Council on Advancement of School-Based Health Centers
SBHC Medicaid Billing Recommendations
December 1, 2022

With the transfer of the Maryland School-Based Health Center (SBHC) program to the Maryland Department of Health's Bureau of Maternal and Child Health, a primary area of focus has been SBHC financial sustainability. As part of this effort, the Department has focused a commendable amount of time and energy on maximizing Medicaid reimbursement for services provided at SBHCs. The Council supports this focus on SBHC financial sustainability, and offers the recommendations below in support of the Department's continuing work. At the same time, the Council observes that Medicaid reimbursements under the current model – even coupled with the expanded grant funding available for SBHCs that took effect this year – are not sufficient to ensure the sustainability of SBHCs without additional support.

The recommendations below are grouped into three categories: innovative billing models that will likely require a number of years to negotiate and implement; potential regulatory changes that also may take some time to coordinate; and recommendations to help maximize billing under the current regulatory framework. The Council is pleased to offer both recommendations that are specific and actionable in the near term, as well as long-term recommendations that represent a vision for the future and will require additional study and a number of intermediate steps.

During calendar year 2023, the Council may continue to investigate and provide additional recommendations in some of the areas listed below.

A. Develop innovative billing models

1. Over the next five years, the Council recommends steps to move toward an innovative Medicaid reimbursement model in which services performed at an approved School-Based Health Center (SBHC)[1] are reimbursed by Medicaid at a higher rate than similar services performed elsewhere. This could resemble the reimbursement structure for Federally Qualified Health Centers (FQHCs). Like FQHCs, SBHCs serve vulnerable populations. Like FQHCs, many SBHC activities are not reimbursable by Medicaid (e.g., services for uninsured or underinsured children, school meetings, care coordination, etc.).

The Council will continue to work with the Maryland Department of Health Bureau of Maternal and Child Health ("the Bureau") and the Maryland Medicaid Administration ("Maryland Medicaid) to identify steps required to achieve this goal. Some of these steps may include:

- identifying any regulatory or statutory barriers to this approach at the federal and state levels;
- investigating efforts by other states to this end (this activity could be performed by the Needs Assessment vendor or through the Maryland Assembly on School-Based Health Care);
- exploratory discussions with the Centers for Medicare & Medicaid Services to determine the feasibility of this approach;[2]

[1] Recommendations in this document refer to Maryland SBHCs that have been "approved" by the Maryland Department of Health.

[2] See recent CMS guidance. "Consider increasing Medicaid payment rates for services provided in school-based settings to account for higher overhead costs associated with services provided in school settings, including staffing and training needs at the LEA or school. … State Medicaid agency may also opt to develop unique payment rates for school-based providers that more closely reflect the costs incurred by such providers. The state will be asked to

- maximizing reimbursement to approved SBHCs under Maryland's current Medicaid model; and
- identifying and collecting data necessary to support this approach.

The Council may continue to work on this priority in 2023.

2. The Council recommends the Bureau and Maryland Medicaid work with one or more Medicaid Managed Care Organizations (MCOs) and SBHCs to implement a pilot program to study a value-based purchasing model. The Bureau and Maryland Medicaid could encourage and support this pilot directly or through a contractor. Such a model could include incentive payments for both SBHCs and patients, and could be developed in furtherance of key Healthcare Effectiveness Data and Information Set (HEDIS) or Population Health Incentive Program (PHIP) goals, such as adolescent well child visits, immunizations, or asthma. The Harbage Report, commissioned by the Council and released in 2019, recommended a number of SBHC quality measures, many of which were drawn from the work of the School-Based Health Alliance (SBHA). The Council's 2019 Annual Report includes an analysis of these measures.[3]

A recent MCO-SBHC pilot initiated in Baltimore could serve as a potential model (see C.2. below). While the MCOs and SBHCs do not require agency authorization to implement such a pilot, the leadership and support of the Bureau and Maryland Medicaid would be valuable.

3. The Council looks forward to analyzing other innovative billing strategies that may be identified in the forthcoming statewide SBHC Needs Assessment report.

B. <u>Potential regulatory changes</u>

1. The Council recommends Medicaid reimbursement for Preparticipation Physical Evaluation (PPE - sports physicals) at approved SBHCs. Permitting Medicaid reimbursement of PPE by approved SBHCs would advance equity and reduce barriers to physical activity for children and adolescents. It also could help to increase adolescent well child visits.

To allow for Medicaid reimbursement for PPE, regulatory change will be required, as COMAR 10.09.76.05 currently prohibits Medicaid reimbursement for routine sports physicals. The Council appreciates efforts by Maryland Medicaid and the Bureau to research this issue and work toward a potential regulatory change.

If the regulatory change is made, the Council recommends Maryland Medicaid and the Bureau provide guidance or Technical Assistance to SBHCs and their sponsors to support best practices in the delivery of sports physicals. For example:

- In general, the Council recommends that PPE be conducted in-person (i.e., not through telehealth). At the same time, the Council acknowledges that MDH is prohibited by law from establishing requirements for telehealth at SBHCs that are inconsistent with the requirements for providing telehealth under Title 1, Subtitle 10 of the Health Occupations Article.

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document the rate calculations for these services in the school settings and assure that those rates are consistent with efficiency, economy and quality of care."

[3] https://health.maryland.gov/mchrc/Documents/CASBHC%20Annual%20Report%202019_FINAL.pdf See pages 15-16 of the report, and pages 17-19 of Appendix 1.

- PPE visits by SBHCs should be consistent with the standard of care for other providers (see guidance from the American Academy of Pediatrics.)[4]
- The Council also recommends that PPE not take the place of a well child visit. If a patient has not had a well child visit within the previous 12 months, the SBHC should recommend either scheduling a well child visit with the child's PCP, or should combine the sports physical and well child visit into a single visit at the SBHC (billed as a well child visit).

2. The Council recommends that Maryland Medicaid and its contracted MCOs provide reimbursement for care coordination activities and that approved SBHCs – as well as other primary care providers – be able to bill and be reimbursed for these claims. SBHC staff spend a considerable amount of time on care coordination activities including: coordination with the medical home and subspecialists, referrals to community-based services including mental health and/or other services to address social determinants of health, attending school meetings and otherwise coordinating with school nurses, teachers, and other school staff. SBHCs may also spend time in follow-up of emergency department visits or hospitalizations for their patients – particularly if participating with CRISP and utilizing the Encounter Notification System (ENS). These activities are crucial to the child's wellbeing and are not currently reimbursable, particularly if they are performed asynchronously, i.e., not on the day of a billable clinician visit.

The Council acknowledges that preliminary work may be required before such a change can be contemplated.

- For example, in the short term, the Council recommends additional work to identify the specific legal and regulatory barriers at the federal and state levels.
- The Council recommends a study of time SBHCs spend on care coordination activities to better understands the scope of this issue. This could potentially be an area of work for the revenue cycle specialist (see C.1. below).
- Until a regulatory change can be made, the Council encourages Technical Assistance be provided to help SBHCs use existing codes to bill for care coordination activities to the maximum extent possible (see C.1. below).

C. Maximize billing under the current state

1. The Council encourages Technical Assistance (TA) and other support be provided to improve the ability of approved SBHCs to efficiently and effectively bill Medicaid and commercial insurers, and to receive maximum reimbursement for claims. The Council recommends that such support include:

- Financial support for SBHC billing infrastructure and staffing.
- Training to improve claims submissions. An analysis of Medicaid claims submitted and reimbursement provided could help to focus this activity. Support in this area could have the added benefit of reducing staff hours spent resubmitting claims.
- Training to improve information-sharing with MCOs including through EMR and CRISP.

The Council appreciates MDH's work to survey SBHCs on their billing practices and contract with a revenue cycle specialist as well as the Bureau of Maternal and Child Health SBHC Program's intention to provide billing technical assistance to SBHC administrators. After conducting a review of the SBHC billing manual,

[4] https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/, https://www.aap.org/en/patient-care/preparticipation-physical-evaluation/

the Systems Integration and Funding recommends that TA include education and practical training related to the following services:

- Same-day Care Coordination. SBHC providers of both somatic and behavioral health services have cited care coordination as a significant unbillable activity. Recent updates to guidance on E/M codes based on medical decision making can allow clinicians to bill for time spent performing care coordination activities as part of a clinical visit (i.e., school meetings, coordination with the patient's other providers, etc.) so long as those activities take place the same day as a patient's visit to the SBHC. TA may encourage more robust use of existing codes for these activities.
- Sports Physicals. While Preparticipation Physical Evaluation (PPE – sports physicals) are not currently eligible for Medicaid reimbursement at SBHCs, many aspects of a PPE visit can be performed in the context of a well child visit. Blended visits coded as "WCC" should be encouraged. TA could be provided to SBHCs to support this approach (see also B.1. above).
- COVID-19 Vaccine Education. These services are now reimbursable, and SBHCs could be notified about these codes.
- Injuries and Accidents. The Council is aware of a potentially high rate of denials for claims related to injuries and accidents.

While commercial insurance represents a smaller source of revenue for SBHCs than Medicaid, the Council recommends that the billing specialist also work with SBHCs to evaluate and support commercial claims submissions.

2. The Council recommends that the Bureau and/or Maryland Medicaid facilitate collaboration between approved SBHCs and MCOs. This could include the convening of a monthly meeting between sponsors and MCO representatives hosted by the Bureau, Maryland Medicaid, and/or a contractor. Such meetings occurred in the past but were not organized by a state agency. Activities that could be encouraged through enhanced collaboration between MCOs and SBHCs include:

- Sharing of public school directory information among schools, approved SBHCs, and MCOs (consistent with *Family Educational Rights and Privacy Act (*FERPA) requirements).
    - If MCOs are able to identify which of their members attend schools with SBHCs, MCOs could then reach out to these members to encourage enrollment and utilization of the SBHCs. MCOs also could design incentive programs to encourage visits for key priorities such as adolescent well child visits, and potentially establish value-based purchasing program arrangements with SBHCs (see A.2. above).
    - If SBHCs know which students in the school are covered by an MCO, they could use these lists for targeted outreach and billing support.
    - A pilot project to share the enrollment list for a school in Baltimore had some promising results but was terminated early due to COVID-19 closures. Support and TA could be provided to restart such a pilot in the same school or in several schools.
- Updating the health visit report and the regulations related to the transmission of this form to MCOs.
    - Work has been done on this issue previously. The health visit form is duplicative of existing note documentation, and forms are currently required to be faxed. The Council may provide more detailed recommendations in the future regarding the deficiencies of the heath visit form and regulatory barriers to addressing them.
- Maximizing the use of the Chesapeake Regional Information System for our Patients (CRISP) as a platform for information sharing between SBHCs, MCOs, and Primary Care Providers (PCPs).

    - The Council has long endorsed more robust utilization of CRISP by SBHCs.
    - The Council appreciates recent work by the Bureau, CRISP, and the Maryland Assembly on School-Based Health Care (MASBHC) to begin to develop a Technical Assistance program to support SBHC utilization of CRISP.
    - As this Technical Assistance program is implemented, the Council encourages that MCOs and PCPs be engaged as well. The Council has long advocated for better information sharing between SBHCs, PCPs, and MCOs, and finds that CRISP could be an important tool to this end.
- Developing personal relationships and fostering dialogue between MCO and SBHC staff, including with each MCO's Special Needs Coordinator.

3. The Council appreciates efforts by Maryland Medicaid, the Bureau, and others to work with approved SBHCs and MCOs to improve billing for confidential services, and encourages this work to continue. The Council has long recommended attention to this matter. Many SBHCs do not bill for confidential services in order to protect the privacy of patients receiving the services. Billing for confidential services is a complex issue involving state minor consent law, SBHC sponsor's billing procedures, Medicaid billing regulations, and MCO policies. A comprehensive approach will require time and engagement of the above stakeholders as well as SBHC administrators and advocates, families, and most importantly youth. It will take time to establish trust that confidential services can be billed without unintentionally breaching patients' privacy.

- In this report, the Council offers one new recommendation to support the many other efforts to enhance billing for confidential services. The Council recommends that Maryland Medicaid issue guidance and/or work with the Centers for Medicare & Medicaid Service (CMS) as necessary to direct Maryland Medicaid MCOs not to send adverse benefit determination letters in cases where there is no member liability.
    - This would include SBHC patients receiving confidential services, because there is no member liability for costs associated with treating a minor for services under Maryland Medicaid. Services would include both reproductive health and behavioral health services provided to a minor in accordance with Maryland regulations.
    - This guidance would apply to SBHCs as well as other providers.
    - The Council recommends Maryland Medicaid also work with commercial payors to provide the same protection of a disclosure of protected services provided to a minor.

4. The Council recommends further investigation into billing practices for families with high-deductible commercial insurance plans. Many approved SBHCs do not currently bill low-income families with high-deductible plans, as it presents a hardship and discourages the utilization of SBHC services.

- Alternative reimbursement models (see A.1. above) may help to address the needs of this population.
- The Council recommends the revenue cycle specialist (see C.1. above) gather information about the scope of this issue for potential future recommendations.

5. The Council recommends further study into the cost of SBHC services for uninsured children, who are mostly undocumented. SBHCs provide an invaluable service to this population, frequently as the de facto primary care provider, but cannot be reimbursed by Medicaid for these efforts.

- Alternative reimbursement models (see A.1. above) may help to address the needs of this population.

- The Council recommends the revenue cycle specialist (see C.1. above) gather information about the scope of this issue for potential future recommendations.

6. The Council recommends continuing effort to improve SBHCs' capacity to provide vaccines in order to: improve health outcomes; promote health equity; bring children and adolescents up to date on vaccinations that may have been delayed during the COVID-19 pandemic; support school attendance and per-pupil funding by administering vaccinations that are required for Maryland students; and support HEDIS goals for insurers. SBHCs that are Vaccines for Children (VFC) providers receive vaccines from the program free of charge; they do not bill Medicaid for the vaccines themselves but can bill for vaccine administration. SBHCs that are not VFC providers must pay out of pocket for vaccines – which is expensive considering that the vaccines may or not be used – but can bill Medicaid for both the vaccine and the vaccine administration.

The Council appreciates work by the Bureau and the VFC program to address issues with VFC enrollment for approved SBHCs. The Council also acknowledges recent infrastructure grants to SBHCs that supported the purchase of needed equipment for vaccine storage.

- The Council recommends additional support, including alternate models, be explored to facilitate approved SBHCs' participation in the VFC program. As currently structured, it is cumbersome and expensive for SBHCs to enroll and participate in the VFC program. Specifically, refrigerator/freezers and digital data loggers currently required to be onsite at each VFC participating site are very expensive and may take up more space than is available at smaller SBHCs. Additionally, the application and maintenance of approval/site review processes may require more administrative support and time than some SBHCs have the capacity to independently provide. Many SBHCs are located in school buildings, which makes it difficult for them to comply with VFC requirements related to 24-7 building access and backup power. VFC's system for ordering vaccines, which is based on the number of patients in a certain age group, does not work well for SBHCs. Moreover, the VFC program does not provide vaccines to all children served by SBHCs, including children with commercial insurance.
- The Council recommends further study into other states' support for SBHC participation in the VFC program, including any use of a hub and spoke model for vaccine distribution.