

Recommendation 10: 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.

Objective: By December 31, 2023, create and begin implementing a fund development plan that includes annual revenue goals, target sources and strategic discretionary use of funds.

Strategy: Through partnership and planning that includes goal setting and philanthropic, private and public annual fund targets

Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Identify funding partners with aligned causes and interests					
Identify potential public sources with aligned interests such as Title 10 funds (immunizations, reproductive health, etc.)					
Identify annual estimated shortfall to set funding goals					

Recommendation 11: Increase efficiencies in credentialing and contracting with payors so that SBHCs can be credentialed as a practice rather than individual providers.

Objective: By December 31, 2023 standardize the credentialing process across SBHCs and payors and decrease the time it takes to credential to no more than thirty days.

Strategy: Through policy/system change, training, awareness raising and improved communication

Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Encourage identification of a provider relations POC to trouble shoot and address issues at payors. <ul style="list-style-type: none"> Reach out and identify Create a list Maintain list 	Within 3-6 months of TA vendor being established and updated annually	Public Health and TA vendor to update	Outreach list third party payors Created list	List of payors for contacting List of provider relations POC	Credentialing is happening in a timely manner-as reported by SBHCs
Train provider relations specialist about what SBHCs are-as a standard practice. Public health works with medical sponsors to create training and provides via webinar.	Within 3-6 months of TA vendor being established and updated annually	Public Health with medical sponsors and TA vendor to update	Training created Training provided	Training slide deck and agenda Webinar link created and made available	Credentialing is happening in a timely manner-as reported by SBHCs
Work with provider relations POC to trouble	Within 3-6 months of	Medical sponsors	Provider relations group created	Issues identified	Credentialing is happening in a timely

shoot issues with processing applications (i.e., software/computer).	plan being released and ongoing				manner-as reported by SBHCs
Work with provider relations POC to include insurance company verification of receipt of completed and clean application -When errors to application need to be addressed.	Within 3-6 months of plan being released and ongoing	Medical sponsors	Provider relations group created	Issues identified	Credentialing is happening in a timely manner-as reported by SBHCs
Improve communication between payor and provider about status of credentialing	Within 6 months of understanding issues and determining solutions and ongoing	Medical sponsors	Creating policies to address identified issues	Roadmap/workflow created for medical sponsors Alert to medical sponsors with status updates	Credentialing is happening in a timely manner-as reported by SBHCs
Issue Dept of Insurance bulletin-to address lack of awareness of SBHCs as an integral part of the health system.	Within 3-6 months of TA vendor being established	Public Health and TA Vendor	Bulletin created	Bulletin issued and posted on public facing website	Credentialing is happening in a timely manner-as reported by SBHCs
Host bi-annual meetings between MCOs, Medicaid, other commercial payors, SBHCs, TA Vendor, DPH	Within 1 year of plan being released	TA Vendor	Meeting planned and held Create attendee list	Agenda Attendee list List of issues to address	Credentialing is happening in a timely manner-as reported by SBHCs

to discuss how to streamline and accomplish goal-credentialing people, include DEI perspective.					
Resources Needed:					
Foreseen Challenges:					
Recommendation 12: Explore creative solutions with commercial payors that adequately compensate SBHCs for services provided and protect student privacy.					
Objective: By December 31, 2023, identify viable and agreed upon solutions to advance in Delaware that will reflect a measurable change in closing the gap in reimbursement by commercial payors for SBHC services.					
Strategy: <i>Apply lessons learned from commercial payors and Medicaid on using an all-inclusive rate that can be billed by SBHC providers for any services received at SBHCs.</i> <i>Reduce or waive cost-sharing requirements for services received at SBHCs.</i> <i>Legislative or regulatory strategies to suppress EOBs at SBHCs or establishment of a public-private fund paid by commercial payors to reimburse SBHCs for uncompensated care.</i>					
Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Create an ad-hoc work group of commercial					

payors and DOI representatives to identify solutions					
Invite Aetna and Medicaid to the work group to explain how they create an all-inclusive code and the benefits of doing this- Aetna best to compare apples to apples-sharing challenges and successes.					
Create case study from Aetna tracking claims from these inclusive codes to see value of being able to cover through inclusive code (nuance-only 2 orgs that use-State of DE and Christiana Care-so Self-funded)					

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Recommendation 13: Maximize third party billing and certified coders in SBHCs

Objective: By December 30, 2025 ensure that all SBHCs have a plan to maintain credentialing with private insurance and staff trained in insurance billing and government regulations.

Strategy: Becoming credentialed to bill private insurance, taking into account the needs of patient populations; closely monitor coding and reimbursement through EHRs

Activity	Target Date	Key Implementers	Milestones	Process Measures	Outcomes Measures
Identify any staff training needs.					
Identify training and resources for training.					
Work with commercial payor work group on PMPM rate or value based payment or flat rate for reimbursement.					