



**DELAWARE HEALTH
AND SOCIAL SERVICES**
Division of Public Health

SCHOOL-BASED WELLNESS CENTERS INFRASTRUCTURE WORKGROUP

[https://healthmanagement.zoom.us/j/99328981288?pwd=RVZBWF
A4WG9GaTZXcXNZSzy4Q1c3UT09](https://healthmanagement.zoom.us/j/99328981288?pwd=RVZBWF
A4WG9GaTZXcXNZSzy4Q1c3UT09)

Date: **4.8.21**

Time: **12-1 PM**

- I. WELCOME – 2 mins**
- II. DISCUSS RECOMMENDATION 12 (EOB SUPPRESSION) - 20 mins**
- III. BRAINSTORM EOB RECOMMENDATION 12 /RECOMMENDATION 4 IMPLEMENTATION ACTIVITIES– 30 mins**
 - Policy and infrastructure work group to add implementation steps around advocating for policy changes to ensure commercial insurers suppress EOBs for SBHCs (long-term goal)
 - Potential recommendation: associate a specific code that payers could recognize as being for confidential services – potentially a code and a rate associated with those services that would otherwise not be billed by the SBHC in the absence of suppression. (Note: these CPT codes are universal – can't just be for a specific location/provider type. So payers may have concerns about this occurring more broadly.)
 - Potential recommendation: payers get together with DPH and Department of Insurance to share a feasible protocol that can be adopted by payers. This would include cost analysis and incorporation of the use of a single code for SBHC services.
 - Potential recommendation: pay based on HCPCS (Medicaid gives SBWCs HCPCS code T1015 to bill for services. This code is submitted to Medicaid and Medicaid MCOs, like Health Option which is Highmark subsidiary. I am not sure I understand why private insurers can not recognize this code. They reimburse HCPCS codes all the time i.e., for medication reimbursement, and Medicare services. These services are submitted to the insurers using HCPCS codes. If they can recognize the HCPCS code coming from a SBWC, they can suppress the EOB, and pay the all-inclusive Medicaid rate.) Not just CPT – they are already doing this, so why can't more payers adopt? Mirror processes currently approved for MAT to indicate where the treatment is happening for tracking and management – could use this approach for indicating SBHC.
 - Onus should not be on students to request suppression
 - This has been a major sustainability issue, along with cost-sharing associated with co-pays, etc. Insurers had previously proposed a pool of funding that the state would

operate and they would contribute to to help fund SBHC confidential services. There could be a rate associated with that, could be run by the state. This would require stakeholder pressure to achieve – but the proposal did come from insurers originally.

- DE code states that children over 12 can go to public health clinics or PCPs and receive reproductive health services without parents' consent, but also the provider can decide not to render services. At some SBHCs parents check off which services they feel comfortable with the child getting.
- Potential recommendation: Parent consent/approval policies should align with the EOB suppression approach.
- Potential recommendation: this issue should be studied by the governing group to be established for SBHCs on a specific timeframe to examine these steps and map/approve approach (e.g., November).
- This is purely a business issue of participation in an area where services are provided but payers are not covering the cost.
- Policy and infrastructure work group to add implementation steps on advocating for commercial payors to use all-inclusive code for SBHC services (see above – incorporated into detail on coding for SBHC services).

IV. NEXT STEPS – 5 mins

Recommendation 4: Use the following model as a suggested guide for new SBWC set up and existing SBWC renovation:

Hub: converted classroom, minimum 900 square ft.
(Infrastructure)

- 2 exam room (with ability for mobile dental unit) – 100 square ft. each
 - Waiting/reception area – 200 square ft.
 - Bathroom – 100 square ft.
 - Counseling room – 150 square ft.
 - Prep area/wet space – 100 square ft.
 - Medical office – 100 square ft.
 - Storage (records, medication, immunizations, may require refrigeration) – 50 square ft.
 - Secure external & internal entrances
- Spoke: Designated space for SBWC, minimum 400 square ft
- Exam room – 100 square ft.

- Storage area (records, medication, immunizations, may require refrigeration) – 50 square ft.
- Waiting area – 200 square ft.
- Bathroom (if possible, could share with Nurse's office, etc.) – 100 square ft.

SBWCs are recommended to be Joint Commission compliant.