



The 2007-2008 PDE Report is now available online: www.leaderservices.com/pa0708

View 2007-08 SBAP reimbursement data online!

New this year, Leader has posted a list of all participating SBAP schools and their MA reimbursement for the 2007-2008 school year. Compare data at: www.leaderservices.com/sbapdata

Regional trainings slated for the fall

Leader will hold its SBAP 2009-2010 fall regional trainings in mid-September or early October. Locations and dates are forthcoming. If you have suggestions for specific topics, please e-mail: access@leaderservices.com

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Emmeline Giarrizzi
Editor
egiarrizzi@leaderservices.com



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SBAP

School-Based ACCESS Program



News for participants in the School-Based ACCESS Program

PA to Undergo CMS Audits

By Cherie Dininni, Supervisor, Department of Public Welfare, Office of Medical Assistance Programs Bureau of Program Integrity

The Deficit Reduction Act of 2005 (DRA) directed CMS to audit Medicaid providers to identify payments that were not appropriately provided, documented, or billed.

Who are the "MICs?" Medicaid Integrity Contractors (MICs) perform audits on behalf of CMS. MIC audits have begun in Pennsylvania; Booz Allen Hamilton, Inc. is PA's MIC.

How Will Audits be Conducted? MICs will use Generally Accepted Government Auditing Standards. MICs will request and review copies of provider records, interview providers and staff, and conduct site visits.

Which Providers will be Subject to Audit? All Medicaid providers, including schools that participate in the SBAP, will be subject to audit.

How are Providers Selected? Providers are selected based on claim data analysis by other

CMS contractors and/or by referral from other state agencies.

How Should Providers Respond to a Notification Letter? Booz Allen Hamilton, Inc. will notify providers by letter that they have been selected for audit and will request records and other documents. Providers **must** submit the information to the MIC within the requested time, which is generally two weeks.

What Process will Follow the Completion of the Audit? The state and providers will have opportunities to respond to MIC audit findings. CMS will make the final decision, specify the overpayment, and send the final report to the state. The state will pursue recovery from providers for overpayments identified.

CMS Abandons Effort to Abolish Admin Claiming

The Centers for Medicare and Medicaid Services (CMS) has reversed its decision to pursue the elimination of Medicaid reimbursement for school-based administrative and special transportation services! Regulation CMS-2287-P2 would have stopped federal payments to schools for providing specialized transportation and a variety of administrative activities provided on behalf of students.

These services are mandated under the Individuals with Disabilities Education Act (IDEA); therefore, cutting the programs would have in-

creased the financial burden schools are already experiencing.

LEAnet and its associates deserve a great deal of credit for their persistent efforts to fight CMS-2287-P2. LEAnet is a grassroots organization whose mission is to protect and expand children's health care services in public schools.

The decision was announced May 1; the public has 30 days to comment, meaning the regulation would go into effect before the June 30 expiration of the current moratorium.

EVS Alert: In some cases, the Eligibility Verification System displays an error when a provider attempts to verify a student's MA eligibility using the student's name/date of birth. This occurs when more than one student has the same name and date of birth in the EVS database. If error code 76 *Duplicate Subscriber/Insured ID Number* displays with no other information, do not assume that the student is not MA eligible. Instead, contact your SBAP Account Manager to verify eligibility.