

Medicaid in Education Alert

New York State Department of Health (DOH), Office of Health Insurance Programs (OHIP)
New York State Education Department (NYSED)
Preschool/School Supportive Health Services Program (SSHSP)
Medicaid in Education

Issue #16-09

TO: All SSHSP Medicaid Providers

FROM: NYS DOH OHIP SSHSP &
NYSED Medicaid in Education Unit

DATE: December 9, 2016

SUBJECT: Questions and Answers to Support Transition to Direct Billing of
Preschool/School Supportive Health Services

The purpose of this Alert is to assist school districts and counties in the transition to direct billing for services delivered through the Preschool/School Supportive Health Services Program (SSHSP). These questions were raised by SSHSP providers and stakeholders during SSHSP training sessions on the transition to direct billing conducted earlier in 2016.

The Questions and Answers address eligibility, acquiring client identification numbers, requirements for billing providers, the role of BOCES, Trading Partner Agreements, the Electronic Transmitter Identification Number (ETIN), and billing and claiming for SSHSP services. They will serve as a resource to SSHSP providers who have begun to bill directly for SSHSP services or those who are finalizing their plans to do so. In addition to the Q&As, we have appended to this Alert a Medicaid Eligibility Verification System (MEVS) chart with Medicaid coverage codes that will serve as a quick reference tool for those using ePACES.

It should be noted that, while school districts/counties may utilize the services of a vendor to assist in submitting to Medicaid school supportive health services claims, it is the responsibility of the school district/county:

- To ensure the vendor is approved as a Medicaid Service Bureau (MSB);
- To be aware of the services provided by the MSB;
- To be aware of the cost of using vendor services;
- To be aware of the vendor's billing documentation retention policies;

- To know when the vendor will commence providing services; and
- To keep current on NYS policies regarding direct billing and transitioning to direct billing.

If you have any questions or comments regarding this Alert, please contact the NYS Department of Health at (518) 473-2160 or at SSHSP@health.ny.gov, or the NYS Education Department, Medicaid Unit at medined@nysed.gov.

School Supportive Health Services Program Preschool Supportive Health Services Program

Questions and Answers Issued December 9, 2016

Medicaid Eligibility and Client Identification Number (CIN)

- 228. Q. How can school districts/counties verify a student's Medicaid eligibility?**
- A.** To verify a student's Medicaid eligibility a provider must have either a CIN or a social security number. The Department of Health understands that State and federal education laws and regulations severely limit a school district's ability to obtain social security numbers for its students and limit the use of such personal information (These laws and regulations include, but are not limited to, the NYS Personal Privacy Protection Law (Public Officers Law Article 6-A), Commissioner's Regulations on enrollment (8 NYCRR 100.2(y)), and the federal Tax Reform Act of 1976 (42 USC Section 405 (c)(2)(C)(i)).) While the Medicaid program does not employ a similar limitation, SSHSP providers should use the CIN for Medicaid eligibility verification purposes.
- 229. Q. What are some steps a school district/county should take to find out a student's CIN?**
- A.** School districts/counties have several opportunities to obtain a student's CIN once parental consent to bill Medicaid has been granted, including but not limited to the following:
- Request the student's CIN when the Parental Consent Form is signed; record the CIN on the Parental Consent Form.
 - Request that Medicaid cards are brought to CSE/CPSE meetings.
 - Request that the ordering practitioner include the student's CIN on written orders/referrals for SSHSP services when they have that information in their patient records.
 - If the school district/county billed in the past, pull CIN from previous billing records or web reports.
 - Explore opportunities to work with local Social Services or Medicaid Offices to identify students' CINs.
- 230. Q. Given that the CNYRIC student matching process will no longer be available after March 31, 2017, what actions are the Department of Health and State Education Department taking to assist providers in determining whether a student is Medicaid eligible?**

- A. To check eligibility, Medicaid providers, including school districts and counties, must have either a client identification number (CIN) or a social security number. Following discussions among the State Education Department (SED), the Department of Health (DOH), and Medicaid Data Warehouse representatives, the SED and DOH are pursuing a systems project that will result in a limited matching process. Additional information on this process will be forthcoming in 2017. This limited matching process (exact matches) is intended to supplement, not supplant, the steps SSHSP providers will take to obtain CINs and to ensure they have current eligibility information for students receiving SSHSP services.

231. Q. How can SSHSP providers verify students' Medicaid eligibility?

- A. There are three ways to verify Medicaid eligibility with a CIN (or social security number):
- ePACES: Free Internet-based application
 - Audio Response Unit: (touch-tone telephone method) 1-800-997-1111
 - Alternate access: Batch and Real-time 270/271 Eligibility Inquiry & Response

232. Q. Will SSHSP providers be able to do batch eligibility checks?

- A. Yes. SSHSP providers can purchase HIPAA compliant software which batches and submits the eligibility verification request to eMedNY (via a 270 request transaction). A HIPAA compliant response (via a 271 response transaction) is then received back from eMedNY. Additional information may be accessed online at:

https://www.emedny.org/ProviderManuals/AllProviders/MEVS/MEVS_Batch_Auth/FTP%20Batch%20Instructions%20Manual.pdf

Service Bureaus, Trading Partner Agreements, and Electronic Transmission Identification Number (ETIN)

233. Q. Who must enroll as a service bureau, vendor, electronic media biller, or billing service?

- A. Per [18 NYCRR §504.9](#) - (a)(1) Persons submitting claims, verifying client eligibility or obtaining service authorizations for or on behalf of providers, except those individuals employed by providers enrolled in the medical assistance program, must enroll in the Medical Assistance Program in accordance with this Part and must meet the appropriate additional requirements set forth in this section.

234. Q. Must BOCES enroll as a service bureau?

- A. If BOCES access the State's Medicaid Management Information System (MMIS) to submit claims or verify student eligibility for or on behalf of a school district or county, they must enroll as a service bureau. ePACES (claim entry) and eMEVS (eligibility verification) are features of the MMIS. Refer to [18 NYCRR §504.9](#) for more information.

235. Q. Who needs to complete a Trading Partner Agreement?

- A.** The Trading Partner Agreement addresses certain requirements applicable to the electronic exchange of information and data associated with health care transactions. All trading partners who will be submitting claims or other electronic transactions to NYSDOH need to have a Trading Partner Agreement (TPA) on file. The TPA form must include the Electronic Transmitter Identification Number (ETIN) as assigned by NYS DOH and other identifying information as noted on the form.

School districts and counties must complete and submit a **Trading Partner Agreement for each ETIN** the provider uses for electronic transactions.

The NYS Medicaid Trading Partner Agreement is available at eMedNY.org:

- a. Select Provider Enrollment tab
- b. Click on Provider Maintenance Forms
- c. Under Miscellaneous Maintenance Forms, Click on **Trading Partner Agreement**.

236. Q. What is an Electronic Transmitter Identification Number (ETIN) used for?

- A.** An ETIN is used to submit claims to eMedNY and to enroll in ePACES. It allows for any claim processing information (REMIT data) to be returned electronically (or PDF if selected) to the submitter's ETIN on file for that claim.

Medicaid claims may be submitted by or on behalf of a billing provider by more than one Medicaid Service Bureau, in addition to by the billing provider itself. The claiming data includes an ETIN so Medicaid knows who submitted the claim, and where the processed claim data is to be returned to. To enroll in ePACES, you must first have an ETIN.

237. Q. Who must have an ETIN?

- A.** Whoever submits claims to Medicaid (school districts, counties, Medicaid Service Bureaus) must have their own ETIN.
- If an SSHSP provider wants to submit claims directly to eMedNY it must have its own ETIN.
 - If an SSHSP provider contracts with a vendor to submit claims on their behalf, that vendor must have an ETIN of their own. The SSHSP provider must be added to the vendor's existing ETIN by submitting a Certification Statement.

Best practice: Get your own ETIN even if you contract with a vendor to submit claims on your behalf. This gives you the option to submit a claim(s) if you need to. It costs nothing.

238. **Q. Can school districts or counties continue to use the same ETIN they have been using?**
- A. ETIN 6N8 belongs to the Central New York Regional Information Center (CNYRIC). To continue billing after CNYRIC ends services, SSHSP providers must apply for their own ETIN or complete a Certification Statement to link their MMIS billing provider number to a Medicaid Service Bureau's ETIN. SSHSP providers are strongly encouraged to apply for their own ETIN. Counties may have their own ETIN already in place as they submit claims for services provided outside of SSHSP. The county will need to decide whether to use an existing ETIN or to get a new one that is specific to SSHSP. You should continue to recertify the 6N8-CNYRIC ETIN through May 2017 to allow REMIT information to be returned to CNYRIC.
239. **Q. How long does it take to get an ETIN?**
- A. It takes about three months. Best practice – apply for an ETIN as soon as possible if you have not already done so.

Billing and Claiming

240. **Q. If a claim submitted by CNYRIC is denied at eMedNY, after the CNYRIC system ceases operation may the district/county submit a new claim for that same service themselves or through their new vendor?**
- A. Yes. Once changes are made, a new claim may be submitted as long as it is within 60 days of notification of the denial. It may be submitted by the SSHSP provider directly or through a vendor.
241. **Q. If a district/county wants to adjust or void a claim that was previously paid by Medicaid and processed through CNYRIC, may the district submit that adjustment or void themselves or through their new vendor?**
- A. Yes, the SSHSP provider may submit an adjustment or void to Medicaid. It may be submitted by the SSHSP provider directly or through a vendor.
242. **Q. If a district/county contracts with a vendor, does that mean that they may not submit claims directly themselves?**
- A. No, SSHSP providers may submit claims directly, even if they do contract with a vendor to submit claims on their behalf, as long as they have their own individual ETIN. This can be advantageous for claim adjustments, voids, and when submitting claims which could soon be time-barred.
- Best practice:** Discuss any plans to submit claims, adjustments or voids with vendors to assess systems or record-keeping implications. Understanding just

what services are provided by the vendor will also assist the district/county in determining if there is any advantage to submitting claims directly.

243. Q. Will the 12-month billing window remain in place for the SSHSP after the transition to direct billing?

- A.** Yes, the 12-month billing window for the SSHSP will remain in place after the transition to direct billing. SSHSP providers are permitted to use Delay Reason Code 3 on claims submitted more than 90, but less than 366, days after the service was rendered. Do not use delay reason code 3 on claims submitted within 90 days of the service date because eMedNY will deny the claims.

Training and Getting Help

244. Q. Is additional information and training regarding direct billing available for districts/counties?

- A.** Yes. Webinars and seminars are available, register online at: [eMedNY Webinars](#)
- i. Relevant to SSHSP –
 - 1. How to Check Eligibility
 - 2. Navigating the eMedNY Website
 - 3. ePACES for SSHSP

Providers should check eMedNY.org website for dates/times of upcoming webinars and seminars.

ePACES Enrollment Reference sheet is available at:
https://www.emedny.org/HIPAA/QuickRefDocs/ePACES-Enrollment_Overview.pdf

eMedNY Provider Quick Reference Guide is available at:
<https://www.emedny.org/contacts/telephone%20quick%20reference.pdf>

Help documents and pages that will help providers and users conduct business with eMedNY are available at:
<https://www.emedny.org/selfhelp/index.aspx>

Additional resources available on the [Billing Transition](#) page of the Medicaid-in-Education website:

- ePACES Quick Claim Guide
 - Step by step instructions for creating and submitting electronic claim through ePACES, and retrieving remittance statements
- SSHSP Medicaid Eligibility Verification System (MEVS) Responses Chart
 - Chart of Medicaid eMedNY member coverage codes and benefits, highlighting codes/benefits that include coverage of SSHSP services

SSHSP MEDICAID ELIGIBILITY VERIFICATION SYSTEM (MEVS) RESPONSES

This chart is a quick reference tool with Medicaid coverage code definitions.

Lines highlighted in gold show MEVS responses that have Medicaid eligibility for SSHSP services.		
Coverage Code	Coverage Code Name	Code Description
01	Full Coverage	Coverage for all Medicaid covered services/supplies.
02	Out-Patient Coverage	Coverage for outpatient care only. (Spendedown)
04	No Coverage - Ineligible	Not covered for Medicaid services.
06	Provisional Eligibility Excess Income	Not covered for Medicaid Services until a spenddown of excess income/resources is met.
07	Emergency Services Only	Covers emergency services only.
08	Presumptive Eligibility - Home Care	Coverage for all Medicaid covered services except hospital based clinic, hospital emergency room, and acute hospital inpatient.
09	Medicare Savings Program Only	Coverage for Medicare deductibles and co- insurance amounts for Medicare approved services.
10	All Services except Long Term Care	Coverage for all Medicaid covered services/supplies except nursing facility services provided in a SNF, ICF, or inpatient setting.
11	Legal/Alien - Full Coverage	Coverage for full Medicaid to legal aliens who entered the US on or after 08/22/96.
13	Presumptive Eligibility Prenatal Care	Coverage for medical services except inpatient care and long term care services.
17	Health Insurance Continuation Only	Coverage for Health Insurance Premiums only.
18	Family Planning Services Only	Coverage for Family Planning Services Only.
19	Community Coverage with Community-based LTC	Coverage for most Medicaid covered services/supplies except long term care services in an inpatient or nursing home setting.
20	Community Coverage without LTC	Coverage of most ambulatory care services and acute inpatient care.
21	Outpatient Coverage with Community-based LTC	Coverage of most ambulatory care services and acute inpatient care.
22	Outpatient Coverage without LTC	Coverage of most ambulatory care services and acute inpatient care.
23	Outpatient Coverage with no Nursing Facility Services	Coverage of most ambulatory care services Included. Member is ineligible for inpatient services
27	Family Planning Extension Program/No Transportation	Provides 24 months of family planning services for women who are pregnant while in receipt of Medicaid and subsequently not eligible for Medicaid or FHP due to failure to renew, or who do not have US citizenship or satisfactory immigration status, or who have income over 223% of FPL.
30	PCP Full Coverage	Coverage under a Prepaid Capitation Program (PCP). The client is PCP eligible as well as eligible for limited fee-for-service benefits.