IEP is the cornerstone of the special education process for each individual student with a disability. It is designed to enable a student with a disability to receive a free appropriate public education (FAPE) and to benefit from special education. It is the tool used to document how one student's special needs related to his/her disability will be met within the context of an educational environment.
- For Medicaid claiming purposes, all school supportive health services, including evaluations, must be included in the student's IEP.



The written order/referral (not the IEP) documents medical necessity.



SSHSP: Educational Needs and Medical Necessity

Individualized Education Program (IEP)

- Documents **educational needs**.
- Special Education requirement.
- Determines what services are needed to receive free appropriate public education (FAPE).

Written Order or Written Referral

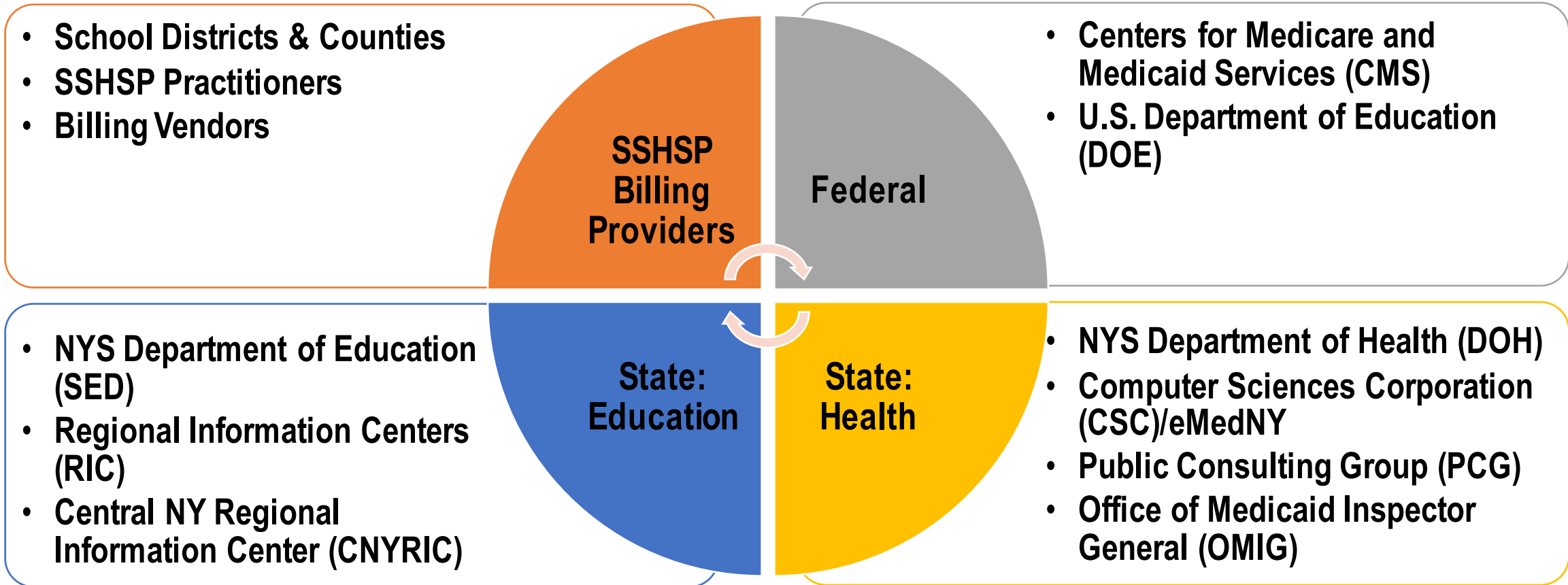
- Documents **medical necessity**.
- NYS Medicaid requirement.
- Allows for potential Medicaid reimbursement.



Part 1: SSHSP Fundamentals

Stakeholders

SSHSP Stakeholders



SSHSP Administrative Responsibilities

For a school district/county (billing provider) to be reimbursed by Medicaid for the provision of a SSHSP service, the school district/county must:

- Have a National Provider Identifier (NPI) and be an enrolled Medicaid provider;
- Obtain parental consent to bill Medicaid (in accordance with FERPA) prior to claiming;
- Incur a cost for the service (i.e. the school district/county must not bill Medicaid for a service that is paid partially or in full by Federal funds);
- Have completed Provider Agreements and Statements of Reassignment for outside contractors (excludes BOCES);
- Students Medicaid eligibility must be confirmed. (Have a Client Identification Number - CIN);
- Keep affiliation current for attending providers;
- Annually certify Electronic Transmitter Identification Number (ETIN);
- Maintain all appropriate documentation; and
- Participate in Random Moment Time Study (RMTS) and Certified Public Expenditure (CPE).



Part II: SSHSP Services

SSHSP Providers

SSHSP Medicaid Providers

There are four types of Medicaid providers in the SSHSP:

Ordering Provider*

The professional who has ordered or recommended services for a student.

**Must be enrolled in Medicaid.*

Attending Provider

The clinician who has the overall responsibility for the student's medical care and treatment.

Servicing Provider

The clinician who renders the service to a student.

Billing Provider

The Medicaid enrolled provider that bills Medicaid for services rendered. In SSHSP, the billing provider is the school district or county.



Attending and servicing provider may sometimes be the same clinician.

Ordering/Prescribing/Referring/Attending (OPRA) Enrollment

- [Medicaid Alert 13-07](#), *NYS Medicaid Provider Enrollment Requirement for SSHSP Ordering/Referring Providers*
- SSHSP billing providers will not be reimbursed by Medicaid for services that were ordered/referred by non-enrolled NYS Medicaid providers.
 - Streamlined ordering/prescribing/referring/attending (OPRA) enrollment process can be found at: <https://www.emedny.org/info/ProviderEnrollment/index.aspx>.
 - Medicaid enrollment status of ordering/referring providers can be found online at: <https://www.emedny.org/info/opra.aspx>.



The Affordable Care Act contains a requirement that ordering/referring providers be Medicaid enrolled in order for billing providers to be reimbursed by Medicaid.



Billing Providers

- Verification of Credentials
 - It is the responsibility of the Medicaid billing provider (school district or county) to verify/document practitioner qualifications prior to submitting claims for Medicaid reimbursement.
 - Here are some links to help: [Office of Professions](#), [OPRA](#), and the National Plan & Provider Enumeration System ([NPPES](#)).
- Affiliate each attending provider's NPI in eMedNY.
 - Failure to complete this process could result in a lag in payment or the denial of SSHSP claims.
 - [Medicaid Alerts](#) 11-03, 12-02, and 14-01 have instructions for the billing provider.

Part II: SSHSP Services

Medicaid Covered SSHSP Services

SSHSP Services

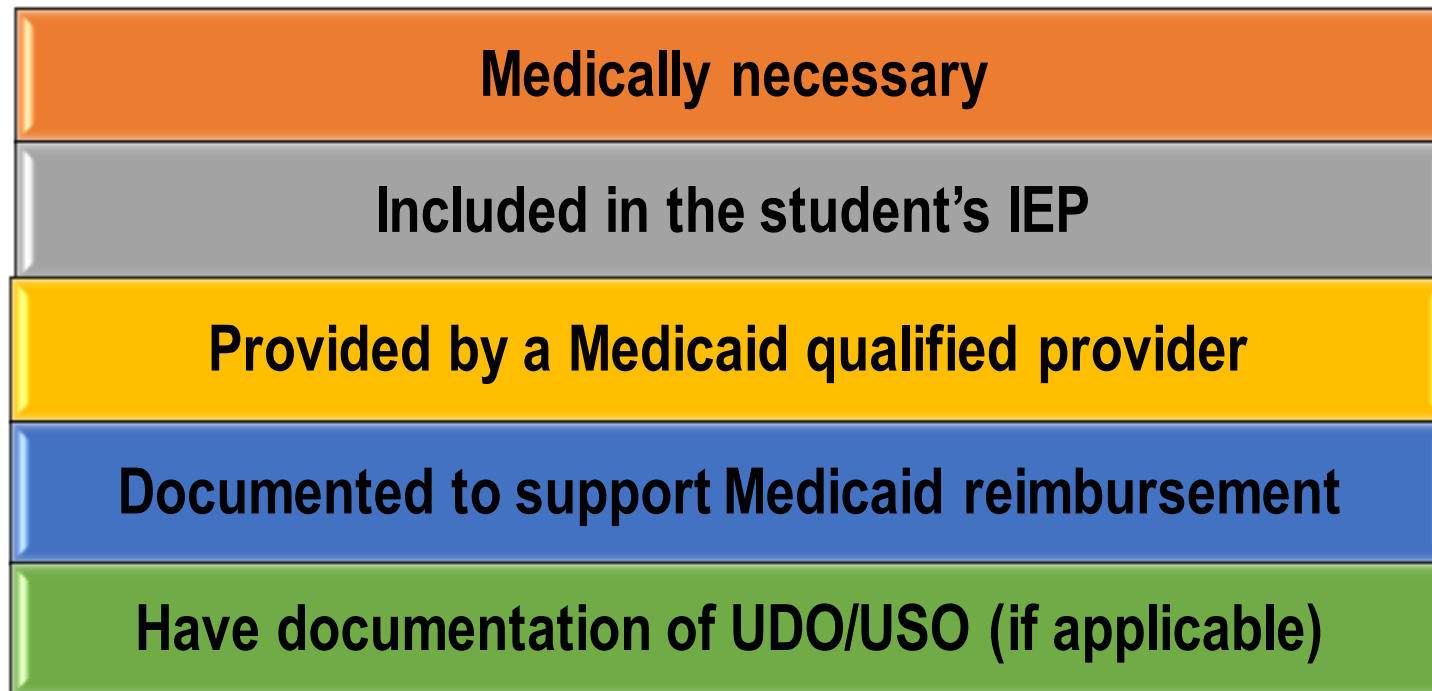
Speech Therapy	Physical Therapy	Occupational Therapy	Psychological Counseling
Skilled Nursing	Psychological Evaluation	Medical Evaluation	Medical Specialist Evaluation
	Audiological Evaluation	Special Transportation	



Not all Special Education services are SSHSP services. Only these 10 services (identified in SPA 09-61) are Medicaid reimbursable SSHSP services.

SSHSP Services

To be Medicaid reimbursable services must be:



Medically necessary means there is a written order/referral from a Medicaid enrolled provider in place prior to delivery of service.



Speech Therapy Services

Requirements for Written Orders/Referrals	Practitioners Qualified to Provide Speech Therapy Services	Documentation Requirements
<ul style="list-style-type: none"> Ordering practitioner must be licensed, registered, and/or certified as required. Written order must be signed/dated by a NYS Medicaid enrolled: physician, physician assistant, or a nurse practitioner. Written referral must be signed/dated by a NYS Medicaid enrolled speech-language pathologist (SLP). 	<ul style="list-style-type: none"> Licensed and registered SLP. Certified teacher of the speech and hearing handicapped (TSHH) operating under the direction of an SLP; or a Certified teacher of students with speech and language disabilities (TSSLD) operating under the direction of an SLP. 	<ul style="list-style-type: none"> Evaluation: Evaluation Report Therapy: Session Note

SPEECH THERAPY SERVICES MUST BE INCLUDED IN THE IEP TO BE MEDICAID REIMBURSABLE.



Speech Therapy

Handbook 8

- <http://www.oms.nysed.gov/medicaid/handbook/>

Questions & Answers

- http://www.oms.nysed.gov/medicaid/q_and_a/

Medicaid Alerts

- http://www.oms.nysed.gov/medicaid/medicaid_alerts/
 - [Medicaid Alert 10-03](#), *Clarification of Credential Requirements for Speech-Language Pathologist*

- [Medicaid Alert 13-07](#), *NYS Medicaid Provider Enrollment Requirement for Providers who Order/Refer in the SSHS Program*
- [Medicaid Alert 13-16](#), *Speech Evaluation CPT Code Changes – Interim Process*
- [Medicaid Alert 14-02](#), *International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM)*
- [Medicaid Alert 14-03](#), *SSHSP Billing Codes for Speech Evaluations (Update to Medicaid Alert 13-16)*
- [Medicaid Alert 14-06](#), *Effective Immediately Physical, Occupational, and Speech Therapy Claims Now Require Modifiers*

Physical Therapy Services

Requirements for Written Orders/Referrals	Practitioners Qualified to Provide Physical Therapy Services	Documentation Requirements
<ul style="list-style-type: none"> Ordering practitioner must be licensed, registered, and/or certified as required. Written order must be signed/dated by a NYS Medicaid enrolled: physician, physician assistant, or a nurse practitioner. 	<ul style="list-style-type: none"> Licensed and registered physical therapist (PT); or a Certified physical therapy assistant (PTA) operating under the direction of a PT. 	<ul style="list-style-type: none"> Evaluation: Evaluation Report Therapy: Session Note

PHYSICAL THERAPY SERVICES MUST BE INCLUDED IN THE IEP TO BE MEDICAID REIMBURSABLE



Physical Therapy

Handbook 8

- <http://www.oms.nysed.gov/medicaid/handbook/>

Questions & Answers

- http://www.oms.nysed.gov/medicaid/q_and_a/

Medicaid Alerts

- http://www.oms.nysed.gov/medicaid/medicaid_alerts/

- [Medicaid Alert 13-08](#), *Update on Physical Therapist Qualifications for the Preschool/School Supportive Health Services Program (SSHSP)*
- [Medicaid Alert 14-02](#), *International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM)*
- [Medicaid Alert 14-06](#), *Effective Immediately - Physical, Occupational, and Speech Therapy Claims Now Require Modifiers*



Occupational Therapy Services

Requirements for Written Orders/Referrals	Practitioners Qualified to Provide Occupational Therapy Services	Documentation Requirements
<ul style="list-style-type: none"> Ordering practitioner must be licensed, registered, and/or certified as required. Written order must be signed/dated by a NYS Medicaid enrolled: physician, physician assistant, or a nurse practitioner. 	<ul style="list-style-type: none"> Licensed and registered occupational therapist (OT); or a Certified occupational therapy assistant (OTA) operating under the direction of a OT. 	<ul style="list-style-type: none"> Evaluation: Evaluation Report. Therapy: Session Note

OCCUPATIONAL THERAPY SERVICES MUST BE INCLUDED IN THE IEP TO BE MEDICAID REIMBURSABLE



Occupational Therapy

Handbook 8

- <http://www.oms.nysed.gov/medicaid/handbook/>

Questions & Answers

- http://www.oms.nysed.gov/medicaid/q_and_a/

Medicaid Alerts

- http://www.oms.nysed.gov/medicaid/medicaid_alerts/

- [Medicaid Alert 10-02](#), *Clarification of Credential Requirements for Occupational Therapy Assistants*
- [Medicaid Alert 13-09](#), *Update to SSHSP CPT Codes*
- [Medicaid Alert 14-02](#), *International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM)*
- [Medicaid Alert 14-06](#), *Effective Immediately - Physical, Occupational, and Speech Therapy Claims Now Require Modifiers*



Psychological Counseling Services

Requirements for Written Orders/Referrals	Practitioners Qualified to Provide Psychological Counseling Services	Documentation Requirements
<ul style="list-style-type: none"> • Referral by an appropriate school official such as: a school administrator, the chairperson of the CSE/CPSE, or other licensed practitioner acting with his/her scope of practice. • <i>These referral sources are not held to the Medicaid enrolled provider requirement.</i> 	<ul style="list-style-type: none"> • Licensed and registered psychiatrist, • Licensed and registered psychologist, • Licensed clinical social worker (LCSW), or a • Licensed master social worker (LMSW) operating under the supervision of a psychiatrist, psychologist, or an LCSW. 	<ul style="list-style-type: none"> • Therapy: Session Note

PSYCHOLOGICAL COUNSELING SERVICES MUST BE INCLUDED IN THE IEP TO BE MEDICAID REIMBURSABLE

See [Q&A 21](#) for more information on who may write a referral for psychological counseling services.



Psychological Counseling

Handbook 8

- <http://www.oms.nysed.gov/medicaid/handbook/>

Questions & Answers

- http://www.oms.nysed.gov/medicaid/q_and_a/

Medicaid Alerts

- http://www.oms.nysed.gov/medicaid/medicaid_alerts/

- [Medicaid Alert 13-09](#), *Update to SSHSP CPT Codes*
- [Medicaid Alert 14-02](#), *International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM)*



Skilled Nursing Services

Requirements for Written Orders/Referrals	Practitioners Qualified to Provide Skilled Nursing Services	Documentation Requirements
<ul style="list-style-type: none"> Ordering practitioner must be licensed, registered, and/or certified as required. Written order must be signed/dated by a NYS Medicaid enrolled: physician, physician assistant, or a nurse practitioner. 	<ul style="list-style-type: none"> Licensed and registered professional nurse (RN), or a Licensed and registered practical nurse (LPN) supervised by a licensed and registered health care provider in accordance with the Nurse Practice Act. 	<ul style="list-style-type: none"> Medication Administration: Medication Administration Record (MAR) Other skilled nursing service: Session Note

SKILLED NURSING SERVICES MUST BE INCLUDED IN THE IEP TO BE MEDICAID REIMBURSABLE

The MAR includes information not typically found in a session note, such as prescribing professional.



Skilled Nursing

Handbook 8

- <http://www.oms.nysed.gov/medicaid/handbook/>

Questions & Answers

- http://www.oms.nysed.gov/medicaid/q_and_a/

Medicaid Alerts

- http://www.oms.nysed.gov/medicaid/medicaid_alerts/

- [Medicaid Alert 14-02](#), *International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM)*
- [Medicaid Alert 15-02](#), *Clarification on Medicaid Reimbursement for Nursing Services*



Psychological Evaluations

Requirements for Written Orders/Referrals	Practitioners Qualified to Provide Psychological Evaluations	Documentation Requirements
<ul style="list-style-type: none"> • Referral by an appropriate school official such as: a school administrator, the chairperson of the CSE/CPSE, or other licensed practitioner acting within his/her scope of practice. • <i>These referral sources are not held to the Medicaid enrolled provider requirement.</i> 	<ul style="list-style-type: none"> • Licensed and registered psychiatrist, or a • Licensed and registered psychologist. 	<ul style="list-style-type: none"> • Evaluation: Evaluation Report

PSYCHOLOGICAL EVALUATION MUST BE INCLUDED IN THE IEP TO BE MEDICAID REIMBURSABLE



Psychological Evaluations

Handbook 8

- <http://www.oms.nysed.gov/medicaid/handbook/>

Questions & Answers

- http://www.oms.nysed.gov/medicaid/q_and_a/

Medicaid Alerts

- http://www.oms.nysed.gov/medicaid/medicaid_alerts/

- [Medicaid Alert 13-09](#), *Update to SSHSP CPT Codes*
- [Medicaid Alert 14-02](#), *International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM)*



Medical Evaluations

Requirements for Written Orders/Referrals	Practitioners Qualified to Provide Medical Evaluations	Documentation Requirements
<ul style="list-style-type: none"> • Referral by CSE/CPSE documented as part of the IEP process. 	<ul style="list-style-type: none"> • Licensed and registered physician, • Licensed and registered physician assistant, or a • Licensed and registered nurse practitioner. 	<ul style="list-style-type: none"> • Evaluation: Evaluation Report

MEDICAL EVALUATIONS MUST BE INCLUDED IN THE IEP TO BE MEDICAID REIMBURSABLE



The claim may not be submitted to Medicaid for reimbursement until the evaluation report has been completed.

Medical Specialist Evaluations

Requirements for Written Orders/Referrals	Practitioners Qualified to Provide Medical Specialist Evaluations	Documentation Requirements
<ul style="list-style-type: none"> Ordering practitioner must be licensed, registered, and/or certified as required. Written order must be signed/dated by a NYS Medicaid enrolled: physician, physician assistant, or a nurse practitioner. 	<ul style="list-style-type: none"> Licensed and registered physician, Licensed and registered physician assistant, or a Licensed and registered nurse practitioner. 	<ul style="list-style-type: none"> Evaluation: Evaluation Report

MEDICAL SPECIALIST EVALUATIONS MUST BE INCLUDED IN THE IEP TO BE MEDICAID REIMBURSABLE



The claim may not be submitted to Medicaid for reimbursement until the evaluation report has been completed.

Audiological Evaluations

Requirements for Written Orders/Referrals	Practitioners Qualified to Provide Audiological Evaluations	Documentation Requirements
<ul style="list-style-type: none"> Practitioner must be licensed, registered, and/or certified as required. Written order must be signed/dated by a NYS Medicaid enrolled: physician, physician assistant, or a nurse practitioner. 	<ul style="list-style-type: none"> Licensed and registered audiologist having a Certificate of Clinical Competence (CCC) from the American Speech-Language Hearing Association (ASHA). 	<ul style="list-style-type: none"> Evaluation: Evaluation Report

AUDIOLOGICAL EVALUATIONS MUST BE INCLUDED IN THE IEP TO BE MEDICAID REIMBURSABLE



The claim may not be submitted to Medicaid for reimbursement until the evaluation report has been completed.

Special Transportation Services

Requirements for Written Orders/Referrals	Provider Qualified to Provide Special Transportation	Documentation Requirements
<ul style="list-style-type: none"> CSE/CPSE must identify in the IEP a medical need for special transportation as well as how the vehicle is modified to meet the medical needs of the student. 	<ul style="list-style-type: none"> A vendor legally authorized to provide transportation services on the date services are rendered. 	<ul style="list-style-type: none"> Transportation log: Each one-way trip must have a transportation log completed.

SPECIAL TRANSPORTATION SERVICES MUST BE INCLUDED IN THE IEP TO BE MEDICAID REIMBURSABLE

Special Transportation

Handbook 8

- <http://www.oms.nysed.gov/medicaid/handbook/>

Questions & Answers

- http://www.oms.nysed.gov/medicaid/q_and_a/

Medicaid Alerts

- http://www.oms.nysed.gov/medicaid/medicaid_alerts/

- [Medicaid Alert 13-10](#), *Clarification of Federal Guidelines for Medicaid Reimbursement of Transportation for SSHSP*
- [Medicaid Alert 14-02](#), *International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM)*



Part II: SSHSP Services

Provision of Services

SSHSP Services

An SSHSP service may be provided as:

An evaluation
or re-
evaluation

An individual
or group
session

Medication
administration

A special
transportation
service

A make-up
session




A make-up session is only Medicaid reimbursable if it is provided within the same week/cycle that it was missed.



Evaluations

- All requirements must be met **prior** to submitting the claim to Medicaid.
- Medicaid requirements for reimbursement – the evaluation must:
 - Be supported by a written order/referral dated prior to the actual evaluation and that order/referral must be from a Medicaid enrolled provider;
 - Be provided by a Medicaid qualified provider;
 - Be included on the IEP; and
 - If it is an initial evaluation for PT, OT, ST, or psychological counseling, the ongoing service in that therapy type must be included in the IEP.

 For psychological evaluations, if the referral was made by an appropriate school official, Medicaid enrollment is waived. Refer to [Medicaid Alert 13-04](#) for more information on Medicaid enrollment of ordering/referring providers.

Initial Evaluations

Physical, Occupational, and Speech Therapy or Psychological Counseling

- An initial evaluation is the evaluation that is done...
 - Prior to the development of a student's first Individualized Education Program (IEP), or
 - Prior to the inclusion of that therapy (PT, OT, ST, or psychological counseling) in the student's existing or next IEP.
- An initial evaluation is **not** Medicaid reimbursable if it is determined that ongoing services in that same therapy type are not needed.



If an IEP is developed and ongoing services are recommended, the initial evaluation must be reflected in that IEP to be Medicaid reimbursable. Refer to [Medicaid Alert 12-03](#) for more information.



Re-evaluations

Physical, Occupational, and Speech Therapy or Psychological Counseling

- A re-evaluation is the evaluation that is done after the student has been receiving ongoing services in that same therapy type.
- Re-evaluations are Medicaid reimbursable even when it is determined that the ongoing service is no longer needed.

Example:

- If a student with an IEP which included speech therapy is re-evaluated for speech therapy, and it is determined the student no longer needs speech therapy, that re-evaluation is billable to Medicaid.



Evaluations and Re-evaluations

Medical, Medical Specialist, and Audiological

- Evaluations and re-evaluations are Medicaid reimbursable without the need for an ongoing service being included in the student's IEP.
- All Medicaid requirements must be met in order for the evaluation or re-evaluation to be reimbursable.



To be Medicaid reimbursable, the evaluation or re-evaluation must be included in the IEP.

Individual or Group Session

- Ongoing service...
 - Speech;
 - Physical therapy;
 - Occupational therapy; or
 - Psychological counseling.
- May be provided as an individual or group (2 or more) service.
- A session is a block of time (e.g., 30 minutes) specifically set aside to devote to the provision of that specific service.
- Documentation—session note completed to be Medicaid reimbursable.



A group session must include 2 or more students to be Medicaid reimbursable.

Medication Administration

- Provided as an individual service.
- May or may not be an ongoing service (scheduled or as needed).
- Documentation—Medication Administration Record (MAR) completed to be Medicaid reimbursable.



If the billing provider has created a MAR form, please make sure all required elements are being included. You can verify all required elements by using [Handbook 8](#).



Special Transportation Services

To be Medicaid reimbursable:

- The specific medical need for special transportation which accommodates the student's disability must be documented in the Individualized Education Program (IEP);
- The special modification for the transporting vehicle which accommodates that student must be documented in the IEP; and
- The student must be traveling to or from a Medicaid reimbursable service other than special transportation.
- All other Medicaid documentation (bus/transportation logs for each one-way trip) must be maintained.



[Medicaid Alert 13-10](#) provides additional guidance on federal guidelines for Special Transportation.



Special Transportation Services

Special circumstances where transportation is Medicaid reimbursable, regardless of the type of vehicle used include:

- A student resides in an area that does not have school bus transportation (such as those areas in close proximity to a school) but has a medical need for transportation that is noted in the IEP and the student is traveling to/from a Medicaid reimbursable service, or
- A student is transported from school or home directly to a provider in the community for the exclusive purpose of accessing an SSHSP service, (e.g., BOCES or other contracted provider), and transportation is noted in the IEP.
- All other Medicaid documentation (bus/transportation logs for each one-way trip) must be maintained.



Make-up Session

Definition: A make-up session is one that was scheduled, subsequently missed, rescheduled, and then made-up.

- Medicaid reimbursement is available for a make-up session only when it is made-up within the same week or cycle that it was missed.
- A make-up session is the only time 2 services of the same type may be billed for the same date of service.
 - **Example:** Two distinctly separate group physical therapy sessions are provided on the same day (one is the regularly scheduled service and one is a make-up for a session missed during the same week or cycle.)

Billing: To bill Medicaid for multiple sessions on the same date of service, submit one claim with all services provided and increase the units, as appropriate.



See [Q+A 77](#) for make-up; and [Q+As 148 -149](#) for cycle calendar.



Part II: SSHSP Services

Supervisory Requirements

Under the Direction of (UDO)

Under the Direction of (UDO) for the PTA, OTA, TSHH, TSSLD means that the supervising therapist (SLP/PT/OT):

- Sees the student at the beginning of and periodically during treatment;
- Is familiar with the treatment plan as recommended by the referring physician or other licensed practitioner of the healing arts practicing under State law;
- Has input into the type of care provided;
- Has continued involvement in the care provided, and reviews the need for continued services throughout treatment;
- Assumes professional responsibility for the services provided under his or her direction and monitors the need for continued services;



Under the Direction of (UDO) — contd.

Under the Direction of (UDO) for the PTA, OTA, TSHH, TSSLD means that the supervising therapist (SLP/PT/OT):

- Spends as much time as necessary directly supervising services to ensure students are receiving services in a safe and efficient manner in accordance with accepted standards of practice;
- Ensures that providers working under his or her direction have contact information to permit them direct contact with the supervising therapist as necessary during the course of treatment; and
- Keeps documentation supporting the supervision of services and ongoing involvement in the treatment of each student.



See [Handout 2](#) for additional support.



Under the Supervision of (USO)

Under the Supervision of (USO) for the LMSW means:

- The LMSW apprises the supervisor of the diagnosis and treatment of each client;
- The LMSW's cases are discussed;
- The supervisor provides the LMSW with oversight and guidance in diagnosing and treating clients;
- The supervisor regularly reviews and evaluates the professional work of the LMSW; and
- The supervisor provides at least two hours per month of in-person individual or group clinical supervision.
- **Supervising therapist may be a LCSW, or a licensed and registered psychologist or psychiatrist.**



See [Handout 2](#) for additional support.



Under the Direction of (UDO) — Licensed Practical Nurse

Licensed Practical Nurse (LPN)

- LPNs may only work under the direction of a registered professional nurse, licensed physician, or other licensed health care provider legally authorized under Education Law - Article 139 Nursing, and in accordance with the Commissioner's regulations. Direction must be provided in accordance with the Nurse Practice Act.



LPN session notes/MAR forms do not require co-signature. Refer to [Handbook 8](#) and [Questions and Answers](#); see Q&As #60-70 in particular.



Timely Signatures/Co-signatures for UDO and USO

- Documentation of the provision of “UDO” or “USO” must be on file prior to claim submission. This documentation includes the **attending provider** signing and dating **each** session note that the **servicing provider** has completed.
- The **servicing provider** (clinician that provides the service) must complete and sign a session note as close to the end of the session as practicable.
- The **attending provider** (practitioner that has overall responsibility for the provided service) must: co-sign and date each session note **not more than 45 days following the date of service**. (This constitutes one component of documentation of UDO/USO.)



See [Medicaid Alert 15-04](#) for additional support.

Part II: SSHSP Services

Documentation Requirements

Medicaid Reimbursable Services

In order to be Medicaid reimbursable, an SSHSP service must be:

- Included in the Individualized Education Program (IEP);
- Medically necessary (written order/referral);
- Provided by Medicaid qualified professionals under contract with or employed by a New York State school district or county; and
- Appropriately documented.

In addition:

- “Under the Direction of” or “Under the Supervision of” must be documented, if applicable; and a
- Signed Provider Agreement/Statement of Reassignment, if applicable.



No claim should be submitted to Medicaid for reimbursement unless all criteria have been met.

Written Order/Referral

The written order/referral...

- Documents medical necessity and must be in place prior to service delivery in order to bill Medicaid.
- The ordering/referring provider must be enrolled as a NYS Medicaid provider.
- Where written referrals are permitted (e.g., speech therapy services and psychological counseling services), the written referral must include all of the required elements listed in [Handbook 8](#).
- Referrals for psychological evaluations and counseling services may be made by an appropriate school official or other voluntary health or social agency. School officials are not allowed nor required to enroll as NYS Medicaid providers.



Written Order/Referral

Must include the following elements:

- Name of the child for whom the order is written;
- Complete date the written order was signed;
- Service(s) that is being ordered;
- Frequency and duration of the ordered service must either be specified on the order itself or the order must explicitly adopt the frequency and duration of the service in the IEP by reference;
- Ordering provider's contact information (office stamp or preprinted address and telephone number);



Written Order/Referral — contd.

Must include the following elements:

- Signature of a NYS licensed and registered and NYS Medicaid enrolled physician, physician assistant, or nurse practitioner acting within his or her scope of practice (for psychological counseling services this also includes an appropriate school official and for speech therapy services, a speech-language pathologist);
- Time period for which services are being ordered;
- Ordering practitioner's National Provider Identifier (NPI) or license number; and,
- Patient diagnosis and/or reason/need for ordered services.



Written Order/Referral

Life of a Written Order





- A written order/referral is required for Medicaid reimbursement for medically necessary services included in the IEP.
- Whenever there is a change to a medically necessary service being furnished to a student pursuant to the student's IEP, the written order/referral for that service must be obtained.
 - This includes, but is not limited to, changes to the frequency or duration for the services, and/or if the service changes from individual to/from group.



[Medicaid Alert 12-11](#), [Handbook 8](#) and [Questions and Answers](#) will provide additional support.



Documentation of Service Delivery

-  **Session Note** — documents ongoing service rendered by a practitioner.
-  **Evaluation Report** — used to identify a child's health related needs as part of the IEP process.
-  **Medication Administration Record** — log of all medications administered during the school day.
-  **Transportation Log** — record of each one-way trip.



Documentation of service must be in place to support Medicaid claiming.



Session Note

A session note documents the service that was rendered by a practitioner and must include:

- Student's name;
- Specific type of service provided;
- Whether the service was provided individually or in a group (specify the actual group size of current session);
- Setting in which the service was rendered (school, clinic, other);
- Date and time the service was rendered (record session start time and end time);



[Handbook 8](#) (includes sample session note) and [Questions and Answers](#) will provide additional support.



Session Note – contd.

A session note documents the service that was rendered by a practitioner and must include:

- Brief description of the student's progress made by receiving the service during the session; and
- Name, title, signature and credentials of the person furnishing the service and date/signature/credentials of directing/supervising clinician as appropriate.



[Handbook 8](#) (includes sample session note) and [Questions and Answers](#) will provide additional support.



Evaluation Report

Medicaid reimbursement is available for evaluations that identify a student's health-related needs as part of the IEP process.

- Documentation of an evaluation is the written report.
- The evaluation report must be completed at the end of each evaluation.
- Medicaid reimbursable evaluations include: speech, occupational therapy and physical therapy evaluations, psychological evaluations, medical evaluations, medical specialist evaluations, and audiological evaluations.
- An evaluation may take more than one session to complete, but **only one unit** is submitted to Medicaid.



Medication Administration Record (MAR)

The Medication Administration Record (MAR) must include:

- Student's name and date of birth;
- Grade/school;
- Medication name, dosage, and route;
- Order start date;
- Order expiration date;
- Prescribers name/telephone number;
- Parent's name/telephone number;
- Date, time, and dosage of medication administered; and
- Signature and title of the person administering medication.



School nursing personnel should maintain accurate records of the medication administered, any special circumstances related to the procedure, and the student's reactions/responses. Sample form is in [Handbook 8](#).



Transportation Log

The bus/transportation log must include:

- Student's name;
- Both the origination of the trip and time of pickup;
- Both the destination of the trip and time of drop off;
- Bus number or the vehicle license plate number; and
- Full printed name of the driver providing the transportation.

Medicaid Record Retention

SSHSP supporting documentation must be retained for a period of six years from the date the services were furnished or billed, whichever is later.

This includes:

- All records necessary to support the nature and extent of services/evaluations furnished and the medical necessity, including any written order or written referral for services/evaluations.



Note that individual professions may have other record retention requirements in addition to the Medicaid program requirements.



Part III: SSHSP Claiming, Oversight and Contacts

SSHSP Billing and Claiming

Who May Access Medicaid Funds Under SSHSP

- School districts and counties are the only **billing providers** under SSHSP.
- School districts may access Medicaid funds for certain IEP services provided to Medicaid eligible school age students ages 5-21.
- Counties may access Medicaid funds for certain IEP services provided to Medicaid eligible preschool students ages 3-5.

Provider Agreement & Statement of Reassignment

Must be completed by all outside agencies/contractors (other than BOCES) with whom a school district or county contracts for the provision of SSHSP services.

Provider Agreement

Contracted provider keeps any record necessary to disclose the extent of services the practitioner furnishes to recipients.

Contracted provider complies with all School Supportive Health Services Program (SSHSP) documentation and program requirements.

Statement of Reassignment

Contracted provider reassigns all Medicaid reimbursements to the school district/county that the practitioner contracted with for providing medical services billed under SSHSP.

Contracted provider accepts as payment in full, the contracted reimbursement rates for covered services.

Contracted provider complies with all the rules and policies as described in the contract with the school district/county.

Contracted provider agrees not to bill Medicaid directly for any services that the school district will bill for under the SSHSP.



These documents should be in conjunction with any new/renewed contracts.

Parental Consent

- School districts and counties must obtain a one-time written consent from the parent, and **annually** provide parents with a written notification of their rights and the opportunity to withdraw consent.
- Medicaid may not be billed for school supportive health services furnished to a student without a signed parental consent that meets IDEA and FERPA requirements.
- Information on parental consent can be found online at:
<http://www.p12.nysed.gov/specialed/publications/parentalconsent-medicaid-July2013.htm>



This is a State Education Department (IDEA) requirement.



Eligibility Match — CNYRIC

- Billing providers, except for the New York City Department of Education, submit claims for services to the SSHSP clearinghouse – the Central New York Regional Information Center (CNYRIC).
- When a student is referred to the Committee on Special Education (CSE) or the Committee on Preschool Special Education (CPSE), the billing provider enters the student's biographical data into billing software.
- CNYRIC will run the biographical data against the New York State Medicaid eligibility list to create monthly Biographical Update Report (BIOUPDT), Medicaid Eligible Match Report (ELIGREPT), and a Near Match/Multiple Match Report (MATCH) for each billing provider.

National Provider Identifier (NPI) Requirements

Affordable Care Act (ACA) Requirement

- School districts and counties must report the NPI numbers for the ordering/referring, attending, and billing providers on all Medicaid claims.
 - Ordering/referring provider must be enrolled in NYS Medicaid.
 - For psychological evaluations or psychological counseling services referred by an appropriate school official, use the NPI of the billing provider (the school district or county).
 - For special transportation services, use the NPI of the billing provider (the school district or county).



[Medicaid Alert 13-07](#) provides additional guidance.



Encounter-based Claiming

All SSHSP claims are encounter-based.

Claims for direct medical services must be supported by documentation as required and must include:

- Student's Medicaid client identification number (CIN) and other pertinent demographics;
- NPI numbers for: Ordering/referring, attending and billing providers;
- A valid appropriate ICD-9 or ICD-10 code(s);
- The appropriate Current Procedural Terminology (CPT) code(s);
- Procedure code modifier for PT, OT, and ST claims only; and
- Number of unit(s).



For dates of service up to and including September 30, 2015, ICD-9 diagnosis code(s) must be used.



ICD-10: Coding and HIPAA Requirements

- In compliance with Health Insurance Portability and Accountability Act (HIPAA) 5010 transaction requirements, the inclusion of an **appropriate** diagnosis code on Medicaid claims is required.
- An appropriate diagnosis code is one that most closely matches the reason for the service.
- The diagnosis code(s) create a source of data that can be used...
 - To show why services were rendered;
 - For resource allocation, such as appropriate staffing and scheduling; and
 - To track utilization of services.



ICD-10: Coding and HIPAA Requirements

What does ICD-10 mean for everyone?

- Claims for dates of service on and after October 1, 2015 require ICD-10 codes.
- ICD-10 is an expanded code set and eMedNY will not publish an ICD-9 to ICD-10 crosswalk. Use the many resources available through <https://www.emedny.org/icd> to explore your options and to train your office.
- All billing providers who bill Medicaid are impacted. See the [FAQs](#) on the eMedNY website to see how your NY Medicaid claims will need to be submitted.
- ICD-9 and ICD-10 coding are not allowed within the same claim.
- Possible interruption in payment—Submitting claims with ICD-9 codes for dates of service on and after October 1, 2015 will be rejected by pre-adjudication edits.



[Medicaid Alert 14-02](#) provides additional guidance.



Current Procedural Terminology (CPT) Codes

- CPT® is a registered trademark of the American Medical Association (AMA).
- The CPT coding system offers practitioners a uniform process for coding medical services that streamlines reporting and increases accuracy and efficiency.
- A CPT code shows what service(s) were rendered.
- Appropriate CPT codes must be included on claims.
- For CPT codes available for SSHSP claims refer to [Handout 5](#).



Procedure Code Modifiers

Physical, occupational, and speech therapy claims now require modifiers.

- SSHSP Medicaid claims submitted for PT, OT, and ST services (evaluations and ongoing services) must include the two-digit procedure code modifier to identify the type of service.
- Each therapy type has a unique procedure code modifier that must be included on the claim.
 - GP – Physical therapy
 - GO – Occupational therapy
 - GN – Speech therapy
- The procedure code modifier should match the service provider.
 - **Example:** CPT Code 97150 group therapy—therapy service provided by PT, a GP modifier code would be used. If an OT uses this CPT code, a GO modifier would be used.



[Medicaid Alert 14-06](#) provides additional guidance.



Achieving Maximum Reimbursement

- Submit claims to CNYRIC as soon as all supporting documentation has been met/obtained.
 - **Best practice** = initially submit within 6 months.
 - Claims must be submitted to CNYRIC no later than 11.5 months after the date of service.
- Review web reports provided by CNYRIC.
 - Identify and take corrective action to resubmit claims within allowed time frame.
 - Resubmissions can not go past the 11.5 month deadline.
 - The local RIC provides support, password authorization, and training on access and use of web reports.
- See the [Monthly Claiming/Billing Calendar](#) for dates of submission.



[Medicaid Alert 13-05](#) will provide additional support on timely billing.



Achieving Maximum Reimbursement

Can a billing provider submit a claim over 12 months old?

- If claim submission is delayed due to certain circumstances outside the control of the provider, a formal request (in writing) may be made to DOH to file the claim late. DOH will review each case to determine if back claiming is permissible.
- Potentially valid reasons could include:
 - Delay in Medicaid eligibility determinations;
 - eMedNY system errors; or
 - State directed delays.
- Potentially non-valid reasons could include:
 - Third party billing vendor software deficiencies;
 - Billing provider not affiliating the clinician; or
 - Resubmission of denials past the 11.5 month deadline.



These are examples only.



Electronic Transmitter Identification Number (ETIN)

- Allows providers to submit and track electronic claim transactions.
- SSHSP billing provider must give approval to the Central New York Regional Information Center (CNYRIC) to receive their electronic remittance files for posting to the billing provider's web reports and cnyricMED system for downloading.
- ETIN certification statements must be renewed annually.
- Renewal notices are sent to billing providers by Computer Science Corporation (CSC). Pre-printed forms must be signed and notarized.



NYS Medicaid requires all billing providers to register for electronic funds transfer (EFT). See instructions in [Medicaid Alert 12-06](#).

Funding/Reimbursement

- The SSHSP is a jointly funded program (50% federal share, 50% State share).
- The federal share represents new monies to the billing providers.
- The State share represents an advance of State Aid reimbursement.
- The NYS Department of Health issues an electronic transfer to the billing provider representing both the federal and State shares.

School Districts & Counties — (Contracted Billing Vendors)

Many school districts and counties use a third party vendor for record keeping and submitting Medicaid claim information to CNYRIC.

Q. Should an electronic record keeping system be used to enforce Medicaid billing rules (such as that notes must be recorded contemporaneously)?

A. The school district or county may choose to utilize computer programming or other means to assist them in their efforts to prevent fraud, waste, and abuse. As a Medicaid billing provider, the school district or county should be directing if and how their contracted vendor (third party biller) implements systematic processes to ensure compliance with all federal and State guidelines.



School Districts & Counties — (Contracted Billing Vendors)

Many school districts and counties use a third party vendor for record keeping and submitting Medicaid claim information to CNYRIC.

Q. Who is responsible for claims submitted to Medicaid for reimbursement?

A. As enrolled Medicaid providers, school districts and counties are responsible to monitor/oversee the vendors they contract with to ensure all claim submissions are compliant with federal and State guidelines.

Part III: SSHSP Claiming, Oversight and Contacts

Central New York Regional Information Center (CNYRIC) and Your Local Regional Information Center (RIC) Functions



CNYRIC Functions

The billing provider must transmit to CNYRIC the following data for each SSHSP claim:

- Student demographics;
- Date of service;
- CPT code(s)/rate code(s);
- Number of units;
- NPI numbers for: ordering/referring, attending and billing providers;
- Diagnosis code(s); and
- Procedure code modifier.

CNYRIC Functions

- All data is entered into billing software to create a billing data file (BILLSUM) to be submitted to CNYRIC for processing based on the [Medicaid Monthly Claiming/Billing Calendar](#).
- CNYRIC then submits these data files to Computer Science Corporation (CSC) for processing and potential Medicaid reimbursement.
- Medicaid reimbursement will be sent electronically to the billing provider when processing is completed.



CNYRIC Functions

Web reports are available at the CNYRIC website to assist the billing provider in understanding the claiming process.

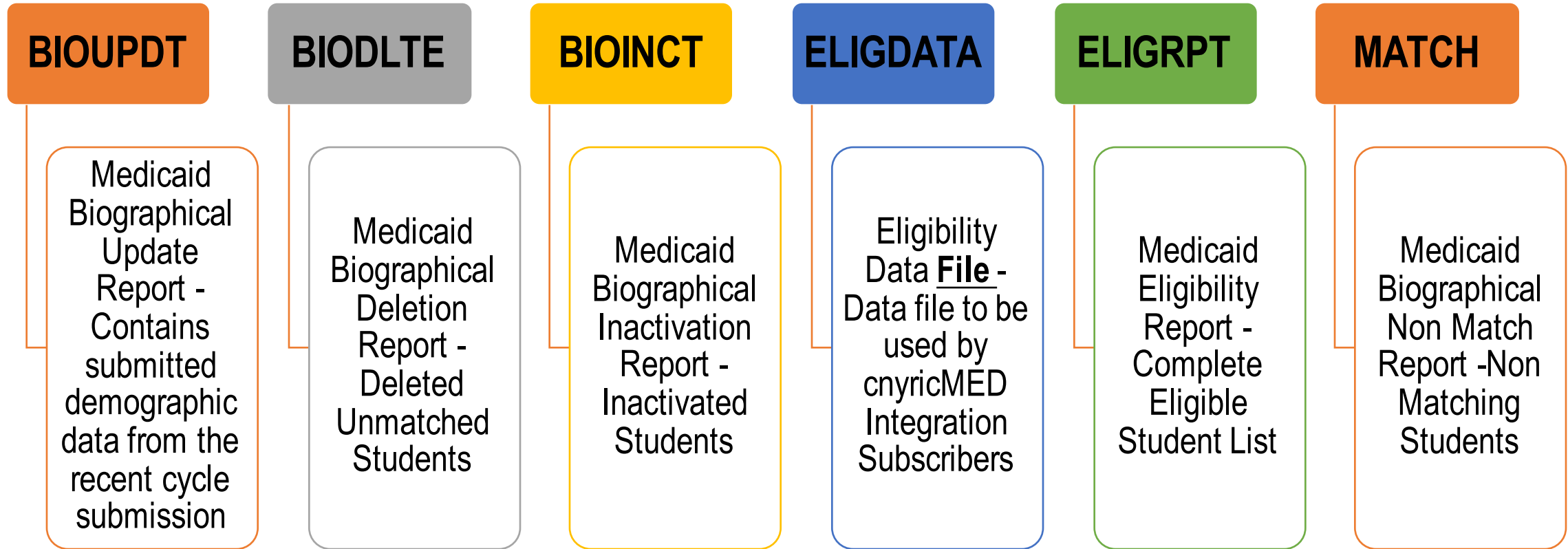
These ready-made reports and listings include a library of standard reports and listings to help improve compliance, increase efficiency, support best-practices, and enable data-driven management and accountability.

- Web reports are available for every cycle with information about the claim(s) that have been submitted, processed, denied, etc.
- Monthly notification (email) from CNYRIC informs billing providers when and what web reports are available for them to access.
- CNYRIC will post available web reports at www.cnyric.org/ (click Web Applications, Web Reports).



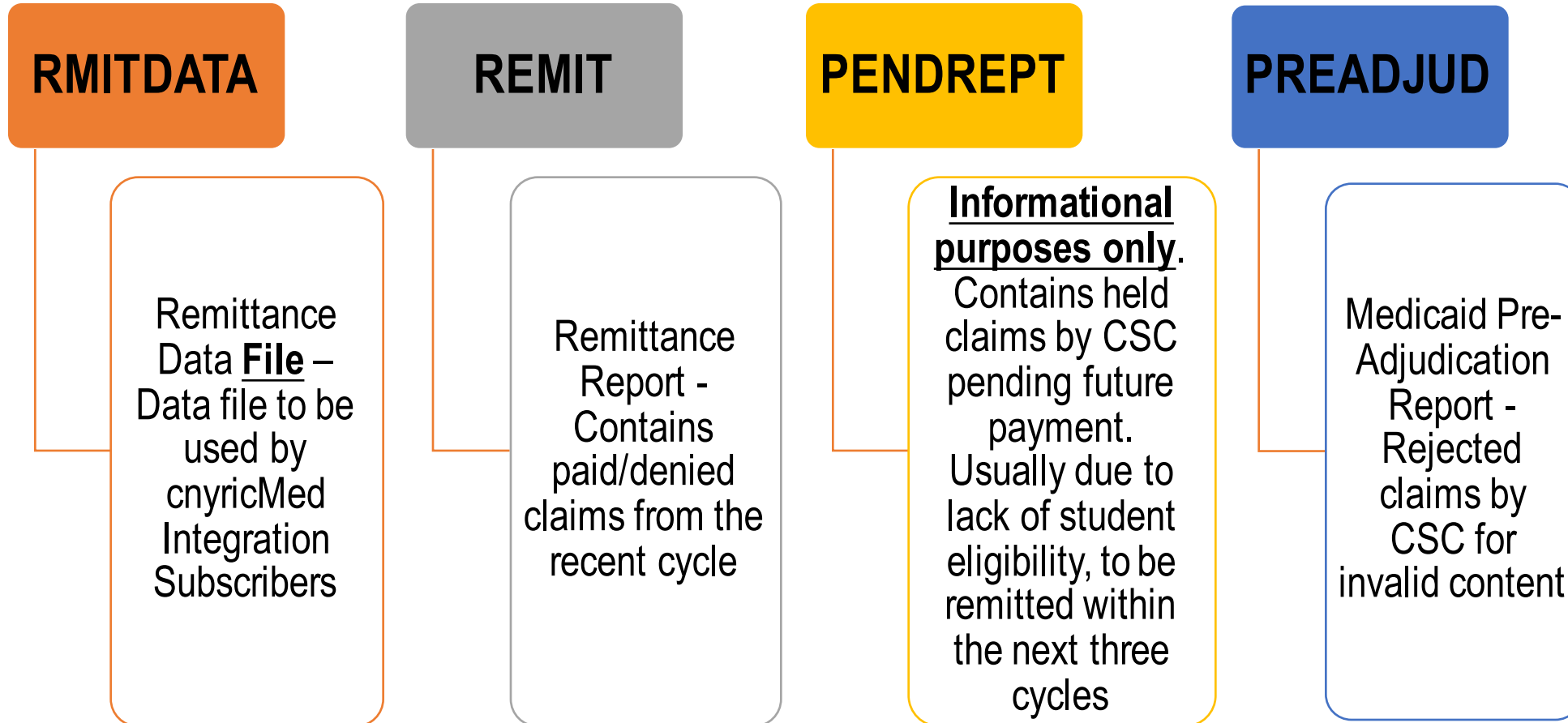
CNYRIC Functions

The following **demographic** web reports are available to billing providers:



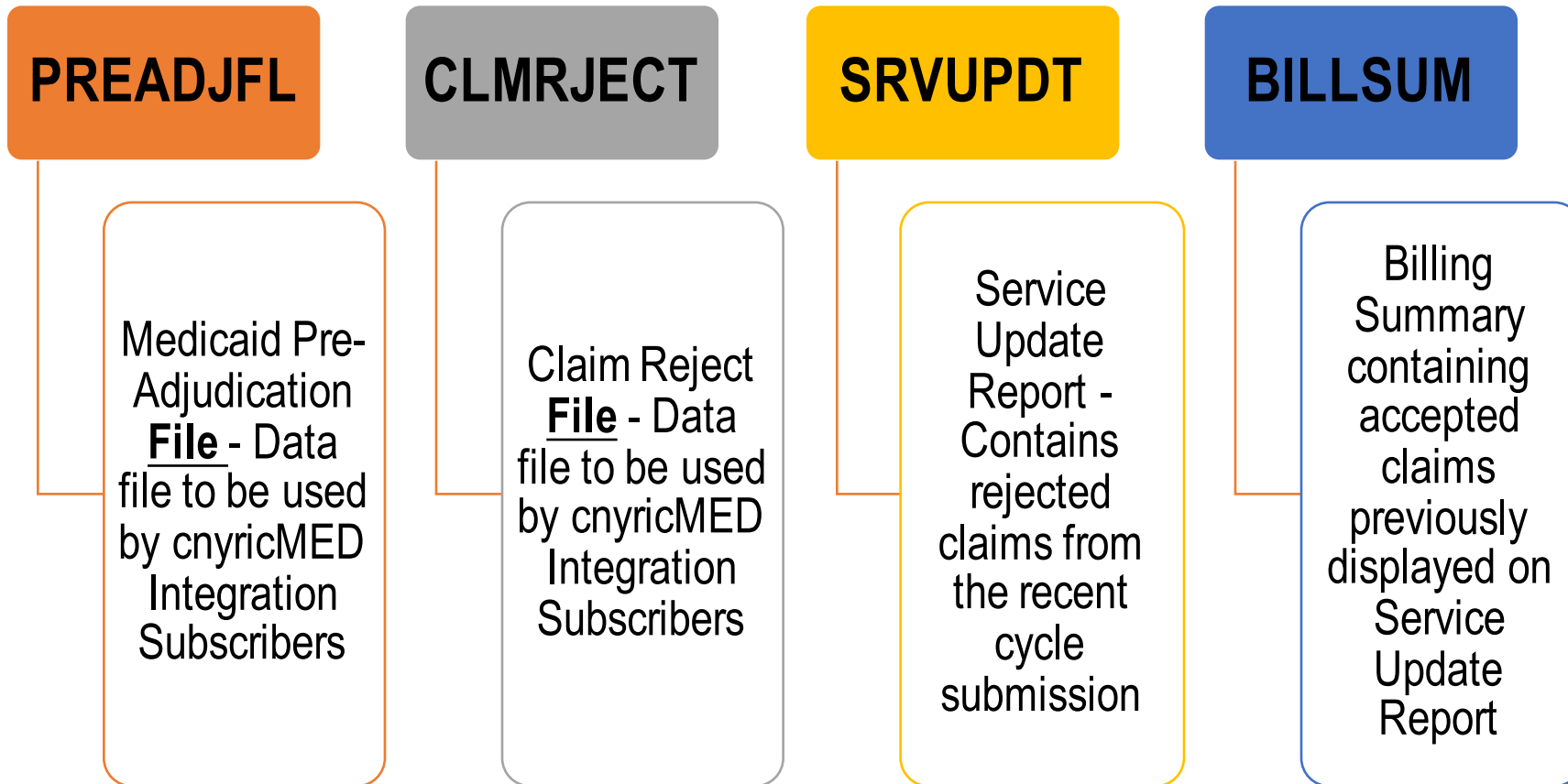
CNYRIC Functions

The following **claim** reports are available to billing providers:



CNYRIC Functions

The following **claim** reports are available to billing providers:



RIC Functions

The RIC should be the initial contact for guidance. RICs are contracted through NYSED to offer the billing provider assistance to navigate through the SSHSP.

Some of the additional services provided include:

- Direct provider support: billing and claiming;
- Notifications: billing/remittance, Medicaid Alerts, and ETIN;
- Training: Medicaid 101, documentation, and web reports; and
- CNYRIC Web Access and password authorization.

Contact information can be found at:

http://www.oms.nysed.gov/medicaid/contacts/ric_contacts.html

RIC Functions

- Documentation training is conducted onsite for schools/counties by RICs.
 - Initiated as feature of mandatory trainings; may be provided on request.
 - Supports in-house compliance program.
 - Assists in identification of proper documentation for interim claiming.
 - Not an audit. Identifies best practices improving documentation compliance.
- Areas of common concern where training has focused:
 - Under the Direction or Supervision of (UDO/USO) – necessary activities.
 - Written Order – elements required on the order/referral.
 - Session Note – what needs to be included on a session note.

Part III: SSHSP Claiming, Oversight and Contacts

OMIG Functions

Office of the Medicaid Inspector General (OMIG) Functions

Mission...

To enhance the integrity of the New York State Medicaid program by preventing and detecting fraudulent, abusive, and wasteful practices within the Medicaid program and recovering improperly expended Medicaid funds while promoting high-quality patient care.

- The Office of the Medicaid Inspector General (OMIG) is an independent entity created within the New York State Department of Health.

Office of the Medicaid Inspector General (OMIG) Functions

For SSHSP purposes OMIG is:

- The Medicaid auditing agency;
 - Responsible for managing the OMIG Compliance Program; and
 - Responsible for maintaining the Medicaid Exclusions lists.
- Staff from the Office of the Medicaid Inspector General (OMIG) conduct audits and reviews of Medicaid providers.
 - OMIG considers all the facts encountered during the review.
 - Once audits are finalized they are posted on OMIG's website at:
<https://omig.ny.gov/audit/final-audit-reports>



OMIG Functions—Compliance Program

The Bureau of Compliance works to educate, assist, and assess Medicaid program providers in meeting their obligation to establish and operate effective compliance programs that will prevent or, in the alternative, detect and address fraud, waste, and abusive practices within the Medicaid program.

- Social Services Law §363-d -- 18 NYCRR Part 521
 - Ensures Medicaid providers establish systemic checks and balances to detect and prevent inaccurate billing and inappropriate practices in the Medicaid program.
 - Applies to all persons, providers or affiliates claiming, ordering or receiving payments in excess of \$500,000 (gross) from the Medical Assistance Program.
 - Requires annual recertification.
- Additional support can be viewed on OMIG's website at:
<https://omig.ny.gov/compliance>.



Best practice: Have a Compliance program in place regardless of gross dollars billed.



OMIG Functions—Medicaid Exclusions

The Medicaid program wants to ensure that the best medical professionals participate in the Medicaid program. When it is determined that a provider should no longer be eligible to participate, the **individual** or the **entity** is placed on a list of excluded providers.

- Prior to adding new staff members, employers should check to see if prospective employees have been excluded from Medicaid.
 - <https://omig.ny.gov/fraud/medicaid-exclusions>
- Providers with questions about exclusions should call the New York State Office of the Medicaid Inspector General (OMIG) at 518-402-1816.

Part III: SSHSP Claiming, Oversight and Contacts

Certified Public Expenditures (CPEs)

Certified Public Expenditures (CPEs)

- The CPE reimbursement methodology is an annual cost reconciled and settled reimbursement methodology.
- CPE cost settlements based on school year (July 1st to June 30th).
- Allows NYS to request additional federal funding for costs not completely covered by current Medicaid reimbursement.
- Public Consulting Group (PCG) is the Department of Health's contractor who will assist with the implementation of the CPE reimbursement methodology.

Certified Public Expenditures (CPEs)

The major components of the CPE reimbursement methodology are...

- Time spent by practitioners delivering Medicaid reimbursable services (Random Moment Time Study – RMTS);
- Actual costs including employee salaries, fringe benefits, contract costs, and equipment purchases and maintenance (reflected in annual cost reports); and
- Interim Medicaid reimbursement received by SSHSP providers from encounter-based billing.



Part III: SSHSP Claiming, Oversight and Contacts

Contacts

Contacts

- **NYS DOH: SSHSP Medicaid Policy and Medicaid Claiming Questions**
 - (518) 473-2160
 - SSHSP@health.ny.gov
- **NYSED: Medicaid in Education – Provider Support and Training**
 - (518) 474-7116
 - Medined@nysed.gov
 - [RIC Contacts](#)
- **OMIG: Compliance Program and Audit**
 - (518) 473-3782 (main office)
- **Public Consulting Group: RMTS and CPE**
 - Hotline: (866) 912-2974
 - NYSSHSP@pcgus.com
- **Compliance Officer, SSHSP**

Robert Jake LoCicero, Esq.
Deputy Director of Administration
NYS Department of Health
Corning Tower – Room 2863
Albany, New York 12237
(518) 474-9868