



ATTACHMENT 23

Medi-Cal Billing and MAA Billing

What is Medi-Cal Billing?

The Local Education Agency (LEA) Medi-Cal Billing Option Program is a fee-for-service program authorized by state and federal governments. As per the Individuals with Disabilities Education Act (IDEA) regulations, PRJUSD provides all required services as specified on a child's IEP at no cost to parents. However, PRJUSD can be reimbursed for the cost of those services from the federal government's Medicaid program – which increases the ability to provide health-related services for students. Parents of students who are Medi-Cal eligible authorize PRJUSD to submit claims for reimbursement by Medi-Cal for Medi-Cal funded services when a parent signs consent for a Special Education Assessment Plan or an IEP. School-based Medi-Cal reimbursement does not affect the child's Medi-Cal benefits in other health care settings and there is no cap on Medi-Cal for students with disabilities in California.

How it works?

PRJUSD uses Paradigm Healthcare as its billing agent. Eligible practitioners are trained annually at the start of each year around billing practices. Practitioners are expected to keep their billing practices up to date as part of regular job duties. Time has been provided on PD days to catch up when needed. Billing communication occurs quarterly with all practitioners.

A Medi-Cal Consortium meets quarterly to review revenues and approve proposed expenditures as aligned to state spending requirements.

The focus of Medi-Cal billing has been on funding psychologist interns, providing professional development to practitioners as well as purchasing above and beyond materials to help students (with the focus of Medi-Cal eligible) to gain success.

- Ex. Therapeutic materials, de-escalation materials, supplemental reading support, dyslexia assessments, health supplies, sensory supports for Adaptive Learning Centers, SANDI assessment, etc.

Who can submit for claims?

- Psychologists, Speech Pathologists, Occupational Therapists, Credentialed School Nurse and Licensed Vocational Nurses.



How and when are claims submitted?

Practitioners are expected to keep up on their billing as part of their regular job duties. If practitioners are regularly billing, this would take 5-10 min per day and can be completed at the end of a workday. The vast majority of practitioners are currently completing billing without needing extra time during their workday. Make-up billing time is provided to practitioners regularly during set aside time such as PD days. In the last two PD days, for example, 4 total hours were provided as make-up time for those who had fallen behind.

What can be submitted for claims?

Psychologists

- Initial assessments
- Triennial assessments
- Annual IEPs if a report is presented
- Mental Health Treatment / Counseling (Individual and group treatments)

Speech Pathologists

- Initial assessments
- Triennial assessments
- Group and Individual therapy sessions

Occupational Therapists

- Initial assessments
- Triennial assessments

Credentialed School Nurse

- Initial assessments
- Triennial assessments
- Nursing treatments

Licensed Vocational Nurse

- Specialized procedures/treatments

What revenue for 18-19?

2018/19 - \$115,872.84

- Paradigm withholds 12% of claims revenue earned as a service fee.



What does this look like for years prior?

2015/2016 - \$65,333.50 -audit recovery

2016/2017 - \$115,507.56

2017/2018 - \$115,568.64

MAA Billing

Quarterly claims for federal reimbursement of activities are submitted on a time-survey.

Reimbursement is unrestricted

Examples of Activities that are reimbursed:

- Outreach
- Translation
- Program planning
- While Sped department may send reminders to our people being surveyed, Fiscal oversees this

Revenue from MAA billing:

2018-19 - \$220,870.54

2017-18 - \$246,883.77

2016-17 - \$132,194.78

2015-16 - \$127,707.97