

Welcome! We'll Begin Shortly

You are muted to reduce background noise

Zoom Meeting



Talking:

Meeting Topic: Test Meeting
Host: Tim Ng
Passcode: 48q.8i
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(Telephone/Room Systems)
Invite Link: <https://zoom.us/j/96172335252?pwd=b1Z4aytWTFY1RC8vL...>
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Participant ID: 480464

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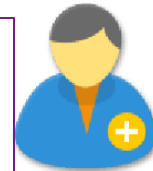
Join Audio

Computer Audio Connected

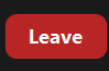


Share Screen

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Invite Others



Medical Assistance or Medicaid 101

Your training TEAM



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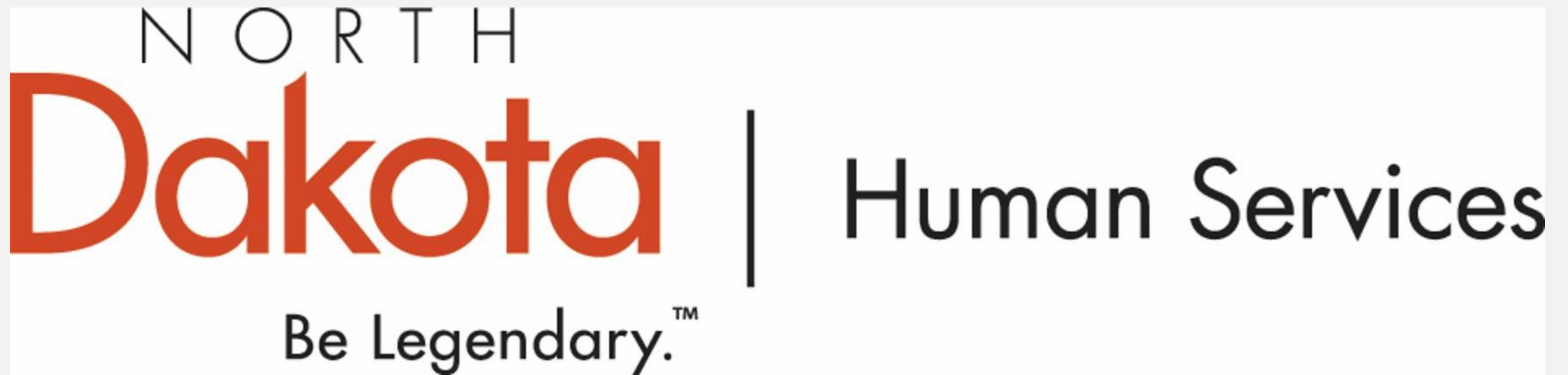
Where are you located?



Click the **Pencil Icon**  (top-left), then the **Arrow**  and **click on the map** to drop an arrow on your location.

Then, turn off your Arrow by clicking on the **Arrow**  again.

The final word on all things ND Medicaid is



[State Web Site for ND Medicaid](#)

Medicaid Basics and Current Landscape

Medicaid Reimbursement Opportunities

Poll: Are you tracking any insurance information for the people you serve

1

USING THE TOOLBAR

Open the tool bar on the left side of the screen. Select the Squiggle/Wavy Line.



2

SELECT YOUR CHOICE

Select the arrow, then select your choice below on the screen. Select the arrow again to turn off.



Who is insured/not insured

Are you tracking if they have Traditional Medicaid or Medicaid Expansion

Why is ND encouraging Medicaid?

Potential for SCALE

FISCAL

- Federal Financial Participation or FFP

Intensifying services needs of participants

State shift away from institutional care to home and community-based support

State shift away from funding with General Fund dollars to braided funding models incorporating Federal dollars.

Why should my agency bill Medicaid?

Addressing community
needs

Fiscal sustainability for
services models

My participants'
services needs are
growing

Ability to bring in more
specialized and
intensive services to
persons with a higher
level of need



Medicaid (Medical Assistance) History

- Authorized under Section XIX of the Social Security Act of 1965
- Began As Health Insurance for:
 - Low-Income Pregnant Women and Children
- Counterpart for Medicare
- Evolved over the last 50+ years

Federal -State Partnership

- Federal Oversight and Structure
- Significant State Flexibility
- Each State is required to have a State Medicaid plan that outlines how Medicaid works in that state.



Medicaid/ Medical Assistance Funding

Who oversees Medicaid funding?



- Federal Government - <https://www.cms.gov/>
- State Medicaid Agency- DHS Medical Services Division
- If a person is Medicaid Eligible solely because of a low income, then Blue Cross/ Blue Shield North Dakota is their Managed Care Organization

Essential Health Benefits- Per ACA

Inpatient/ Hospital Based Services

- Emergency Services (Trips to the emergency room)
- Hospitalization (Treatment in the hospital for inpatient care)
- Maternity and newborn care

Outpatient Services

- Ambulatory patient services
- Mental health services and addiction treatment.
- Prescription drugs
- Rehabilitative services and devices
- Laboratory services
- Preventive services
- Pediatric services

Optional Benefits

Diagnostic Services

- Intermediate care facilities for those with developmental disabilities
- Eye exams and glasses
- Transportation
- Rehab and physical therapy

Clinic Services

- Prescribed drugs and prosthetic devices
- Nursing facility services for children under 21
- Home and community-based services
- Case Management

Populations Served



Pregnant Women and Children



Elderly, Blind and Disabled

Other populations including:

- **Individuals on Medicaid Expansion**
- **Youth in Foster Care**
- **Individuals dually enrolled in Medicaid and Medicare**

Source: <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

Populations

Traditional



Expansion



Streamlined Enrollment



- States can require re-enrollment every two years. ND requires every year.
- Most of the process is now online.
- Links between government systems.
- Enrollment protections
- Advocate to limit administrative tasks for those you serve.

Long Term Services and Supports (LTSS)

Nursing Facilities

Home and Community Based Services (HCBS)



Three Parts of the Puzzle



Eligibility

Is the person I want to assist Medicaid eligible? Medicaid Enrolled? What is required to get them enrolled?



Benefits

What benefits are they eligible for? What services are offered in my State's Medicaid Plan?



Provider Billing

Is my agency enrolled to provide this service? Is my agency "In Network" for the local Managed Care Organization?

Enrolling as an...

Individual



Individual 1915(i) Enrollment Process

Provider



Provider 1915(i) Enrollment Process

Eligible vs. Enrolled

1915(i) Individual Eligibility Requirements

- Ages 0+
- Enrolled in Medicaid or Medicaid Expansion
- Household income is at or below 150% of the Federal Poverty Level
- Qualifying Behavioral Health diagnosis
- WHODAS 2.0 score of 25+

If You Meet Each Requirement, You Can Enroll

- Complete [SFN 741](#)
- Submit to Human Service Zone

Medicaid Eligibility Determination

- Check to see if the person is already enrolled via the [AVRS system](#) for persons who are Traditional Medicaid or Medicaid Expansion enrolled
 - Providers cannot use these sites until they are Medicaid Enrolled providers.
 - [Who is eligible for Medicaid Expansion in ND?](#)
- Apply online at <https://www.nd.gov/dhs/services/medicalserv/medicaid/apply.html>
 - Persons who are above 150% may be categorically eligible for Medicaid BUT NOT eligible for the 1915(i) services. [DHS chart on FPL and the 1915\(i\)](#)
- Find your local Human Services Zones at <https://www.nd.gov/dhs/locations/countysocialserv/>
 - For some Zones, the Medicaid Eligibility worker and the 1915(i) Eligibility are the same and for other Zones they are different workers

RENEWAL PROCESS

Provider
Enrollment

Service Delivery

Individual Medical
Assistance
Eligibility
Determination

Person Centered
Plan Developed by
Care Coordinators

Redetermination of
eligibility
a) for Medicaid
b) For 1915(i)
services

Redetermination of
Provider eligibility
done every 5 years

Administrative Models for Billing

SH Provider Bills

- Requires significant up front cost and likely changes in IT, staff, policy and procedures etc.
- Maintains accountability

SH provider partners with another agency for Service Delivery

- Limited up front changes
- Less clear accountability

SH Provider submits paperwork to another agency who submits claims

- Some up front changes
- Fee charged for process, decreases revenue for the agency.
- Staff changes still likely.

<https://d155kunxf1aozz.cloudfront.net/wp-content/uploads/2019/11/Medicaid-Administrative-Models.pdf>

Services Budget Tool

CSH Services Budget Tool 2.0_June 2020 [Protected View] - Excel

File Home Insert Page Layout Formulas Data Review View Add-ins ACROBAT Tell me what you want to do... Marcella Maguire Share

PROTECTED VIEW Be careful—files from the Internet can contain viruses. Unless you need to edit, it's safer to stay in Protected View.

B9 This budget planning tool is intended to provide communities and organizations with a framework for understanding and planning for service costs in supportive housing. There are 5 drivers that will impact program budget planning.
1. Target populations to be served in supportive housing

CSH

About the CSH Services Budget Tool 2.0 (SBT 2.0)
This budget planning tool is intended to provide communities and organizations with a framework for understanding and planning for service costs in supportive housing. There are 5 drivers:
1. Target populations to be served in supportive housing
2. Services Staffing Model (ACT, ICM, TSS, CTI)
3. Housing Model (site-based or scattered site)
4. Start Up Costs
5. Revenue Structure & Reimbursement Restrictions

Introduction and Quick Links Click on any box below to take you to the corresponding weblink

[User Guide & Tutorials](#) [Training on Staffing Models, Approaches and Services Funding](#) [References & Resources](#)

1. About the Service BudgetTool 2. Budget Summary Output 3. Basic Input & Assumptions 4. ACT 5. ICM 6. SH Tenancy Su ...

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<https://cshcloud.egnyte.com/fl/KibC8XSZTs#folder-link/>



Billing Partnerships

Community Health Centers

- Expanding due to ACA
- Incentives to increase # of patients

Behavioral Health Clinics

- Integrating care for patients
- Case management and housing experience

Hospitals

- Reduce re-admissions
- Must address community health needs

Third Party Billing

- Private company whose role is the administrative functions of billing



QUESTIONS



THANK YOU

Please join us again for one of our many course offerings.

Visit www.csh.or/training