



TO: IAASE Members
FROM: IAASE Medicaid Committee
DATE: August 27, 2021
RE: Important Medicaid Claiming Information

Change in Billing Rate Structure

PCG has conducted recent webinar trainings for districts and cooperatives in Illinois regarding changes in the School Based Health Services (SBHS) Annual (RMTS) Random Moment Time Study for Administrative Claiming Guidelines and Annual Cost Settlement for Fee For Service Guidelines. The PowerPoint that PCG utilized for the trainings is attached for your reference.

The following items from the presentation are of high importance for District/Coop administrators to be aware of:

All staff that are currently billing for Medicaid Fee-for-Service **MUST** be listed in the PCG cost pool, and be participating in the Time Study program. This includes school health aides (see PCG PowerPoint). Work with your Medicaid vendor to ensure that the Fee-for-Service staff list matches the PCG list of cost pools for staff that are entered on a quarterly basis. Initial updated Staff Rosters **MUST** be entered into the PCG system by **September 10th of 2021**.

Contracted Service Providers must be included in the Time Study cost pools in the PCG system to bill for Fee-for-Service reimbursement. Staff will receive 1 day notice (change from prior practice of 5 days notice), and have only 3 days to enter data.

Fee-for-Service Rates & Quarterly Financial Reports for Time Study are now directly connected. Fee-for-Service rates will be calculated based on the financial data that is entered quarterly into the PCG system.

Fee-for-Service Medicaid reimbursement will be paid to the district/coop who directly employs the service provider (change from prior option to have funds flow to the student resident district, regardless of specific provider).

****Districts/Coops must participate in the Time Study at 85% accuracy to continue to receive quarterly administrative reimbursement and be eligible for FFS claiming.**

100% Federally funded participants should **NOT** be added to the staff roster in PCG and not submit claims for Fee-for-Service reimbursement.

Change in Fee-for-Service Provider Types

New Direct Service Provider Types Added to the Time Study Program:

Licensed Clinical Professional Counselors (LCPCs)
Licensed Marriage and Family Therapists
Orientation and Mobility Specialists

Licensed Clinical Psychologist
Registered Behavior Technician

**See PCG PowerPoint for in depth information regarding licensure for the new provider types

If you have any questions regarding the new information that was shared by PCG, please contact them directly:

Phone: (833) 976-1847

Email: ilmac@pcgclaimingsystem.zendesk.com

PLEASE NOTE: Healthcare and Family Services (HFS) has not released any formal notification regarding these changes to the state Medicaid plan for Illinois relating to the Fee-for-Service claim process and/or provider types.

When future formal announcements are released, the IAASE Medicaid Committee will notify IAASE members as soon as possible.

IAASE Medicaid Committee