CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE
Putting Health Care Where Kids Are

School-Based Health Centers Maximizing Third-Party Billing

School-based health centers (SBHCs) have grown across California, from a handful in the late-1980s to 243 today. Despite this growth, sustainable funding remains a challenge. SBHCs currently expend considerable effort to obtain a patchwork of funding from: local, state, and federal sources; in-kind support from schools and other sponsors; private donations; and insurance payments. However, uncertainty of these sources combined with passage of the Affordable Care Act has increasingly led SBHCs to rely on reimbursements from third-party payers.

In California, many SBHCs rely on four primary sources of reimbursement:

Child Health and Disability Prevention Program (CHDP). CHDP provides health assessments for infants, children, and teens. These health assessments include health history, physical examination, developmental assessment, nutritional assessment, dental assessment, vision and hearing tests, a tuberculin test, laboratory tests, immunizations, and health education/anticipatory guidance. CHDP also covers coordination of follow-up care and referral of children with suspected health problems for necessary diagnosis and treatment

FamilyPACT Program (FPACT). FPACT was implemented in 1997 under the California Department of Public Health, Office of Family Planning. Women and men who reside in California, are at risk of pregnancy or causing pregnancy, have a gross family income at or below 200% of the Federal Poverty Guideline (FPG), and have no other source of health care coverage for family planning services are eligible for the program. FPACT is not insurance coverage and should be used as a payer of last resort. It also has the lowest reimbursement rates.

Medi-Cal Managed Care. Medi-Cal Managed Care contracts for health care services through established networks of organized systems of care, which emphasize primary and preventive care. California contracts with certain health plans to provide managed care services for Medi-Cal eligible legal residents in specific counties or geographic regions.[1] Medi-Cal providers who wish to provide services to managed care enrollees must participate in the managed care plan's provider network.

Minor Consent Medi-Cal. California Family Code states that minors under age 21 may receive the following confidential services without parental consent: services related to sexual assault, pregnancy and pregnancy-related services, family planning, sexually transmitted infections, drug and alcohol abuse, and outpatient mental health treatment and counseling. The minor must be a California resident. A minor is eligible even if he or she has full scope Medi-Cal or private insurance. Immigration status is not checked.

[1] In May 2016, undocumented, immigrant children may also qualify for Medi-Cal managed care pending final approval from the Governor.

In order to be reimbursed for services, SBHCs must provide third-party payers with specific information including:

- Confirmation that the patient served was enrolled with the payment sources. Examples can include completing the appropriate paperwork for the CHDP program, enrolling the patient into the FPACT program, or providing an active Medi-Cal number.
- Confirmation that services were provided including date of service, diagnosis code, and services or treatment provided.

SBHC Billing Capacity

Third-party reimbursement often involves increased time commitment from staff. Unless an SBHC has support from an experienced billing department, the transition to third-party reimbursement may be challenging. Some basic recommendations for SBHCs looking to improve or increase their third-party revenue include:

- Dedicated staff from the school health center responsible for understanding and keeping current on billing practices that are relevant to their school health centers.
- Established protocols for staff that provide guidance on how to maximize third-party reimbursement and prioritize preferred payers. The procedures should also outline how staff can work with patients to identify the best third-party payer.
- Regular provider meetings to review billing codes and share tips for improved coding. These meetings should also include a review of billing claims that were denied so providers are aware of any missed opportunities.
- Printed billing matrix or "cheat sheets" to help providers code correctly. These should include a breakdown of services that are reimbursed by each payer, the diagnosis and treatment codes to use for each payer, and how frequently diagnosis and treatment codes can be used per patient.

SBHC Best Practices

Several school health centers have tested and established best practices in regard to billing. Below are examples of how school health centers have implemented innovative processes to maximize their third-party reimbursement.

Maximizing CHDP for True "Gateway" to Coverage

Children and adolescents require a number of health services in order to enroll in school and participate in various school activities. This can be a challenge for children and families who do not have health coverage (e.g., families whose coverage has lapsed and undocumented or newly arrived families). CHDP can be a great opportunity to provide critical services to children and connect them to regular health coverage. It is also an opportunity for school-based health centers (SBHCs) to become the primary care

provider for many of the students at their school site. To achieve these goals SBHCs can partner with their schools and school sports programs to promote CHDP services. Below are replicable examples:

Student Registration: Many students require immunizations and a physical exam to enroll in school. SBHCs can use the CHDP program to provide important services for these students and increase their patient population.

SBHCs can distribute flyers in school registration packets to promote CHDP services offered by the SBHC. Flyers can also be distributed at centralized enrollment or district offices. It is often helpful to host special clinic days just for students registering at the school for the first time. During visits on these clinic days, SBHCs will enroll eligible children into the CHDP program, provide the required services (well-child physicals, immunizations, dental screenings, etc.), and schedule any required follow-up appointments within the 30-day CHDP window of coverage.

Sports Physicals: Sports teams can also be a useful way to maximize CHDP to increase patient population. Many SBHCs include flyers describing CHDP services in sports packets; partnering with coaches and attending team meetings and "parent info" nights to promote CHDP services has also proven effective. In addition, it is also helpful to maximize existing communication systems or opportunities such as sports booster groups, PTA meetings, the school's website and email services, and any schoolwide announcements to students in order to disseminate information.

After the initial CHDP visit, SBHCs should work with families to enroll students into regular health coverage. This process involves working with the family to complete an application for Medi-Cal within 30 days of their initial visit. SBHCs that prioritize third-party billing will also ensure that these patients select the SBHC as the primary care provider.

Important note: Even families with regular health coverage may benefit from special CHDP clinics. Often times, these families have a primary care provider, but they may not be able to get the health care they need in time to meet school requirements. SBHCs can play an important role in providing enhanced access for these families. If the family has Medi-Cal or insurance coverage that the SBCH can bill, this may be an opportunity to encourage the family to select the SBHC as the primary care provider. If the family has health insurance that the SBHC is not able to bill, the SBHC should have a sliding scale, self-pay rate.

Mass FPACT Registration

FPACT has been the primary source of third-party billing for many SBHCs that offer reproductive health services. Because of California's strong minor consent laws, any adolescent 12 years or older can consent for their own reproductive health services thereby making them eligible for FPACT. Additionally, since FPACT covers family planning services, any adolescent 12 years or older can be enrolled into the program to prevent pregnancy, regardless of sexual activity. Many SBHCs will adopt a prevention

approach and enroll all eligible students into the FPACT program in case these services are ever needed. Below is an example of a school-wide enrollment approach:

> **School-Wide Screening:** Each year for the last several years, the Fremont Tiger Clinic has held a two-day event targeting every 9th grade student in the school. This registration drive allows the SBHC to connection with 130 students annually.
>
> SBHC staff coordinate with 9th grade teachers to visit the classroom to conduct a 30-minute presentation. Staff describe the services offered at the SBHC and ask all students to complete pre-registration paperwork, including minor consent and FPACT enrollment forms. Students complete and return all pre-registration paperwork during this classroom visit.
>
> After the classroom visits, SBHC staff use administrative time to process all student registration paperwork. Entering new patient registration information, activating FPACT, and screening for student insurance eligibility . This process requires about 20 minutes per student.
>
> The SBHC will follow-up with all of the students two weeks after registration. All 130 students will then have a brief visit with the medical provider, for which the health center can bill.

Like CHDP, FPACT only covers very specific services. However, SBHCs can use these programs as a means to reach and register a large number of patients in a relatively short amount of time. When prioritizing third-party billing, every effort should be made to get these patients enrolled into regular coverage or ensure that the SBHC has their health coverage information on file in order to bill for future services.

Prioritizing Medi-Cal Managed Care (for Federally Qualified SBHCs)

Many SBHCs sponsored by federally qualified health centers (FQHCs) prioritize Medi-Cal billing, specifically through managed care, in order to get reimbursed by the payer and to receive their federal perspective payment system (PPS) payment. There are two ways school health centers usually maximize this payer source:

> **Billing as the Primary Care Provider (PCP):** Many school health centers are choosing to be the PCP for their patients – this often requires patient education. School health center staff may have to convince parents/guardians of the benefits of the school health center as the PCP (i.e., enhanced access, reducing medically related absences, co-located services, etc). If the school health center primarily serves adolescents for confidential services, staff will have to be transparent and help patients understand that all confidential services will be kept confidential and will not be shared with parents/guardians.[2] In either case, the school health center will have to ensure that it has the capacity to act as the PCP for its patient population.

[2] SBHCs will often use FPACT for confidential visits and Medi-Cal for all other visits.

Many school health centers are reaching out to families to market themselves as primary care providers. Health center staff will send registration and consent forms home with school registration packets, distribute flyers and registration forms during schoolwide events, or send messages home via school information systems such as robo-calls or emails. Some school health centers also promote their primary care services when families walk in for visits, and staff encourage parents/guardians to call their Medi-Cal managed care plan and ask for the SBHC to be assigned as their PCP.

Billing for Non-Assigned Patients: In 2013, the California Department of Healthcare Services confirmed "out of network" visits[3] as reimbursable at an FQHC's PPS rate. In order to obtain their PPS rate, an SBHC must:

a) Be sponsored by an FQHC.
b) Document that they reminded the patient be seen by an "in network" provider or redirect the patient back to their PCP to receive services, or ask that the patient request that the health plan change their PCP to the SBHC.

The billing staff of the SBHC or SBHC sponsor agency must:

a) Submit a claim for payment to the patient's health plan for the "out of network" services. In most cases, the SBHC will receive a denial for these services.
b) Maintain proof of the denial or payment from the health plan, which is subject to review during the billing reconciliation process.
c) Submit a Code 18, 19, or 20 for these visits.

Billing for non-assigned patients is a good option when families do not want to change their PCP or when SBHCs do not feel comfortable asking families to change their PCP. However, if the patient or family is relying on the SBHC for regular medical care, the SBHC should consider becoming the PCP.

Increasing Minor Consent Medi-Cal for Confidential Services

Many middle and high school SBHCs have enrolled several of their patients into Minor Consent Medi-Cal over FPACT because of the higher reimbursement rates. FQHCs can also receive the PPS rate for services provided under Minor Consent Medi-Cal. Minor Consent Medi-Cal covers any patient 21 years old or younger who is living with their parents or receiving parental financial support.

Financially-independent teens must apply for regular Medi-Cal; and minors who already have full Medi-Cal cannot be issued Minor Consent MediCal, but they may obtain an "immediate need" card if they need confidential services. Minors who are covered by a private insurance plan (e.g., Kaiser) can apply

[3] "Out of network" refers to cases where the FQHC provides services to a patient whose assigned primary care provider is not the FQHC.

for Minor Consent Medi-Cal if their ability to receive confidential services is infringed by using their parent's plan.

SBHCs can bill Minor Consent Medi-cal for the following services: family planning, sexual health, treatment for sexually transmitted infections, and pregnancy and pregnancy-related issues. Note: for patients under 12 years of age, SBHCs can only bill for pregnancy and pregnancy-related care and family planning services.

Streamlining Enrollment: Many SBHCs have implemented specific processes to maximize Minor Consent Medi-Cal enrollment and billing. Adopting a clear clinic flow is the first step. This requires very organized registration and billing staff and regular communication between registration/billing staff and the medical provider. Below is a sample flow for a patient seeking reproductive health services:

- **Patient's first visit:**

1. Enroll the patient into the FPACT program (if not already enrolled).
2. Inform the provider that the visit will be billed to FPACT.
3. Ask the patient to complete a Minor Consent Medi-Cal application.[4]

- **Post-visit:**

1. Submit Minor Consent Medi-Cal application to the social services case worker.[5]
2. Work with the social services case worker to complete the Minor Consent Medi-Cal application.

   NOTE: This process may differ depending on the preferences of the case worker. Some SBHCs have agreements with their case worker to conduct regular in-person enrollment sessions with groups of patients. Others schedule weekly enrollment one-on-one sessions, while other case managers do not require in-person visits with patients to complete applications and may schedule a time to receive or pick-up applications for processing.
3. Deactivate the patient's FPACT card once they are actively enrolled in Minor Consent Medi-Cal.

All subsequent reproductive health visits can be billed under Minor Consent Medi-Cal for as long as it remains active. If the patient's Minor Consent Medi-Cal coverage lapses, SBHC registration/billing staff should re-enroll the patient into FPACT.

[4] Minor Consent Medi-Cal requires that the patient sign a one-page request for re-application on a monthly basis. Some SBHCs schedule patients visits around the time these forms are due. Other SBHCs have patients sign the forms for each month of the year and send them to county social services as long as the patient is actively seeking services. Speak to your social services case worker to determine what is best for your SBHC.

[5] Your SBHC should have an assigned county social services case worker. If you do not, we recommend establishing a strong working partnership with one that will be assigned to you.

Considerations for Parental Consent When Working With Adolescents (12-17 Years)

Although not directly related to billing, parental consent can impact the ways in which a SBHC delivers care. We therefore want to mention several important factors to consider.

California has strong minor consent laws that were enacted to protect the confidentiality and safety of minors in need of health services. These laws prohibit providers from communicating with parents about confidential health services provided to adolescents 12 years of age and older.

When providing general health education and primary care, parental consent can become more complicated and may depend on policies adopted by the school, school district, SBHC, or SBHC sponsor agency.

SBHCs that have prioritized third party billing have worked with their school and sponsor agency to adopt policies that enhance access to care for students. Some of these policies include:

Passive Consent

Many SBHCs use passive consent to engage students. SBHCs partner with school administrators to send letters home and/or via email notifying parents that the SBHC will provide their child with information and health education. The letters detail exactly what type of information or service will be provided and allow parents to opt-out for their child. SBHCs have used passive consent to provide education on reproductive health, obesity prevention, and nutrition education including Body Mass Index, and emotional health. Passive consent can be particularly useful when conducting schoolwide or classroom outreach to educate and register a large number of students.

Signed Consent for Treatment

Generally, students who need non-confidential primary care or mental healthcare services require signed parental consent. Some SBHCs chose to include consent for treatment forms in school registration packets for all students. While all students may not be SBHC patients, the SBHC will have a consent on file in case the student ever needs services. SBHCs may also chose to identify students in need of services from their school wide outreach and education efforts and provide them with a consent for treatment to take home to their parent. SBHC staff should also reach out to parents before sending consents home with students to keep parents informed and ensure a higher rate of returned consent forms.

Verbal Consent or Follow-Up

Even with a signed consent on hand for a patient, many SBHCs will also seek verbal consent for non-confidential primary care. For example, when a patient arrives to the SBHC with an allergic reaction or

while experiencing an asthma attack the SBHC staff may choose to reach out to the parent to inform them of the situation, walk them through treatment, and confirm their consent. Other SBHCs may choose to provide care for the patient first and then follow-up with the parent once the situation is under control. When a patient presents to the SBHC for basic primary care, for example to follow-up on a care plan regarding healthy eating or asthma control, the SBHC may choose to only follow-up with the parent via a post-visit phone call or printer summary of the visit. In any situation, SBHCs should make every effort to engage parents in the primary care of the adolescent patient. These efforts should also be documented in medical records notes. However, it is important to note that in most cases a parent does not need to be physically present to provide adolescent care once written consent is obtained.

Each SBHC should review the policies regarding parental consent at their school site, district, and sponsor agency. If the goal is to increase access to care for patients, and simultaneously increase opportunities for reimbursable care for the SBHC, then policies should be adopted to facilitate this process.

For more information on third-party billing, minor consent and confidentiality, and SBHC best practices, visit our website: www.schoolhealthcenters.org.