

## IMS Data Entry Personnel and Technicians Notes – 2/5/08 10:00 A.M. – 11:40 A.M.

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### Agenda

1. Introductions
2. IMS Summary Report
3. Medicaid Update
4. Networking and Sharing

#### Preview of Future Business

1. Next meeting: March 4, 2008; 10:00 – 12:00  
The topics to be determined.

#### Announcements

1. Regional Meetings
  2. Meeting Schedule for 2008-2009
  3. Special Education Enrollment Count Survey
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### Introductions

The sites checked in.

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### IMS Summary Report

Kirby reviewed the changes to the IMS Summary Report.

- These changes were put into production on Saturday night.
- [Overhead of Page F and IMS Summary Report](#)
- The number of service minutes are now broken down into three settings
  - Regular Education Minutes
  - Special Education Minutes
  - Community Minutes
  - Total Minutes per service
- This will now match the breakdown on page F.

Dann reviewed the Medicaid Service Log Sheet, and the field Total Minutes entered.

**Question:** Are we to enter all minutes and all settings for all IEPs? We are not currently doing that.

**Answer:** On the Medicaid claim sheets, the field “Amount (duration and frequency) of services as identified on student’s IEP” fills in based on the time-related fields on the IMS service screen. Rather than entering only the special education minutes that appear on an IEP or the IMS Data Summary, data entry personnel are to enter into IMS the Total minutes. (See example below.) This is because Medicaid-eligible services can be billed back for the total minutes, regardless of the setting (e.g. regular/general education, special education or community.) Click [here](#) for example.

**Question:** What if the school is doing the claim billing? Do we need to enter these minutes then?

**Answer:** It would be a good idea to be standard and enter the minutes for both the IEP and the service screen. In addition, should the practice ever change you would already have the data available.

**Question:** We only record the special ed minutes, do we need to enter regular ed minutes also?

**Answer:** Yes, you need both for Medicaid. The total minutes are billable.

**Question:** In the past IMS service screen only had the special ed minutes. We don’t use the

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service screen to drive Medicaid.

The CPC will check on this.

**Post-meeting note:** The IMS screen has not had separate fields for special education, general education and community minutes. If your AEA is not using the service screen to print Medicaid claim forms, at least until further notice, your AEA will not need to change your practice. However, fields on common screens are subject to Uniform Data Entry Procedures. At this time, there are no plans to make these fields part of the Uniform Data Entry Procedures.

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## Medicaid Update

Dann gave a Medicaid update. Topics covered:

- Reminders on the Parental Consent form
  - It is a federal requirement.
  - There are a lot of questions about whether or not parents should sign the form or not
    - Three myths
      - AEA's and LEA's claiming impact benefits? No, Medicaid is an entitlement.
      - It other services outside the educational setting? No, there is not impact.
      - These claims are duplicative. If the same service is delivered to the same child on the same day, the duplicate claim will get denied. Since it typically takes AEA's longer to submit claims, it is likely that the AEA's claim will be the one that is denied. ??
  - The best time to get the consent form signed is at the annual review.
  - If something about a Medicaid eligible service changes during the years, another meeting, another consent form is required.

**Question:** I have had people ask if it will impact private insurance. I tell them no.

**Answer:** When Medicaid receives the claim, if they know that private insurance exists, they will pass it on to the insurance to see if they will pay it. Since AEA's are not on the WellMark preferred list, it will not pay anything. When the insurance is denied, the insurance company may send a letter to the parents notifying them of this denial.

**Question:** If a child is being seen multiple times per day, I total the minutes. Is that OK?

**Answer:** Yes. This is the correct way to handle this multiple administration of services per day, accumulating the minutes. Medicaid limits one child to one service per day.

- Review of the December claim transmission and upcoming credits
  - In the month of December there were two transmissions to Medicaid. One of these transmissions did not check the consent flag.
  - This impacted five AEA's.
  - A letter was sent to the parents involved informing them that this had happened.

**Question:** Does the filter determine consent solely by the "Y" in the box, or additionally check the existence of a date?

**Answer:** CPC will look into this to see if the existence of a date is checked also.

**Post-Meeting Note:**

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When the claim file is created, there is a check to make sure there is a "Yes" in the Medicaid Consent field. There is no check of the date in the "Medicaid Consent Signed" field.

**Question:** Should we delete the only consent in certain conditions?

**Answer:** No, don't delete a consent. It is valid until it is revoked.

**Question:** When there is a new plan, is it required to get a new consent form?

**Answer:** The Federal requirement is: if a service changes, a new consent form is necessary.

- Reminder on procedure code modifiers
  - Example: 97150 – Physical therapy, 97150"OT" – Occupational Physical therapy
  - It is important to have the procedure code modifiers.
  - If a staff does not fill it out, return the form as incomplete, per your AEA's procedures.
  - If you know that the staff person is an occupational therapist and the code modifier is not filled out, data entry should not just fill out the modifier. Data entry should return the form for completion. It should be only a rare occasion for data entry to fill this out and then only with supporting documentation.
- Reminder on signatures on log sheets
  - During reviews we are noticing that the signatures do not have credential initials.
  - Signatures also are missing the date.
- Potential of more claiming due to the federal funds being kept by AEAs
  - For Part C kids, the AEA keeps 100% of the money.
  - For Part B kids, 75% does back to DHS.
  - State policies conflict with federal policy which states that all the money stay with the provider.
  - Starting July 1, 2008 and going forward money will not go back to DHS.
  - This means that there will be a financial incentive for AEAs to make claims. There could be an increase in the number of claims.
  - The timeframe will be taken up in the next couple months.
  - Changes could be seen before July 1.

**Question:** What does this mean in regard to the state portion?

**Answer:** The state portion is still under question.

**Question:** Are there any reports that will help track which staff are not filling out the forms?

**Answer:** One AEA reported that they use a FoxPro report – Overdue Medicaid report. They export the report results into an Excel spread sheet. Then they manually note when they get the forms. Another AEA uses a pocket folder. When the form is turned in, the staff get the next folder.

**Post-meeting note:** It is possible to print a log on which the AEAs can keep track of which staff have returned Medicaid claim forms. When running the FoxPro "Medicaid Claim forms and staff logs" report (or a similar report for Part C):

- The report options will be brought up. Run the report as you normally would.
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- After running the new staff Medicaid forms for the month and you click on 'done', the next report option will come up as Medicaid staff logs (in the upper right hand corner of the screen). Click on print and it will run the list alphabetically per staff of the forms that just printed. This list will print with a column on the right side which will allow you to log the date the Medicaid claim form is returned.

**Question:** Will Medicaid catch an error in claims minutes?

**Answer:** No, Medicaid will not catch an error in claims minutes.

Note: When they come out for a statistically sound sample review, if it is found that there is X% of error, over or under on claims, there will be a penalty. In the future this penalty will apply to the full year.

**Question:** Does data entry need to add up the minutes on the claim sheet to be sure it matches the IEP time?

**Answer:** That is up to each AEA. Medicaid does not care how the AEA manages their accuracy. It is recommended you discuss this with your Director.

**Question:** Is there any reason why Medicaid is not generated off of web IEP, thus insuring the minutes would be correct?

**Answer:** The Directors are currently taking this under consideration.

**Networking and  
Sharing /  
Announcements**

**Question:** On the Written Notice, if speech is changing, does the last question need to be marked as "yes".

**Answer:** Yes.

**Question:** Is there a report out there for Secondary Disabilities?

**Answer:** There is no report but recently the CPC asked each AEA if they would like those data.

1. Regional Meetings proposed schedule:

- Monday, 5/19/2008, AEA 10 office in Coralville
- Tuesday, 5/20/2008, AEA 267 office in Cedar Falls
- Wednesday, 5/28/2008, AEA 8 office in Storm Lake
- Thursday, 5/29/2008, AEA 13 office in Atlantic
- Friday, 5/30/2008, AEA 11 office in Johnston

2. Meeting Schedule for 2008-2009

- Tuesday, August 26; 10:00 AM – 12:00 PM
- (no September meeting)
- Tuesday, October 7; 10:00 AM – 12:00 PM
- Tuesday, November 4; 10:00 AM – 11:00 AM
- Tuesday, December 2; 10:00 AM – 11:00 AM
- Tuesday, January 6; 10:00 AM – 12:00 PM
- Tuesday, February 3; 10:00 AM – 12:00 PM
- Tuesday, March 3; 10:00 AM – 12:00 PM
- Tuesday, April 7; 10:00 AM – 12:00 PM
- Tuesday, May 5; 10:00 AM – 12:00 PM
- Tuesday, June 2; 10:00 AM – 12:00 PM