MARYLAND MEDICAID SCHOOL-BASED HEALTH CENTER (SBHC) PROVIDER MANUAL

Revised May 2021

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POLICY CHANGE HIGHLIGHTS

May 2021

The following items represent the recent changes made from the previous School-Based Health Center (SBHC) billing instructions:

This version of the manual includes the following updates:

- Updated enrollment instructions for all SBHC sponsoring agency provider types and MDH contact information
- Reorganized manual into three major sections: (I) General Information, (II) SBHC Services, and (III) Appendix. The General Information section includes an SBHC resource guide, Maryland Medicaid policy reminders, and the SBHC enrollment process. The SBHC Services section discusses common, Maryland Medicaid-covered SBHC services and requirements for providers rendering them. Finally, the Appendix includes supplemental information, including but not limited to: MDH and MCO contact information and billing guidance for local health departments operating SBHCs.
- General billing instructions (i.e. guidance applicable to all professional services providers) has been removed and replaced with links to the appropriate policy or billing manuals or referrals to the MCO-specific website
- SBHC billing instructions (i.e. guidance specific to providers billing as SBHCs) has been moved to an SBHC-specific addendum to the CMS-1500 Billing Manual. The CMS-1500 Billing Instructions are located at health.maryland.gov/providerinfo under the "Billing Guidance, Fee Schedules, and Preauthorization Information" header.

INTRODUCTION

SBHC must bill for services rendered to Maryland Medicaid Fee-For-Service (FFS) and HeathChoice Managed Care Organization (MCO) participants through a Medicaid-enrolled sponsoring agency that serves as the billing provider. SBHC administrators and clinicians should use this manual when seeking to become a Maryland Medicaid SBHC and before rendering services to individuals with Medical Assistance eligibility (Maryland Medicaid/Maryland Children's Health Program participants).

The manual consists of three parts: (I) General Information, (II) SBHC Services, and (III) Appendix. The General Information section includes an SBHC resource guide, Maryland Medicaid policy reminders, and the SBHC enrollment process. The SBHC Services section discusses Maryland Medicaid-covered SBHC services and requirements for providers rendering them. Finally, the Appendix includes supplemental information, including but not limited to: MDH and MCO contact information and billing guidance for local health departments operating SBHCs.

While this manual includes examples of commonly billed SBHC services and codes, it is not intended to provide comprehensive billing instructions. For Maryland Medicaid FFS billing instructions, please review the CMS-1500 Billing Instructions and its SBHC-specific addendum. MCO-specific billing instructions are available on each MCO's website or in its manual. SBHCs must follow the billing and reporting instructions established in COMAR 10.09.76 School-Based Health Centers.

CODE OF MARYLAND ANNOTATED REGULATIONS (COMAR)

Regulations governing SBHC, sponsoring agency provider types, and related topics are established in:

COMAR	Title
10.09.01.00—.08	Advance Practice Nurse Services
10.09.02.00—.11	Physicians' Services
10.09.08.00—.14	Freestanding Clinics
10.09.36.00—.11	General Medical Assistance Provider Participation Criteria
10.09.49.00—.10	Telehealth Services
10.67.06.28	MMMCP: Benefits — Self-Referral Services
10.09.76.00—.11	School-Based Health Centers

I. GENERAL INFORMATION

A. SBHC RESOURCES

Maryland State Department of Education (MSDE) SBHC Standards

For general SBHC information, including the MSDE Maryland School-Based Health Center Standards and application instructions, please visit www.marylandsbhc.org.

ePREP

The electronic Provider Revalidation and Enrollment Portal (ePREP) is the one-stop shop for Maryland Medicaid provider enrollment, re-enrollment, revalidation, information updates and demographic changes.

To enroll as a Maryland Medicaid SBHC, log into ePREP.health.maryland.gov. For ePREP resources, including call center information, please visit health.maryland.gov/ePREP.

General and SBHC-Specific Billing Instructions

Most participants are enrolled in an MCO. SBHCs should bill the MCO directly for services rendered to an MCO enrollee. If the participant is not enrolled in an MCO, the SBHC should bill Maryland Medicaid FFS directly. For MCO billing instructions, please visit the appropriate MCO's website or refer to the MCO Billing Contacts, which can be found in Appendix A of this manual.

For FFS billing instructions, including the topics listed below, please refer to the CMS-1500 Billing Instructions at health.maryland.gov/providerinfo under the "Billing Guidance, Fee Schedules, and Preauthorization Information" header:

- Billing time limitations
- Electronic and paper claims instructions
- Properly completing the CMS-1500 form
- Claims troubleshooting
- How to file an adjustment request

For SBHC-specific billing guidance on the following topics, please review the SBHC addendum to the CMS-1500 Billing Instructions:

- SBHC-specific CMS-1500 claims form blocks
- FQHC billing requirements*

*With only two exceptions, SBHC billing instructions do not affect the billing procedures for Federally Qualified Health Centers (FQHCs). FQHCs should continue to use their existing billing codes rather than those included in this manual.

Professional Services Provider Manual and Fee Schedule

For FFS program policy guidance, including service limitations and how to bill for specific covered services, please refer to the Professional Services Provider Manual.

For a list of Maryland Medicaid-covered professional CPT and national HCPCS codes, including for Evaluation and Management (E&M) office visits, and corresponding reimbursement rates, please refer to the current Professional Services Fee Schedule.

These documents are located under "Billing Guidance, Fee Schedules, and Preauthorization Information" at health.maryland.gov/providerinfo.

Healthy Kids/EPSDT

For complete information regarding the Maryland Healthy Kids/Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) program, including the current recommended childhood immunization schedule, including the program standards, age-specific encounter forms, and current recommended childhood preventive health and immunization schedule, please visit: mmcp.health.maryland.gov/EPSDT.

Eligibility Verification System (EVS)

It is the SBHC's responsibility to check EVS before rendering services to ensure the participant's eligibility on the date of service. For information on the EVS process and application options, please visit health.maryland.gov/providerinfo — look for the "Eligibility Verification Systems (EVS) Information" and "eMedicaid" headers.

Health Insurance Portability and Accountability Act (HIPAA)

The Administrative Simplification provisions of HIPAA require that health plans, including private, commercial, Medicaid, Medicare, healthcare clearinghouses, and healthcare providers use standard electronic health transactions. Additional information on HIPAA can be obtained from the following websites:

https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/PrivacyandSecurityInformation.html

https://health.maryland.gov/hipaa/

Telehealth

For Maryland Medicaid telehealth information, including general updates, program manual, and frequently asked questions, please visit the Maryland Medicaid Telehealth Program page.

B. MARYLAND MEDICAID POLICY REMINDERS

Billing for No Cost Services

SBHCs may bill Medicaid for covered services provided to eligible Medicaid participants, regardless of whether the SBHC charges other members of the community for such services.

Healthy Kids/EPSDT Exceptions for Third Party Billing

By law, Medicaid is the "payer of last resort". When participants have both Medicaid and other insurance coverage, the SBHC must bill the other insurance first. However, certain Healthy Kids/EPSDT services are exempt from this rule. For these services, the SBHC may bill Medicaid without first billing the third party insurer.

For preventive services, SBHCs may submit the following codes directly to Medicaid FFS or the child's MCO, even if the child is covered by other third party insurance*:

- Preventive Medical Services (99381-99385, 99391-99395)
- Immunizations
- Developmental Tests (96110, 96111)
- Objective Hearing Tests (92551)
- Objective Vision Tests (99173)

* Medicaid FFS or the MCO will handle recoveries from the other insurances for these services. When the participant has Medical Assistance and other third party insurance, do not bill the participant for any copay or deductible associated with other insurance policies.

Only the services listed above are exempt. Other EPSDT components, such as laboratory tests and other primary care services, must first be submitted to the other insurer prior to billing FFS or the MCO.

Self-Referral

SBHCs are "self-referred" providers. This means Medicaid-enrolled SBHC sponsoring agencies do not need a contract with the MCO to bill the MCO for SBHC services, including pharmacy items and laboratory services, when the service is provided onsite in connection with a self-referral service. SBHC sponsoring agencies must have active enrollment in Maryland Medicaid prior to billing an MCO.

C. PROVIDER ENROLLMENT FOR SBHCs

Step 1: Apply to become an SBHC through the Maryland State Department of Education (MSDE)

Sponsoring agencies must submit an application for a new SBHC location through MSDE prior to enrolling with Maryland Medicaid. Upon approval, MSDE will return the application and an approval notice to the applicant for use in the later steps. Please use the MSDE link below to

access the Maryland SBHC application. In addition to general SBHC information, the site provides the application instructions and materials necessary for MSDE approval:

www.marylandsbhc.org

Step 2: Obtain a National Provider Identifier (NPI)

The National Provider Identifier (NPI) is a Health Information Portability and Accountability Act (HIPAA) mandate requiring a standard unique identifier for health care providers. SBHCs and their sponsoring organizations must obtain a unique, 10-digit NPI for use on all electronic claims transactions. When billing on paper, this unique NPI number and the provider's 9-digit Medicaid provider number will be required for reimbursement.

To apply for an NPI, visit the Centers for Medicare and Medicaid Services (CMS) website at https://nppes.cms.hhs.gov/.

Step 3: Submit a Maryland Medicaid Provider Application

To participate as a Maryland Medicaid SBHC, a sponsoring agency must submit an application including the SBHC enrollment addendum and MSDE approval notice through the Department's electronic Provider Revalidation and Enrollment Portal (ePREP) for each service location. At this time, provider types 20 (physician), 23 (nurse practitioner), 34 (FQHC), 35 (LHD Clinic), and 38 (general clinic) are eligible to enroll as a Maryland Medicaid SBHC. If an enrolled provider seeks to become a sponsoring agency for an MSDE-approved SBHC location, it must submit a supplemental application through ePREP with the SBHC addendum and MSDE approval notice.

All Maryland Medicaid SBHC sponsoring agencies must complete the steps below in their ePREP applications. These steps apply to providers who are submitting new enrollment applications and seeking to become Maryland Medicaid SBHC sponsoring agencies, as well as enrolled providers submitting supplemental applications to become Maryland Medicaid SBHC sponsoring agencies.

1. Upload a completed SBHC addendum, available for download on the Provider Application Addenda and Agreement Forms page. Sponsoring agencies must provide required information about the SBHC location associated with your billing NPI;
2. Upload the SBHC's MSDE approval notice.
3. For FQHCs only: Supplemental applications for a new SBHC must include additional documentation:
    - A complete FQHC addendum, available for download on the Provider Application Addenda and Agreement Forms page
    - HRSA Grant Award Letter

**SBHCs sponsored by an FQHC should NOT submit a "NEW" application for the FQHC (PT 34); only SUPPLEMENTAL applications will be accepted.

Provider Revalidation
All Maryland Medicaid providers must revalidate their enrollment, at least every five years. A notice will be sent in the mail and via ePREP to prompt the provider to submit a revalidation application in ePREP.

For ePREP resources, please visit health.maryland.gov/ePREP.

Step 4: EPSDT Certification
Each SBHC location must be EPSDT-certified. Prior to being approved as a Medicaid-enrolled SBHC, an EPSDT nurse will need to complete a site visit.

EPSDT/Healthy Kids Program information, including the provider application and MDH EPSDT staff contact information is available at health.maryland.gov/providerinfo under the EPSDT/Healthy Kids Resources section.

II. SBHC SERVICES

This section provides an overview of covered SBHC services. It does not contain an exhaustive list of covered services; rather it highlights the most commonly used services within SBHCs. SBHC sponsoring agencies must bill in accordance with their provider type.

Providers must bill the appropriate code for the service performed. For a list of Maryland Medicaid-covered professional CPT and HCPCS codes, including for Evaluation and Management (E&M) office visits, and corresponding reimbursement rates, please refer to the current Professional Services Fee Schedule. For instructions on billing for covered SBHC services using the CMS-1500 form, please review the CMS-1500 Billing Instructions and its SBHC-specific addendum.

A. PRIMARY CARE SERVICES

SBHCs may diagnose and treat all illnesses and injuries that can be effectively managed in a primary care setting. For Maryland Fee-For-Service Program policy guidance, covered services, and service limitations, please review the Maryland Medicaid Professional Services Provider Manual.

For a complete list of Maryland Medicaid-covered professional CPT and HCPCS codes, and corresponding reimbursement rates, please refer to the current Professional Services Fee Schedule.

B. HEALTHY KIDS/EPSDT

For complete information regarding Maryland Healthy Kids/EPSDT, please visit: mmcp.health.maryland.gov/EPSDT.

The Maryland Healthy Kids/Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services is a comprehensive pediatric program to be billed only by physicians, nurse practitioners, and free-standing clinics that are certified by the Program as Healthy Kids/EPSDT providers. These services are covered for Medicaid participants from birth through 20 years of age.

To document Healthy Kids/EPSDT preventive health care screens, SBHCs should use the Age-Specific Encounter Forms located on the Maryland Healthy Kids Provider Forms page.

To bill for EPSDT services, SBHCs must:

- Be certified to provide Healthy Kids/EPSDT services; (access the EPSDT Provider Application for Certification & Participation here);
- Render preventive care services according to Healthy Kids/EPSDT standards as described in the Healthy Kids Manual;
- Provide follow-up of positive or suspect EPSDT screening components, without approval of the participant's Primary Care Provider, except where referral for specialty care is indicated; and
- Use the age appropriate CPT preventive medicine codes for billing Healthy Kids services.

1. Preventive Medicine Services

Procedure	CPT Code
New patient 1 – 4 years	99382
New patient 5 – 11 years	99383
New patient 12 – 17 years	99384
New patient 18 – 39 years	99385
Established patient 1 – 4 years	99392
Established patient 5 – 11 years	99393
Established patient 12 – 17 years	99394
Established patient 18 – 39 years	99395

If a participant presents for a problem-oriented visit and if it can be determined that the child is also due for a preventive visit, the SBHC may complete the Healthy Kids screen and render care for the presenting problem, using the appropriate CPT preventive code. However, providers typically cannot bill for a problem-oriented and preventive visit for the same participant, on the same day. If only "problem-oriented" care is rendered, use the appropriate E&M CPT code(s) for time and level of complexity.

Under certain situations, a provider may bill for a preventive exam and another E&M service on the same day. For instructions on billing for preventive medicine services, please review the relevant sections of the Professional Services Provider Manual.

Payment for oral health assessments completed by Healthy Kids certified providers are included in reimbursement of the preventive care examination codes.

2. Objective Hearing and Vision Tests and Development Screening

SBHCs may bill for objective hearing and vision tests in addition to the preventive screen. Additionally, SBHCs may bill separately for developmental screening with an approved or recommended standardized, validated general developmental screening tool during either a preventive or episodic visit using CPT code 96110 (see below).

Procedure	CPT Code
Objective hearing screening test, Pure tone, air only	92551
Objective vision screening test	99173
Developmental screening: Limited (e.g. Ages and Stages Questionnaire, Pediatric Evaluation of Developmental Status) with interpretation and report. Documentation for developmental screening should include: ● Any parental concerns about the child's development; ● The name of screening tool used; ● The screening tool results, reviewing all major areas of development; ● An overall result of the development assessment for age (e.g. normal, abnormal, needs further evaluation); and ● A plan for referral or further evaluation when indicated.	96110[1,2]

[1] For FFS patients: Providers may bill a maximum of two units of CPT 96110 on the same date of service when a screening tool for autism or a social-emotional screening tool is administered in addition to a general developmental screening tool. A standardized, validated tool must be used.

[2] Contact the patient's MCO for billing instructions.

3. Vaccine Administration/Vaccines for Children (VFC) Program

In order to provide Healthy Kids/EPSDT preventive services, SBHCs must register with the VFC Program and provide the recommended childhood vaccines when performing EPSDT preventive screens. Maryland Medicaid will not reimburse providers for a well-child visit if the provider cannot meet the requirements of the schedule. For vaccine administration resources, including the current recommended childhood immunization schedule, please visit mmcp.health.maryland.gov/EPSDT.

For information regarding VFC enrollment, ordering vaccines, and vaccine administration, please contact the VFC Contact Center by email at MDH.IZinfo@maryland.gov or visit the VFC Contact Center website for location-specific contact information.

For VFC billing information, including a complete list of VFC immunization administration codes, please review the relevant sections of the current Professional Services Provider Manual.

C. LABORATORY AND PATHOLOGY SERVICES

All providers billing for any laboratory service(s) must be CLIA certified and have Maryland State laboratory certification. For more information on laboratory billing requirements, please see the CMS-1500 Billing Instructions.

Self-referral provisions do not apply to all laboratory and pathology services. For MCO enrollees, any lab tests not performed "in house" must go through a lab contracted with the enrollee's MCO and enrolled with Maryland Medicaid. All MCOs currently have contracts with LabCorp with the exception of Kaiser Permanente, which contracts with Quest Diagnostics. The following lab codes are frequently used in SBHC/primary care settings and can also be billed in addition to the Healthy Kids preventive codes:

Procedure	CPT Code
Venipuncture under 3 yrs, physician skill (e.g. blood lead)	36406
Venipuncture, physician skill, child 3 yrs and over (e.g. blood lead)	36410
Venipuncture, non-physician skill, all ages	36415
Urinalysis/microscopy	81000
Urine Dipstick	81005
Urine Microscopy	81015
Hematocrit (spun)	85013
Hemoglobin	85018
PPD – Mantoux	86580
Urine Culture (Female Only)	87086

D. FAMILY PLANNING

SBHCs may provide self-referred family planning services required for contraceptive management. Family planning services provide individuals with the information and means to prevent an unwanted pregnancy and maintain reproductive health, including medically necessary office visits and the prescription of contraceptive devices. Services are limited to those required for contraceptive management. HealthChoice members may self-refer for family planning services without prior authorization or approval from their PCP with the exception of sterilization procedures.

MCOs must pay providers for pharmacy items and laboratory services when the service is provided onsite in connection with a self-referral service. For example, MCOs must reimburse medical providers directly for the administration of Depo-Provera from a stock supply of the drug. This eliminates unnecessary barriers to care which are created when members are asked to go to an outside pharmacy to get a prescription for Depo-Provera filled and then are required to return to the provider's office for the injection. Contact the staff specialist for Family Planning.

For instructions on how to bill for SBHC family planning services, please see Professional Services Provider Manual.

For family planning services billing instructions and reproductive health resources, please review the relevant sections of the Professional Services Provider Manual and the Reproductive Health Provider Resources section on the Medicaid Provider Information page.

III. SBHC CONTACTS

For questions about enrollment as a Maryland Medicaid SBHC and Maryland Medicaid-specific policy questions, contact mdh.medicaidsbhc@maryland.gov

For billing concerns when the participant is an MCO enrollee, please contact the participant's MCO.

MCO CONTACTS FOR SCHOOL-BASED HEALTH CENTERS

MCO Contact for SBHC Health Visit Reports	PCP Information	Coordination of Care	Billing	Claims
Aetna Better Health of Maryland Pamela C. Kane Director, Quality Management Fax #: (959) 282-8225 Email: KaneP@aetna.com	Member Services Phone#: 866-827-2710 Cheryl Toland Chief Operating Officer Email: ctoland1@aetna.com	Candace Hawkins Manager, Health Services Email: HawkinsC5@aetna.com	Provider Relations Phone #: 866-827-2710, press * (star) key Aetna Better Health of Maryland P.O. Box 61538 Phoenix, AZ 85082-1538	Claim Inquiry & Claim Research Department 866-827-2710, press * (star) key Aetna Better Health of Maryland P.O. Box 61538 Phoenix, AZ 85082-1538
Amerigroup Community Care	Member/Provider Services Phone: 1-800-600-4441 (ask for live agent)	Anna.matheus@amerigroup.com 410-859-5800 Ext. 44564 7550 Teague Rd, Suite 500. Hanover MD 21076 To Call Queue Lines: 410-981-4000 Choose appropriate Extension: OB :1062001281 Peds/NICU:	Sandra Parker Phone: 410-981-4594 Fax: 866-920-1873 Sandra.Parker@amerigroup.com	Attn: Claims Dept. Amerigroup Community Care P.O. Box 61010 Virginia Beach, VA 23466-1599

		1062001282 Adult: 1062001283 Special Needs: 1062001287		
Jai Medical Systems, Inc Nyo Khine, M.D., UM Coor.. Phone: 410.433.5600 Fax 410.433.8500 E-mail: nyo@jaimedical.com	Customer Service Department Phone 1.888.524.1999 Fax: 410.433.4615 E-mail: CustomerService@jaimedical.com	Chardae Buchanan, RN Special Needs Coordinator, Phone: 410.433.5600, Fax: 410.433.8500, E-mail: chardae@jaimedical.com	Provider Relations Department, Phone 1.888.524.1999 Fax: 410.433.4615, E-mail: ProviderRelations@jaimedical.com	Provider Relations Department, Phone 1.888.524.1999 Fax: 410.433.4615, E-mail: ProviderRelations@jaimedical.com
Kaiser Permanente Keyla Washington Program Manager 301-321-5244 Keyla.S.Washington@kp.org	Member Services Call Center Gerald Darner, Member Services Operations Manager Phone: 240-671-2306 Email: Gerald.W.Darner@kp.org	Janice Prewitt, Director, Government Programs Care Coordination Phone: 301-816-6243 Email: Janice.X.Prewitt@kp.org	Provider Relations Allison Anderson, Manager, Provider Contracting Phone: 301-816-6321 Email: Allison.Anderson@kp.org	Dave Fontaine, Director Phone: 301-816-6445 Email: David.L.Fontaine@kp.org
MedStar Family Choice Teresa M. Boileau, MSN, RN, CCM Phone: 410-933-7290 Fax: 410-350-7413 Teresa.m.boileau@medstar.net	Outreach Department Phone: 1-800-905-1722 (Option 1)	Teresa M. Boileau, MSN, RN, CCM Phone: 410-933-7290 Fax: 410-350-7413 Teresa.m.boileau@medstar.net	Provider Relations Department Phone: 1-800-905-1722 (Option 5)	MedStar Family Choice Claims Processing Center P.O. Box 2189 Milwaukee, WI 53201 Phone: 1-800-261-3371
Maryland Physicians Care Christina Sturgill, BSN, RN Special Needs Coordinator Maryland Physicians Care 1-443-713-4650(direct) 1-844-284-7698 (fax)	Member Services Phone: 800-953-8854	Christina Sturgill, BSN, RN Special Needs Coordinator Maryland Physicians Care 1-443-713-4650(direct) 1-844-284-7698 (fax) MBU-MDMedicaidSpecialNee	Adrienne Bennett Sr. Director, Contracting abennett@mci-mcmi.com	Barbara LaPlante Director, Provider Relations & Contracting Phone: 443-713-4777 Barbara.A.Laplante@marylandphysicianscare.com

MBU-MDMedicaidSpecialNeeds@marylandphysicianscare.com		ds@marylandphysicianscare.com		Patrice Williamson, Provider Network Manager Phone: 443-713-4608 atrice.C.Williamson@marylandphysicianscare.com
Priority Partners James Tisdale, Special Needs Coordinator Phone: 410-424-4965 Email: Jtisdale@jhhc.com	Provider Relations Toll Free 888-895-4998	Janyska, Lisa Manager, Intake and Medical Review Phone: 443-764-2958 Email: LJanyska@jhhc.com	Ivy Sims, Reporting and Compliance Analyst, Priority Partners Administration P/F: 410-762-1601 E-mail: isims@jhhc.com	Janice Brooks-Black Manager, Claims Services Phone: 410-424-4847 Email: JBlack@jhhc.com
UnitedHealthcare Community Plan Ray Butler, Manager of Operations 10175 Little Patuxent Pkwy Columbia, MD 21044 Phone: 443-896-9069 Fax: 866-373-1098	UnitedHealthcare Community Plan Ray Butler, Manager of Operations 10175 Little Patuxent Pkwy Columbia, MD 21044 Phone: 443-896-9069 Fax: 866-373-1098	UnitedHealthcare Community Plan Ray Butler, Manager of Operations 10175 Little Patuxent Pkwy Columbia, MD 21044 Phone: 443-896-9069 Fax: 866-373-1098	UnitedHealthcare Community Plan Ray Butler, Manager Operations 10175 Little Patuxent Pkwy Columbia, MD 21044 Phone: 443-896-9069 Fax: 866-373-1098	UnitedHealthcare Community Plan Ray Butler, Manager of Operations 10175 Little Patuxent Pkwy Columbia, MD 21044 Phone: 443-896-9069 Fax: 866-373-1098
University of Maryland Health Partners Stephanie Selby, RN Chief Clinical Operations Officer Phone: 443-552-3249 E-mail: sselby@ummshealthplans.com	Auric Zygala Manager of Provider Relations Phone: 443-552-3260 E-mail: azygala@ummshealthplans.com	Denise Sealy, RN-C Clinical Operations Manager Phone: 443-341-1560 E-mail: dsealy@ummshealthplans.com	Provider Relations Department Phone: 800-730-8543/ 410-779-9359	University of Maryland Health Partners P.O. Box 66005 Lawrenceville, NJ 08648 Phone: 800-730-8543/ 410-779-9359

IV. OFFICE OF POPULATION HEALTH IMPROVEMENT GUIDANCE ON BILLING REQUIREMENTS FOR LOCAL HEALTH DEPARTMENT-SPONSORED SCHOOL BASED HEALTH CENTERS

Health-Gen. § 16-201(b)(1) requires the local health departments (LHD) to set charges for the services that they provide subject to approval by the Secretary.[1] Additionally, state regulations require LHDs to assess a patient's ability to pay and, if necessary, collect payment using a sliding fee scale developed by the Department.[2] However, Health-Gen § 16-201(b) (2) allows Local Health Officers (LHOs) the authority to waive charges entirely when doing so is in the best interest of public health.[3] This guidance document provides clarification on LHD billing requirements, specifically related to MSDE-approved, LHD-sponsored School Based Health Centers (SBHCs).

SBHCs are safety net providers operating within schools to improve access of children and families to needed clinical services. Coordinating billing and payment collection within a school setting is challenging, and even minimal charges to families may deter use of an important safety net service. Participants obtaining services within a SBHC may have varying insurance status including public or private insurance or be uninsured. SBHCs may bill and be reimbursed for services by the Maryland Medicaid fee-for-service (FFS) program, the Medicaid HealthChoice managed care organizations (MCOs), private insurance or other insurers.

Several LHD sponsored SBHCs have asked for clarification regarding whether the SBHC may waive charges for some participants, specifically uninsured participants, or if the SBHC is still bound by the Maryland requirement to charge according to a LHD sliding fee scale.

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[1] Health-Gen. § 16-201(b)(1): "The Secretary shall require political subdivisions and grantees to set, subject to approval and modifications of the Secretary, charges for services that are provided by the political subdivisions or grantees and that are supported wholly or partly by State or federal funds administered by the Department."

[2] COMAR 10.02.01.08B (4): "All local health departments and other providers shall use the uniform method of determining ability to pay as set forth by the Secretary." Department funded programs should use the sliding fee scale set forth by the Secretary.

[3] Health-Gen § 16-201(b)(2): "If a health officer for a political subdivision considers it to be in the best interest of public health, the health officer may waive a charge set under this subsection." The basis for granting waivers must be documented and be applied in in accordance with the Department's Service Nondiscrimination Policy 01.02.01.

SBHCs should charge participants who are uninsured using the Department approved sliding fee scale, or SBHCs may seek a waiver from their LHO from this requirement.

For SBHCs that choose not to bill uninsured participants and the LHO approves a waiver, recent federal guidance clarifies that providers can bill Medicaid for these services that are provided free of charge to the non-Medicaid population. The Centers for Medicare and Medicaid Services (CMS) issued guidance in December 2014 clarifying that Medicaid may pay providers (including SBHCs) for services provided free of charge to non-Medicaid patients. The guidance primarily impacts public health providers who may have previously wanted to bill Medicaid for certain services provided free of charge to those without any insurance or to undocumented individuals, but could not before this Free Care Policy clarification from CMS.