



Massachusetts School Medicaid Program - Responsibility Areas at a Glance

MassHealth - In Massachusetts, Medicaid and the Children's Health Insurance Program (CHIP) are combined into one program called MassHealth. MassHealth members may be able to get doctor visits, prescription drugs, hospital stays, and many other important services.

School-Based Medicaid Program (SBMP) – The Massachusetts School-Based Medicaid Program offers Local Education Agencies (LEAs) an opportunity to receive federal dollars to offset costs for providing certain Medicaid-covered direct services in a school setting.

RMST – Random Moment Time Study – This is a category of the School-Based Medicaid program and is also managed by the School-Based Medicaid Program. Districts are required to participate in the state-wide time studies to quantify reimbursable time. The state-wide time studies are tallied at the end of each quarter to compute Medicaid reimbursable time and these percentages are applied to administrative claiming and the end-of-year cost settlement.

AAC – Administrative Activity Claiming – A category of the School-Based Medicaid Program – a method to claim district expenses such as applicable staff payroll, tuition and transportation costs as they relate to Medicaid reimbursable time.

DSC – Direct Services Claiming – A category of the School-Based Medicaid Program in which interim billing for covered services (Speech, Occupational Therapy, Physical Therapy, Nursing, Autism Services, Behavioral Health Services, Personal Care, EPSDT Screenings, etc.) is documented and submitted to MassHealth. Interim claiming serves a place holder of sorts. Though School-Based Claiming publishes maximum rates for interim claiming, they also suggest that a district could set the rates as low as zero. The purpose of interim claiming is to confirm the district is actively pursuing reimbursement for specific service types.

Cost Report – Integral part of the DSC category of the School Medicaid Program. Interim claims are paid to the districts quarterly, but they do not represent a true reimbursement on their own. Actual reimbursement is not realized until the annual cost report is submitted. The cost report encompasses many factors such as the cost of staff performing Medicaid covered activities, Medicaid Penetration Factors (percentage of students who are Medicaid-eligible and of those, those with paid claims), staff costs, tuition costs, and indirect rates assigned by the state, etc. Once the cost report reconciles all these factors, federal and state fees are deducted, along with the quarterly direct services interim claiming already distributed. If a positive balance remains, the district will receive a cost settlement. In the case of a negative settlement, i.e., the district has already received more DSC reimbursement than the cost settlement calculated, any deficit will be recouped.

School District – LEA (Local Education Agency) - MassHealth/School-Based Medicaid Provider contracted with the Commonwealth of Massachusetts Executive Office of Health and Human Services.

EDMS – Educational Data Management Solutions – School Medicaid billing vendor (and other educational data software programs) contracted by the school district to process Medicaid claiming.

Acuity™ – Our proprietary software suite consists of a variety of educational data products; IEP, Sessions, 504, RTI, and Gifted and Talented.

SNAP – Some districts contract with SNAP for nursing documentation. SNAP is a software vendor that is separate from EDMS; however, with the SNAP/EDMS data bridge, school nursing encounters can be downloaded into Acuity™ Sessions and billed to MassHealth.