New York State Department of Health (NYSDOH)

Transition of School Based Health Center Benefit and Population into Medicaid Managed Care

Office of Health Insurance Programs
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Overview of Transition

Effective July 1, 2016, the provision of School Based Health Center (SBHC) and SBHC-Dental (SBHC-D) Services will be incorporated into the Medicaid Managed Care (MMC) benefit package, and Medicaid Managed Care Plans (MMCPs) will be responsible for reimbursing SBHC sponsor agencies for SBHC services provided by SBHCs to MMCP enrollees. The goal of the transition is to maintain access to these critical SBHC and SBHC-D services while integrating the services into the larger health care delivery system. It is anticipated that the integration of SBHC and SBHC-D services within the existing managed care framework and coordination of services with the child’s primary care provider will improve quality and promote an efficient, effective delivery system. Maintaining the continuity of care and the wellness of the child to facilitate learning and improved school attendance is of utmost importance in this transition.

The following guidelines identify the scope of benefits, the roles and responsibilities of MMCPs and SBHCs, network responsibilities, and claims coding.

I. Definitions

SBHC Sponsors are the licensed Article 28 facilities whose extension clinics (i.e. SBHCs) provide direct service. SBHCs Sponsors are responsible for the administration and operation of SBHCs ensuring that policies and procedures are in accordance with the New York State SBHC Principles and Guidelines Document.

Memorandum of Understanding Requirement (MOU) is a formal written agreement between the governing authority of the school district and the Article 28 facility that is sponsoring the SBHC that is serving the students within the school. In order for a SBHC or SBHC-D program to operate in NYS, the Article 28 sponsor must have a Memorandum of Understanding (MOU) with the school where the clinic will be located. In New York City, the Article 28 sponsor must have a MOU with the New York City Board of Education.

School-Based Health Centers (SBHC) are clinics operated by a facility licensed under Article 28 of the Public Health Law and located within a school building.

School-Based Dental Health Centers (SBHC-D) are clinics operated by a facility licensed under Article 28 of the Public Health Law that provide dental services within a school building or campus (i.e. Mobile Vans). SBHC-D services may be provided at dental-only SBHC-D sites, or may be provided in combination with other health care services at a SBHC site.

SBHC Services include both core and enhanced services currently provided by SBHCs. In accordance with NYSDOH guidelines, all SBHCs are required to provide a core of basic primary and preventive care services including: health maintenance/ well-child care; diagnosis and
treatment of injury and acute illness; and, diagnosis and management of chronic disease. In addition, SBHCs may provide enhanced services including behavioral health assessment and treatment and reproductive health care; SBHCs that do not offer these services on-site in the SBHC are required to provide referrals.

**SBHC-D Services** include diagnostic and preventative treatment, restorative procedures, endodontics, limited periodontics, prosthodontics, oral and maxillofacial surgery and orthodontics.

**Family Planning and Reproductive Health Services** mean the offering, arranging and furnishing of those health services which enable Medicaid Managed Care Enrollees, including minors, who may be sexually active, to prevent or reduce the incidence of unwanted pregnancies and sexually transmitted infections.

1) Medicaid fee for service covered family planning services include:
   a) Most FDA approved birth control methods, devices, and supplies (e.g., birth control pills, injectables, patches, condoms, diaphragms, IUDs)
   b) Emergency contraception services and follow-up care
   c) Male and female sterilization
   d) Preconception counseling and preventive screening and family planning options before pregnancy

2) The following additional services are considered family planning only when provided within the context of a visit with the primary diagnosis of family planning (V25) and when the service provided is directly related to family planning:
   a) Pregnancy testing and counseling
   b) Comprehensive health history and physical examination, including breast exam and referrals to primary care providers as indicated (mammograms are not covered)
   c) Screening and treatment for sexually transmitted infections (STIs)
   d) Screening for cervical cancer and urinary tract or female-related infections
   e) Screening and related diagnostic laboratory testing for medical conditions that affect the choice of birth control, e.g., a history of diabetes, high blood pressure, smoking, blood clots, etc.
   f) HIV counseling and testing
   g) Counseling services related to pregnancy, informed consent, and STI/HIV risk counseling
h) Bone density scan (only for women who plan to use or are currently using Depo-Provera)

i) Ultrasound (to assess placement of an intrauterine device)

II. Scope of the School Based Health Center Benefit

1) SBHC Services that will be covered through the Medicaid Managed Care Plan (MMCP) include all those listed under SBHC and SBHC-D service definition above, with the exception of:

   a) Family Planning and Reproductive Health services as defined above will remain carved out of the MMCP.

2) Students enrolled in MMCPs will have direct access to all services provided by SBHCs and SBHC-D without the need for referral or prior authorization, with the following exceptions:

   a) Dental Health: Routine preventive services, such as, sealants, fillings, fluoride treatments and cleanings provided in SBHC-D sites do not require prior authorization. MMCPs may choose to require prior authorization for dental services that include more extensive care, such as root canals, crowns, dentures, fixed partial dentures, impactions and surgical extractions, and orthodontic treatment. SBHC-D programs that provide these additional services should consult with MMCPs and/or dental benefit vendors for plan-specific requirements.

   b) Behavioral Health: Routine primary behavioral health visits such as, an initial assessment, individual counseling, and psychosocial assessments provided in SBHC sites do not require prior authorization. MMCPs may choose to require prior authorization for more extensive evaluation and treatment services limited to psychological and neuropsychological testing and complex therapies. SBHC programs that provide these additional services should consult with MMCPs and/or behavioral health benefit vendors for plan-specific requirements.

3) The MMCPs and SBHC will develop a process to share information relating to the provision of services to children. The MMCP will work with the SBHC and primary care provider to assist in promoting wellness and ensuring that all children receive recommended well child visits and other needed services.

III. Transitional Care

During the time of transition to managed care, it is expected that the provision of SBHC and SBHC-D services to students will be maintained. SBHCs and SBHC-D that do not have contracts with MMCPs at the time of the implementation date, will have their services covered by the MMCPs during a 90 day transition period. On or after the 90 day transition period, in the absence of a contract, SBHCs will need to obtain prior authorization from an enrollee’s MCO in order to get reimbursed for services. Those SBHCs who require an additional transition period
due to the inability to become credentialed within the 90 day transition period will need to apply for an extension of the process.

IV. SBHC/Sponsor Responsibilities

1) SBHC and SBHC-D sponsors will be required to contract with all MMCPs in their service area. For benefits managed by subcontractors such as dental and behavioral health, the sponsor will be required to contract with those subcontractor(s) identified by the MMCP.

2) SBHC and SBHC-D will work with the sponsoring facility to have their SBHC staff credentialed.

3) SBHC and SBHC-D will share the roster of students enrolled in the SBHC/SBHC-D with the appropriate MMCPs to help determine which students are in need of a comprehensive physical exam and/or other services.

4) SBHC and SBHC-D will obtain all consents needed in order to provide services.

5) SBHCs will be required to provide encounter data and other information to MMCPs as needed for reports required by the New York State Department of Health.

6) SBHCs will assist MMCPs in improving required performance measures.

V. MMCP Responsibilities

1) MMCPs will contract with all Article 28 sponsors of SBHC/SBHC-D services in their service area.

2) MMCPs must have a process in place to ensure credentialing of SBHC providers has occurred in compliance with the MMC model contract.

3) MMCPs will reimburse SBHC providers as outlined in the section entitled “SBHC Billing and Reimbursement.”

VI. SBHC Billing and Reimbursement

1) SBHCs and SBHC-D will submit claims to MMCPs for all SBHC and SBHC-D services provided to MMC enrollees with the exception of Family Planning and Reproductive Health Services.

2) All claims submitted by SBHCs to Medicaid must have a valid primary diagnosis noted on claim. This must be supported by appropriate clinical documentation in accordance with Medicaid billing requirements outlined in “Ambulatory Patient Groups Provider Manual” http://www.health.ny.gov/health_care/medicaid/rates/apg/docs/apg_provider_manual.pdf
3) MMCPs must reimburse SBHC and SBHC-D providers at the current applicable fee-for-service rates for two years after the implementation of the transition to managed care. The two year transition period shall be July 1, 2016 through June 30, 2018. All other SBHC/SBHC-D sites will be reimbursed utilizing the rate that applies to the current Ambulatory Patient Groups (APGs) that SBHCs receive in the fee-for-service system.

4) SBHC/SBHC-D sites sponsored by Federally Qualified Health Centers (FQHC) that do not participate in the Ambulatory Patient Groups (APGs) will be reimbursed utilizing the Prospective Payment System (PPS) rate and wrap around rate that SBHCs receive in the fee-for-service system. FQHCs that have contracts with MCOs will bill the MMCPs for the contracted reimbursement and the Department for the wrap around rate. FQHCs that do not have contracts with MMCPs will bill the Department directly for the full PPS rate.

5) For dental and mental health benefits managed by a MMCP through a sub-contractual relationship i.e., vendors, the SBHC may be required to directly bill the subcontractor as indicated by the MMCP.

6) As noted in Roman Numeral II, section 1) a): Family Planning and Reproductive Health Services delivered at SBHCs will be, “carved-out” of the Medicaid Managed Care System at this time.

   a) Claims for Visits with a Primary Diagnosis of Family Planning:

      i) Claims for visits with a primary diagnosis of family planning V25XX series, claims must be submitted directly to the state via eMedNY and will be paid fee-for-service at the APG or FQHC rate.

      ii) This will apply for all claims with family planning as the primary diagnosis, regardless of whether the claim also includes non-family planning procedures. Under APGs, a primary diagnosis of family planning determines the payment rate for all Evaluation & Management (E&M) procedure codes (e.g., 99201, 99202, or 99211).

   b) Claims for Visits with a Primary Diagnosis Other than Family Planning for Non-FQHC:

      i) Claims for visits with a primary diagnosis other than family planning will be handled as follows for non-FQHC:

         (1) If the entire visit is for non-family planning procedures, the MMCP must pay the claim as per the MMCPs claim processing rules.

         (2) If the visit includes both family planning and non-family planning procedures:

            (a) The SBHC must bill the non-family planning procedures under a single claim to the MMCP, and bill the family planning procedures under a separate claim to New York State Medicaid fee-for-service.

            (b) Providers are required to code the same primary diagnosis on both claims.
(c) However, providers should not bill any of the same procedures on both claims.

(d) The state will establish a procedure for processing claims to avoid duplicate payment and will provide technical guidance to SBHC providers.

c) Claims for Visits with a Primary Diagnosis Other than Family Planning for FQHC:

i) FQHC’s who contract with Managed Care Organizations must submit a single claim for all services when the primary diagnosis is not family planning.

ii) When family planning is not the primary diagnosis and the services are furnished on the same day, the claim should be submitted to the MMCP. The MMCP will reimburse the FQHC for the visit and the State will then provide the wrap-around payment for the claim, reflective of the PPS rate.

iii) The FQHC would NOT submit a separate claim to FFS for the family planning services provided.

d) Additionally, providers should not include preventive counseling procedure codes (i.e., 99401, 99402, 99403, and 99404) on their FFS School Based Health Center APG claims. However, preventive counseling may be coded as an E&M procedure in accordance with American Medical Association coding guidelines based on the length of time required to render the service and accompanied by supporting medical documentation.

VII. Confidentiality

Purpose: To provide an effective, uniform and systemic mechanism for Medicaid Managed Care Plans (MMCPs) to comply with confidentiality protections for health care services provided to minors who are enabled by prevailing statutes to consent to their own health care.

Medicaid Managed Care Plans (MMCPs) are required through federal and NYS statute and regulations to prevent unauthorized disclosure of their enrollee’s protected health information. Minors are entitled to the same or stricter confidentiality protections for certain services or under conditions. MMCPs are also required to provide enrollees with written notice of all adverse Actions, including when payment of a claim is denied. The notice of Action describes the enrollee’s appeal rights and right to fair hearing should the enrollee disagree with the MMCPs determination.

The Department believes that, to the extent possible, targeted suppression of these claim denial notices is necessary to meet statutory requirements to protect the confidentiality rights of adolescents and foster access to family planning, HIV testing, mental health services and substance use disorder treatment.
For claims processed and paid by the state for fee-for-service payment, no Explanation of Benefits (EOB) or other notification will be sent to the enrollee.

To ensure the potential for inadvertent disclosure of confidential health information is minimized for all minor MMCP enrollees, MMCPs will implement one of the following procedures:

1) Where the MMCP’s systems have the capacity to control the issuance of notices based on diagnosis or service code:

   a) The MMCP will suppress all Notice of Actions and any associated EOB notices addressed to enrollees or their parents/guardians, which regard services provided to enrollees who are under 18 years of age:

      i) where the services provided are family planning, HIV testing, mental health, substance use disorder treatment, or, where documented, the adolescent consented to their own health care;

      ii) the enrollee has received the service;

      iii) the MMCP determines to deny the provider’s claim for reimbursement for such services, in whole or in part, for any reason, except medical necessity determinations made pursuant to New York State Public Health Article 49; and

      iv) the enrollee is not liable for the cost of the services.

   b) MMCPs will continue to send adverse determination notices to providers, as required.

   c) MMCPs will include information in the Member Handbook and on their websites, that if enrollees receive a bill for health care services, they may contact the MMCP for assistance and affirm the enrollee’s to right to a State fair hearing if they disagree with the MMCP’s determination to deny payment for a health care service they received.

   d) MMCPs will continue to ensure prompt response to an enrollee’s request to see their case file, which contains information related to a specific service request and information reviewed by the MMCP in the process of reaching a coverage determination. MMCPs will adhere to confidentiality requirements and obtain appropriate authorizations for release of the minors protected health information.

2) Where the MMCP’s systems do not have the capacity to control the issuance of notices based on diagnosis or service code:

   a) For all services covered in the MMCP Benefit Package, the MMCP will suppress all Notice of Actions and any associated Explanation of Benefit notices addressed to enrollees or their parents/guardians, which regard services provided to enrollees who are under 18 years of age:

      i) where the enrollee has received the service;
ii) the MMCP determines to deny the provider’s claim for reimbursement for such services, in whole or in part, for any reason, except medical necessity determinations made pursuant to New York State Public Health Article 49; and

iii) the enrollee is not liable for the cost of the services.

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d) MMCPs will continue to ensure prompt response to an enrollee’s request to see their case file, which contains information related to a specific service request and information reviewed by the MMCP in the process of reaching a coverage determination. MMCPs will adhere to confidentiality requirements and obtain appropriate authorizations for release of the minors protected health information.

VIII. Contracting

1) Contracts will be executed between the MMCPs and the Article 28 facilities that sponsor the SBHCs. MMCPs that currently have provider agreements with the Article 28 sponsors can amend existing contracts with sponsoring facilities to include the facilities’ SBHCs.

2) All agreements between the sponsoring entity and the MMCP will reflect all SBHC sites that are sponsored by the Article 28 facility. Neither MMCP nor SBHCs will be required to execute individual agreements with each SBHC or plan.

3) If the MMCP is utilizing a previously approved contract with an Article 28, it will not have to be submitted to the Office of Health Insurance Programs (OHIP) for review and approval. If the contract was not previously approved, it must be submitted to the OHIP prior to execution.

4) For benefits managed by subcontractors such as dental and behavioral health, the sponsor may be required to contract with the subcontractor identified by the MMCP.

5) The designation of SBHCs as PCPs will be determined on a case-by-case basis between the MMCPs and the SBHC sponsoring facilities. However, no SBHC will be required to be a PCP as a condition of participation.

IX. Continuity of Services

1) The NYS DOH and OHIP will continue to meet with the MMC Workgroup to ensure a smooth transition of SBHC and SBHC-D services from MA fee-for-service to the MMC benefit package to ensure students have continued access to health care services.