

# SCHOOL-BASED HEALTH CENTERS STRATEGIC PLANNING

## FINANCE AND SUSTAINABILITY WORKGROUP

Virtual Zoom Meeting  
Thursday, October 29, 2020  
1:00 PM - 2:30 PM



# Agenda

- ▶ **Welcome and Call to Order (5 minutes)**
- ▶ **Review and approval of minutes October 22, 2020 meeting (5 minutes)**
- ▶ **Check in on date pull (5 minutes)**
- ▶ **Check in on questions (5 minutes)**
- ▶ **Finish literature review (30 minutes)**
- ▶ **Review key issues and potential recommendations (30 minutes)**
- ▶ **Adjournment & Next Steps (10 minutes)**



SBWCS in other states who are providing oral and hearing services beyond just screening?

California (especially mobile dentist homes):

<https://www.schoolhealthcenters.org/healthlearning/oralhealth/oralhealthresources/>

Colorado: <https://www.casbhc.org/oral-health>

Didn't come across states offering hearing services beyond screenings.

Financial models that Delaware could use as a guide?

These aren't models per se, but recommendations and examples of strategies:

<https://nyshealthfoundation.org/wp-content/uploads/2017/12/school-based-health-centers.pdf>

[https://www.coloradohealth.org/sites/default/files/documents/2017-01/SBHC Evaluation Case Studies Final%20-%20School-Based%20Health%20Care%20Evaluation%20Case%20Studies.pdf](https://www.coloradohealth.org/sites/default/files/documents/2017-01/SBHC_Evaluation_Case_Studies_Final%20-%20School-Based%20Health%20Care%20Evaluation%20Case%20Studies.pdf)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2556720/pdf/phr123000751.pdf>

# From the Literature Review: Uninsured Population

- ▶ In communities with high uninsured populations, many services go unreimbursed.
- ▶ Delaware SBWCs do not turn students away based on lack of health insurance or ability to pay. As part of the SBWC program, assistance to students and families identified as uninsured will be provided.
- ▶ Colorado developed the following best practices in financing services provided to uninsured:
  - Charge a sliding fee scale to uninsured patients at time of service delivery
  - Increase enrollment outreach efforts especially as health coverage access continues to expand
  - Reduce unnecessary expenses
  - Maximize billing for services and limit non-billable services to offset cost
  - Increase applications for public and private grant funding (long-term flexible non-patient revenue)

Overall, SBWCs serve a disproportionately high number of Medicaid beneficiaries, thus billing for reimbursement through Medicaid is a potentially valuable investment for SBWCs.

SBWCs have also been proven to enhance quality of care and contribute substantial cost savings to Medicaid programs.

Delaware Medicaid has specific policies on service reimbursement and required data metrics for reporting.

Recent research has pointed to financial advantages by incorporating SBWCs into MCO contracts, which more tightly manage and distribute value-based payments.

While research is ongoing, initial data have shown that by incorporating SBWCs into MCO contracts, plans are better able to coordinate and account for services provided and cost savings, and SBWCs are able to cover more preventive health education interventions and initiatives.

## Medicaid/MCO Contracting

# Medicaid/MCO Contracting

Several potential regulatory or legislative barriers to SBWCs participating in MCO contracts have been identified, but also identified is flexibility within state and federal legislation as potential solutions.

- Fee for service is the most common Medicaid payment method for SBWCs (78%), followed by monthly or annual capitated payments for primary care (35%) or care coordination (19%), or pay-for-performance supplements (27%).
- Medicaid has clarified that its “free care” rule preventing Medicaid reimbursement for services that other individuals receive for free does not apply to school-based services. It has also clarified that its Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit can be used to pay for mental health services. (Price, APHA)

# Medicaid/MCO Contracting

Current Delaware Medicaid agreements with SBWCs:

- Can be reimbursed for children's oral health services such as risk assessment, fluoride varnish, and anticipatory guidance
- Reimbursement for fluoride varnish includes oral health risk screening using the Oral Health Risk Assessment Tool
- Practitioners must also, provide referrals to Medicaid participating dental providers, coordinate care, check plan eligibility, provide educational materials on good oral health, document services
- Services are covered once every six months

# Medicaid/MCO Contracting

- Medical sponsors can check Medicaid eligibility for students using the Delaware Medical Assistance Portal (DMAP) and Navinet
- Can be reimbursed for EPSDT services for member if the provider complies with workbook guidelines
- Local school district is considered the enrolled provider for services in an individualized education program (IEP) or school health program to be reimbursable by Medicaid
- Services can only be reimbursable for individuals who are enrolled on the date services provided, providers must enroll individuals before they provide services
- All services must be related to a medical diagnosis and services are administered as part of a written treatment plan or IEP

# Medicaid/MCO Contracting

- To better support Medicaid reimbursement for SBWCs, best practices have emerged in other states:
  - Define SBWCs as eligible provider types
  - Waive preauthorization for SBWCs or for specific services they provide
  - Clear “product definition” of SBWCs for MCOs
  - Require MCOs to reimburse or contract with SBWCs and reimburse for specialized care and public health education service
  - Give SBWCs Medicaid financing inclusive of a per-member-per-month rate
  - Increase the per member/per month (PM/PM) capitated
  - Adequate and standardized quality assurance and reporting from SBWCs for MCOs

# Medicaid/MCO Contracting

- SBWCs providing more Medicaid services, especially reproductive health and asthma-related services, is associated with greater Medicaid savings. The net Medicaid savings of SBWCs have been estimated to be \$1,352,087 over three years. SBWCs could save Medicaid about \$35 per student per visit.
- Maryland best practice: Per regulation, SBWCs can receive reimbursement from MCOs for designated services without contract or prior authorization.
- Michigan best practice: SBWCs use a streamlined, centralized billing system for all billing claims, which enables them to receive payment fluidly from managed care plans.

# Discussion

What stands out to you?

- Current state in Delaware and problems/priorities in Delaware
- Innovations and budget considerations

1. Medicaid carries SBWCs-Commercial payors are only paying about 8% of cost of care
2. Uninsured or coverage churn-families on and off Medicaid or DE Healthy Children Program
3. Dually insured with commercial being primary-won't pay and Medicaid won't pay because child has commercial insurance
4. Cost of social services, care coordination/navigation/referral services
5. Need for global or bundled rate
6. Need for discretionary funding (to cover operating costs-salaries-as well as social services, sports physicals, etc.)

## Key Issues/Potential Recommendations

# Next Steps and Adjournment

- Next week discussion:
  - Data from interviews
  - Budget discussion
- Review materials on [Virtual Binder](#)
- Review links for additional research on questions
- Next Meeting: November 5, 2020 1:00 PM - 2:30 PM

