

General Questions

Q1. Will the PowerPoint for this training be distributed to all attendees?

A. Yes. The training materials will be distributed to all attendees, along with the questions and answers from the March 10, 2020 training.

Q2. The RMTS inbox at RMTS@dhcs.ca.gov provides an automatic response when an email is received. Can the LEA Program inbox at LEA@dhcs.ca.gov also provide an automatic response?

A. DHCS will work on setting up an automatic response for the LEA@dhcs.ca.gov inbox to confirm that an email was received.

Q3. Just to clarify, there will NOT be 4-digit modifiers for new practitioners? This was corrected to 2-digit modifiers on the email sent out for the 3/5 training?

A. This is correct. Although the claiming system will allow for the 4-character modifiers, these modifiers have since been updated to 2-character modifiers to allow for future modifier expansion, if necessary. Refer to the revised slides for up-to-date codes (changes identified in red font).

Q4. One goal of SPA 15-021 is to expand services, thus increasing reimbursements to LEAs in California. In order to measure success, is the focus on the increase of interim reimbursements only, or are we to take into account the post audit total? How will DHCS be measuring improvement?

A. The impact on interim reimbursement is not the only statistic that DHCS will use to measure the success of SPA 15-021; however, it's important to note that interim reimbursement can be used to measure utilization of services. DHCS will use both quantitative measures (e.g., the number of participating LEAs, including the number of LEAs that decide to start or stop participating in the Program) and qualitative measures (e.g., input from stakeholders regarding implementation successes and concerns) to identify the impact of SPA 15-021.

Q5. Quite a few speech service claims are still being denied inconsistently. Some claims are paid and others with the same CPT code are being denied:

- **For speech-telehealth, the procedure code is inconsistent with the modifier used or a required modifier is missing.**
- **For regular speech, the combination of procedure code and modifier is not valid on the dates of service billed.**

A. Regarding speech-telehealth claims, the DHCS Fiscal Intermediary (FI) is still in the process of updating the claims processing system with the new telehealth modifier. DHCS has identified denials being issued for any telehealth claims that uses both the old modifier ("GT") and the new modifier ("95") after an update was installed. DHCS advises LEAs to continue to submit telehealth claims, using the new modifier ("95"). After the system update is complete, an erroneous payment correction (EPC) will be run for all claims denied incorrectly.

Regarding regular speech claims, please reach out to the LEA Program at LEA@dhcs.ca.gov with specific information on dates of service, CPT codes, modifiers, and the Remittance Advice Denial (RAD) codes. In general, for any large quantity of claims being denied incorrectly, please contact the LEA Program as soon as possible.

Introduction

Q6. Slides #7-8: When and how often will the information on the website be updated? There has been some confusion in the past regarding an LEA submitting a change of address using Form 6209 based on instructions listed on the website and being told different instructions by Provider Enrollment Division (PED).

A. The LEA Program has changed the process for how LEAs submit a change of address or update information on the provider master file. Any address change requests need to be written on the LEA's letterhead and sent to the LEA inbox with the subject line: "LEA Address Change Request". The LEA name on file, the NPI#, and the new address needs to be included in the letter. This information will be reflected in the LEA Onboarding Handbook.

In addition, LEAs may change their contact information and/or address by submitting page one (1) of the Annual Report (AR) to the LEA Program. Page 1 of the AR, Medi-Cal Provider Enrollment Information Sheet, will allow you to notate any changes to your LEA's information. If your LEA's contact information changes after your last submission of the AR, but before the submission period for the following year, please submit an updated page 1 only. You do not need to resubmit the entire AR.

Q7. On Form 6209, it asks the signee to provide their Social Security Number (SSN), and the signee did not feel comfortable providing their own SSN. Why couldn't they provide the district's tax payer ID?

A. The LEA BOP will not require DHCS 6209 to change the service or billing address for LEA providers. DHCS will update the LEA Onboarding Handbook to reflect this change. However, to enroll into Medi-Cal, the Provider Enrollment Division will require the official personnel to complete the 6209 form.

Roles and Responsibilities

Q8. Slide #11: Does the LEA Program work directly with Provider Enrollment Division (PED)? Can the LEA Program do anything to speed up the process at PED?

A. Yes. The LEA Program submits the enrollment application to PED for LEAs to enroll as a Medi-Cal provider. If an LEA wants to enroll or dis-enroll in the LEA Program, they must contact the LEA Program directly. Any additions, deletions, or changes of status must be communicated to the LEA Program. Stakeholders that are experiencing unreasonable wait times should reach out to the LEA Program at LEA@dhcs.ca.gov. The LEA Program will then follow-up with PED to ensure applications are processed accordingly.

Upcoming Program Changes

Q9. When will new telehealth modifiers be updated?

A. The DHCS Fiscal Intermediary is in the process of updating the claims processing system and expects changes to be made in Spring 2020. Any additional updates will be communicated to LEA stakeholders via e-blast.

Q10. When will new the psychology procedure codes start paying?

A. The DHCS Fiscal Intermediary is in the process of updating the claims processing system and expects changes to be implemented in Spring 2020. Any additional updates will be communicated to LEA stakeholders via e-blast.

Q11. Slide #25: If the coder training will not be open to anyone other than LECs/LGAs, will DHCS provide other instruction for vendors and/or LEAs related to coding with an appropriate level of information? LEAs would like more guidance to prevent inconsistencies.

A. LECs/LGAs administer the RMTS process and are responsible for providing training to Time Survey Participants (TSPs). However, the LEA Program plans to hold a TSP training after SPA 15-021 is approved to provide additional guidance to health service practitioners that may be responding to moments. This TSP training will be open to all LEA stakeholders, including vendors.

Q12. Slide #28: If a special education teacher's primary purpose is to provide services to medically fragile students – per their job description – such as at a COE, can that special education teacher be included on Participant Pool 1 if the LEA submits an equivalency form?

A. The TSP Equivalency Request Form can be submitted for specific individuals or all individuals with the same job title/role. Additional information will be forthcoming regarding this process through a DHCS Policy and Procedure Letter (PPL). TSP Equivalency requests will be determined on a case by case basis.

Q13. Slide #28: If an employee has the primary purpose of providing administrative activities and, therefore, is placed in Participant Pool 2, but they sometimes provide direct services, the LEA should not bill for those services under the LEA Program, correct?

A. Correct, only TSPs in Participant Pool 1 should bill for direct medical services under the LEA Program.

Q14. Slide #28: If a TSP has the ability to be placed in either Participant Pool 1 or Participant Pool 2, the LEA can decide where to place the TSP, correct?

A. Assuming the TSP meets all necessary requirements for both Participant Pool 1 and Participant Pool 2, the LEA can decide which cost pool is best suited for the TSP. However, in determining which list to place a TSP on, the LEA should evaluate the TSP's primary role/objective. If the TSP's primary job duties relate to providing direct health services to students (and the LEA intends to bill for such services through the LEA Program), the TSP would be considered a Participant Pool 1 TSP.

Q15. Slide #29: Since the TSP list was already due, is that list final or can additions be made?

A. The TSP list that was most recently submitted was for the SMAA Program. The LEA Program will not integrate into the RMTS process until July 1, 2020. Therefore, the first TSP list related to the LEA Program RMTS process will be part of the time survey that will run in the second quarter of FY 2020-21.

Q16. Slide #29: PPL #20-008 – “TSP List Certification Statement for the RMTS” states “participants who are employed or contracted by the LEA...who will participate in RMTS.” I thought contractors are not part of RMTS TSP lists? What is correct?

A. PPL #20-008 relates to the entire RMTS, which will cover both the SMAA Program and the LEA Program. The TSP List Certification Statement applies to both Participant Pool 1 and Participant Pool 2 participants. Participant Pool 1 will not include contractors; however, Participant Pool 2 will include contractors.

Q17. Slide #31: For backcasting CRCS reports, how will contracted practitioners from past fiscal years (FYs) be applied to the CRCS?

A. For the LEA Program, revised CRCS forms for past fiscal years (FYs) will be modified so that health service contractors that were previously included on the SMAA Invoice will not be double-counted on the LEA’s CRCS for that time period. Additional guidance will be provided at the CRCS training, scheduled for June 2020.

Q18. Slide #31: If an LEA has all contracted employees, how does RMTS backcasting work?

A. As stated in prior LEA Program trainings, all LEAs must submit the revised CMS-approved CRCS for the fiscal year in which they were participating in the Program. If an LEA has 100% contracted health service practitioners during a fiscal year, they will still re-submit the new CRCS form. However, these LEAs will report all of their costs on the contractor cost worksheet and will not enter any detail in the salary/benefit worksheet applicable to employed health service practitioners. Additional guidance will be provided at the CRCS training, scheduled for June 2020.

Q19. Slide #31: The Annual Reimbursement Report (formerly the IRUS Report): How will the impact of the units and encounters on the CRCS calculation change in the new CRCS?

A. On the revised CRCS, units and encounters will not be reported, only interim reimbursement by practitioner type. Additional guidance will be provided at the CRCS training, scheduled for June 2020.

Q20. Slide #31: Will the Medi-Cal Eligibility Rate (MER) for 2020-2021 school year be used for backcasting? Most schools cannot obtain the MER for FYs 15-16 to 18-19 at this point.

A. CMS has indicated to DHCS that they will not allow the current MER to be applied to all prior year costs. DHCS is currently exploring options for LEAs to obtain the MER for FYs 2015-16 through 2018-19. More detailed instructions will be provided once the process has been finalized.