



Texas State Billing Services, Inc.

1-877-897-8283

Providing Medicaid Consultancy and Administration Services to
Texas Schools. . . for Texas Children

SHARS BILLING UPDATE

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Fall 2007

TSBS Welcomes All Districts for the 2007-2008 School Year!!

As we begin the new school year, we at TSBS would like to say *THANK YOU* to all of our districts, old and new. Your teamwork and dedication served in making last year interesting and exciting.

Just a friendly reminder to wrap up the 2006-2007 school year, please make sure that all reports for last year are turned into TSBS by November 19th. Any reports turned in after that date may not be billed due to processing and transmittal constraints to meet TMHP's deadline of December 4th.

RMTS Participant List

The updated Participant List was due no later than Friday, September 21st. If you did not certify the Participant list by the 21st, no services can or will be billed for the 2007-2008 school year.

The Participant List is critical because it will determine the names eligible for the RMTS Time Study and is required for both MAC and SHARS participation. In order to complete the Participant List process, you will need to:

View the current list of participants

Edit/Delete existing participants

Add new participants

Add job titles for the following RMTS categories:

Personal Care Service Provider, Service Coordinator/Case Manager, Delegated Nursing Services Provider, Outreach Worker, Behavioral Counselor

Please feel free to call the Fairbanks Help Desk at 888-321-1225 with any questions. Thank you.

Adjustments for Exceeded Billable Time

Effective for dates of service on or after September 1, 2006, school districts providing School Health and Related Services (SHARS) to Medicaid-eligible students are paid district-specific interim rates. Documentation supporting the Medicaid reimbursement of SHARS must be maintained in the student's Individualized Education Plan (IEP). The recommended maximum billable time and limitations for SHARS procedure codes are listed in the 2007 *Texas Medicaid Provider Procedures Manual*, Section 42, "School Health and Related Services (SHARS)." Providers must maintain documentation supporting the need for billable time that exceeds the maximum billable time guidelines.

Claims for dates of service on or after September 1, 2006, will be reprocessed and payments will be adjusted accordingly for services that exceed the maximum limitations. No action on the part of the provider is necessary. Units of service in excess of the maximum limitations will be denied and payments recouped. Providers can appeal the denials and provide the required documentation supporting the need for billable time that exceeds the maximum limitations.

The re-processing will not take place until sometime in October. We have discussed the recommended maximum limits that are in the TMPPM & the Billing Guidelines - these are the same limits that are being placed on the TMHP system.

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As you know, the TMHP system did not have an edit for a maximum amount on any of the SHARS procedure codes. This is just another possible audit item we are trying to close up - in light of the SHARS-OIG Audit.

For more information, please contact:

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MAC and Transportation Funding

Friday, August 31, the Centers for Medicare & Medicaid Services (CMS) placed on display at the Office of the Federal Register a [Notice of Proposed Rulemaking](#) (CMS-2287-P) regarding Medicaid reimbursement for school-based administration and transportation. According to the media release accompanying the NPRM, Improper billing by school districts for administrative costs and transportation services under the Medicaid program is a longstanding concern of the Department of Health and Human Services (HHS). Both HHS' Office of the Inspector General (OIG) and the Government Accountability Office (GAO) have identified these categories of expenses as being susceptible to fraud, waste, and abuse.

Under the Medicaid program, Federal payment is available for the costs of administrative activities (MAC) "as found necessary by the Secretary for the proper and efficient administration of the State plan." The proposed rule would eliminate reimbursement under the Medicaid program for the costs of certain activities based on a Secretarial finding that these activities are not necessary for the proper and efficient administration of the State plan, nor do they meet the definition of an optional transportation benefit. Based on these determinations, under the proposed rule, Federal Medicaid payments would no longer be available for administrative activities performed by school employees or contractors, or anyone under the control of a public or private educational institution, and transportation from home to school and back for school-aged children.

The proposed rule was put on display at the Office of the Federal Register on Friday, August 31, 2007, and is open for public comment until November 6, 2007. CMS will review the comments and prepare a final rule. For more info, check out www.theleanet.com or to express your concern, contact your congressman.

Diagnosticians and Counselors 2nd State Amendment

We are still awaiting word from HHSC on the 2nd State proposed plan. We have had many questions regarding TEA certified Diagnosticians and Counselors turning in forms. Please continue filling out and turning in reports for services rendered. When the plan is approved, claims will be processed for payment.

Sign Language Interpreter Services

Sign language interpreter services may be billed under SHARS for special education students as personal care services if the required documentation is maintained. This is similar to orientation and mobility services. While we don't have a separate procedure code for these services, they can be considered personal care services as they assist the student in performing ADLs and IADLs.

Welcome New School Districts

Lamb County Special Ed SSA, Region 17; SPECO SSA, Region 17; Atascosa-McMullen Co-op, Region 20; San Patricio Special Ed Co-Op, Region 2; Chapel Hill ISD, Region 8

Parental Consent Forms

Parental consent forms, to bill Medicaid, must be obtained annually.
