



*Testimony of the PA Association of School Business Officials  
& the PA Association of Intermediate Units  
House Education Committee  
House Health Committee  
Joint Hearing on the School-Based ACCESS Program  
May 7, 2014*

Good morning, Chairman Clymer, Chairman Baker, Chairman Roebuck and Chairman Fabrizio. On behalf of our collective memberships, we greatly appreciate the opportunity to testify before you and all committee members today on the critical issue of the School-Based ACCESS Program. We thank you for scheduling this hearing to discuss the impact that third party liability issues are having on the federal reimbursements our districts and intermediate units depend on for the provision of school-based medical services to Medicaid-eligible students.

Fortunately, since the hearing was originally scheduled, some significant progress has been made on bringing the third party liability issue to resolution. Given this very encouraging development, our goal this morning is to provide you with important background information on the School-Based ACCESS Program, a description of the recent changes to the program and their impact on services provided by districts and IUs, and an explanation of the third party liability issue that has been impacting federal reimbursements

**Overview of the School-Based ACCESS Program**

The School-Based Access Program (SBAP) provides a mechanism for partial federal reimbursement for the medical services provided to Medicaid-eligible special education students by school districts, intermediate units, charter schools, approved private schools and state-owned schools. These medical services, mandated by each special education student's individualized education program (IEP), can be extremely costly to provide and school districts and intermediate units (IUs) across the Commonwealth rely on this federal reimbursement to sustain quality services for students and to balance their budgets.

Under the federal Individuals with Disabilities Education Act (IDEA), school districts and IUs must identify those students eligible for special education services. Where a student is identified as having a disability and it is determined that special education and related services are necessary for the student to benefit from the regular education program, an IEP is developed, laying out and mandating the educational plan required for that individual student. The special education services required to be provided to a student

in his or her IEP can range from very minor classroom accommodations to outplacements in approved private schools.

Many IEPs mandate the provision of medical services, such as physical or occupational therapy, speech or language therapy, audiology, nursing services or psychiatric services, and personal care assistants to eligible students.

Because the costs of providing mandated special education services—especially medical services—to eligible special education students can be significant, the Medicare Catastrophic Coverage Act was passed in 1988, under which Congress required federal Medicaid funds to be made available to provide reimbursement for a portion of the cost of providing medical services to Medicaid-eligible special education students.

Following passage of this legislation, Pennsylvania implemented its SBAP beginning in the 1991-92 school year. The program is administered and managed by a private entity under contract with the Commonwealth. While the Centers for Medicare and Medicaid Services (CMS) defines which medical services are eligible for reimbursement, the Department of Public Welfare (DPW) sets forth the guidelines and requirements of the SBAP and, with involvement of the Department of Education (PDE), participating school districts and IUs are reimbursed for a set percentage of their costs for providing these school-based medical services (53.52% for 2014). Under Pennsylvania's SBAP eligibility guidelines, the vast majority of special education students requiring school-based medical services as part of their IEP are eligible for medical assistance under the program.

Audiology, nursing, occupational therapy, orientation and mobility, personal care assistant, physical therapy, physician, psychiatric, psychology, social work, speech, language and hearing, special transportation and vision are all medical services that are reimbursable under the program.

Under the SBAP, school districts and IUs providing medical services to special education students must document the services provided and work through the Commonwealth's vendor to submit claims for federal reimbursement for those services provided to each eligible student. The vendor submits these claims on a routine basis to DPW. DPW then determines which claims can be paid and which cannot. Those claims that are approved are then sent to the federal government for payment, the federal dollars flow back to DPW, DPW then authorizes a transfer of federal dollars to PDE, and PDE then passes on these federal funds to school districts and IUs to cover a portion of their medical services costs. The entire payment process takes several weeks or even months to accomplish.

In Pennsylvania, the SBAP generates federal revenue to support two vital programs for children—early intervention and school-age special education. The Early Intervention (EI) program is administered primarily by intermediate units with the goals of identifying children ages 3 to 5 with or at risk for developmental delays and implementing necessary services for those children before they reach school age. Through the EI program, these children will be evaluated and given an IEP, if necessary, to ensure that they begin receiving appropriate services as soon as possible to begin to address any potential developmental delays or other issues before they enter school. When the EI program ends, the school-

age special education programs begin. Once a student reaches school age, assessment for needed special education services occurs, and an IEP will be developed for each eligible student.

### **Recent SBAP Program Changes**

Over the past two years, Pennsylvania has experienced a confluence of events that have significantly impacted the SBAP: a change in the Commonwealth's vendor managing and administering the SBAP program, DPW policy changes as a result of a CMS management review of the SBAP, and issues surrounding third party liability for medical services provided to children under the program. The consequences of these three events have ranged from an increased administrative burden on LEAs to a significant loss of federal revenues to support services to children needing medical services as mandated by their IEPs.

### **Vendor Change**

In July 2012, Pennsylvania contracted with Public Consulting Group (PCG) as the vendor administering and managing the SBAP and submitting claims for federal reimbursement. Prior to the contract with PCG, the Commonwealth had contracted with Leader Services to operate the program.

School districts and IUs have worked cooperatively and in good faith with PCG, PDE and DPW to navigate the challenges inherent in any transition to a new vendor responsible for a program the size and complexity of SBAP. That cooperation and patience has resulted in some improvements in communications and resolution of *some* PCG system problems that were delaying payment for claims and/or creating real costs for school districts and IUs. However, nearly two years after the transition of SBAP to PCG, there continue to exist unacceptable delays in claims processing and payment, questions about the quality of data and information provided and administrative processes that create enormous and costly administrative burdens at the district and IU level.

### **CMS Management Review**

On top of the many challenges of vendor transition, school districts and IUs have also had to adjust to significant SBAP policy changes demanded by CMS. Beginning in 2011, CMS began a management review of Pennsylvania's SBAP. As a result of this management review, some services previously eligible for SBAP reimbursement, such as IEP meetings and collateral services (which includes the time providers spend preparing and planning before and after providing direct services to a student), are no longer eligible for reimbursement.

These changes in eligible services went into effect on July 1, 2012 and collectively resulted in a significant and permanent reduction in the amount of federal reimbursement received by school districts and IUs for medical services provided to eligible special education students. While it is difficult to quantify the total loss in federal reimbursement due to these changes, school districts and IUs are continuing to feel the impact of this significant reduction, which is having a tremendous impact on their budgets.

Since 2009-10, school districts have collectively received about \$255 million in federal reimbursement under the SBAP. While the federal reimbursement to school districts provided has climbed from

approximately \$75 million in 2009-10 to approximately \$99 million in 2011-12, the federal policy changes are expected to reduce this total reimbursement by approximately 25% to 30% in 2012-13.

At Wayne Highlands School District, we typically received between \$275,000 and \$300,000 annually from the SBAP. Since the changes to the program due to the CMS management review and the switch in the vendor dating back to July of 2012, we have currently received federal reimbursement of approximately \$185,000—however, this represents two years of services.

Other school districts across the Commonwealth have experienced similar significant reductions in SBAP revenues. To provide some additional examples of the dollar impact of these reductions for district across the state, Central Bucks School District in Bucks County received approximately \$1 million in SBAP reimbursement in 2011-12, however, they have received just \$300,000 for 2012-13; Penns Valley School District in Centre County generally receives approximately \$200,000 in SBAP reimbursement and has received no reimbursement for 2012-13; Palmerton Area School District in Carbon County generally receives approximately \$30,000 in SBAP reimbursement yet has received only \$2,000 for 2012-13 services provided; and Norristown Area School District in Montgomery County generally receives over \$600,000 in SBAP reimbursement yet has received only \$84,000 for 2012-13.

Despite this significant reduction in federal reimbursement, school districts are in the impossible position of having no choice but to continue to provide these medical services because they are part of a student's IEP. This has had the unfortunate impact of placing additional burden on school budgets and yet again, ultimately burdening the local taxpayers.

From an IU's perspective, the effect of the CMS management review was even more significant due to the impact on Pennsylvania's age 3-5 EI program. Pennsylvania's pre-school Early Intervention program is administered by the Bureau of Early Intervention in the Office of Child Development and Early Learning (OCDEL). OCDEL contracts with regional agencies – known as MAWA holders – to operate the Early Intervention programs. Most MAWA holders are intermediate units, and most intermediate units are MAWA holders.

EI providers, like school districts, are legally responsible for the provision of a free appropriate public education for students with disabilities. As such, they cannot reduce their services to students when funding targets are not realized. However, unlike school districts, EI providers are unable to increase funding through their local tax base. They are wholly dependent on state and federal funds.

Over the past 6 years, OCDEL has required IUs operating EI to generate SBAP reimbursements as part of the total revenues IUs receive to operate EI programs. OCDEL sets that target for IUs. Putting aside whether this is a reasonable requirement (even in the best of circumstances, securing Access reimbursement is not entirely in the IU's control), I want to give you a couple of examples of what the CMS management review changes have meant for IUs given the OCDEL requirement for generating Access reimbursement.

During the 2011-2012 school year, the OCDEL identified for IU 13 (serving Lancaster and Lebanon Counties) a target of generating \$1.3 million in SBAP reimbursements. OCDEL approved IU 13's EI budget

(to serve 2,600 children) and allocated state EI dollars to the IU 13 to fund that budget, MINUS the \$1.7 million in SBAP reimbursement IU 13 was expected to generate.

The good news is that in 2011-12, IU 13 was successful in meeting that SBAP reimbursement target. The bad news is that in 2012-2103, after the CMS management review changes were implemented, IU 13 only generated approximately \$176,000 in SBAP reimbursements for EI. Since EI services to children are mandated by law, IU 13 had no recourse other than to request additional state subsidy to cover core program expenses. While OCDEL has done what it can within its own budget limitations to respond to the IU's federal fund shortfall, the IU was, in fact, forced to absorb much of this loss.

Allow me to share similar data for three other IUs that operate the EI program so that you can see that this impact is not specific to the Lancaster-Lebanon IU. Like IU 13, these IUs were forced to seek additional funding from OCDEL and cover EI funding shortfalls with funds from other IU program budgets.

IU 5 – serving Erie, Crawford and Warren Counties: In 2011-12, IU 5 was successful in meeting OCDEL's target of generating \$382,500 in SBAP reimbursement. In 2012-13, however, IU 5 has been able to generate only \$30,000 in SBAP reimbursements.

IU 17 – serving Bradford, Lycoming, Sullivan and Tioga Counties: In 2011-12, IU 17 was successful in meeting OCDEL's target of generating \$325,000 in SBAP reimbursement. In 2012-13, however, IU 17 has been able to generate only \$25,000 in SBAP reimbursements.

IU 22 – serving Bucks County: In 2011-12, IU 22 was successful in meeting OCDEL's target of generating \$1.4 million in SBAP reimbursement. In 2012-13, however, IU 22 has been able to generate only \$318,000 in SBAP reimbursements with another \$291,000 in possible reimbursements sitting in denied claims.

The loss of SBAP reimbursement revenues not only creates tremendous fiscal challenges for IUs that are committed to sustaining quality services to children, it also creates a fiscal burden for the Commonwealth. Recognizing this, Governor Corbett has proposed a supplemental appropriation for EI intended, at least in part, to respond to the loss of SBAP revenues.

### **Third Party Liability**

While School districts and IUs have done the best they could to anticipate and prepare for a permanent reduction in federal reimbursement as a result of the policy changes in the CMS management review, school districts and IUs faced unanticipated reductions in federal reimbursement due to the third party liability issue that began in July 2012. Although completely unassociated with the CMS management review, school districts and IUs stood to lose millions of federal dollars due to a DPW interpretation of federal CMS regulations.

When a Medicaid-eligible special education student is also covered by a third party insurer, CMS regulations require that states generate evidence that there is no third party liability for the medical services provided to each individual student prior to providing federal reimbursement. Plainly said, Medicaid is the payer of last resort, so if a third party covers the medical service, the third party must pay for that service.

CMS requires states to take reasonable measures to determine whether third party coverage for medical services exists. States have significant flexibility in how to make that determination. CMS must ultimately approve the procedure used by a state in determining third party liability (states must actually submit documentation of the methods used for payment of claims involving third party liability).

It is important to note that, to our knowledge, third party insurers do not cover school-based medical services either in Pennsylvania or in any other state, and CMS guidance even states that many services covered under state Medicaid programs are not covered by third party insurers.

Last week we learned that Pennsylvania has agreed to adopt an approach to determining whether third party liability exists that we believe is a good and reasonable approach, and should allow previously denied Access claims to now be paid.

Prior to last week's decision Pennsylvania had chosen to interpret the CMS regulations in a manner that requires the state to obtain a blanket denial letter from each third party insurer offering a policy in the Commonwealth stating that they do not cover any school-based medical service. Until a blanket denial letter was obtained, a claim for school-based medical services provided to a student with a third party insurer was being denied for payment.

It became plainly evident that the blanket denial letter process was unworkable. With 136 third party insurers covering Medicaid-eligible special education students in the Commonwealth, just over 50 third party insurers had submitted blanket denial letters since PCG began operating the program in July 2012 (see attached list of blanket denial letters received). This meant that 30% of the total claims for school-based medical services would continue to be denied for lack of a blanket denial letter

The approach announced last week should work much better. Pennsylvania will now meet its obligation regarding third party liability by sending letters to all third party insurers requesting notice of policy coverage of school-based medical services. After making reasonable attempts to secure this information from insurers, Pennsylvania will conclude that there is no third party liability even if insurers do not respond to Pennsylvania's information request. The announcement made clear that claims for medical services, currently denied due to third party liability issues, would now be processed and federal reimbursements would begin to flow. This announcement covered 2012-13 and 2013-14 claims, ensuring that school districts and IUs receive the federal reimbursement that is outstanding as a result of the third party liability issue.

We are optimistic that the modification of the blanket denial requirement means that regardless of which of the 136 third party insurers covers a particular student, the school districts and IUs will be able to capture federal reimbursement for the medical services already provided. We are hopeful that this new plan will be used to determine third party liability in the future to ensure that we do not find ourselves in a similar situation again.

We will know for sure that the third party liability problem with the SBAP is resolved once districts and IUs begin receiving payments for previously denied claims. To be clear, while blanket denial letters had

been generated over the past few months, IUs and district have not yet received reimbursements associated with these claims. We urge the committee to continue its oversight of this program to see that these payment actually occur in a timely manner.

To ensure that districts and IUs have an understanding of what reductions in reimbursement can be expected as a result of the federal policy changes and what reductions are due to third party liability issues that should be able to be overcome, we need detailed information on each of our individual claims submitted.

PCG has not been able to provide detailed reports of our pending claims or our denied claims. The reports do not include student level data and do not provide information as to why an individual student claim is pending or denied, or even what third party insurer might be associated with that student. While PCG does intermittently supply monthly management reports, these are simply summary documents that show gross amounts of claims by month, lacking any detail and any useful information that would provide a school district or IU with the ability to identify and target potential errors or project the financial impact of the claims outstanding due to the third party liability issue (Please see the attached reports for Wayne Highlands School District). Overall, the reports provided by PCG often leave more questions than answers and have proven frustrating to say the least. (Please see the attached list of comments from school districts and IUs about the difficulty in obtaining information from PCG).

While there are still several hurdles to overcome for our school districts and IUs to reach a comfort level with the new vendor and the changes to the SBAP, it appears that at least one critical hurdle, which had the potential to result in an additional permanent loss in funds, has been eliminated. We certainly thank the members of the General Assembly who worked with their school districts and IUs to resolve this important issue. It has been a long process, but we are definitely moving in the right direction.

Thank you for the opportunity to testify today. We would be happy to try to answer your questions.

**PA School Based Access Program**

Claim Status Report by Service Date

March 2014

Wayne Highlands School District

AUN 119648703

School Age

Direct

Date Of Service	Gross Claims Submitted	Net Claims to be Paid (53.52%)	PA State Share (unreimbursed)	Denied Claims	Resubmitted Paid Claims	Pending Claims	Voids Adjustments	Processed Transactions	Number of Students	Processed Transaction Average
7/2012	\$3,563.20	\$1,934.12	\$1,629.08	\$0.00	\$0.00	\$0.00	\$0.00	19	3	\$101.80
8/2012	\$5,475.53	\$2,821.91	\$2,376.76	\$179.48	\$86.34	\$97.38	\$0.00	65	25	\$43.41
9/2012	\$27,493.67	\$11,566.02	\$9,744.98	\$3,171.65	\$709.94	\$3,011.02	\$0.00	665	112	\$17.39
10/2012	\$31,446.21	\$13,439.62	\$11,328.99	\$2,670.11	\$771.66	\$4,007.49	\$0.00	745	126	\$18.04
11/2012	\$31,397.34	\$12,281.75	\$10,352.55	\$2,248.13	\$624.32	\$6,514.91	\$0.00	571	122	\$21.51
12/2012	\$31,629.97	\$12,291.85	\$10,360.89	\$2,037.23	\$491.10	\$6,940.00	\$0.00	575	128	\$21.38
1/2013	\$42,661.04	\$17,459.82	\$14,716.92	\$2,764.27	\$742.36	\$7,720.03	\$0.00	789	122	\$22.13
2/2013	\$34,752.60	\$14,317.96	\$12,071.91	\$1,933.25	\$548.84	\$6,429.48	\$0.00	625	119	\$22.91
3/2013	\$38,620.50	\$15,675.60	\$13,221.49	\$1,875.63	\$596.30	\$7,847.78	\$0.00	673	125	\$23.29
4/2013	\$45,285.57	\$18,382.63	\$15,505.98	\$2,538.74	\$563.38	\$8,858.22	\$0.00	744	125	\$24.71
5/2013	\$44,023.15	\$17,925.20	\$15,183.58	\$2,342.32	\$490.14	\$8,572.05	\$0.00	752	122	\$23.84
6/2013	\$15,417.17	\$6,407.75	\$5,435.08	\$677.21	\$154.13	\$2,897.14	\$0.00	193	69	\$33.20
7/2013	\$4,943.00	\$2,655.50	\$2,249.14	\$0.00	\$0.00	\$38.36	\$0.00	37	4	\$71.77
8/2013	\$5,270.11	\$2,684.27	\$2,300.08	\$205.17	\$10.27	\$80.59	\$0.00	64	22	\$41.94
9/2013	\$39,540.20	\$11,138.97	\$9,672.41	\$4,414.60	\$598.97	\$14,314.22	\$0.00	473	114	\$23.55
10/2013	\$45,502.74	\$10,965.66	\$9,524.81	\$5,219.56	\$461.37	\$19,792.71	\$0.00	460	119	\$23.84
11/2013	\$32,594.25	\$7,727.83	\$6,711.80	\$3,298.56	\$51.16	\$14,856.06	\$0.00	336	110	\$23.00
12/2013	\$21,685.27	\$5,551.47	\$4,821.03	\$3,400.26	\$0.00	\$7,912.51	\$0.00	335	120	\$16.57
1/2014	\$39,238.31	\$0.00	\$0.00	\$31,575.98	\$0.00	\$7,662.33	\$0.00	680	125	\$0.00
2/2014	\$32,259.64	\$0.00	\$0.00	\$0.00	\$0.00	\$32,259.64	\$0.00	0	113	\$0.00
3/2014	\$37,111.42	\$0.00	\$0.00	\$0.00	\$0.00	\$37,111.42	\$0.00	0	107	\$0.00
<b>Totals</b>	<b>\$609,910.89</b>	<b>\$185,227.93</b>	<b>\$157,207.48</b>	<b>\$70,552.15</b>	<b>\$6,900.28</b>	<b>\$196,923.33</b>	<b>\$0.00</b>	<b>8801</b>	<b>N/A</b>	<b>N/A</b>
<b>Monthly Average</b>	<b>\$29,043.38</b>	<b>\$8,820.38</b>	<b>\$7,486.07</b>	<b>\$3,359.63</b>	<b>\$328.58</b>	<b>\$9,377.30</b>	<b>\$0.00</b>	<b>419.10</b>	<b>96.76</b>	<b>\$21.05</b>

**PA School Based Access Program**

Claim Status Report by Denial

March 2014

**Wayne Highlands School District**

**AUN 119648703**

School Age

Responsible District	Student ID	Student Last Name	Student First Name	Related Service	Total Charge	Processed Transactions	Reason Denied
119648703				Occupational Therapy	\$32.12	2	Third Party Liability, additional carrier information required
<b>Student Total</b>					\$32.12	2	

Responsible District	Student ID	Student Last Name	Student First Name	Related Service	Total Charge	Processed Transactions	Reason Denied
119648703				Occupational Therapy	\$16.06	1	Third Party Liability, additional carrier information required
119648703				Occupational Therapy	\$1,347.48	71	Third Party Liability
119648703				Speech Language Services	\$1,153.51	73	Third Party Liability
119648703				Speech Language Services	\$76.73	4	Third Party Liability, additional carrier information required
<b>Student Total</b>					\$2,593.78	149	

**PA School Based Access Program**

Claim Status Report by Denial

March 2014

Responsible District	Student ID	Student Last Name	Student First Name	Related Service	Total Charge	Processed Transactions	Reason Denied
119648703				Transportation	\$3,186.60	118	Third Party Liability
119648703				Speech Language Services	\$1,125.50	85	Third Party Liability
119648703				Occupational Therapy	\$240.85	5	Third Party Liability, additional carrier information required
119648703				Occupational Therapy	\$1,204.25	25	Third Party Liability
<b>Student Total</b>					<b>\$5,757.20</b>	<b>233</b>	

Responsible District	Student ID	Student Last Name	Student First Name	Related Service	Total Charge	Processed Transactions	Reason Denied
119648703				Speech Language Services	\$76.74	6	Third Party Liability, additional carrier information required
<b>Student Total</b>					<b>\$76.74</b>	<b>6</b>	

Responsible District	Student ID	Student Last Name	Student First Name	Related Service	Total Charge	Processed Transactions	Reason Denied
119648703				Transportation	\$54.24	2	Third Party Liability
<b>Student Total</b>					<b>\$54.24</b>	<b>2</b>	

Responsible District	Student ID	Student Last Name	Student First Name	Related Service	Total Charge	Processed Transactions	Reason Denied
119648703				Speech Language Services	\$25.58	2	Third Party Liability
<b>Student Total</b>					<b>\$25.58</b>	<b>2</b>	

**PA School Based Access Program**  
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Responsible District	Student ID	Student Last Name	Student First Name	Related Service	Total Charge	Processed Transactions	Reason Denied
119648703				Speech Language Services	\$89.52	5	Third Party Liability
119648703				Transportation	\$135.60	5	Third Party Liability
<b>Student Total</b>					\$225.12	10	

Responsible District	Student ID	Student Last Name	Student First Name	Related Service	Total Charge	Processed Transactions	Reason Denied
119648703				Occupational Therapy	\$64.24	4	Third Party Liability, additional carrier information required
119648703				Physical Therapy	\$95.60	2	Third Party Liability, additional carrier information required
119648703				Transportation	\$352.56	14	Third Party Liability, additional carrier information required
119648703				Speech Language Services	\$95.90	5	Third Party Liability, additional carrier information required
<b>Student Total</b>					\$608.30	25	

Responsible District	Student ID	Student Last Name	Student First Name	Related Service	Total Charge	Processed Transactions	Reason Denied
119648703				Speech Language Services	\$63.95	5	Third Party Liability
<b>Student Total</b>					\$63.95	5	

**PA School Based Access Program**  
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Responsible District	Student ID	Student Last Name	Student First Name	Related Service	Total Charge	Processed Transactions	Reason Denied
119648703	7768494709			Occupational Therapy	\$48.17	1	Third Party Liability, additional carrier information required
Student Total					\$48.17	1	

Responsible District	Student ID	Student Last Name	Student First Name	Related Service	Total Charge	Processed Transactions	Reason Denied
119648703	6843071791			Occupational Therapy	\$64.24	4	Third Party Liability, additional carrier information required
119648703	6843071791			Speech Language Services	\$44.75	3	Third Party Liability, additional carrier information required
Student Total					\$108.99	7	

Responsible District	Student ID	Student Last Name	Student First Name	Related Service	Total Charge	Processed Transactions	Reason Denied
119648703	5844530594			Transportation	\$67.80	3	Third Party Liability, additional carrier information required
Student Total					\$67.80	3	

**PA School Based Access Program**  
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Responsible District	Student ID	Student Last Name	Student First Name	Related Service	Total Charge	Processed Transactions	Reason Denied
119648703		NAME MISSING	NAME MISSING	Occupational Therapy	\$64.24	4	Recipient ineligible on date of service.
Student Total					\$64.24	4	

Responsible District	Student ID	Student Last Name	Student First Name	Related Service	Total Charge	Processed Transactions	Reason Denied
119648703		NAME MISSING	NAME MISSING	Speech Language Services	\$102.30	4	Recipient ineligible on date of service.
Student Total					\$102.30	4	

Responsible District	Student ID	Student Last Name	Student First Name	Related Service	Total Charge	Processed Transactions	Reason Denied
119648703				Transportation	\$2,006.88	83	Third Party Liability
Student Total					\$2,006.88	83	

Responsible District	Student ID	Student Last Name	Student First Name	Related Service	Total Charge	Processed Transactions	Reason Denied
119648703				Occupational Therapy	\$817.56	53	Third Party Liability
119648703				Speech Language Services	\$375.50	29	Third Party Liability
Student Total					\$1,193.06	82	

**PA School Based Access Program**  
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Responsible District	Student ID	Student Last Name	Student First Name	Related Service	Total Charge	Processed Transactions	Reason Denied
119648703				Transportation	\$220.32	6	Third Party Liability
119648703				Speech Language Services	\$81.33	6	Third Party Liability
119648703				Occupational Therapy	\$90.70	3	Third Party Liability
<b>Student Total</b>					\$392.35	15	

Responsible District	Student ID	Student Last Name	Student First Name	Related Service	Total Charge	Processed Transactions	Reason Denied
119648703				Physical Therapy	\$191.20	4	Third Party Liability, additional carrier information required
<b>Student Total</b>					\$191.20	4	

Responsible District	Student ID	Student Last Name	Student First Name	Related Service	Total Charge	Processed Transactions	Reason Denied
119648703				Occupational Therapy	\$96.36	6	Third Party Liability, additional carrier information required
119648703				Speech Language Services	\$242.97	11	Third Party Liability, additional carrier information required
<b>Student Total</b>					\$339.33	17	

**PA School Based Access Program**

Claim Status Report by Denial

March 2014

Responsible District	Student ID	Student Last Name	Student First Name	Related Service	Total Charge	Processed Transactions	Reason Denied
119648703				Occupational Therapy	\$458.00	28	Third Party Liability
119648703				Transportation	\$4,315.08	154	Third Party Liability
119648703				Occupational Therapy	\$64.23	2	Third Party Liability, additional carrier information required
<b>Student Total</b>					<b>\$4,837.31</b>	<b>184</b>	

Responsible District	Student ID	Student Last Name	Student First Name	Related Service	Total Charge	Processed Transactions	Reason Denied
119648703				Transportation	\$596.64	22	Third Party Liability, additional carrier information required
119648703				Occupational Therapy	\$32.12	2	Third Party Liability, additional carrier information required
<b>Student Total</b>				<b>\$628.76</b>	<b>24</b>		

## Comments from School Districts and IUs on the SBAP Issue and PCG

### Abington Heights School District

Abington Heights has seen a significant decrease in MA reimbursement. We have also had difficulty in obtaining information and getting questions answered by PCG.

### Allegheny IU 3

Challenges with PCG

1. PCG Staff
  - a. The number of PCG staff supporting Pennsylvania is not enough
  - b. PCG staff does not have the expertise to answer the many technical questions which require detail and explicit explanation
  - c. Response time is poor on help desk support emails and telephone calls
2. Quality Manuals and Instructions for Users
  - a. There are multiple examples of miscommunication
  - b. Written SBAP manuals which have specific information related to the topic must be available (i.e., direct service, RMTS, MCRCS, Cost Settlement)
  - c. Q+A documents are not the solution; indexed manuals which can be readily referred will support compliance
  - d. All PCG forms should come with written instructions; the forms and terminology can have various interpretations
3. EasyTrac should be redesigned
  - a. The EasyTrac system is labor intensive and consumes a lot of time
  - b. Seemingly simple tasks take multiple steps
  - c. Editing a claim after a provider has submitted should be available
  - d. Reports are sent mostly in PDF format; the preferred format is Excel so the data can be sorted, searched, organized, etc.
  - e. We need specific reports detailing claim information including names, dates, service
  - f. All reports must be date stamped, we currently do not know the age of the data on any of the reports
  - g. A schedule of billing and when subsequent reports are available needs to be published and followed
  - h. Specific dates as to when MA eligibility is checked needs to be published and printed on reports

### Altoona Area School District

We have experienced claims being delayed due to unresolved issues involving third party liability. We were told on February 3, 2014, by PCG and PDE representatives that they are in the process of correcting this issue and we do not have to take further action at this time. PCG has indicated that we should be receiving partial payment in the near future. At this time, we have not received these funds. However, our Federal Programs Coordinator has heard conflicting information in recent PCG webinars she has participated in, presented by Andy, indicating that we should be contacting the third party insurance companies ourselves to obtain denials for payments so that we may obtain ACCESS payments. Additionally, he indicated we had to submit denials every 6 months.

In addition, since the transition of PCG in processing ACCESS claims we have experienced difficulties with timely reimbursements, conflicting information regarding audit findings and necessary adaptations to meet those findings, long term delays in resolving data merge information, and the inability to obtain a manual with all requirements for proper reimbursement procedures based on the Federal Audit.

#### **Bensalem Township School District**

After SEVERAL phone calls and meetings, our District continues to feel that the generation of reimbursement funds for the services purchased through the I.U. 22 and from the District itself are severely lagging or NOT forthcoming from PCG.

With over \$12,000,000 in Special Education Services provided to our most needy students in the Bensalem Township School District, the generation of and reimbursement for qualifying services is urgently needed. For the current Fiscal Year, our District has budgeted \$521,000 in reimbursements from ACCESS through PCG. Additionally, I project that the District should have been generating over \$500,000 in new reimbursement funding from qualifying services in the past 18 months.

We have yet to receive acknowledgement from PCG of funds generation. Leader Services was FAR more communicative in that they provided TIMELY CALCULATIONS, CLEAR DOCUMENTATION, and SUITABLY TIMED REIMBURSEMENTS. It was my understanding the PCG would be an improvement. This is clearly NOT the case.

#### **Bethlehem Area School District**

We too are experiencing reduced and slow claim payments with no backup or reporting to understand the adjustments made so that we can correct any concerns/errors in the reporting for the next quarter to maximize our reimbursement. The data submissions are voluminous with conflicting instructions that change regularly so once you think you've got it correct, the next quarter it is wrong due to a clarification that changes the process.

Very frustrating and very time consuming for our ACCESS coordinator who spends MUCH time on the phone with PCG trying to get answers.

#### **Bradford Area School District**

The Bradford Area School District is experiencing difficulties with the billing since the changeover to PCG. We have requested reports from PCG to try to figure out much may be contributed to third party liability and have not received the reports.

#### **Canon-McMillan School District**

Canon-McMillan has had a few difficulties in dealing with PCG on ACCESS-it's difficult to get your username/password for using the site. There are issues with having to access to different sites to get our information; i.e. filing claims and administrative quarterly reports vs seeing claim status and funds available. When I went to the training held by PCG and asked about a few key fields that they require when filing quarterly reports they said you don't need to fill in those fields. Also, when I asked specific questions I was told to ask my Business Office (I work in the Business Office). Most questions asked at

the trainings are always you have to ask PDE but PDE is not there to assist in the trainings so you leave the trainings with unanswered questions. The sites are very nonuser friendly. You can't just print reports to see what your balance is with PCG for ACCESS funds like you could through leader services. The system is much more complicated to use and you can't get good information from it.

### **Catasauqua Area School District**

Catasauqua School District have seen a decrease of funding and an extreme amount of additional paperwork to receive those funds. Reports are difficult to read and training was not helpful. System instructions and reports are not clear and we are unable to resolve or get answers.

### **Centennial School District**

There have been so many obstacles and concerns with this program. The Third party liability is a big concern, all that money is sitting there and not being distributed to the District. When asking a question to PCG, the response is always the same, I will look into it and let you know. This seems to be the answer for every question. A lot of work is put into entering data for billing into PCG and it's disappointing when you see the monthly report and the numbers are so low. I appreciate your concern with addressing this matter

### **Central Bucks School District**

The amount of information we must provide and red tape that has to be cut through to get payment is unbearable under the PCG contract.

Regarding issues that districts have had with PCG and ACCESS reimbursement:

- We anticipated a loss of 30% in reimbursement because of changes in what could be included in our claims—the main changes were an inability to bill for indirect or collateral services and for IEP participation. What we have experienced in more in the range of a 50% loss.
- We have a high rate of denied claims with no explanation as to why they have been denied. For example in January 2014 we submitted claims of \$165,213, over \$100,000 of these claims have been denied.
- Our ACCESS coordinator has been doing this for years, she knows what is and is not reimbursable. In looking at the total gross claims that have been submitted since PCG took over the process- we have submitted \$1,758,612 in claims since 12/2012 —of that amount over \$622,000 have been denied.
- We recently got information as to why claims were denied-AFTER the time frame when any discrepancies could be corrected.
- When we contacted PCG after a denied claim-they got back to us and said we were right it should not have been denied. This makes us wonder how many denied claims that can no longer be submitted should have been denied.
- A few weeks ago PCG asked for information about the number of students receiving related services from October 2012. We spent hours getting this information together only to be told a few days later—never mind. We were never told why they needed the information initially.
- It is still a mystery to those of us in the field why a system though Leader that from our perspective was working was changed. Clearly PCG was not equipped for the task and we are still paying the price of this change.
- We have not received an increase in state special ed subsidy in years and we have experienced a decrease in federal IDEA dollars. Our costs are not going down so ACCESS money has become

increasingly important in meeting our obligation to students in special ed. The decrease in these funds will have a significant impact on our ability to meet our legal obligation to students.

### **Chester County IU**

Third Party Liability - We have been told by PCG that nearly 100% of the denied claims are due to Third Party Liability issues. As of January 2014, 47% of CCIUs EI gross claims are listed as denied claims and 17% of CCIUs School Age gross claims are listed as denied claims. In the case of EI, the amount of denied claims is nearly twice the amount of MA funds received.

Communications - Responses from the PCG Help Desk are not timely. Although the desk may respond within 24-48 hours, the usual response is that they are working on the request. This does not constitute an actual response in our opinion. A direct response to the questions can take as long as a week or more.

Monthly Reports - Some of the numbers in the monthly reports do not match. For instance, the Net Claims to be Paid on the Claim Status Report by Billing Procedure is not the same amount as the Net Claims to be Paid on the Claim Status Report by Date Paid. When we asked PCG why they did not match, we were told that the reports should not be compared. But which number is correct?

### **Colonial School District**

The Colonial SD has experienced a difficult time working with PCG and has seen a decrease in ACCESS funding.

### **Colonial IU 20**

Our districts and IU20 are experiencing difficulties in working with PCG on ACCESS program issues.

### **Dallas School District**

Dallas School District has experienced tremendous difficulty with the ACCESS program reimbursements and receiving information from PCG as to how to correct the issues.

### **Donegal School District**

Donegal School District has received a decrease in money flowing and an extreme amount of frustration in dealing with PCG! They are unresponsive...

### **Downingtown Area School District**

It was definitely a difficult start, changing over from Leader to PCG. Communication from and with PCG was almost non-existent and it took an enormous amount of time to get the system set up to even have the correct information available on the billable students. But getting information on the correct processes to change and update student information and what information was required was tedious at best.

### **Fleetwood Area School District**

Fleetwood Area School District has seen both a decrease in reimbursement and has had difficulty working with PCG in answering support questions and requests.

### **Fort LeBoeuf School District**

The Fort LeBoeuf School District has experienced problems with a decrease in funding and also difficulty obtaining answers to questions.

### **Freeport Area School District**

Freeport Area School District has seen a reduction of about 75% in our reimbursements since the change from Leader Services to PCG due to third party liability. I received an email on January 24th saying that PCG received the proper denials from the third party insurances and we should receive reimbursement for the denied claims (without additional processing fees) in 2-4 weeks. I haven't heard anything since. This problem is significantly damaging our ACCESS Program due to lack of reimbursement. Any feedback you could get would be greatly appreciated.

### **Hamburg Area School District**

The Hamburg Area School District has experienced the same difficulties with PCG and the ACCESS program as all the other districts.

### **School District of Lancaster**

We have seen a decrease in our reimbursement as a result of the third party liability issue, and we have also experienced difficulty in obtaining information from PCG as well as having our questions answered in a timely manner. I do not have a direct number to our PCG representative. Instead have been told to email him and to give him 48 hours to respond. Most times I do not receive an answer until the 48<sup>th</sup> hour or even later. We still have emails that have gone unanswered.

### **Lancaster-Lebanon IU 13**

Concerns are mostly centered around reporting and trust that PCG is submitting all logs to DPW that are eligible to be submitted. See below.

- a. We had been using the Active Student Extract report regularly to monitor IEPs and parent consent dates and to use the data to review what we were putting into EasyTrac. PCG took the report away, didn't tell us why or that they were going to. They gave us the Active Student Listing, which runs overnight, not on demand, and has far less information than the Active Student Extract.
- b. We had been using a Service Log report that showed a lot of data regarding the service logs we entered into EasyTrac, including the Daily Notes. Again, PCG took the report away and gave us a different one. The one they gave us doesn't have the student name or date of birth, only the PA Secure ID. So we have to merge that data into the report to use it. It doesn't have the daily notes, which was important to our process of reviewing logs.
- c. We do not have any reports that show which logs PCG passed through to DPW or any reports that show which logs were paid by DPW. You can request the report, but it takes weeks to get them and you have to manipulate the data in order to match it up against the service log report. It is very important that we have one report that shows all the logs we submitted, whether PCG submitted the logs to DPW and if not why, and if the log was paid by DPW.
- d. When reviewing logs, I found that PCG did not bill for Audiology logs. When asked why, they didn't know and were going to check into it. That was weeks ago and still no answer. I also found out that they didn't submit logs to DPW for a particular service for

a district and when asked why, they said they didn't have a rate for the service. I didn't know about it until I asked. Due to the fact that we don't have good reports to review our data, I am not confident that PCG is billing all logs that have been submitted that have all of the required elements.

- e. PCG provides us with Exception Reports so we can review our data and fix any missing elements that would prevent a log from being billed, however, we did not get them for three months. When we did get them in February, we received them for 2012-13 logs and 2013-14 logs. We were told we could not fix the 2012-13 logs because we could not submit any more data for 2012-13. Also these reports are showing exceptions that do have all of the required data elements and PCG cannot explain why they are on the report.

### **Lebanon School District**

Here at Lebanon School District, we have had our fair share of difficulties. Communication has not been good from the beginning. It has gotten somewhat better, with regards to response time, but answers to questions are mostly "forthcoming."

From the beginning, the handling of the program has been a failure. PCG blames this on the school's reluctance to change. This is not true. Those of us who have done the program for a while have a saying — just when you think you get to know the program, they change it! It is just par for the course with such an important program, changes and adjustments have to be made to ensure the integrity of the program. PDE and DPW are aware of this as well. Many changes to the program have occurred over the years. The difference was the handling of that change by the previous vendor, by means of getting the information to the schools in clear and concise terms, always in a timely manner. Customer services was paramount, and that showed.

Answers given by PCG's support are at times incorrect. From the get-go, we could not get definite answers as to who should or should not appear on our Random Moment Time Study roster. Several emails went back and forth between the school and PCG. We just could not get a clear answer. As a result, many of our providers that should have been added were not, and we were unable to bill for their services. To be frank, we were unaware of the connection between the RMTS and the SBAP until we were very far into the school year. These programs were always separate, one did not affect the other. This was not communicated clearly. There is an issue right now with billing dates for psychological evaluations. Some representatives from PCG are telling schools that they need to be billed to the IEP meeting date, others are saying they need to be billed to the IEP implementation date. They are typically a day apart, but we are not sure which is correct now. The evaluations being billed to the IEP date (the date reported to be the date schools are to bill on PCG's own form from August 2013) are getting rejected.

Changes are made to the program, but these changes are not given to schools promptly, yet are retroactive. Meaning, schools may be current with their billing, but a change comes through and PCG makes it "active" 2 months ago, so schools have to go back and adjust the billing to be correct. If this happened once it is understandable. But this has happened many times since PCG took over. Nothing is "grandfathered" in. Even though schools were not aware or advised, we have to abide by these rules. Understanding, but we are not psychic so we cannot know the rules changed. But again, we

conform and adjust, we get behind on billing, we do what we have to do to make the program work. Still reimbursement is not coming through.

Lebanon SD had a meeting with PCG in May 2013. At this meeting, we were promised a list of any denied claims for Lebanon SD, why they were denied, and if and when they would be resubmitted. We have asked for this report at least 4 times since then, and we have not received it. It is always "forthcoming." TPL is supposedly the culprit, but we have no idea how many of our other claims have been rejected or why, and if or when PCG plans on resubmitting them.

We don't know where to go or who to talk to, because our pleas go unanswered. There is no explanation as to why this is acceptable as a statewide vendor of such an important program. PCG is getting their money, they are getting paid (as shown on our reports) while schools are left wondering where all of their hard work is going. Where are these claims? Where is the reimbursement for these special education children and programs?

PCG's "EasyTrac" is cumbersome and repetitive. We chose to not bill through PCG, but rather a third party vendor. While this vendor's program is much more user friendly and they are supreme in customer service and accommodation, there are always issues when it comes to PCG receiving the information from them. Our vendor is very thorough and provides dates to us as to when our information was uploaded. I just wish we had the same transparency with PCG.

#### **Lincoln IU 12**

PCG does get back to us, but we don't get any good answers regarding the third party claims.

#### **Mechanicsburg Area School District**

Please add Mechanicsburg Area School District to your list of schools that have had difficulty with PCG on ACCESS programming issues.

#### **Meyersdale Area School District**

Our district has seen a decrease in reimbursement for ACCESS as a result of the third party liability issue and we have had difficulty in obtaining information from PCG.

#### **Montgomery Area School District**

We have not received any money. I called and they told me we completed the forms correctly but did not tell us why we have not received any money.

#### **Nazareth Area School District**

One of the biggest issues is the lack of two-way communication from PCG. Very often they'll communicate an update or a deadline, and when there are questions regarding their communication, we don't hear back from them (we've tried e-mail and phone).

I'm not sure exactly how many reimbursement requests we've submitted (I know at least two), but have received none for 2013-14. Also, when funds are released, there's no indication what requests were denied or paid, so we have no way to reconcile (or even correct) funds received.

The training webinars have been very ineffective in communicating “correct” information and very often, questions go unanswered.

### **Norristown Area School District**

Unanswered questions to PCG:

1. How can we tell how many of our Gross Claims Submitted or Processed Transactions are TPL resubmissions, denials or new claims?
2. Will there be reports letting us know which students are receiving payments on submitted claims and reasons for denial?
3. It has been over a month ago that I had inquired through SBAP Support email the number (not dollar amount) of outstanding NASD claims, with no answer. This was to include any claims unpaid, as well as those that have been entered in EasyTRAC but not submitted for payment including TPL, all evaluations/reevaluations, nursing, transportation etc.
4. Will we receive payment for claims that have been denied for not being submitted by PCG in a timely manner due to Medicaid coding, software and increment billing issues such as Nursing, ESY Evaluation/Re-evaluation?
5. How are we to calculate and document the exact duration of our One-Way or Roundtrip Special Transportation services in the IEP to meet the requirements for reimbursement?
6. On our Claim Status Report, will we see a reduction in our previous monthly denied claim amounts as our TPL and exception corrected claims are reissued for payment?
7. What is the approximate time following submission, for Net Claims Paid to be added to ACCESS Program Fund Accounts?
8. How does PCG’s Medicaid Verification process function?

### **Palmerton Area School District**

Every other month we are required to submit something else to PCG to still not receive an amount of reimbursement that covers the expenses (human labor) involved.

We have however received quarterly payments for administrative fees. I have to submit wages and benefits for any person involved in a random time study. This included principals, nurses, teachers, and clerical. I submit approximately 416,000 per quarter to only an average of \$2,600. This report alone takes nearly 6 hours to complete.

We have had to spend an inordinate amount of hours on reporting to receive the approximate \$11,000 we are slated to receive. Not to mention we are waiting over a year to receive them.

### **Pennridge School District**

There have been many changes in the Access program over the past two years. Some of these issues have been tedious and time consuming. Last school year alone I had to enter claims two, sometimes three times, before we received any credit for them.

Third Party Liability (TPL / denied claims) is confusing. We receive monthly reports showing the number of TPLs which may not seem like a lot each month but it does add up. Since July of 2012 we have lost over \$200,000 in TPL claims. We were told that these claims would be resubmitted and eventually we

would be paid for them. If this is happening, there is no place on the report showing payment. The total for these denied claims is showing exactly the same amount each month.

#### **Portage Area School District**

**FUNDING:** After many meeting with PCG which we attended with many schools just as frustrated as us, we NEVER got an answer to not just why funding was not ever received during the fiscal year earned, but why we could not even get a monthly report ALMOST THE ENTIRE FISCAL YEAR LAST YEAR stating what amount of funding we were supposed to get. As with probably all schools, when we called PCG with questions, answers we received were vague and sometimes they just did not get back to us at all.

**SEMINARS/WEBINARS:** As for seminars we attended and webinars we watched, often times they were held AFTER the due date of a new report that PCG needed. Also, in one example (which happened a lot) PCG was to hold a very detailed oriented seminar on the workings of PCG and PCG reporting. I drove with the person in our district just learning the system the one and a half hours to State College, only to have the webinar be a ""summary" and not a detailed explanation as given in the handout. The PCG people just blew it off and said, well we can just do this at a later date (which never materialized). Just one example of wasted time attending PCG webinars or seminars.

#### **Salisbury-Elk Lick School District**

This is a disaster! I have never been so frustrated or upset. At every turn something doesn't work and any anticipated help can be days of waiting. So much time and effort has been wasted just trying to meet requirements. As usual, the folks in the trenches were not consulted before this monumental mistake was undertaken.

I never had any of these problems with our previous ACCESS vendor. What a shame to "break something that was fixed".

#### **Southeast Delco School District**

Southeast Delco School District has had a significant drop in reimbursements this year. Also I have had problems with students on DPW's list as MA eligible and not showing up on PCG's list.

#### **Susquenita School District**

We have experienced difficulties in obtaining answers to our questions and the reimbursement amount received to date for the 2013-2014 is a fraction of the amount received in 2012-2013.

#### **West Chester Area School District**

West Chester Area School District has had many issues over the last two years with PCG. Issues streaming from not getting straight answers, loose ends not being clarified, reduction in reimbursements, customer service, and difficult software. At this time over almost 50% of our claims submitted are denied. I asked a couple months ago if all of those denials were because of TPL and I was told yes. I am interested to see how much our reimbursement will change with PCG now being able to re-submit denied claims.

### **William Penn School District**

During 2012-13, we made huge efforts to increase the number of services logged by all providers, and for the first time we were also able to log all of our PCA's service logs. For all of these efforts, we submitted over 6000 service logs of all types in 2012-2013 and have received a mere \$3,000. Obviously, this is a drastic reduction and does not properly reflect the efforts our staff made to log over 6000 services that year. We called PCG repeatedly, and we have been working with them over the past year and a half to correct any errors in our uploads, but we were informed recently that it is now too late to recoup any of the additional money we believe we are owed. While some of the difference in reimbursements this year could certainly be attributed to the more stringent requirements subsequent to the Federal audit, and some could be attributed to the TPL issue, we should have recouped at least \$100,000 this year.

PCG has provided many trainings, and we have attended all or nearly all of them, but they are not very responsive to individual issues such as the ones we repeatedly called them about. PCG's Easy Track is not easy to work with. One of the errors we had that caused non-payment was because of a software issue where the speech therapist's credentials were logged into one of the required cells, but were inadvertently left out of another cell. There is no safeguard or warning system, and we were unaware that she appeared to be un-credentialed until it was too late to correct the data entry issue. As a result, even though she was fully qualified to provide services and her credentials were in the system, because they were not entered into both locations, all of her services went unpaid.

We spent many hours sitting in trainings given by PCG and then had to spend many hours retraining our staff to work in the new system. Simply put, this has been a very unsuccessful and very challenging transition year in 2012-2013. The 2013-2014 year does not appear to be much better. We are more than halfway through 2013-2014, and the last time I checked, we had \$0 showing up in ACCESS reimbursements in our monthly management reports. The website is also difficult to navigate.

### **Wilson Area School District**

Wilson has concerns and has had issues with PCG. I can't honestly tell you what has caused the decrease in our ACCESS reimbursement because we can't get any valuable information from PCG about our reimbursements to figure it out.

1. I am concerned about their ability to verify MA eligibility. When PCG presented their system in Fall of 2012, they told everyone that they had an "enhanced" method for checking for eligibility that would take care of issues where the name is slightly different on their MA card. (Example- hyphenated last names, misspelling of names, etc.) I am finding that not to be the case. I have to check the MA system and load the student in Easytrac with the EXACT name from the Promise website (which is often different from the name our district has recorded in Skyward). Otherwise, the students do not show as MA eligible in the Easytrac system.

2. I also feel this eligibility check issue could be a problem with our reimbursement. There is no way for me to enter the student's MA number in Easytrac. Once you have the MA number, it is easy to check if the student's MA coverage is still active. So, if PCG is verifying this each time without the using the student's MA number, could my billing be rejected if their MA eligibility check fails?

3. PCG is quick to refer your questions to PDE or DPW (in this case). Shouldn't they be able to answer ACCESS coordinator questions?

4. I also referred back to my notes from the Cost Settlement webinar we attended together. The ratio was mentioned as being based on MA Eligible Special Ed Students; All Special Ed Students, and it was stated the **PCG would work with PDE to get this ratio**. There was no mention of a Related Services report at that time. This email was the first time we were told and we have very little notice and no time to insure that our IEP system would be set up to provide this report!

5. Multiple requests for detailed billing reports have been ignored. PCG will refer you to the Monthly Reports or tell you to attend a webinar on the reports. If they have all the logs that still need to be processed, they should at least be able to send us a list of outstanding billing logs showing student, provider, service date etc.

6. Latest Easytrac "enhancement" did not work as promised. It seems they implement changes without really testing first! This enhancement also removed the one report that I used to approve provider service logs because it allowed you to choose what information you wanted to view and also went directly to an EXCEL document. The report that replaced it has no flexibility, is in a Text format that I need to import to EXCEL, and does not contain the student's name (only their ID# which I have to look up in the system in order to identify the student!).

7. EasyTrac system – I had to create my own training documentation for our service providers. The documentation they provided was not up to date. I have to teach the users to "work around" issues with the screens. The screens function differently for OT providers than any of the others. I have no idea why it is that way, but after training them individually, we can get by. There are no options for correcting a billing log once it is entered....even if I have not approved the log for billing yet. Instead, the logs have to be requested for deletion and then a new log added in its place. Problem is that the user's screen does not show that the incorrect log will be deleted, so it is very confusing for them. I tell all of our users to call me with their questions because I fear they would be confused by PCG's answers.

8. Although the response rate from PCG is improving, the quality of the responses are declining. The staff members that I had developed a rapport with and who could actually understand my question and give an appropriate answer (and even sometimes an apology) are no longer with PCG.

9. PCG's fees are still being deducted from the FAI balance. We had been told that this would happen for the transactions prior to the 2012-13 school year (ie. Summer 2012 ESY), but it still continues. Also, I feel there is no actual way to tell whether the transaction fees are accurately applied. Since PCA billing is done by start/end times during the day, PCG told us they would be combining the whole day's minutes into one transaction, meaning the most we would get billed would be 77 cents per day for each PCA/student billing. I have no proof that this is happening. If we are billed for each separate log I have to enter, that could increase our fees substantially.

10. I have not found a way to tie in our reimbursement \$\$ in the FAI to the reports that PCG sends us.

How are we to know if we are receiving the correct reimbursement? Without detailed reports by student or provider, there is no way to tell.

**Wyoming Valley West School District**

Our school district has seen a decrease in our reimbursement as a result of the third party liability issue and have had difficulty in obtaining information from or having questions answered by PCG.

**York Suburban School District**

Patrick Cassidy has been very approachable at PCG in getting questions answered. The support/help desk general email is not as accommodating or efficient in their responses. With that said, the process and procedures that PCG utilizes in getting information is cumbersome to say the least.

Examples include: Information needs to be loaded into the system by any service provider (LEA and IU) independently even though the PA secure ID number is part of that information. So demographic information could be loaded and must be loaded more than once which is time consuming. Reports and information that need to be supplied are sometimes in the past, case in point the recent request for information from the 2012/13 school year related to IEP Ratios. This also requires us to input personally identifiable information about students who do not receive ACCESS reimbursement so that a ratio can be determined. Why a simple number of students with medical necessity (OT, PT, speech, etc.) in their IEP can't be given instead of a spread sheet with each student listed in beyond me.

I have still not heard how/when transportation will be reimbursed.



## Third Party Liability – Insurer’s Response

*The following third party carriers have provided a blanket denial letter indicating that they do not reimburse for the school-based, health-related services provided to students.*

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- 4th DISTRICT IBEW HEALTH FUND
- AETNA (SUBSIDIARIES AND **COVENTRY COMPANIES including HEALTH AMERICA and HEALTH ASSURANCE**)
- AmeriHealth HMO
- APWU HEALTH PLAN
- BC/BS OF ALABAMA
- BC/BS OF ARIZONA
- BC/BS OF Delaware
- BC/BS OF ILLINOIS
- BC/BS OF MONTANA
- BC/BS OF NEW MEXICO
- BC/BS OF OKLAHOMA
- BC/BS OF TEXAS
- BC/BS OF KANSAS
- BC/BS OF RHODE ISLAND
- BENEFIT CONCEPTS
- Blue Cross of Northeastern PA
- CAPITAL BLUE CROSS
- CENTRAL PA TEAMSTERS
- Colonial Penn Life Ins Co (Formerly CONSECO DIRECT)
- EDUCATORS MUTUAL LIFE INS CO
- FIRST PRIORITY HEALTH
- FURMAN'S FOOD INSURANCE
- GEHA (GOVERNMENT EMPLOYEES HOSP ASSOC)
- GEISINGER HEALTH PLAN
- H.E.R.E.I.U. WELFARE FUNDS (United Here Health)
- HEALTHNOW NEW YORK
- HIGHMARK BLUE CROSS/BLUE SHIELD PA
- HIGHMARK BLUE CROSS/BLUE SHIELD WV (Formerly Mountain State)
- HORIZON BC/BS NEW JERSEY
- IHC HEALTH SOLUTIONS
- INDEPENDENCE BLUE CROSS
- INTERNATIONAL MEDICAL GROUP
- KEYSTONE HEALTH PLAN CENTRAL
- KEYSTONE HEALTH PLAN EAST
- KEYSTONE HEALTH PLAN WEST
- LOOMIS COMPANY
- MASS MUTUAL LIFE INSURANCE COMPANY (CIGNA)
- MENNONITE MUTUAL AID ASSOC (Everence)
- MVP HEALTH CARE
- NGS AMERICAN INC
- OPERATING ENGINEERS LOCAL 825 UNION
- PA BLUE SHIELD
- PEBTF
- POMCO
- QCC Insurance Company
- REGENCE BC/BS OF IDAHO
- SIERRA HEALTH AND LIFE
- SOUTH CENTRAL PREFERRED
- TEACHERS PROTECTIVE MUTUAL
- UPMC Health Plan Inc.
- United Food & Commercial Workers TRUST FUND
- UNITED HEALTHCARE