



How to Analyze Your School-Based Medicaid Program

Explore the different types of reports school districts should have to analyze the performance of your school-based Medicaid Program.



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What is the Medicaid Funnel?

The Medicaid Funnel is a visual way to understand the six critical stages of a school-based Medicaid program. Think of it as a pipeline—services and documentation flow from the top, while reimbursement comes out the bottom. But at every stage, there’s the potential for delays, errors, or missed opportunities.

Each stage of the funnel can be supported with data, reports, and insights. But more importantly, each stage is also a place where something can go wrong—and where small fixes can result in major improvements.

Here’s a quick look at each stage:



Let’s walk through each stage with real-world stories from across the country that show the funnel in action.

Services Scheduled and Completed

ARE STUDENTS RECEIVING SERVICES AS PRESCRIBED IN THEIR IEP?

KEY DETAILS

This report helps school districts ensure students are receiving the services prescribed in their IEP. It tracks the gap between the prescribed and delivered IEP minutes, revealing discrepancies in service delivery or documentation.

This report allows school districts to maintain an accurate record of special education services, ensuring students receive their full entitlement while minimizing potential financial and compliance risks. It's a simple yet highly effective tool for improving the overall management of special education services.



Recommended Report

Prescribed IEP Minutes vs.
Delivered IEP Minutes



One district used IEP data to determine how often speech therapy should be delivered. When they pulled Medicaid logs, they found over 6,000 missing entries—just for speech. The services were likely delivered, but never documented for billing. This simple data gap amounted to tens of thousands in lost claims.

Service Documentation

ARE PROVIDERS DOCUMENTING ALL SERVICES ON TIME, IN THE RIGHT PLACE, AND WITH THE NECESSARY DETAILS?

KEY DETAILS

Tracking service documentation is crucial for school districts to identify missing or incomplete service entries, especially when it comes to Medicaid reimbursement and compliance with special education regulations.

When districts fail to document services accurately, they risk losing out on much-needed funding. This report is a powerful tool for identifying documentation gaps, ensuring that the services students are entitled to are fully accounted for and that the district receives the appropriate funding for those services.



Recommended Report

Review Service Logs in Your Medicaid System



In one large district, paraprofessionals weren't confident using their documentation system. After a district-wide review, each para was given personalized support. The result? Medicaid reimbursement jumped from \$78,000 to \$764,000 in one quarter. The services were being delivered all along—they just needed to be documented correctly.

Medicaid Eligibility Validation

ARE STUDENTS CURRENTLY ELIGIBLE
FOR MEDICAID?

KEY DETAILS

Medicaid eligibility validation is critical for school districts because it directly impacts the funding available for services provided to students. If a student's Medicaid eligibility is not properly validated the district may lose out on reimbursements for the services delivered.

It's important for districts to work closely with their vendor to streamline the Medicaid eligibility validation process. By leveraging tools and reports, districts and vendors can help automate and improve the accuracy of eligibility checks. Vendors may also offer support for correcting common issues, such as name discrepancies. Collaborating with your vendor to fine-tune these processes can save time, reduce errors, and ultimately recover more Medicaid funds for the district.



Recommended Report

Medicaid Eligibility History



In one state, names with hyphens or special characters (like O'Connor or De la Cruz) were flagged as "not found" in bulk eligibility checks. After manually correcting names and resubmitting, districts recovered over \$70,000 in claims.

Claim Creation & State Validations

ARE SERVICES BEING TRANSLATED INTO MEDICAID CLAIMS—
AND DO THOSE CLAIMS MEET YOUR STATE'S REQUIREMENTS?

KEY DETAILS

Claim Creation & State Validations refers to the process of converting the services provided to students into Medicaid claims and ensuring that those claims meet the specific requirements set by the state. If the claims aren't created correctly or don't align with state guidelines, the district risks losing out on Medicaid funding or having claims rejected.

Your vendor should offer a Held Services report to identify services that can't be billed, explaining the reasons why, and helps districts prioritize what needs to be fixed in order to successfully submit claims. For example, if there's missing documentation- like parental consent on file, the claim should not be submitted. The report helps districts quickly take corrective action, ensuring that claims are processed efficiently and in compliance with state regulations.



Recommended Report

Held Services



In one large district, a Held Services report uncovered they were missing approximately 300 parental consents. Through collaboration with families and vendor, they were able to get that down to only 15 missing parental consents, increasing their compliance and doubling their reimbursement.

Claim Submission & Denial Management

ARE SUBMITTED CLAIMS BEING REIMBURSED, AND IF NOT, WHY ARE THEY BEING DENIED?

KEY DETAILS

The Claim Denials Report and Pending Claims Report are vital tools that help districts track whether their claims are being reimbursed or denied, and if denied, the reason behind it. Common denial reasons include issues like **ineligibility on the date of service or exceeding timely filing limits.**

By identifying and addressing these issues early, districts can resubmit some claims and ensure they are properly reimbursed. Effective management of claim submissions and denials helps districts recover vital funds, which can be reinvested into educational services and resources for students.



Recommended Reports

- Claim Denials Report
- Pending Claims Report



In one state, a rule change requiring referring providers led to widespread denials. Their vendor quickly built a pathway for districts to identify which providers were enrolled and rerouted claims accordingly. Prepping districts for the change—and providing hands-on support—prevented long-term financial losses.

Program Reporting & Financial Insights

ARE YOU USING MEDICAID DATA TO FORECAST REVENUE AND GUIDE STAFFING OR SERVICES?

KEY DETAILS

Using Medicaid data to forecast revenue and guide staffing or services is crucial for school districts to plan and allocate resources effectively. Key reports like Quarterly & Yearly Claim Trends and Financial Reporting for Compliance help districts track and analyze Medicaid claims over time, identify trends in service delivery, and uncover potential gaps in services that could impact revenue.

By leveraging this data, districts can make informed decisions about staffing needs, program adjustments, and budgeting to ensure they are optimizing both service delivery and financial sustainability. This approach helps districts align their resources with student needs while maintaining compliance and maximizing Medicaid reimbursements.



Recommended Reports

- Quarterly & Yearly Claim Trends
- Financial Reporting for Compliance



In one state, nurses were billing only for face-to-face time. But further research showed that chronic disease management, phone calls to doctors, and medication planning were also billable. Once captured correctly, the district's nursing reimbursements jumped from \$50,000 to \$400,000 in one year.

Best Practices for School-Based Medicaid Analysis



✓ CONDUCT QUARTERLY REVIEWS

Regular reviews help ensure that services are being delivered and documented accurately, and that claims are being processed efficiently.

✓ TRACK DENIAL TRENDS

Monitoring denial patterns allows districts to identify recurring issues and address them proactively, reducing the number of denied claims.

✓ ALIGN IEP AND MEDICAID DOCUMENTATION

Ensuring that IEP and Medicaid records are consistent and up-to-date helps avoid discrepancies and prevents missed reimbursement opportunities.

✓ SUPPORT PROVIDERS WITH TRAINING AND TOOLS

Providing providers with the necessary training and tools ensures they can accurately document and deliver services in line with Medicaid requirements.

✓ WORK CLOSELY WITH YOUR VENDOR TO COURSE-CORRECT AND UNCOVER GAPS

Collaborating with your vendor helps identify and resolve issues quickly, ensuring smoother claims processing and improved reimbursement outcomes.





Key Benefits of Relay's Medicaid Workflow Solution

- ✓ **Speed up service documentation:** Relay's user-friendly platform enables quick and compliant logging of services tailored to state programs and district guidelines.
- ✓ **Reduce data entry:** Relay integrates with your existing IEP, SIS, and third-party platforms, reducing manual data entry and enhancing accuracy.
- ✓ **Understand your Medicaid program:** Relay offers reporting and customizable dashboards through its Flex Analytics tool, providing districts with valuable insights into their Medicaid programs.
- ✓ **Ensure compliance and security:** Committed to data security, Relay's platform is hosted in a SOC2-certified environment and adheres to FERPA and HIPAA guidelines, ensuring the protection of student and district information.

Client Support and Training

Relay's dedicated Client Success team serves as a state Medicaid liaison, assisting districts in navigating the complexities of Medicaid reimbursements. Ongoing training and support is provided by Relay, including virtual and onsite sessions, role-based training, and access to a comprehensive resource hub with articles, best practices, and webinars.

Flexible Subscription Options

Understanding that school-based Medicaid workflows vary, Relay offers different subscription levels to meet each district's unique needs. Options range from supported software subscriptions, which allow districts to manage their programs independently, to managed software subscriptions, which provide additional hands-on support from Relay's staff.

Making the Best Choice for Your District

A well-managed Medicaid funnel isn't just about catching mistakes—it's about proactively supporting staff, optimizing processes, and using data to drive smarter decisions. Whether you're just starting to analyze your program or looking for the next area to optimize, these stories show that with the right insights, even small changes can yield big returns.

You don't need to dig forever. Sometimes, it's just one para, one provider, or one eligibility record standing between your district and thousands of dollars in missed funding.

About Relay

Relay is a leading provider of Medicaid billing solutions for K-12 school districts, dedicated to simplifying special services documentation and Medicaid claiming processes. With more than 27 years of experience, Relay has partnered with thousands of schools across more than 20 states, including New Mexico, helping them increase reimbursements while reducing administrative burdens.





**For more information or to schedule a free
Medicaid assessment, visit relayhub.com.**

An assessment provides an easy-to-understand summary of your current process. It highlights strengths, identifies areas for growth, and offers tailored recommendations to help your district improve.

[Get Started](#)