## Finance and Sustainability Workgroup Recommendations

<table>
<tr><td colspan="3">Recommendation 1-Commercial payers should be required to suppress all Explanation of Benefits (EOB)s for services provided at SBWCs.</td><td>Evidence/Rationale:<br>Commercial Payors only reimburse 8% of the cost.<br>Sending EOBs should not be required when enrollees receive sensitive services. This can be enforced through ACA mandates for preventive services, changes to state-level EOB requirements, and negotiations between insurers and employers to include provisions in the contract to protect dependents' confidentiality. Challenge of not getting consent forms back; state/schools could strategize innovative strategies for consent form return (e.g., open house, back-to-school nights, etc.).</td></tr>
<tr><td>Entity Accountable</td><td>Implementation Needs</td><td>Evaluation Considerations</td><td>Time Horizon & Implementation Categorization</td></tr>
<tr><td>Commercial Payers<br>DOI<br>DE SBHC Alliance</td><td>All EOBs should be suppressed as it is too difficult to pick out certain services.</td><td></td><td>• Policy Regulation/Legislation<br>• Medium to Long-term (largely dependent on General Assembly's support and whether private insurance companies would strongly support or oppose)</td></tr>
<tr><td colspan="3">Recommendation 2: Commercial Payers should provide or create an all-inclusive code for SBWCs services.</td><td>Evidence/Rationale:<br>Commercial Payors only reimburse 8% of the cost.</td></tr>
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| | | | Research argues that SBWCs must leverage quality contributions and state advocacy to push for effective third-party reimbursement.<br>Third-party insurers do not negotiate rates with SBWCs and pay 80-90 percent less than Delaware Medicaid rates. Many private insurance companies do not pay more than two services per day per client.<br>Many insurers do not allow SBWCs to bill for oral health services. |
| Entity Accountable | Implementation Needs | Evaluation Considerations | Time Horizon & Implementation Categorization |
| Third party private insurers<br>DOI<br>DE SBHC Alliance | | One private insurer in Delaware currently reimburses for SBHCs services at a global rate.<br>Evaluate the cost effectiveness to demonstrate value. | • Long-term<br>• Policy<br>• Workflow and Practice<br>• Resource and Financial investment |
| **Recommendation 3: Patient cost sharing or out of pocket responsibilities should not apply to covered SBWCs services. "Deductibles, co-insurance or co-pays should be waived by insurance companies for SBWCs covered services".** | | | **Evidence/Rationale:**<br>SBWC services may not be considered preventive or wellness services, and so private insurers can deduct to co-pays, co-insurance, and deductibles from reimbursement. SBWCs are prohibited from collecting these payments from clients. |
| Entity Accountable | Implementation Needs | Evaluation Considerations | Time Horizon & Implementation Categorization |

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| Third party private insurers<br>DOI<br>DE SBHC Alliance | Package Recommendations 1, 2, 3 as a discussion for change<br><br>The way the current DE Code is written, it may need to be revisited to clarify language. | | • Policy Regulation/Legislation<br>• Workflow and Practice<br>• Long-term |
| **Recommendation 4: Increase access to discretionary funding to cover the cost of non-billable services and children who are uninsured at the time of services, at an adequate annual amount.** | | | **Evidence/Rationale:**<br>In Delaware, state funding covers only about 52-60 percent of annual operating costs and billing reimbursement is not reliable, though more reliable from Medicaid. SBWCs have over $600,000 in uncompensated services because of third-party insurers EOB policies, uninsured patients, commercial plans that don't cover services, and students covered by other states' Medicaid.<br>SBWCs are an integral safety-net service provider for the uninsured population, but this can lead to challenges for financial sustainability. |
| Entity Accountable | Implementation Needs | Evaluation Considerations | Time Horizon & Implementation Categorization |
| DOE/DPH<br>DEHA | What specifically are we recommending here-are we looking to the State and asking for increased base formula amount per SBWC? Or are we | Estimate the annual state fiscal impact<br><br>Include SBWCs in the Hospital Community Needs Assessment process | • Resource & Financial Investment<br>• Policy &Regulation/Legislation |

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| | suggesting other sources (i.e. Federal grants)?<br><br>If State $$, a detailed State GF budget request or base formula should be calculated with justification (i.e. Fiscal Note) | | |
| **Recommendation 5: Create a blueprint for infrastructure needs and capital cost considerations for new SBWCs and for bringing aging SBWC's up-to-date.** | | | **Evidence/Rationale:**<br>SBWCs should have, at minimum, a small waiting area, at least two exam rooms, a professional office, a storage area for equipment and records, a bathroom, and two entrances (one that connects to the school, and one external entrance).<br>Recommended and potential space needs: Two exam rooms o Counseling room(s), Reception area, Professional office space, Storage area and locked space for medical records and pharmaceuticals, Bathroom(s), Infirmary area, Clean and dirty prep areas, Hand washing sinks, Laboratory area, Two entrances, one from inside the school, one external entrance. |
| Entity Accountable | Implementation Needs | Evaluation Considerations | Time Horizon & Implementation Categorization |
| Delaware SBHC Alliance in collaboration with DPH and other stakeholders | Envision the development of a Technical Assistance Toolkit, with stakeholder input, with several | Delaware SBHC Alliance will monitor and revisit TA Toolkit every 2 years (?) for updates and revisions. | • Workflow and Practice<br>• Resources and Financial Investment |

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| | components such as budget templates, draft forms and policies and procedures, etc. to assist existing and new SBHC with establishing or updating SBHC infrastructure and physical space<br>• DPH will post on public website for SBHCs to access as they explore State Recognition process; DPH will update State Recognition application forms as needed | | |
| **Recommendation 6: Identify capital /build out funds, perhaps with matching funds required for school districts to establish new sites or for renovation of old sites.** | | | **Evidence/Rationale:**<br>SBWCs should have, at minimum, a small waiting area, at least two exam rooms, a professional office, a storage area for equipment and records, a bathroom, and two entrances (one that connects to the school, and one external entrance).<br>Recommended and potential space needs: Two exam rooms o Counseling room(s), Reception area, Professional office space, Storage area and locked space for medical records and pharmaceuticals, Bathroom(s), |

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| | | | Infirmary area, Clean and dirty prep areas, Hand washing sinks, Laboratory area, Two entrances, one from inside the school, one external entrance. |
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| | Look at different funding mechanisms– i.e. fundraising, or referendum for local tax increase. | | • Resources and Financial Investment |
| **Recommendation 7: Increase efficiencies in credentialing and contracting with insurance companies** | | | **Evidence/Rationale:** |
| Entity Accountable | Implementation Needs | Evaluation Considerations | Time Horizon & Implementation Categorization |
| DMMA<br>Third Party Private Insurers<br>Medical Sponsors | Assemble a small workgroup to look at process and bottlenecking issues and identify what can be modified or collapsed to make the process more timely and efficient | | • Medium<br>• Workflow and Practice |
| **Recommendation 8: Maximize third party billing and certified coders in SBWCs.** | | | Evidence/Rationale:<br>Barriers to billing third-party insurance for services in SBWCs:<br>Some types of services conducted in SBWCs are not traditionally billable to payors (consultation with teachers, classroom health education, school-wide health fairs).<br>SBWC services may not be considered preventive or wellness services, and so |

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| | private insurers can deduct to co-pays, co-insurance, and deductibles from reimbursement. SBWCs are prohibited from collecting these payments from clients.<br>Disruption in billing for mental/behavioral health services, which is needed for assuring continuum of care.<br>Third-party insurers do not negotiate rates with SBWCs and pay 80-90 percent less than Delaware Medicaid regulated rates.<br>Many insurance companies do not pay more than two services per day per client.<br>Self-funded plans are exempt from SBWC code compliance.<br>Many insurers do not allow SBWCs to bill for oral health services.<br><br>The following best practices emerged in Colorado as keys to successful billing:<br>Having a medical sponsor understanding of the SBWC model and savvy in insurance billing and government regulations<br>Maximizing enrollment and billing through Medicaid<br>Becoming credentialed to bill private insurance taking into account needs of patient population |

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| | | | Closely monitoring coding and reimbursement through an EHR<br>Educating community and providers about the importance of billing<br>Connecting students to insurance options that accommodate SBWC reimbursement. |
| Entity Accountable | Implementation Needs | Evaluation Considerations | Time Horizon & Implementation Categorization |
| SBHC Medical Sponsors<br>Third party private insurers<br>DE SBHC Alliance<br>DMMA<br>DPH<br>DSS/CPSU | DE SBHC Alliance in collaboration with DPH could offer Annual Training and TA on billing and coding and hire a subject matter expert to offer training and QI support to SBHCs;<br>Alliance could facilitate an annual dialogue/learning collaboratives between SBHC medical sponsors and private insurers' provider relations<br><br>Each SBHC medical sponsor trains and hires a billing/coding SME<br><br>Each SBHC medical sponsor partners with Division of Social Services to create a I&R | | • Medium<br>• Workflow & Practice<br>• Resources and Financial Investment |

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| | mechanism to screen patients for Medicaid eligibility to support/increase enrollment | | |
| **Recommendation 9: Increase partnerships to improve enrollment in SBWCs** | | | **Evidence/Rationale:** Maximizing enrollment was a best practice strategy used in Colorado. Key informants identified partnerships like sports coaches and others to aide in maximizing enrollment. |
| Entity Accountable | Implementation Needs | Evaluation Considerations | Time Horizon & Implementation Categorization |
| SBHC Medical Sponsors outreach and enrollment DE SBHC Alliance | DE SBHC Alliance in collaboration with DPH and other stakeholders could offer training and technical assistance or learning collaboratives on outreach and enrollment strategies; create a TA toolkit for new and existing SBHCs<br><br>SBHC Medical Sponsors to hire on a part time basis an outreach and enrollment specialist to develop and implement outreach and enrollment strategies | Evaluate promising and best practices for SBHC outreach and enrollment with support from the DE SBHC Alliance and National SBHC Alliance | • Medium<br>• Workflow & Practice<br>• Resources and Financial Investment |

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| | Encourage the support of new and existing school health advisory councils to establish a setting for planning and monitoring community needs.<br><br>Increase or formalize collaboration with School District PIOs and school principals to communicate more broadly (i.e. social media, website, flyers, communication platforms, etc.) to parents and students the availability of SBHC services | | |
| **Recommendation 10: Identify opportunities to leverage federal grants or resources from other state agencies to meet the needs of the SBWC population (BH, SUD Prevention, Nutrition Counseling, Oral Health).** | | | **Evidence/Rationale:** For enhanced sustainability of public funds in Delaware, SBWCs should explore options to further integrate resources with DPH and child mental health programs that have complimentary missions and goals.<br>Nation-wide, 70 percent of SBWC funding is from states, with general funds and Title V Block Grant money making up the main sources.<br>Both in Delaware, and in other states, efforts have been made to enhance sustainability by finding a more consistent tax base for funding, as well as examining ways to streamline and |

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| | | | link services offered across state agencies. |
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| DPH<br>DOE/School districts<br>DSAMH<br>DPBHS<br>DE SBHC Alliance | DE SBHC Alliance in collaboration with stakeholders could distribute a biannual newsletter or email listserv with potential federal grants or funding sources to support SBHCs | | • Short and medium<br>• Resources and Financial Investment |
| **Recommendation 11: Enhance technical assistance to SBWCs.** | | | **Evidence/Rationale:** |
| Entity Accountable | Implementation Needs | Evaluation Considerations | Time Horizon & Implementation Categorization |
| TBD | Contractually award an entity to provide technical assistance to SBHCs. TA could be offered in several forms (i.e. telephonic, webinars, virtual learning collaboratives, QI coaching, toolkits, newsletters, etc.). | Develop a RFP scope of services to hire a TA vendor, contractually | • Resources and Financial Investment<br>• Workflow and Practice |
| **Recommendation 12: Develop partnership with additional FQHC's to serve as medical sponsor for new SBWCs.** | | | **Evidence/Rationale:**<br>FQHCs have emerged as a leading medical sponsor to ensure SBWC sustainability because of their enhanced Medicaid billing capacity. |

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| | | | FQHCs are optimal medical sponsors because they are skilled at taking advantage of public insurance programs, receive enhanced Medicaid reimbursement, and their revenue from billing depends on the number of uninsured students accessing services. |
| Entity Accountable | Implementation Needs | Evaluation Considerations | Time Horizon & Implementation Categorization |
| DPH | Explore releasing a RFP to recruit new medical sponsors to operate SBHCs. This would support increased access to services and continuity of care – especially those services that are limited, not affordable, or not available in private practice or other community settings for children (i.e. mental health, substance use or nutritional counseling, oral health services, or confidential reproductive health services). | Should we look at health systems too? | • Medium to long term<br>• Resources and Financial Investment |
| **Recommendation 13: Develop a consistent tax base for funding SBWCs.** | | | **Evidence/Rationale:**<br>Both in Delaware, and in other states, efforts have been made to enhance sustainability by finding a more consistent tax base for funding, as well |

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| | | | as examining ways to streamline and link services offered across state agencies.<br>One option for sustainability of public funds in Delaware is to find a more consistent tax base for SBWC funding, such as a sugar sweetened beverage (SSB) tax, insurer tax, portion of property tax, with the goal of moving to coordinated school-health programs. |
| Entity Accountable | Implementation Needs | Evaluation Considerations | Time Horizon & Implementation Categorization |
| DE SBHC Alliance | Hard sell, but good idea. Currently, the political climate is not warm to this tax in the short term; Healthy Lifestyles subcommittee under the Cancer Consortium has included this recommendation in their list of priorities to combat childhood obesity. There's concern on language and reference to this type of tax…due to Fiscal note implications and opposition by beverage and restaurant industry. Very sensitive subject, but should be called out as something to | Explore in more depth the success of other states and financial viability and political will | • Long-term<br>• Resources and Financial Investment |

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| | explore when the political climate changes. | | |