

Medicaid and School-Based Health Centers: Building Bridges in New Mexico

National Alliance for Medicaid in Education 2007 Conference

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Session Objectives

- Describe the steps taken by New Mexico state agencies and school-based health centers (SBHCs) to facilitate a partnership between SBHCs and the Medicaid program
- Explain best practices for collaboration, providing services and billing Medicaid
- Describe the SBHC/Medicaid credentialing process and share tools that can be used in other states
- Identify next steps and respond to participant questions

SBHC/Medicaid Program History

- School Health Summit held in 1999 to examine the role of schools as part of NM's health care delivery system
 - SBHCs excluded from reimbursement mechanisms
- NM Human Services Department (HSD) received a four-year \$500,000 grant through the Centers for Health Care Strategies (CHCS) from the Robert Wood Johnson Foundation to link SBHCs with Medicaid managed care
 - SBHC services were initially considered an “enhanced benefit” under managed care

SBHC/Medicaid Program History

- Goals of the SBHC/Medicaid program in its pilot phase were to:
 - Explore best practices for collaboration
 - Increase access to care for underserved children and adolescents
 - Strengthen the provision of comprehensive and preventive care
 - Promote the integration of systems, particularly for primary and behavioral health
 - Improve the overall health of students served in SBHCs

SBHC/Medicaid Program History

- Project began with five pilot sites representing urban, rural and frontier areas
- Three additional sites were added in Year 4 of the project, including one site linked to the Indian Health Service (IHS)
- Success of pilot phase of project led to institutionalization of SBHCs as participants in the Medicaid program
- Currently 28 sites are approved to bill, with several more in the process of applying
- Each SBHC is sponsored by the school district, an FQHC, a university, or a hospital

SBHC/Medicaid Program History

- Data collected during the project's pilot phase showed that:
 - SBHCs see more adolescents than other providers in the same communities
 - SBHCs are able to participate in the health care delivery system
 - SBHCs can help raise state performance, i.e.
 - Providing EPSDT screens
 - Making referrals to MCO case management for pregnant teens
 - Identifying children with special health care needs

New Mexico's SBHC Expansion Initiative

- In 2004, Governor Richardson announced his intention to double the number of SBHCs in New Mexico from 34 to 68
 - Legislation passed during 2005 Session
- Goal of having at least one SBHC in every county
- Locations were selected on the basis of:
 - Children living in poverty
 - Teen suicide rates
 - High school drop-out rates

New Mexico's SBHC Expansion Initiative

- General funds for SBHCs allocated to the NM Department of Health, Office of School and Adolescent Health
- Medicaid enlisted as a partner to assist new sites with becoming Medicaid providers and facilitate successful billing

Steps Taken to Facilitate the SBHC/Medicaid Partnership

- Identify key participants
- Form workgroups
- Establish contractual agreements
- Create a “win-win” approach

Identify Key Participants

- Identify key leaders and decision-makers in the Medicaid agency, its sister agencies, and/or the Legislature who can help
 - Sister agencies include:
 - Department of Health
 - Public Education Department
 - Children, Youth and Families Department

Identify Key Participants

- Identify other stakeholders and bring them together to help facilitate the relationship and plan
 - SBHCs
 - Medicaid managed care organizations (MCOs)
 - Providers
 - Advocates

Workgroups

- Organize project work teams
 - Advisory Board
 - Behavioral Health Advisory Team
 - Clinical Team
 - Care Coordination/Communication Team
 - Evaluation Team
- Contracting
 - Role of SBHC
 - Role of PCPs
 - Scope of services
 - Prior authorization

Workgroups

- Identify areas where SBHCs, Primary Care Providers (PCPs), Behavioral Health Providers (BHPs) and MCOs can collaborate, such as:
 - Disease management
 - Asthma
 - Depression
 - Obesity/Type-2 Diabetes
 - Preventive Services
 - EPSDT Screens
 - Care Coordination

Contractual Agreements

- In New Mexico, most children are enrolled in Medicaid managed care
 - Three MCOs
 - One single statewide entity for behavioral health
 - Native Americans must “opt-in” to managed care

Contractual Agreements

- Project partners worked with MCOs to define criteria for SBHCs to become managed care providers
- SBHCs included in Medicaid contracts for physical and behavioral health
- Agreed that all qualified sites may become Medicaid providers

“Win-Win” Approach

- MCOs
 - SBHCs and their value in increasing access to care for children and adolescents
 - New partnerships, professional relationships
 - Identified system issues in billing and credentialing
- SBHCs
 - Better understanding of MCO process
 - Clinical protocols
 - Improved integration between physical and behavioral health
 - Sustainable funding
- Parents/Students
 - Increased access to care
 - Become educated health care consumers

Best Practices

- Communication with primary care providers (PCPs)
- Care coordination/case management
- Clinical care/protocols
- CPT codes
- Billing nuances

Communication with PCPs

- Increase two-way communication between SBHC providers and PCPs
- Challenges
 - No formal mechanism in place for ensuring communication
 - PCP issues
 - Reluctance to communicate with SBHC nurse practitioners
 - Unfamiliarity with some of their patients
 - In some cases, standards of practice different from clinical protocols

Communication with PCPs

- Solutions

- Guidelines for communicating with PCPs developed (handout)
- Standard PCP communication form utilized by SBHCs (handout)
 - Handling confidential visits (e.g. behavioral health and family planning)
 - For non-confidential visits, student may request no communication
 - Student must sign refusal to notify PCP

Communication with PCPs

- SBHCs work more closely with parents to address care needs
- Shared treatment plans

Communication with PCPs

- Communication with PCP remains a challenge for some sites
- PCPs in some communities view SBHCs as competition
 - Strategies for relationship-building include outreach, personal contact, and referring students to PCPs for more complex needs
- PCPs do not generally communicate back with SBHCs

Care Coordination/Case Management

- Guidelines developed for initiating SBHC referrals for MCO care coordination and case management services (handout)
 - Teen pregnancies automatically referred to MCOs for case management
 - Students with diabetes or asthma
 - Students who have not seen their PCP
 - Students who need specialty care

Identifying & Treating Asthma

- Goal to identify children and adolescents with asthma and implement clinical guidelines for treatment based on National Heart, Lung & Blood Institute (NHLBI) recommendations
- Challenges
 - Identifying children with asthma and advising them of the importance of regular follow-up visits with their SBHC and PCP
 - Convincing practitioners to utilize new tools
 - Requires change in practice
 - Perception of added paperwork
 - Making peak flow meters readily available

Identifying & Treating Asthma

- Strategies and successes
 - SBHCs collaborate with school nurses to identify students with asthma and refer to SBHC
 - SBHCs communicate with PCPs to implement or update asthma action plans
 - SBHCs increase communication with parents and PCPs
 - SBHCs identify co-morbidities (e.g., mental health concerns) and refer for treatment

Providing EPSDT Screens

- Goal to establish a process for providing and increasing wellness exams in SBHCs
- Challenges
 - Addressing MCOs' concern about duplication of services
 - Educating sites about components of a complete screen, time involved
 - Spread over 2-3 visits if necessary
 - Providing needed medical and office equipment
 - Involving parents, making them aware of the service, and obtaining their permission

Providing EPSDT Screens

- Strategies and successes
 - Medical and office equipment purchased with grant funds
 - Sports physicals and family planning visits converted to include all components of the EPSDT screen
 - Parents saved money
 - Coaches' needs were met
 - Students received more comprehensive examinations

Providing EPSDT Screens

- Student Health Questionnaire used to help identify risky behaviors and need for mental health and substance abuse treatment
 - Specific to age group/language
 - Preschool/Elementary School
 - Middle School
 - High School
 - Translated to Spanish

Providing EPSDT Screens

- Strategies and successes
 - SBHCs collaborate with school nurses to obtain:
 - Immunization records
 - Vision and hearing screen results
 - Referrals for Special Education students with abnormal evaluations
 - Collaboration proposed with New Mexico Athletic Association to revise the sports physical form to more closely match EPSDT components

Identifying & Treating Depression

- Goal to integrate health and mental health care, and to identify students with depression by using the Student Health Questionnaire and the Columbia Teen Screen
- Challenges
 - SBHC provider issues
 - Addressing the limited number of SBHC mental health providers
 - Building the skill level of primary care and mental health providers, particularly in working with students with dual diagnoses
 - Finding community referral resources

Identifying & Treating Depression

- Challenges
 - Gaps in communication between primary care and SBHC providers
 - Sharing information
 - Recognizing the role of SBHC primary care providers in providing mental health services

Identifying & Treating Depression

- Strategies and successes
 - Screening for and identification of depression increased
 - Training conference held on treatment of adolescent substance use disorders and co-morbidity
 - Evidence-based practice concepts introduced to SBHCs
 - Cognitive Behavioral Therapy and Motivational Interviewing
 - Integration of health and mental health services improved

SBHC Covered Services

- Approved scope of services
 - Clinical Team and Behavioral Health Advisory Team
- Included on SBHC encounter form (handout)
- Reviewed and updated as new services are added
- Coordinate with MCO Medical Directors prior to approval for use in SBHCs
- Managed care billing includes some enhanced services not covered under fee-for-service (FFS)
- SBHC services exempt from prior authorization

SBHC Medicaid Billing

- Provider Enrollment and Contracting
 - Each SBHC and its providers must be appropriately credentialed in order to bill for services
 - Claims are submitted directly to the MCOs on HCFA 1500

Ensuring Student Confidentiality

- In New Mexico, minors can consent to receive family planning and behavioral health services without parental consent
- Challenge on the billing end
 - Handling EOBs, denials and service questionnaires

Ensuring Student Confidentiality

- Protocols for protecting minor consent
 - System changes based on place of service
 - Sliding fee-scale for confidential services based on student's income

SBHC/Medicaid Credentialing Process

- Responsible Entities
- Documentation Requirements
- Facility Requirements
- Partnership Requirements

SBHC/Medicaid Credentialing Process

- Responsible entities
 - Human Services Department/Medicaid School Health Office
 - Partners with Department of Health (DOH) on credentialing site visits and chart audits
 - Approves sites for credentialing
 - DOH/Office of School and Adolescent Health
 - Envision New Mexico/University of New Mexico
 - Managed care organizations and statewide entity for behavioral health
 - SBHC

SBHC/Medicaid Credentialing Process

- Credentialing Process includes:
 - Expression of interest
 - Readiness requirements, including DOH Standards & Benchmarks for SBHCs
 - Provider partnerships and credentialing
 - Facility site visit and documentation review
 - Ongoing compliance standards

Expression of Interest

- SBHC submits a letter of interest to become a Medicaid provider
 - Expresses interest in collaboration with Medicaid program and community
 - Describes partnerships, including SBHC sponsors/affiliations
- Medicaid School Health Office reviews the letter and recommends inclusion to the SBHC/Medicaid Advisory Board
- Upon approval, site visit and documentation review are performed

Readiness Requirements

- To demonstrate its readiness, an SBHC must:
 - Meet DOH standards and benchmarks
 - Be able to file a HIPAA-compliant claim
 - Have a coding, billing and documentation training plan in place
 - Have policies in place to treat all students regardless of their ability to pay
 - Be able to manage health and medical record information
 - Understand confidentiality and minor consent laws
 - Describe its staffing, including who can function independently and who must be supervised

Readiness Requirements

- To demonstrate its readiness, an SBHC must:
(cont'd)
 - Notify the Medicaid program of changes in staffing and providers
 - Ensure that at least one staff member is certified as a Medicaid presumptive eligibility determiner
 - Meet clinic licensing requirements

Provider Partnerships & Credentialing

- To become a Medicaid provider, an SBHC must also:
 - Be administered according to a medical model
 - Requires partnership with a physician, nurse practitioner, physician's office, FQHC, community health agency, or other provider with credentials meeting MCO/SE requirements
- All providers that will bill for services must be credentialed through or be supervised by a licensed and credentialed provider

Facility Site Visit & Documentation Review

- Part of the credentialing process includes a site visit and documentation review
 - Checklists include minimum facility and record requirements (handouts)
 - Performed every three years
 - HSD writes letter to SBHC approving inclusion in program
 - Approval letter is provided to MCOs and state fiscal agent for inclusion in Medicaid program

Ongoing Compliance Standards

- There are several ongoing clinical and quality standards that SBHCs must meet:
 - Participation in an annual training session
 - Participation on SBHC/MCO Advisory Board
 - Awareness of scope of services
 - Compliance with clinical guidelines
 - ESPDT, asthma, depression, obesity/type-2 diabetes (Envision)
 - Compliance with quality guidelines (handouts)
 - Confidential services, PCP communication, MCO/SE care coordination and case management
 - Participation in a chart review and site visit every three years

Ongoing Compliance Standards

- Clinical protocols may be found online
<http://www.hsd.state.nm.us/mad/schoolhealth.html>
- Manual for SBHC Medicaid billing is being developed by the Medicaid School Health Office

Documentation Requirements

- Intake
 - Consent forms (parent and student)
 - Demographic information
- Assessment
 - Problem list
 - Student Health Questionnaire
- Treatment Plan
 - Preventive Services
- Progress Notes
 - Coordination with PCP

Facility Requirements

- Environment
 - Handicapped access
 - soundproof rooms or noise machine
 - Fire/Safety
 - Biohazard
 - Secure medical records
- Staffing
 - Badges with credentials
 - Yearly training in BLS, universal precautions, abuse reporting

Next Steps in New Mexico

- Medicaid fee-for-service (FFS) billing
 - As of July 1, 2007 SBHCs can enroll as NM FFS providers
 - Must be credentialed
 - Scope of services is similar with a few exceptions
 - Important source of funding for sites serving Native American students
 - Native Americans must “opt-in” to managed care, and many remain FFS

Next Steps in New Mexico

- IHS billing
 - Facilitate partnerships with IHS sites
 - How to get revenue back to clinics
- Atlantic Philanthropies grant (Integrated Services in Schools Initiative)
 - Four new grant funded SBHCs will seek Medicaid reimbursement
- Commercial insurance billing
 - Workgroup to explore

Next Steps in New Mexico

- Access and reimbursement for family planning medicines
 - Collaboration with other family planning initiatives
 - Increase access to reduce NM teen pregnancy rate
- Dental services
 - Add to scope of services for SBHC Medicaid billing
 - Develop protocols

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