

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

*National Alliance for Medicaid in Education 2007 Conference*

**Presented by: Tallie Tolen, Program Manager, and  
Suzy Whitehead, MSN RNC, Nurse Consultant**

**New Mexico Human Services Department  
Medical Assistance Division  
School Health Office**

# 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

# Contact Information

Tallie Tolen  
Program Manager  
Medicaid School Based  
Services  
(505) 827-6233  
Tallie.tolen@state.nm.us

Suzy Whitehead MSN RNC  
Nurse Consultant  
Medicaid School Health  
Office  
(505) 827-6229  
Suzyc.whitehead@state.nm.us