PR-10 PARENTAL CONSENT TO SHARE HEALTH INFORMATION FOR THE OHIO MEDICAID SCHOOL PROGRAM

CHILD'S INFORMATION CHILD'S NAME		
DATE OF BIRTH	DISTRICT NAME	
Ohio Medicaid School Program services identified in the IEP, s	e opportunity to receive federal Medicaid dollars through a program calle in (MSP). Through this program, school districts can receive Medicaid dollar such as Speech, Audiology, Physical Therapy, Occupational Therapy, Nursecial Work services. In the process of billing Medicaid for these serviced with the Ohio Department of Medicaid. For Medicaid billing purpose signed Parental Consent to Share Health Information for the Ohio Schoe-time written consent, you will receive an annual notice of this consent.	ars for rsing, vices, oses
not be currently eligible for Me information is related to all stud help reduce special education	or all students who receive special education services, even students who dicaid. Some health information shared is specific to your student, while clents within the entire school district. Schools can use this health information costs that the district must deliver pursuant to the Individuals with Disability udent specific health information is protected and will be accessed only the school's Medicaid contract.	other on to
300.) You are not required to e incur any out-of-pocket expens premiums or the discontinuation	have the right to withdraw your consent at any time (34 CFR Part 99 and nroll in Medicaid. If your school does bill Medicaid, you will not be require ses such as a deductible or co-pay, decreased lifetime coverage, increase of benefits, or result in you paying for services. If a bill or Explanation are not required to cover any cost for school-based services.	ed to
Regardless of whether you graph provided with an evaluation and	ant consent, refuse consent, or revoke your consent, your child will still or the services as identified by the IEP team at no cost to you.	l be
I understand and agree to school to access Medicaid.	give permission to share my child's specific health information in order for	the
I do not give permission to Medicaid.	share my child's specific health information in order for the school to acco	ess
Parent (printed) Name		
Parent Signature		
Date/	-	
Please contact Healthcare Billi	ng Services, Inc. at (740) 639-4218 with questions or if you feel you ha	ave

incurred a personal cost for these services.

Medicaid School Program - Q & A

HBS-Healthcare Billing Services, Inc.

1. What is the Ohio Medicaid School Program (MSP)?

The Ohio Medicaid School Program is a federal program that allows school districts to receive Medicaid reimbursement for costs associated with providing ETR (Evaluation Team Report) and IEP (Individualized Education Program) services to students with Medicaid insurance. Almost every state has a school Medicaid program, and Ohio currently has approximately 650 school districts participating in the program. This program brings in valuable dollars for Ohio schools to help offset the cost of providing therapy services to students on an IEP. As with all insurance billing, therapy services are billed to Medicaid in a very specific format. Before claims can be submitted to Medicaid, the school district must obtain "MSP Signed Parental Consent" from the student's parent or guardian.

2. What is MSP Parental Consent?

Ohio school districts have the opportunity to receive Federal Medicaid funding for some of the therapy services that they provide to students on an IEP. The program is called the Ohio Medicaid School Program (MSP), and school districts must first get "Signed Parental Consent" before they can access these funds. Below are answers to miscellaneous questions regarding MSP Parental Consent.

- All billing information is protected according to HIPAA.
- Your consent is voluntary.
- You can withdraw your consent at any time.
- You will not be charged any out-of-pocket expenses.
- Billing will not affect any services your child receives outside of the school.
- Billing will not decrease lifetime coverage.

3. What student information is shared in the Medicaid billing process?

All Ohio Medicaid School Program claims are transmitted electronically to the Ohio Department of Medicaid for processing. The data that is sent is over 15 lines long and the data is not recognizable to most people. Here is a sample of what this data looks like:

782L1~LX*~SV1*HC:92508*30.43*UN*1***1~DTP*472*D8*20150915~REF*6R*2 508*30.43*UN*1***1~DTP*472*D8*20150929~REF*6R*282393e4202782I3~SE*

When a school district goes through a Medicaid Audit, certain records are verified to make certain that services were provided and documented appropriately. These audits are performed by a CPA firm, or a State or Federal auditor. They include, but are not limited to:

- Verify that the service was properly listed on the IEP.
- · Verify that an evaluation was properly completed.
- Verify that the therapist is properly licensed.
- Verify that the IEP was properly signed.
- Verify that the student was in attendance.

Ohio school districts are governed by HIPAA, FERPA, and IDEA, which have very strict rules regarding the sharing of protected health information. School districts and billing vendors work very hard to safeguard all student information.

HIPAA – Health Insurance Portability and Accountability Act FERPA – Family Educational Rights and Privacy Act IDEA – Individuals with Disabilities Act

Thank you in advance for helping your school district access this valuable funding.

Ohio Medicaid Consumer Hotline 1-800-324-8680 Healthcare Billing Services, Inc. 1-740-639-421