### Maryland Community Health Resources Commission

Study of School-Based Health Centers

February 5, 2007

#### Today's Objectives

- Review the Commission's charge
- Reach consensus on study goals and objectives
- Determine the process and timeline for commissioning the study

#### MCHRC Charge

"Study SBHC funding and access issues including:

- (i) Reimbursement ... by MCOs, insurers, nonprofit health service plans, and HMOs; and
- (ii) <u>Methods to expand SBHCs</u> to provide primary care services.

§19-2109(a)(15)(i-ii)

- (d)(2)The Commission shall, in conducting the SBHC study ... identify the following:
   (i) A fee schedule for individuals accessing a school-based community health center;
   (ii) Reimbursement rates to be paid by MCOs and insurers, nonprofit health services plans, and HMOs to the school-based community health center;

- (iii) Insurance payments owed to schoolbased community health centers and how much of the payments should be collected to offset any State subsidy;
- (iv) <u>Barriers to reimbursement of licensed</u>

  <u>health care providers</u> who provide services

  at SBHCs, including nurse practitioners and physician assistants;

- (v) A <u>system of registering individuals</u> who receive health care services from a school-based community health center that requires an individual to pay premiums and sliding scale fees; and
- (vi) <u>Security measures</u> to be used by schoolbased community health centers.

§19-2109(d)(2)(i-vi)

(17) Evaluate the feasibility of <u>extending</u>
<u>liability protection under the Maryland</u>
<u>Tort Claims Act to health care</u>
<u>practitioners</u> who contract directly with a
CHR that is also a Maryland qualified
health center or a SBHC.

§19-2109(a)(17)

#### Purpose of SBHC Study

- Address "funding and access" issues listed in the legislation
- Explore ways to expand SBHCs to provide primary care services
  - ■Inform future work of MCHRC

#### Products of the SBHC Study

Policy options and recommendations

Directions for future work by MCHRC (e.g., grants program, technical assistance, advocacy/facilitator role)

#### Study Process and Timeline

#### Process:

- Develop scope
- → Identify and engage a contractor

#### Suggested Timeline:

- April September 2007
- Report finalized by October 1 to submit with MCHRC's annual report to the legislature

#### Study Methods

- Survey SBHCs to provide a comprehensive portrait of sponsorship, financing, and organizational strength
- Best practices research
- Legislative analysis
  - Analysis of policy options
  - ■Investigation of opportunities for MCHRC collaboration with other groups

#### Survey of Maryland's SBHCs

- Sponsors (mission, capacity, commitment)
- Budgeted/actual expenditures
- Revenues (Medicaid, private insurance, state/local funds, grants)
- Fee schedules
- Staffing
- Billing capability
- Board composition
- Liability coverage

#### Study Input

SBHCs, local governments, state agencies, providers, and insurers [as per §19-2109(d)(1)]

#### Funding for SBHC Study

Funding is available in the "Consultants" line item of the FY 2007 budget.

## Proposed Study Topics

- Reimbursement
- Billing Capability Liability Barriers
- Security Measures
- Building Strong Sponsors



- MCOs, Insurers, Non-Profit Health Service Plans, HMOs
- Fee Schedules
- Reimbursement for NPs (HB 974) and PAs

# 2. Capability of SBHCs to Bill for Services

- What is billing capability now?
- Can billing capability be enhanced through access to IT and if so how?

#### 3. Liability Barriers

extended to SBHCs through the Maryland Tort Claims Act?
What measures should be in place to ensure continuity of care?

# 4. Security Measures

- Required Criteria
- What are "best practices" for ensuring security at SBHCs?

### 5. Building Strong Sponsors

- What are the options?
  - Regulatory approach: Using standards, credentialing, reimbursement policy
  - Market approach: Incentives to encourage health systems, hospitals, and FQHCs to sponsor SBHCs
  - Combination of both?

#### Ways to Build Viable SBHCs

- Organizational strength
  - Strong sponsors
  - Leadership behind the lines
  - Billing capability
  - Effective training
  - Liability protection
- Financing
  - Reimbursement from Medicaid and commercial insurers