

**FINANCING HEALTH RELATED
SERVICES FOR
CHILDREN AND YOUTH WITH
HANDICAPPING CONDITIONS**

**FINANCIAL RESPONSIBILITY
FOCUS GROUP**

FINAL REPORT



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**Minnesota Department of Education
Unique Learner Needs Section**

October, 1989

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PREFACE

The Unique Learner Needs Section of the Minnesota Department of Education initiated a series of focus group meetings with representative providers and consumer groups who met from December, 1988 through May, 1989 for the following purpose:

To identify the issues surrounding the public and private sector responsibility for financing services for children and youth (birth-21 years) with handicapping conditions. To provide a summary of these issues and a list of recommendations to the Unique Learner Needs Section of the Minnesota Department of Education no later than June, 1989.

The Finance Group was formed partly in response to the issues that surfaced during discussions at the Medical Assistance task force meetings sponsored by the Minnesota Department of Human Services. Since many were beyond the scope of the Medical Assistance Task Force, the Unique Learner Needs Section decided to convene the Finance Focus Group. The individuals who served on the Medical Assistance task force and additional parents, directors of special education, Department of Health, and Department of Commerce representatives were invited to participate in a series of six focus group meetings to further identify and discuss the concerns related to financing health related services for children and youth with handicapping conditions, as well as provide recommendations for their resolution. (A list of Finance Focus Group members and the area which they represent is included in Appendix A). Health Maintenance Organization (HMO) and insurance industry representatives participated in the latter stages of the task force. Their input was helpful and has already lead to the development of a discussion group on insurance related issues.

The Focus Group was also formed in response to the issues and recommendations identified in a March, 1989 report prepared for the Governor's Interagency Coordinating Council on Early Childhood Intervention entitled, "Report on Financing Health-Related Early Intervention Services in Minnesota." The "state of the art" regarding financing health related services has been changing so rapidly that many of the recommendations in the "Report On Financing Health-Related Early Intervention Services" were already accomplished, had become non-issues, or had become issues with new twists. It became very apparent that a prolonged discussion was no longer beneficial. It was time for recommendations and action. Focus Group members operated with this objective in mind and worked diligently toward a June, 1989 timeline.

Through a series of six large and small group work sessions utilizing a problem solving technique called the nominal group process, the Focus Group members generated and prioritized a list of concerns and developed a set of recommendations which address each of the prioritized concerns.

This Report contains a summary of these issues and recommendations, along with a response from parents, and health related service providers.

Focus Group members acknowledge that new developments are still occurring, and situations may be different by the publication of this Report in October of 1989. All readers are encouraged to utilize this report as a vehicle for decision making, action, and evaluation and not as a final product.

Introduction

When Congress enacted Public Law 94-142 in 1975 it was never intended that educational entities would become fiscally responsible for all the related services provided as a part of an individual education plan (IEP); regardless of whether or not these services had been previously paid for by other sources. In fact, the United States Senate Committee on Labor and Public Welfare stated that the school district's obligation to provide special education and related services at no cost to the parents of a child with a handicapping condition "...is not to be construed to prohibit charges by the educational agency to insurers, public programs, and others for hospital care, health services, rehabilitation, and other non-educational services. States are encouraged to utilize all sources of support for comprehensive services for handicapped students" [S. rep. No. 94-168, 94th Cong., 1st Sess. 32 (1975)].

Public Law 99-457 further clarifies the education agency's fiscal responsibility by describing education as the "payor of last resort" (Sec. 681).

- (a) Nonsubstitution. Funds provided under section 673 may not be used to satisfy a financial commitment for services which may have been paid for from another public or private source but for the enactment of this part...
- (b) Reduction of Other Benefits. Nothing in this part shall be construed to permit the State to reduce medical or other assistance available or to alter eligibility under Title V of the Social Security Act (relating to maternal and child health) or Title XIX of the Social Security Act (relating to medicaid for handicapped infants and toddlers) within the State.

The Medicare Catastrophic Coverage Act (P.L. 100-360) clarified that Federal Medicaid matching funds are available for the cost of "related services" in a school aged child's individualized education plan (IEP) or an infant's or toddler's individualized family service plan (IFSP).

These three pieces of federal legislation all recognize that while education agencies are fiscally responsible for educational services, they are not necessarily the only agencies fiscally responsible for "related services". According to P.L. 94-142, "related services" are defined as

...transportation, and such developmental, corrective, and other supportive services (including speech pathology and audiology, psychological services, physical and occupational therapy, recreation, and medical and counseling services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a handicapped child to benefit from special education, and includes early identification and assessment of handicapping conditions in children. The term may also include school health services, school social work services, and parent counseling and training.

This Report will focus on the issues surrounding school district access of third party reimbursement for "health related services" included as a part of an individual education plan. The issues are complex. The questions raised will require that the institutions of education and health move beyond their current paradigms and look for new solutions to the questions of fiscal responsibility and service delivery. Resolution of the following issues will require an interagency effort which includes parents as an integral part of the process.

PART I

ISSUES AND PRIORITY RANKING

The following issues were identified as a large group using the nominal group process. After these 21 issues were recorded, the 24 focus group members present were each given four votes and asked to rank their priorities. Focus group members were given the option of spending their votes on four different issues or spending more than one vote on any single issue. The results of this ranking are recorded in the right hand column under the heading "priority ranking".

ISSUE	PRIORITY RANKING
1. We must educate and assist families in all aspects of accessing services and third party reimbursement.	17.5
2. There is a need for models, training, and incentives in order to operationalize the concept of multiple agency providers working together.	13
3. Should education access third party reimbursement? 3.1 Is it worth utilization of education's resources? 3.2 Current data regarding the cost of implementing a third party reimbursement recovery system is inadequate.	12
4. How will accessing third party reimbursement affect Federal and State funding? 4.1 Supplanting 4.2 Assurances must be provided to schools that they will not be left with the total financial burden. 4.3 Is supplanting an issue for SDE (State Department of Education) or the legislature to deal with?	9
5. There is concern that school districts will make decisions based upon the potential for third party reimbursement recovery. 5.1 Will the extent of third party coverage affect the amount or quality of services received? 5.2 Will receipt of third party reimbursement affect the method and mode of service delivery?	8.5
6. Potential exists for insurers to reduce or eliminate coverage	8
7. Schools won't recommend services even if a child is eligible for fear of financial responsibility.	8
8. Case management must be defined 8.1 Financial responsibility 8.2 Who assists families?	7

9. What are medically necessary services?	6
9.1 Habilitative - Rehabilitative	
9.2 Education - Medical	
9.3 Define scope of responsibilities	
10. All payors will want to participate in eligibility and service determination decisions	3
10.1 Health Maintenance Organization system and Individual Education Plan process.	
11. What does "maintenance of effort" mean in real terms and how is it affected?	1
12. The services necessary for the technology dependent may need to be reimbursed differently.	1
13. In order to access medical assistance reimbursement school district providers will have to meet medical assistance licensing requirements.	2
13.1 This requirement may require increased financial resources to cover higher salaries.	
14. Legislators must be educated about third party reimbursement issues	
15. What are the financial implications of handicapped adults returning to school to obtain their diploma?	
16. What percentage of families are affected by insurance caps?	
17. Why would HMO's want schools as providers?	
18. Financial responsibility must be spread in an equitable manner.	
19. Families are placed in the middle as a result of interagency disputes over financial responsibility	
19.1 An interagency dispute resolution process is necessary.	
20. Will there be sufficient third party resources to meet all the service needs? For example: If a third party payor pays for PT delivered in a school setting, will they also pay for PT in a clinical setting?	
21. What are the implications of sliding fee scales?	

PART II

SUMMARY OF ISSUES AND RECOMMENDATIONS

The 21 issues identified by the Finance Focus Group members can be organized into seven different categories. These categories include: 1. Family Involvement, 2. Interagency Interaction Process, 3. Implementation, 4. Finance, 5. Assurances, 6. Medical Assistance, 7. HMO and Indemnity Insurance Coverage. Each of these could have been discussed in length, with the end result being an expanded list of issues and sub-issues. The Focus Group chose instead to develop recommendations for these broad categories, rather than dissect each issue into its many parts. Following is a summary of the issues in each of these eight categories and their respective recommendations.

FAMILY INVOLVEMENT

Summary of Discussion

"Educating and assisting families in all aspects of accessing third party reimbursement" was the first issue identified and was given the highest priority ranking by the Focus Group members. Families maintain ultimate control over their health insurance benefits. They do not have to allow school districts to access their insurance even if the health-related service provided by the local school district is covered by their insurance company or Health Maintenance Organization (HMO). The only exception would be if the family is eligible for medical assistance and gives permission for the school to access medical assistance, then they must allow the school district to attempt to recover reimbursement from all their private health insurance sources prior to billing medical assistance (MA). Regardless of the payor source, or the availability of access to a payor source, school districts are obligated to provide and pay for all services as well as any related service that is determined to be educationally relevant and a part of an individualized education plan (IEP).

Parent representation on the Focus Group reported that families currently do not have sufficient information to allow school districts to access their insurance benefits. Families are concerned that by giving school districts permission to access their insurance, this "bank account" will be depleted and/or certain benefits will be eliminated or limited. Families must be apprised of the reasons why school districts are entitled to request access to their health insurance benefits. They must also have assurances that their insurance benefits will not be depleted or eliminated. Another concern voiced by parents was that the quality of health related services would change as a result of schools accessing third party reimbursement. Specifically the decisions regarding the amount and type of services would be based on the potential for obtaining reimbursement. Of particular concern was the delivery of services in the least restrictive environment. Parents were fearful that the services currently provided in integrated settings would have to be provided in more segregated settings in order to obtain third party reimbursement. For example, an HMO may require the service to be delivered by their staff at the hospital or clinic setting (a segregated setting) where that staff person works.

Parents acknowledged that the school districts' role in the third party reimbursement recovery process will add another dimension of interagency challenge to their efforts to coordinate the multitude of individuals and agencies involved in providing services to their handicapped children. Parents anticipate being caught in the middle over interagency disputes of financial responsibility. They are concerned that essential services will be delayed while these disputes are being resolved.

There is a critical need to provide information and assurances to parents. Parents must be informed that if a child with a handicapping condition is determined to need a health related service to benefit from their educational program, then according to the

Education for All Handicapped Children Act or Public Law 94-142 the school district is required to provide a "free, appropriate, public education." They must be assured that the school district will not access their insurance coverage without their informed consent. They must also be reassured that the school cannot deny service to a student who is eligible if the student's parents refuse consent to the school district accessing their health insurance. Finally the family must be totally assured that by allowing the school district to access their insurance coverage, they will not incur any cost either through co-payments, deductibles or exhaustion of yearly or lifetime benefit caps.

FAMILY INVOLVEMENT

ISSUE 1: We must educate and assist families in all aspects of accessing services and third party reimbursement.

RECOMMENDATIONS:

- 1.1 Develop a partnership with parent and advocacy organizations for the purpose of educating parents on the third party payment process to include:
 - a) Information to parents about their parental rights, emphasizing parental choice in allowing schools to access their health insurance benefits.
 - b) Information materials regarding payment of co-payment/ deductible.
 - c) Provide a state hotline number for parents to receive information on third party reimbursement for education services.
- 1.2 Prepare information packets for doctors, other health professionals, and other referral sources.
- 1.3 Provide opportunities for parents and all service providers including physicians to be involved in ongoing discussions and problem solving regarding the issues related to school district access of third party reimbursement at a state and local level.
- 1.4 The Interagency Early Intervention Committee should be recommended as a model for discussing third party reimbursement related issues and interagency service delivery issues at the local community level.

II. INTERAGENCY INTERACTION PROCESS

Summary of Discussion

The need for "models, training, and incentives in order to operationalize the concept of multiple agency providers working together", was given the second highest ranking out of the 21 issues identified by the Focus Group. It will be important to address financial arrangements along with arrangements for planning, information exchange, and service delivery as schools strive to implement interagency cooperative agreements. Further more as these agreements evolve, they must also define the scope of their financial responsibility.

The concept of multiple agencies working together to provide services to children and youth with handicapping conditions was endorsed by the Focus Group. The complexities arise in establishing flexible models for planning, information exchange, service delivery, and fiscal responsibility that are capable of transcending boundaries, established practices, rules and regulations. An interagency dispute resolution process was recognized as a necessary vehicle for resolving disputes between agencies. This process must be a family friendly process which brings together providers from various agencies to cooperatively develop a plan for each individual child/family.

The focus group recognized the potential need for an interagency facilitator who could perform the following functions:

- a. coordinate communication between all involved parties;
- b. set up conferences/meetings to consider all services the child and family is receiving; and
- c. serve as the primary contact for the family for information or a dispute.

The functions of an interagency facilitator are very similar to the role of a case manager.

School district administrators and service providers, along with parents, must be informed that in the case of a dispute over fiscal responsibility, the districts are ultimately responsible for providing those services determined in the IEP process and that a dispute with a third party payor under these circumstances would be the district's dispute and not the family's. It may be necessary for the Department of Education to write a policy which clarifies the district's financial responsibility in these instances.

INTERAGENCY INTERACTION PROCESS

ISSUE 1: A process for ongoing interaction between agencies and an interagency dispute resolution process must be developed to eliminate families and their children and youth from being caught in the middle of disputes between agencies.

RECOMMENDATIONS:

- 1.1 Request that the Minnesota Department of Education write a policy regarding the fiscal responsibility of districts for services written in the IE P.
- 1.2 Establish a process for resolving specific disputes between local agencies. The system must be family friendly and backed by consequences for non-compliance.
- 1.3 Establish a process for resolving disputes between local agencies and the third party payor.
- 1.4 Establish a system/forum for addressing and possibly resolving issues and circumstances where all public agencies, providers, third party payers and consumers can be involved on a consistent basis to provide an interagency solution/ resolution on a state level.

ISSUE 2: An interagency services coordinator to oversee the entire service delivery process for children and their families.

RECOMMENDATIONS:

- 2.1 Identify the qualification, background and/or information base that an interagency services coordinator needs to have to serve this function.
- 2.2 Identify sources of funding to support an interagency services coordinator to perform the following functions:
 - a. coordinate communication regarding the child's program between all involved parties; including physicians
 - b. set up conferences/meetings to consider all services the child and family is receiving; and
 - c. provide a contact for the family for information or dispute resolution.

ISSUE 3: Public and private systems should remain responsible for providing coverage for services currently outlined under their plans, (e.g., Schools: Total Special Education System (TSES), Human Services: County Social Service Area (CSSA), Individual Insurance Plan, HMO Plan, etc.).

RECOMMENDATIONS:

- 3.1 State agencies will cooperatively provide technical assistance to ensure that everyone understands each agency's responsibility for providing services.
- 3.2 Describe and publicize the appeals process for each third party payor/system and encourage its use.

III. IMPLEMENTATION

Summary of Discussion

Whether or not educational entities should be in the business of accessing third party payment sources for health related services, provided to children and youth with handicapping conditions, was ranked third out of the 21 issues identified by the Focus Group. This question surfaces a number of implementation related issues.

The cost of implementing a third party revenue recovery system will vary from school to school depending upon existing resources and the implementation procedures chosen by each district. A district's costs for basic systems management will vary depending upon the systems option (direct billing, billing agent, cooperative billing) that is selected to facilitate the billing process. Most districts will want to computerize their system and these costs will vary depending upon the district's existing hardware resources. Cost of software packages will be dependent upon the design and operation expectations. Clerical costs and general management overhead must also be accounted for. Again these costs may vary depending upon the systems option chosen to facilitate the billing process. Other costs that will need to be considered as districts analyze cost benefits and liabilities include the costs of training staff, parents, and outside agency providers; the costs of forms development; and the costs of supervision and follow-up.

It is very important that school districts do not overlook the extensive training that will be necessary to implement a third party reimbursement system. Training is critical, not only for management and clerical staff, but also for the service providers who will be responsible for the recordkeeping requirements, and especially for the parents whose understanding and acceptance of school districts accessing their health insurance benefits will play a major role in whether or not they consent to allowing schools to access those benefits.

The professional staff licensure requirements necessary for schools to recover medical assistance and other third party revenue sources must be analyzed. Directors of Special Education indicated that the licensure requirements for speech and language therapists and school psychologists will prohibit access to reimbursement, since many of their speech and language therapists and school psychologists do not have the required certification. In addition, as these professionals are required to obtain the necessary certification and as new staff are hired, the school district's costs for salaries and fringe benefits will increase commensurate with the increased standard for certification.

Since so many questions exist related to whether or not school districts should begin to access third party reimbursement, individual school districts have stressed the need to be given the option of proceeding immediately with third party billing, or waiting until the results of the pilot studies have been publicized. There is both concern and

confusion regarding the current legislation mandating districts to establish a third party billing system to recover costs for the early childhood screening program.

IMPLEMENTATION

ISSUE 1: Determine the cost effectiveness of local agencies accessing third party reimbursement.

RECOMMENDATIONS:

- 1.1 Identify a variety of administrative models for accessing third party reimbursement.
- 1.2 Develop a list of questions that school districts should ask when deciding whether or not to access third party reimbursement.
- 1.3 Provide examples of third party reimbursement models and the implementation process, including sample forms for documentation purposes.
- 1.4 Conduct a study for the purposes of gathering the data necessary to determine the cost effectiveness of educational entities implementing a third party revenue recovery system. Include the following components in the study:
 - a. minimum/maximum size of administrative unit (single) districts and cooperatives;
 - b. billing systems options (direct billing, billing agent, cooperative billing);
 - c. cost of related services;
 - d. analysis of existing resources;
 - e. analysis of licensure requirement effects on personnel costs;
 - f. start-up costs (equipment, consultation fees, software);
 - g. clerical costs;
 - h. general management overhead costs;
 - i. training costs (parents and providers);
 - j. forms development and production costs;
 - k. analysis of third party payor benefit packages in the service area; and
 - l. potential for revenue recovery in the service area.
- 1.5 Third party reimbursement data should become a priority for effectiveness and data discretionary grants from the Minnesota Department of Education.

ISSUE 2: Barriers exist within agencies that will inhibit school district access to third party reimbursement.

RECOMMENDATIONS:

- 2.1 As a result of the study, identify the existing barriers to accessing third party reimbursement.
- 2.2 Identify the policy changes and/or legislative action needed to overcome these barriers.

ISSUE 3: Extensive training is a necessary component of the implementation of a third party reimbursement.

RECOMMENDATIONS:

- 3.1 Provide specific training on documentation requirements and procedures, including physician authorization.
- 3.2 Provide training in systems options and billing procedures.
- 3.3 Provide specific training on the development of the IEP which emphasizes the team decision making sequence.

ISSUE 4: The professional licensure requirements necessary for schools to recover third party revenue sources may prohibit access by some schools and increase salary and fringe benefit costs.

RECOMMENDATIONS:

- 4.1 Analyze the impact of professional licensure requirements on access to third party revenue sources, salary and fringe benefit costs and hiring practices.
- 4.2 Review the data from 4.1 with professional organizations.

ISSUE 5: Concern exists that if teachers/providers are aware of the reimbursement mechanisms, the service outcomes and quality of services they provide will be affected.

RECOMMENDATIONS:

- 5.1 Teachers/providers should be included in the IEP process of assessing needs and strengths, developing goals and objectives and recommending services. Funding decisions should occur as a final step in the IEP team decision making sequence.

IV. FINANCES

Summary of Discussion

How accessing third party reimbursement will affect federal and state funding was ranked fourth out of the 21 issues identified by the Focus Group. Of primary concern was that state special education categorical aids would be reduced because of the availability of third party reimbursement. Directors of Special Education are concerned that a decision to reduce state categorical aids may be made based upon an assumption that implementation of a third party reimbursement system will generate sufficient revenue to allow for the reduction of categorical aids.

The costs of implementing and managing a third party reimbursement system must be considered along with the potential revenue from third party sources. It must also be recognized that potential third party revenue sources do not necessarily equate with the net revenue collected. Of the children and youth with handicapping conditions who are eligible for health related services some will have no insurance coverage, some will have limited or restricted coverage, and some will have parents who deny consent to access their insurance benefits. In addition, third party reimbursement recovery is also based upon what the payor determines as a reimbursable service. Finally it must be acknowledged that for the past ten years, there has continued to be an annual deficiency in state special education categorical funds and districts must make up the difference through local levies or from the regulation education general fund.

Another major financial concern involves the issue of supplanting. Clarification is needed from the federal level as to whether or not accessing third party revenue sources for current services constitutes supplanting of funds. Of particular concern is when the third party source involves another public funding source like medical assistance. If supplanting is determined to be an issue, school districts need guidelines and procedures for accessing third party revenue sources.

The two major financial concerns of state categorical aid reduction and supplanting will be difficult to resolve without further data relating to the costs of related services, the costs of implementation of a third party billing system, potential revenue sources and the insurance company's willingness to view an educational entity as a legitimate claimant, and finally the degree to which parents will consent to schools accessing their health insurance benefits. Much of this data is currently very difficult to collect. The Focus Group members acknowledged the challenges inherent in collecting the above data, but reinforced the need for such data prior to any decision making at the state or federal level that might result in funding changes.

FINANCE ISSUES

ISSUE 1: There is concern that state special education categorical aids will be reduced because of the availability of third party revenue sources.

RECOMMENDATIONS:

- 1.1 Require that districts utilize the monies collected through third party reimbursement to enhance services to children and youth who are handicapped and in need of special education services.
- 1.2 Obtain legislative assurance that state special education aids will not be reduced.

ISSUE 2: It is unclear whether or not accessing third party revenue sources for current services constitutes supplanting of funds.

RECOMMENDATIONS:

- 2.1 Obtain federal and state clarification of whether or not accessing public third party revenue sources for current services constitutes supplanting of funds.
- 2.2 Develop guidelines for procedures for accessing third party revenue sources where supplanting is determined to be an issue.

V. ASSURANCES

Summary of Discussion

Several of the concerns identified by the Focus Group could be categorized as issues that related to the need for assurances. Many of these needs have already been identified in the preceding summary sections. These needs will be highlighted again in this section to emphasize that many of these issues must be resolved prior to implementing a third party reimbursement system.

Most of the assurance issues evolve around the needs of individual children and concerns that a third party reimbursement system must not drive the IEP process. The third party reimbursement system begins with parent consent. If parental consent is not given it must be made very clear that the denial to access the family's health insurance in no way affects the school's obligation to provide special education and related services. Families who have consented to allow schools to access their health insurance must also be assured that any dispute over payment of financial responsibility will not interfere with the delivery of services to their children as they are written on the IEP.

The IEP process from initial assessment through individual program planning and implementation must be followed regardless of the restrictions which a particular third party payor may impose. For example, if the IEP team determines that based upon the child's identified strengths and needs, he/she would benefit from physical therapy twice a week in the classroom setting and the IEP would contain this recommendation even though the school knows that the only way they can obtain reimbursement for this service is if the child receives the service in a clinical setting. For example in order to comply with credential requirements a school district might direct all the medical assistance eligible children and youth to the speech and language clinician with the higher level of training, while the children and youth who are not eligible for medical assistance might be directed to the speech and language therapist with a bachelors level of training. Following the IEP process will assure that children and youth receive the health related services they are entitled to regardless of their level of insurance coverage. Likewise following the IEP process will ensure that health related services will only be provided if they are based upon identified needs and strengths and recommended by a team of people as a necessary component of the IEP despite the potential for revenue recovery from third party payors.

School districts have very little if any control over the benefit packages of third party payors. The only assurance that schools must provide to families is that they will not deplete a family's coverage to the extent that yearly or lifetime caps are reached. In order to provide this assurance, schools need to be aware of each family's health insurance policy limitations. When health benefit caps are an issue, schools will need to implement a monitoring system to ensure that these benefits are not depleted.

ASSURANCES

ISSUE 1: The third party reimbursement system must not drive the individual educational planning process, or have the effect of incurring any cost to the family for health related services provided as a part of an individual education plan.

RECOMMENDATIONS:

- 1.1 Provide districts with examples of letters, information sheets, and permission forms to meet the requirement of ensuring that families have adequate information to make an informed decision regarding allowing school districts to access their health insurance benefits.
- 1.2 Provide written assurances to families stating that the school district will not access their health insurance when there is the potential of increased costs to the family such as; exceeding yearly or lifetime benefit caps.

ISSUE 2: Since third party payors will only pay for services provided directly by a licensed provider, school districts may be inclined to alter their service delivery models in order to be eligible for third party reimbursement.

RECOMMENDATIONS:

- 2.1 Follow the recommended guidelines of all professional associations including the establishment of a peer review process.
- 2.2 Urge MA and other third party sources to reimburse indirect services. Data must be collected to demonstrate effectiveness. This must be a blind control group study which compares goal/skill attainment.

VI. MEDICAL ASSISTANCE

Summary of Discussion

Focus Group members were informed at the initial session of the Minnesota Department of Human Services intent to amend their State Plan to allow school districts to access medical assistance reimbursement for health related services provided as a part of an IEP. In addition many of the Focus Group members had participated in a MA task force which was designed to gather input related to school district access of medical assistance. This background and awareness surfaced a number of related issues.

Of primary concern was that school districts must comply with the same requirements as other entities that access medical assistance reimbursement. Examples of these requirements include credential and recordkeeping standards. In addition school districts must provide the same level of accountability as other health service providers.

Another medical assistance related issue that surfaced was the need to educate families and school districts regarding the requirement that other third party payment sources must be accessed prior to billing medical assistance. Informational sessions and training for school district providers and families was reinforced as a necessity prior to and along with the implementation of a third party reimbursement system.

Finally the Focus Group expressed concern that the potential for recovering medical assistance reimbursement does not create a dual service delivery system. An example would be the establishment of a dual system would be if the records of the eligible children and youth contained more detailed documentation than the records of the children and youth who were not eligible. Another example of a dual system would be the inequitable assignment of medical assistance eligible students to therapists with higher standards of training in order to recover medical assistance reimbursement.

MEDICAL ASSISTANCE

ISSUE 1: School districts must provide the same type of accountability for medical assistance as other health service providers.

RECOMMENDATIONS:

- 1.1 Provide technical assistance and training on the process and requirements necessary for accessing medical assistance reimbursement.

- 1.2 Develop a prototype for recording the basic data requirements by involving the professional organizations in the design of forms and implementation strategies.

ISSUE 2: In order to access MA reimbursement, district providers will have to meet MA credentialing requirements.

RECOMMENDATIONS:

- 2.1 Provide inservice to district administrators as to the requirements (i.e. current federal regulations) that indicate who is an eligible provider for reimbursement.
- 2.2 Recommend that LEA's contract with agencies that have personnel who meet the necessary credential requirements as an option for providing health related special education services.
- 2.3 Encourage LEA's to hire new staff who meet the requirements.

ISSUE 3: The services necessary for the technology dependent (i.e. nursing) may need to be reimbursed.

RECOMMENDATIONS:

- 3.1 Amend MA State Plan with federal approval for coverage of nursing services.

VII. HEALTH MAINTENANCE ORGANIZATIONS AND INDEMNITY INSURANCE

Summary of Discussion

The final category of issues that were generated by the Focus Group are the health maintenance organization (HMO) and indemnity insurance related issues. The major concern expressed by Focus Group members was that third party payors would reduce or eliminate coverage as a result of school districts billing for third party reimbursement. Parents expressed concern that their benefits would be depleted, restricted, or eliminated if they allowed schools to access their health insurance. Schools will need to become familiar with the various health insurance benefit packages and the mechanics of accessing these benefits. Districts will also need to become familiar with the procedures for appealing the denial of a claim.

Directors of Special Education acknowledged that the "free and appropriate" provision of Public Law 94-142 would require that in order to access a family's health insurance and still comply with this provision, they would be obligated to pay all co-payments and deductibles. In addition, they would need to establish provisions and assurances for not exceeding any yearly or lifetime benefit caps.

A unique challenge surfaces in accessing reimbursement for health related services when the coverage is provided by an HMO. HMO's go beyond payment for the health related services received. They also arrange for the delivery of these health services and require that these services be provided by HMO affiliated personnel. HMO's may refuse to accept school districts as providers or require that the HMO be involved in the decision making process. For schools this would mean insisting that the team decision making model is adhered to. Precautions must be taken to comply with the "least restrictive environment" provision of Public Law 94-142. If a service that could be provided in a classroom setting is provided at an HMO clinic in order to obtain reimbursement that would be a violation of the "least restrictive environment" provision.

As school districts begin to access third party reimbursement they will encounter disputes over payment of claims. It is critical that the recommended services not be interrupted while claims disputes are occurring. A process for resolving disputes must be established. Of particular concern will be those disputes involving self insured groups, since they are not regulated by the Department of Commerce nor the Department of Health. It is also evident that information sharing and inservice is needed to develop an improved understanding of the school districts' role in accessing third party reimbursement.

HEALTH MAINTENANCE ORGANIZATIONS & INDEMNITY INSURANCE

ISSUE 1: Potential exists for insurers to reduce or eliminate coverage or refuse to allow schools to become MA providers.

RECOMMENDATIONS:

- 1.1 Request clarification of third party payor's responsibility for paying for services in the individual education plan (IEP) that meet the test of medical necessity.
- 1.2 Clarify for education providers the basic health insurance contract benefits and how to access coverage.
- 1.3 Provide information and education to insurance/HMO representatives on the 'state of the art' in school access of third party reimbursement.
- 1.4 Consider amending HMO law that would require HMOs to enroll school districts as MA providers.
- 1.5 Establish a process to receive input from physicians regarding IEP or service planning process.
- 1.6 Recommend that state agencies maintain ongoing contact with physicians, and insurance and HMO representatives regarding school district access of third party reimbursement.

SUMMARY

Why should school districts access third party reimbursement? This question served as the basis for the formation of a series of six Focus Group meetings sponsored by the Minnesota Department of Education. The purpose of these meetings was,

To identify the issues surrounding the question of public and private sector responsibility for financing services for children and youth (birth to twenty-one years) with handicapping conditions, and provide recommendations.

When Congress enacted Public Law 94-142 in 1975 it was not intended that educational entities would become fiscally responsible for all the services which children or youth with handicapping conditions may need, regardless of whether or not these services had been previously paid for by other sources. Nonetheless, the "free and appropriate" phrase in P.L. 94-142 was interpreted by many to mean that any service specified in an individual education plan (IEP) would automatically become the education agency's fiscal responsibility. Whether or not a particular related service is an educational or medical responsibility has long been a debated topic. Much confusion still exists over which entity (education or health) should be assigned fiscal responsibility. Much of this confusion exists because many of the "related services" described in P.L. 94-142 are services which can be and have been the fiscal responsibility of the health care industry.

Now, nearly 15 years since the enactment of P.L. 94-142 we have begun to acknowledge that children and youth with handicapping conditions have needs that go beyond the responsibility of the education system. Education agencies in recent years have been presented with the challenge of integrated sites, latch key children and medically fragile children. To deal with these challenges we are attempting to operationalize interagency agreements which include financial arrangements as well as planning and service delivery. We are beginning to redefine the education agency's fiscal responsibilities. The education agency can no longer afford to be the only organization with the fiscal and service responsibilities for society's youth.

As educational entities begin to implement third party revenue recovery systems as a means of sharing the fiscal responsibility for the provision of health related services, a number of themes surface. Accessing third party reimbursement must involve interagency cooperation between education, human services, health, and commerce agencies. It has been suggested that the Community Interagency Early intervention Committee model be followed, since it is already operating as a community model which includes education, health, and human service representation.

Regardless of the model selected, communication networks must be established to facilitate decision making and service delivery. The entities involved must also be kept informed of the issues which may necessitate a formal dispute resolution process or legal action. Legal action may be necessary to open the doors to third party

reimbursement access. An example of potential legal action would involve adding language to Department of Health and Commerce bills stating that the site at which the health service is delivered cannot affect whether or not the service is eligible for reimbursement.

A pivotal component of a school district's third party reimbursement system is parental understanding and permission. Parental choice is a key issue in accessing third party revenue sources. If parents deny access to their health insurance the school district is fiscally responsible for the service(s) they deemed necessary as a part of the individual education planning process. Information must be provided to parents to allow them to make informed decisions. As districts contemplate the establishment of a third party reimbursement system, it may be very fruitful for them to form partnerships with state and local parent organizations to provide informational sessions related to the topic of third party reimbursement.

Assurances must be provided to parents that accessing third party reimbursement will in no way affect the quality of special education and health related services to which their child is entitled. It must be emphasized that the IEP process will be followed, and that only after strengths and needs have been assessed and goals and objectives written, will the type and location of service delivery be determined. Parents must also be assured that the health related services deemed necessary in the IEP will be provided at no cost to them. This means that if the parents give consent allowing schools to access their health insurance the school district is responsible for paying any deductibles or co-payments. Finally parents must be assured that school districts will not access their health insurance benefits if there is the potential that their yearly or lifetime benefit caps will be exceeded.

It is quite evident that in order for education agencies to integrate an entirely new system like a third party reimbursement system, a lot of information and training must be provided. This training and information must be provided to parents, educational providers, administrative personnel, business office personnel, health care providers (including physicians), and indemnity insurers and HMOs. Old paradigms will need to be replaced by an acceptance to cross over boundaries and establish a truly integrated interagency system for providing health related services to children and youth with handicapping conditions.

APPENDIX A

Financial Responsibility Focus Group Membership

FOCUS GROUP MEMBERSHIP

1. Ann Bettenburg
Department of Education
2. Kathleen Cota
Department of Human Services
3. Cindy Diger
Parent
4. Carolyn Fiterman
Physical Therapy Association
5. John Gross
Department of Commerce
6. Jill Haak
Early Childhood Coordinator
7. Jim Hay
Parent
8. Beth Kessler
Minnesota Assoc, of Medical
Rehabilitation Agencies
9. Bobbi Kreb
Medical Assistance Consultant
10. Keith Kromer
Director of Special Education
11. Jan Luker
Minnesota Speech & Hearing
12. Les Martisko
Director of Special Education
13. Scott McConnel
School Psychotogists Association
14. Meredith Melby
Parent
15. Janet Olstad
Services for Children with Handicaps
16. Dave Peterson
Director of Special Education
17. Don Ross
Special Education Coordinator
18. Laurie Running
Parent
19. Nancy Scott
Occupational Therapy Association
20. Dawna Tierney
Department of Health
21. Judith Walker
Department of Health
22. Marilyn Woods
Physical Therapy Association
23. Paul Zemke
Director of Special Education

APPENDIX B

Questions/Answers from Focus Group Participants/Organizations

Focus Group Membership included representation from the following groups: parents, Minnesota Administrators of Special Education, Minnesota Physical Therapy Association, Minnesota Occupational Therapy Association, Minnesota Speech-Language-Hearing Association, Minnesota School Psychologists Association, Minnesota Association of Medical Rehabilitation Agencies, Minnesota Insurance Federation, Group Health, Blue Plus, and Med Centers Health Plan. Each of these groups was provided the opportunity to respond to a set of questions which specifically related to their area of representation.

The following list of questions is accompanied by the response received from each respective group. Not all groups responded in a written format which could be included in this report.

QUESTIONS & ANSWERS: PARENTS

1. Are parents willing to have school districts access their insurance coverage?

Response:

- * General consensus was "NO" - based on the lack of information and unanswered questions.
- * Some said yes, if their children were older, due to the fact they may not have as great of a need for "related services". These parents said they would only agree if they felt their insurance benefits would not run out or be eliminated.

2. What are parents' fears related to schools accessing their insurance coverage?

Response:

- * Paperwork hassles and delays in payment based on tie up of funds with PA and claims at school.
- * Loss of or reduction of benefits.
- * The cost of these services and are they worth the money.
- * Less mainstreaming

3. What assurances would parents need in order to feel comfortable giving schools access to their insurance coverage?

Response:

- * Assurances that money collected would be *returned* to enhance special education programs.
- * Clear understanding of informed consent to bill insurance company.

- * Monthly statements to show actual account of claims.
- * Security that the particular insurance benefit and/or MA would not directly impact IEP's in a negative way and that the child's* needs would remain first and foremost!

4. How should schools approach parents to request access to their insurance coverage? Give specific suggestions.

Response:

- * Provide clear and concise information regarding what bills are being submitted.
- * Explain the history of how this came about (legislative) and how this chain of events will affect the child's educational program.
- * Explanation in understandable terms, unlike insurance booklets.
- * Be certain that parents know upfront how the school district billing will impact their specific policy.
- * Need for a contact at the school district to talk to when a problem arises.
- * Assurance that a family could pull authorization at any time.

5. Describe what process would be helpful to parents in resolving interagency disputes?

Response:

- * Big concern that there would be interagency disputes.

6. What information must be provided to parents prior to accessing third party reimbursement?

Response:

- * Facts
- * Pros and Cons
- * Potential Risks
- * Assurances that IEP's would not be impacted or services minimized due to funding or staff availability.

7. **How should this information be provided; workshops, newsletters, brochures, parent group meetings?**

Response

* Brochures, newsletter and **Q & A** sessions for **parents and contact person** for questions **after consent** is given.

QUESTIONS: DIRECTORS OF SPECIAL EDUCATION

1. **Describe the Information and resources you would need prior to deciding whether or not to access third party reimbursement for health related services provided as a part of an IEP.**
2. **Describe the procedures you would use to inform families of your decision to access third party reimbursement.**
3. **Describe the procedures you would use to inform service providers of your decision to access third party reimbursement.**
4. **Identify the type of leadership you will need from the state agencies, i.e. guidelines, policies, assurances.**
5. **Identify the reasons why you would not access third party reimbursement.**
6. **Define the next steps necessary to implement a third party reimbursement system within your school district or cooperative.**

QUESTIONS & ANSWERS: Minnesota Speech and Hearing Assoc.

1. **Describe the professional organizations' responses to the recommendation that they develop guidelines for determining medically necessary services in educational settings.**

Response:

The discussion from MSHA's perspective was not to recommend the amount of medically necessary services to be provided in an educational setting, but rather to establish some guidelines in determining "best practice guidelines" for the amount of educationally-related therapy services that would be appropriate in any given school day. The way in which the new proposed guidelines for MN Medical Assistance (MMA) are being set up, it appears that any service which is provided under a physician's order and meets the documentation requirements will be considered "medical". It appears, therefore, to be moot point in trying to separate the categories of "medical" and "educational". The issue becomes

more of a determination of what the child's total needs are, and then a separation between what can appropriately be provided during the given school day and what should be supplemented through outside medical services.

2. Suggest a process for accomplishing this recommendation.

Response:

The concern of consistency across school settings in recommending appropriate educationally-related therapy has been raised as an issue. Without state-mandated criteria or state recommended "best practice guidelines", it appears that there will still be variability between school district settings.

It is recommended that the Department of Education publish "best practice guidelines" to be distributed to all schools regarding the provision of educationally appropriate therapy services within a given school day. This would provide a more consistent environment for families and not put families in the position of having to "shop around" for the best special education services.

The Department of Education should also emphasize an interagency approach in looking at the needs of the child. The issue of whether or not school can refer out without being held financially responsible for the referral should be clarified for all Special Education Directors. In order to emphasize an interagency approach, schools must feel comfortable that their decision will not have repercussions and financial consequences.

3. Describe the service providers response to the record keeping and documentation requirements necessary to access third party reimbursement.

Response:

The requirement for record keeping and documentation should be consistent across provider types. Although documentation is necessary to provide accountability, it is felt that some of the current documentation requirements clearly placed on providers of medical therapy across all provider types, this would be viewed as a positive move.

4. Suggest strategies for implementation.

Response:

In the medical setting, a significant amount of time is given to speech-language pathologists and audiologists to meet documentation requirements. The amount of time varies from setting to setting, but in general approximately 3-4 1/2 hours per day are allowed for paperwork time. It is suggested that the first step and strategy to begin to implement a third party reimbursement system in a school setting would be to look at the amount of "down time" that is allowed for

each professional. This decision will affect caseload size as well as the number of professional staff needed to provide service. Another strategy would be to look at legislative intervention or other discussion with insurance companies, HMOs and other third party providers to lessen or to decrease paperwork requirements.

5. Describe the service providers response to working within the regulations of the HMO system.

Response:

In general, speech-language pathologists and audiologists in the medical field find that working within the regulations of the HMO system is difficult, cumbersome and very time-consuming. Each HMO has its own method of securing prior authorization. Many HMOs require renewing prior authorization every month or every six weeks for ongoing treatment. It is often difficult to reach the prior authorizing agent as well as sometimes difficult to receive written confirmation. In terms of qualifying to become a recognized provider, fairness should again prevail for all providers. If HMOs require settings to be "authorized providers", then schools would need to follow the same process for trying to obtain this status or the system should allow equal access to all providers.

6. Describe the professional organizations response to the licensure requirements necessary to access third party reimbursement.

Response:

MSHA strongly endorses that the Master's level be the level required for speech language pathologists and audiologists in order to access third party reimbursements. This would include individuals currently holding their Certificate of Clinical Competence (CCC) or clinical fellows in the process of their "Clinical Fellowship Year" (CFY).

7 Respond to the recommendation that Quality Assurance Measures and Peer Review Standards be followed in all service areas.

Response:

It is the intent of MSHA's Peer Standards Review Process that the established "MSHA Quality Assurance Measures" and Peer Standards Review Process apply in all settings, including school districts.

8. Provide specific examples of what this would mean In practice to local school providers of health related services.

Response:

Some specific examples of how local school providers may be affected by MSHA's Peer Standards Review Process would be:

- a. If schools underwent a Peer Standards Review requested by MN Medical Assistance and were found to be billing for services that a Bachelor's level speech-language pathologist or audiologist were conducting, the situation would be viewed by MN Medical Assistance as a pay-back situation.
- b. If intervention techniques were not appropriate to a disorder, and this was the judgement of the trained Peer Standards Review team, then that recommendation would be written up and placed in the follow-up report to the funding source.
- c. If no significant progress was shown by a client in a treatment program billed to a third party source in 30 days yet this was required by the pay source, a pay-back situation would result.

9. Respond to the recommendation that, "Related service providers should be made aware of the reimbursement systems, as needed."

Response:

The systems of reimbursement and service provision are so interrelated that it would seem to be inevitable that the service provider would know the funding source. They would need to know what the funding source was in order to complete the appropriate documentation as well as to secure initial and ongoing prior authorization and renewal of physician's orders. For this reason, it does not seem likely the service providers could be unaware of a client's financial information.

10. Provide specific examples of the type of information a service provider would need to have.

Response:

Specific examples of information may include the child's funding source, when funding source changes, documentation requirements, and the prior authorization process for the client's specific funding source. One issue that would also be taken into consideration is that if a Bachelor's level speech-language pathologist or audiologist was employed in the school district, no third party reimbursable children could be seen by this therapist.

11. Describe a process for communicating this information.

Response:

Involved in a school district's initial packet of information to parents will need to be an authorization slip to request permission to bill their insurance source. Several school individuals would also need to be identified in the school system to:

- a. secure physician orders,
- b. secure prior authorizations,
- c. communicate this information to the treating therapist,
- d. establish a tickler system for renewals of prior authorizations,
- e. establish a persons to coordinate medically-necessary paperwork requirements,
- f. set up a system to track documentation completion, physician signature and return in a timely manner.

QUESTIONS & ANSWERS: MN OCCUPATIONAL THERAPY ASSOC.

1. Describe the professional organizations' responses to the recommendations that they develop guidelines for determining medically necessary services in educational settings.

The Association feels that a determination of "medically necessary" OT services in an education setting should be decided on a case by case basis. Guidelines should be developed to be used when making these individual decisions. The "Guidelines for OT in the Schools" (American Occupational Therapy Association), MN Guidelines for OT in the schools and the IEP process and recommendations must be incorporated into these guidelines. Therapists are concerned that the emphasis on medically necessary intervention will hinder the ongoing development of the educational model of occupational therapy.

Recently MOTA developed guidelines for occupational therapy in long term care. This process could be utilized for development of guidelines for determining medically necessary services in educational settings. We suggest that a task force consisting of therapists from the schools, hospitals, outpatient facilities and private companies be brought together to develop the guidelines. Furthermore, we suggest that a national expert from AOTA facilitate the group. Since Minnesota appears to be in the forefront in the development of a process to implement third party reimbursement, it would be helpful to bring in national experts from the provider specialties in order to assist Minnesota in designing a model that could be utilized by therapists in other states.

2. Describe the service providers response to the record keeping and documentation requirements necessary to access third party reimbursement.

The Association believes that the record keeping and documentation required for third party reimbursement is likely to result in increased time spent on paperwork and decreased time for therapy. Many therapists are concerned that the documentation of educationally related OT services will not satisfy the documentation requirements for medically relevant OT services. Therapists are also concerned that directors will not understand the realities of the additional paper work. Local providers in outpatient clinics estimate between 35 to 50% of

their time is spent on non-patient activities. A major portion of this time is spent on documentation. We, therefore, recommend that the required paperwork be streamlined so that two sets of documentation are not needed. Furthermore, districts should consider increasing clerical assistance to service providers and explore ways to enable the therapist to make the most efficient use of her time (i.e. provide dictaphones).

MOTA is willing to work with SDE and other provider organizations to develop a workshop and follow up program to inservice providers on the documentation requirements for third party reimbursement.

3. Describe the service providers reponse to working within the regulations of the HMO system.

HMO's usually require prior authorization for therapy and this tends to make the systems more cumbersome. MOTA understands the reasoning behind this requirement; however, this currently results in many therapists spending a significant amount of time on the phone receiving authorization for therapy. If the schools determine they will seek reimbursement from HMO's, they need to provide therapists easy accessibility to phones, sufficient non-student contact time to carry out these requirements and clerical assistance to perform as many of these billing related tasks as possible.

Some HMO's may not allow school district therapists to be providers. In this case, either the HMO provder would deliver therapy in the school or away from the school. Delivery outside the school could result in non-compliance with the least restrictive environment regulations and lack of coordination of the related service intervention with special education goals and objectives.

If HMO therapists provided intervention in the schools, the HMO and school district would need to provide fairly intensive inservicing regarding provision of therapy services within the school setting.

Finally the association recommends that the SDE clearly outline the education role as "payor of last resort" to insure that educationally related OT services are not interrupted due to billing requirements disputes.

4. Describe the professional organizations response to the licensure requirements necessary to access third party reimbursement.

The Association is in agreement with the licensure requirements necessary to access third party reimbursement for occupational therapy. The Commissioner of Health has recently approved state regulation of occupational therapists. The Association does not expect this to have an impact on licensure requirements for third party reimbursement.

5. Respond to the recommendation that quality assurance measures and peer review standards be followed in all service areas.

The Association welcomes quality assurance measures and peer reviews. MOTA has developed a peer review process which entails a review of the therapist's documentation on a client. Hospitals, schools, etc. can contract with MOTA to provide the peer reviews.

6. Respond to the recommendation that, "related service providers should be made aware of the reimbursement systems, as needed."

Therapists who work in the schools are usually not familiar with the documentation requirements for third party reimbursement. Therapists must learn to work within this system. In order to do this, they will need inservicing on the following:

- a. Major provisions of the benefit packages that impact the delivery of OT.
- b. Appropriate format and wording of documentation.
- c. Familiarity with forms and record keeping procedures.
- d. Procedures manual.
- e. Provision of a follow up program to provide therapists a chance to solicit further information and to obtain input from therapists in order to improve the initial inservice program.

As stated earlier, MOTA is willing to assist SDE in developing a workshop for school therapists.

QUESTIONS & ANSWERS: MN AMERICAN PHYSICAL THERAPY ASSN.

1. Describe the professional organizations response to the recommendation that they develop guidelines for determining medically necessary services in educational settings.

1.1 Suggest a process for accomplishing this recommendation.

A task force of Pediatric Physical Therapists has been meeting and is developing guidelines for provisions of physical therapy service in educational settings. These include appropriate medical diagnostic categories, frequency, duration, and functional outcomes relating to severity of involvement and age of child. We are primarily looking at chronic conditions that interfere with attainment of educational objectives.

The greatest intensity, frequency, and duration of physical therapy is recommended for younger children or following a major change in physical status that interferes with educational goals. As children become older,

the physical therapist works closely with other services including DAPE, Pre-Vocational, etc., as a transition for life skill attainment.

The National Physical Therapy Association is revising the guidelines for physical therapy in the educational setting which includes competencies, educational requirements, model job descriptions, caseloads, etc. This is available through the Pediatric section of the American Physical Therapy Association.

2. Describe the service providers response to the record keeping and documentation requirements necessary to access third party reimbursement.

2.1 Suggest strategies for implementation.

The Minnesota Physical Therapy Association strongly recommends the guidelines for record keeping and documentation in the medical and educational setting be comparable when accessing third party reimbursement. The educational setting in the past has required less stringent documentation for physical therapy services. The Minnesota American Physical Therapy Association has written guidelines for documentation that records the status of individuals as they progress and meets the requirements for third party reimbursement. This should be followed in all settings.

We recommend that all school therapists must meet the same criteria as community physical therapists in assessing third party funds. These include documentation, office space, equipment, etc. We have concerns about the possibility that school district physical therapists will receive preferential treatment over other qualified Pediatric Physical Therapists. Thus, this setting up a two tiered system.

3. Describe the service providers response to working within the regulations of the HMO system.

Physical Therapists are currently working within these regulations and communicate with the primary care providers.

4. Describe the professional organizations response to the licensure requirements necessary to access third party reimbursement.

All Physical Therapists in Minnesota are currently licensed by law with ongoing continued education requirements and meet the criteria for third party reimbursement.

QUESTIONS: INSURANCE PROVIDERS

- 1. What is the health insurance Industries' response to school districts accessing health insurance coverage for health related services provided as a part of a handicapped child's individual education plan (IEP)?**
- 2. What additional information does the health insurance industry need from school district providers of health related services?**
- 3. Clarify the basic health insurance contract benefits, and how to access this coverage.**
- 4. What is Insurance and HMO law's response to language In The Medicare Catastrophic Health Care Act? "Coverage for service cannot be denied on the basis that the service is: a) part of an IEP, or b) provided by a school district or its employees or subcontractors, c) a "related service" under special education."**
- 5. What is the HMO industries' response to allowing school districts to enroll as providers?**
- 6. Respond to the concern that as schools access third party reimbursement for health related services HMO's and indemnity plans will drop these coverages from their contracts.**
- 7. What percentage of families are affected by insurance caps and lifetime limits?**
- 8. If a family accesses third party reimbursement for a health related service provided during the school day, will they be able to access reimbursement for additional services provided by another agency after school hours?**