

CARE: IT'S WHAT WE DO

Care. It's in our name, because it's what we do. And we love what we do! We genuinely love getting to know you, and we love helping you help your district. We know that each of you is a person, and that every situation is unique, so we make listening our priority. We know we do our best work when we understand our clients, their needs, and the needs of their districts.

So please don't hesitate to call! We're here to listen and help—here to make your life easier. We're here to care.

"Never believe that a few caring people can't change the world. For, indeed, that's all who ever have."

– Margaret Mead

EXPANDED SCHOOL BASED SERVICES

Reimbursement funds for additional IEP based services beyond Speech/Language, Occupational and Physical Therapy may be available to your district. These additional IEP based services can include Private Duty Nursing, Personal Care, Behavioral Health and Hearing Aid Services. If you believe you may have qualifying students for any of these services, please contact Claim Care for further billing information.

MO HEALTHNET PROVIDER REVALIDATION

Missouri Medicaid Audit and Compliance (MMAC) provider revalidation for currently enrolled individual Medicaid providers began July 1, 2017. Per MMAC, all individual providers are on schedule to be revalidated by the end of 2018.

Claim Care is working in cooperation with MMAC regarding provider revalidation for our Medicaid enrolled school districts/individual therapists. Please be watching for a revalidation application from Claim Care for approval/signature. Claim Care will send revalidation applications to the district contact person for distribution to individual providers.

If you receive a MMAC revalidation application directly from MO HealthNet, please contact Claim Care. Claim Care will continue to monitor MO HealthNet's provider revalidation and will update districts with changes that may occur.

**Individual providers initially enrolled with MMAC prior to the mandatory inclusion of National Provider Identifier (NPI) numbers will be required to enroll for an NPI prior to revalidating. Please contact Claim Care for assistance establishing the NPI number.*

SIMPLIFIED & TRUSTED

Let our experts
assist your district
in recovering
Medicaid funds.

2017–2018 SERVICES

**Direct IEP Therapy Program,
DESE-Local Tax Effort Billback/
Public Placement Fund, and
DESE-High Need Fund**

CONTACT US

p: 877.327.5308

f: 877.483.2598

e: claim@claimcareonline.com

P.O. Box 247 Paris, MO 65275

 [claimcareinc](https://www.facebook.com/claimcareinc)

Business Hours

Monday — Thursday:

8:00 a.m. — 3:45 p.m.

Friday: 8:00 a.m. — 12:00 p.m.

WWW.CLAIMCAREONLINE.COM

UPCOMING EVENTS

- **SPED Administrator's Conference – MO CASE**
September 24-26, 2017 — Tan-Tar-A Resort at Osage Beach
- **National Alliance for Medicaid in Education (NAME)**
October 15-18, 2017, Fort Lauderdale, Florida
- **Missouri Association of Rural Education (MARE)/Missouri K-8 Association Fall Conference**
October 18-19, 2017 — Lodge of Four Seasons at Lake Ozark
- **Missouri Association of School Administrators (MASA)**
April 4-6, 2017 — Lodge of Four Seasons at Lake Ozark

DIRECT IEP THERAPY PROGRAM PROCESSES & PROCEDURES

The Omnibus Budget Reconciliation Act of 1989 (OBRA-89) provides Medicaid funding for Individual Education Plan—IEP or Individual Family Services Plan—IFSP therapy services based on medical necessity. Missouri's statewide public healthcare program (MO HealthNet for Kids) provides coverage for individual physical, occupational, and speech/language therapy services, as well as group speech/language therapy services for children under 19 years of age whose family income falls within certain guidelines. For further information on these guidelines or for an application, you may contact Claim Care, your local Family Service Center, or go online to <http://dss.mo.gov/fsd/mchild.htm>.

**Group occupational and physical therapy, co-treatment, travel time, report writing, consultation with parents, preparation of documents, and/or 504 Services are not reimbursable services.*

National Plan & Provider Enumeration System (NPPES) and MO HealthNet Provider Participation

In order to bill for reimbursement through MO HealthNet, all therapy providers must utilize their National Provider Identifier (NPI) assigned to them by the National Plan and Provider Enumeration System (NPPES). In addition, both the Missouri School District and any therapy provider practicing with/for the District must be enrolled for active MO HealthNet participation to receive payment from the Medicaid program. The Missouri Department of Social Services (DSS) / MO HealthNet Division (MHD) is responsible for application approval.

MHD licensing criteria to determine provider participation with a school includes:

- **Speech Language Teacher** with a current permanent Missouri Department of Elementary and Secondary Education (MoDESE) Teacher Certificate showing Speech.
- **Speech Language Pathologist** holding a current permanent Missouri Board of Healing Arts Speech/Language Pathologist certification/licensure.
- **Occupational and Physical Therapist** with a current permanent Missouri Board of Healing Arts certification/licensure.

Enrollment in or verification of active MO HealthNet participation plus Missouri licensure can be provided by Claim Care. Please contact us for assistance or additional information.

Consent to Use Program Benefits

The U.S. Department of Education Office of Special Education and Rehabilitative Service (OSERS) issued amended regulations to parental consent for accessing public program benefits or insurance authorized by IDEA 34 CFR §300.154 (d) with an effective date of March 18, 2013. The District must obtain a one-time written parental consent and provide initial/annual written notification to the parent/guardian of all SPED (IEP) participants thereafter. New parental consent may be obtained when the student's IEP expires or services change. A sample One-Time Consent form and Initial And/

Or Annual Written Notification form created by Claim Care are available upon request.

Referrals/Prescriptions

The Missouri Code of State Regulations (13 CSR 70-70.010) requires a referral for speech/language therapy and a prescription for occupational and physical therapy service to claim reimbursement under the Missouri statewide public healthcare program. District staff should complete the highlighted areas on the referral/prescription form, attach the current IEP or IFSP of the participant/student, and submit to a MO HealthNet-enrolled primary care provider for validation or denial of medical necessity. Record documentation by the therapy provider may begin immediately, but claiming for reimbursement is not authorized until validation of medical necessity is obtained.

If a referral/prescription has been obtained which is less than one year old with no change to the therapy service(s) or units of service, it is not necessary to obtain another referral/prescription until stated expiration date.

Claim Care Online: Secure Messaging & Claim Service

For the protection of confidential data, we strongly recommend the use of the Claim Care Secure Messaging Service when transferring personal identifying information (i.e. student rosters). All messages sent and received through our service are kept in a secure data center accessible by authorized Claim Care personnel only. If you have not yet obtained a secure site username and password, contact Claim Care directly. The secure site is located at: www.claimcareonline.com. You will then select the Secure Messaging link below the Main Menu icon to access your log-in screen. After log-in, please use the e-mail address claim@secure to send messages to Claim Care through the secure server. Confirmation from Claim Care should be received within 24 hours.

To submit billing invoices/claims electronically, therapy providers have the option of using the Claim Care Online Claim Service. Our format makes it easier and more efficient than ever to submit therapy claims. Log on with an individual username and password provided by Claim Care, then document, confirm, finalize, submit, and print and sign electronic invoices for your district files. Invoices received by Claim Care will be processed for program benefits.

MO Healthnet Desk Review

As part of the MO HealthNet program, providers may occasionally receive MO HealthNet correspondence for previously submitted claims. This is a normal part of MMAC program compliance. Should you receive any communication from MO HealthNet, please contact Claim Care for assistance with verification of services.

Caseload Rosters

A major factor for the successful recovery of program benefits for a District is the ability to identify every eligible participant/student receiving covered therapy services. It is critical the District maintain accurate and up-to-date caseload ros-

ters throughout the year with Claim Care.

A current caseload roster including all PK-12 students receiving direct IEP or IFSP speech/language, occupational, and/or physical therapy service(s) should be submitted for each provider and shall include the students' first and last names, middle initial, titles (i.e., II, III, Jr.), and dates of birth. An updated version of your district roster should be submitted to Claim Care by October 6, 2017. Additionally, it is imperative Claim Care be notified of any caseload changes throughout the school year to maximize reimbursement and provide additional services, such as pre-printed referral/prescription forms and provider billing invoices.

Throughout the school year, participant eligibility may change. Claim Care will provide notification if the change affects program participation. If there is ever a concern with eligibility status, please contact us.

An end of the year 2017—2018 caseload roster will be requested in May 2018. Please mark your calendar.

Provider Billing Invoice

The last available District caseload data has been used to confirm participant/student program eligibility for the preparation of August through December 2017 provider billing invoices. Additional invoices will be prepared for the 2017-2018 school year upon receipt of October 6, 2017 caseload data. District preference dictates the delivery to either the District Administrator or therapy provider on record. Please check with the District Administrator before contacting Claim Care about missing invoices.

If an invoice for a participant/student is received and IEP or IFSP services are no longer provided, please notify Claim Care. The date of change can also be documented on the invoice and returned to Claim Care. If a participant/student has simply transferred to another building/therapy provider, please forward the invoice(s) to the appropriate party.

As therapy is rendered to an identified participant/student, adequate documentation per 13 CSR 70-3.030 must be completed by the therapy provider to support the actual service(s). The provider billing invoice created by Claim Care allows for comprehensive documentation permitting prompt, accurate claiming when properly completed by the therapy provider. On the last day of each month, each provider must confirm, finalize, and submit validated invoice(s) to Claim Care. Validated invoices can be sent separately by therapy provider or in batch groups direct from the District Administrator. The submission process is dictated by the District. Invoices received by Claim Care will be processed for program benefits. Various sized mailing envelopes are available from Claim Care at no charge.

****Fiscal and medical records that coincide with and fully document services billed for program benefits must be retained for a minimum of five (5) years from the date of service.***