Oregon School-Based Health Care Network

Billing & Reimbursement Status Report

September 2008

On September 18, 2008, the Oregon School-Based Health Care Network convened a meeting with managed care organizations (MCO). This meeting was hosted by Northwest Health Foundation, who is funding a portion of this project, along with the WK Kellogg Foundation.

Contained herein is the project background, notes from the meeting and strategies to be pursued by the Network to continue to improve revenue in school-based health centers across Oregon.

Background of Project
MCOs/ MHOs and SBHCs Relationships
Improving SBHC Operations & Revenues
Potential Next Steps

Background

The Oregon School-Based Health Care Network (the Network) has spent the last year studying reimbursements from Medicaid and private insurance to school-based health centers (SBHCs). The major catalyst for this work was the Network's policy goal that school-based health centers will have adequate funding sources to ensure sustainable operations and effective financial systems to collect for billable services. Additionally, there is legislative interest in mandating Medicaid reimbursement to centers. The Network wanted to understand whether a mandate would help centers achieve financial stability.

For years, SBHC sites have reported difficulty in billing Medicaid and private insurance systems. The Network entered into a consulting relationship with Tom Fronk, an experienced FQHC manager to research this issue and to make policy recommendations to the organization. Using a Department of Human Service cost analysis study[1] and interviews from the field, the Oregon School-Based Health Center Sustainability Report (which we call the Billing and Reimbursement Report) outlined major obstacles to reimbursements. In addition, during the summer of 2008, the Network surveyed SBHC systems about their relationship with Managed Care Organizations (MCOs), Division of Medical Assistance Programs (DMAP) and Mental Health Organizations (MHOs)

Relative to Medicaid Managed Care, the Billing and Reimbursement Report and the survey revealed that the majority of SBHC systems were not being intentionally kept off of MCO provider panels. In fact, the majority of sites were already contracted and billing MCOs in their communities and/or DMAP. The report and survey indicate that a legislative mandate, which would have essentially required MCOs to contract with SBHCs would not have impacted SBHC billing materially because these relationships already exist. The survey and study do indicate a need to improve operations within the billing system, a need for improved relationships and communication between SBHC staff and MCOs and improved technical assistance for staff.

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[1] An overview of costs and revenues of Oregon's School Based Health Centers, State of Oregon, Public Health Division, Adolescent Health Section, School Based Health Centers Program 2007

In September 2008, the Network board and staff met with representatives from FamilyCare, CareOregon, OPCA, Multnomah County and Washington County to discuss ways to support operations of SBHCs to improve reimbursement.

Participants:

Steve Bardi
Julie Carpenter
Chris DeMars
John Dougherty
Randy Duggan
Kimmy Figueroa
Tom Fronk
Paula Hester
Pam Mariea-Nason
Devon O'Brien
Jennifer Pratt
Jackie Rose
Liz Smith Currie
Martin Taylor
William Thomas

The Network outlined some desired outcomes for the meeting:

a. Achieve a common understanding of the SBHC/MCO relationship
b. Generate ideas for improving operations
c. Expand MCO/SBHC community relationships

Additional desired outcomes generated at the meeting included:

a. A clear understanding of how to establish billing relationships
b. Keep this conversation congruent with commercial insurers
c. Connect with other MCOs not at the table

Relationships: SBHC and MCOs/MHOs

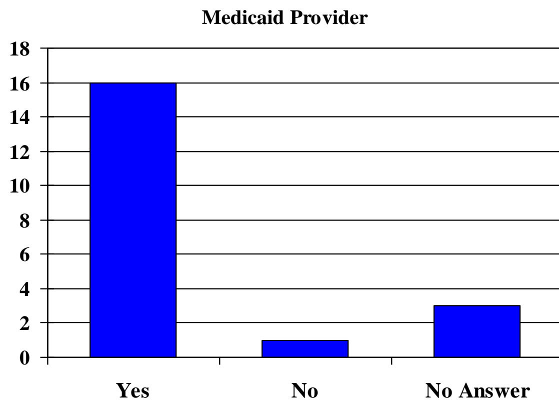
The Network conducted a survey of SBHCs to identify SBHCs and payor relationships. Twenty out of 22 SBHC systems responded to the survey. Tom Fronk presented the findings:

Key finding--SBHC systems are typically successful in gaining recognition by MCOs and DMAP: Contracted and billing relationships (the SBHC system has a contract, is billing and being paid) were indicated by a substantial majority of systems.

Recognition by MCO

	Contracted and billing	Billing thru third party	No Contract and billing	Recently Tried No Luck
ICHN	✓			
CareOregon	✓✓✓✓	✓	✓	
COIHS	✓✓		✓	
DOCS				✓
DCIPA			✓	
FamilyCare	✓✓✓✓	✓		✓
Kaiser				✓
LIPA	✓✓			
MarionPolk	✓			
MidRogue	✓✓	✓		
ODS	✓✓✓		✓	
OHMS	✓	✓		
Providence	✓		✓	

Recognition by DMAP



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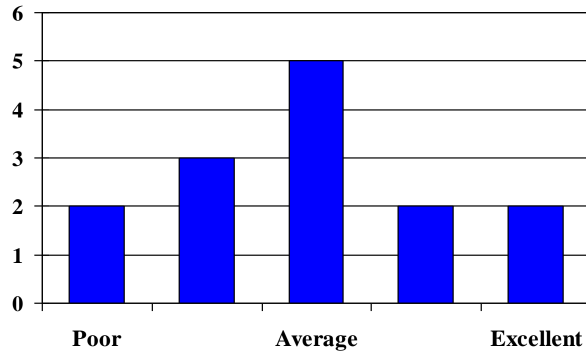
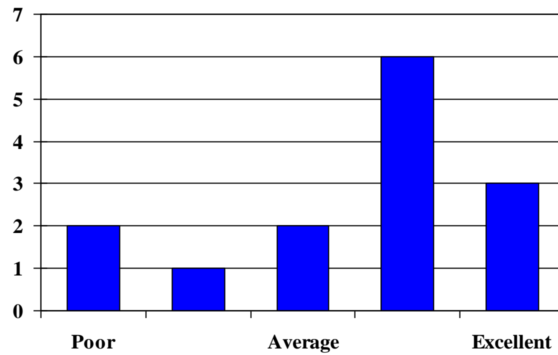
Key Finding: Most systems report better outcomes when paid by DMAP than they report when paid by MCOs.

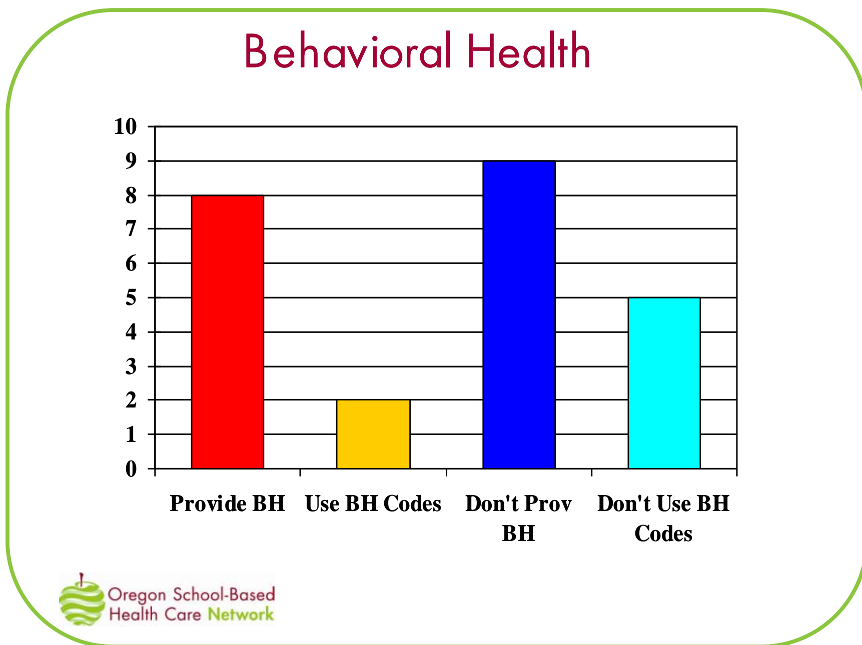
Recognition by MCO



Recognition by DMAP



Key finding: While half of Oregon's SBHC provide behavioral health services, few are taking advantage of behavioral health codes to allow billing to the local MCO



Key Finding: SBHC systems report mixed results in forming relationships with Mental Health Organizations (MHOs)

Recognition by MHO

	Contracted and billing	Contracted and not billing	No Contract and billing	Recently Tried No Luck
ABHA	✓			✓
Clackamas				
FamilyCare		✓		
GOBHI				✓
Jefferson				✓
Lane				✓
MVBCN	✓			
Verity	✓			
Washington Co.				

Survey conclusions:

1. Oregon MCOs are generally willing and able to enter into relationships with SBHCs, but relationships with Oregon MHOs are mixed
2. Operational issues within SBHC systems, such as few staff relative to billing complexities, working with a youth population and the complexity of enrolling with multiple providers are the barriers to effective and efficient revenue collection. The data suggest that there are few instances of direct exclusion of systems to MCO provider panels. However, systems do appear to have difficulty establishing relationships with MHOs.
3. A legislative mandate is probably not the answer to improving revenue collection from billing in SBHC systems and could potentially exacerbate this problem, as it would not address the operational issues hampering successful billing.
4. Transparency and Accountability required. The State should require outcomes reporting by its managed care contractors related to school based services.

Comments and Questions

The group raised questions about the survey:

1. Do sites bill for chemical dependency?
2. Multnomah County SBHC is successfully billing CareOregon. Family Care has entered into a credentialing process with the county and SBHCs are prioritized by FamilyCare to get their NPs credentialed first. Multnomah County gets nominal reimbursement from Providence.
3. At the Tigard SBHC, the MHO is Washington County and the medical sponsor is Virginia Garcia. Discussions about contracting with Family Care were stopped by Virginia Garcia prior to the opening of the SBHC because Virginia Garcia is not willing to take on a panel of patients for their other clinics. Family Care states that the discussions had been going well and Family Care is willing to re-open these discussions.
4. MCO’s processes require a site visit for certification prior to new sites opening. This may be a federal regulation that is required of all payers, but it is cumbersome, especially in addition to state certification site visits.
5. Sites need information on how to get certified and credentialed, particularly those new sites that are not a part of pre-existing SBHC systems.

Improving SBHC Operations and Stability

The group discussed ideas for improving operations within the SBHC system. Participants were asked to give a "Red Light" if they thought the idea should not move forward, "Green Light" if they thought the idea should be pursued, or "Yellow Light" for ideas that need more information before decisions or actions are taken.

Out-source Billing Services

Problem: SBHCs are small practices, and have labor intensive and technically challenging accounting and claims follow up.

Idea: SBHC could opt into a billing and reimbursement management service. Although sites can enter into contracts with MCOs and MHOs, the credentialing process can be cumbersome, following up on a bill is difficult for smaller systems and there is a need for training on coding. A central billing system could be created by the Network (as is done successfully in by a similar organization in Michigan), or a larger billing system, such as Multnomah County, could be contracted to offer these services to sites.

Response: Green light

Comments: CareOregon**:** having a central place to call for information would be helpful. How about adding credentialing as part of that system and streamlining both processes?
Others: add technical assistance to this.
Who would be this third party? The Network? An FQHC system? Someone else?
How would this be funded? In Michigan, the start-up costs are funded by a $500,000 grant from BlueCross.

Proactive enrollment and "Release of Information" information

Problem: billing and reimbursement operations are dependent upon patients enrolling in health plans and providing SBHCs with their insurance information. About 50 percent of SBHC clients are uninsured and/or do not know or provide insurance information to the health center.

Idea: Schools could be required to collect information about every student's health insurance status at enrollment.

> <u>If a student is insured</u>: schools can get parents or self-consenting youth to sign a "Release of Information" to comply with federal privacy laws (FERPA and HIPPA) and share the insurance information with the school-based health center.
> <u>If a child is uninsured</u>: schools should automatically check for enrollment in OHP when a family applies for Free and Reduced Price Lunch. If a child is not enrolled, the school should be required to refer these students to a state OHP outreach worker.

Response: Green Light

Comments: This may be a part of the Governor's Healthy Kids Plan outreach.

1. In Multnomah County, the front desk people are trained to screen kids for OHP.
2. They made about 780 referrals to OHP last year. Steve Bardi did not have the actual enrollment data.

3. Does the Medicaid Management Information System (MMIS) allow sites to check for OHP enrollment? It will, though it isn't currently operational. MMIS is the mechanized claims processing and information retrieval system that states use to support Medicaid business functions and maintain information in such areas as provider enrollment; client eligibility, including third party liability; benefit package maintenance; managed care enrollment; claims processing; and prior authorization required.
4. Sites can check for OHP enrollment, but do not have information on private enrollment, unless provided by the student.

Credentialing
Problem: MCO's have a range of credentialing standards and practices which SBHC practitioners must navigate in order to receive reimbursement for services. They frequently don't know how to apply and get through an MCO's credentialing process and when they are rejected they often don't know why.

Idea: Can the state certification process be adequate to meet MCO's certification process?

Response: Green light to explore how certification standards from both the state and sites can be coordinated.

Comments:
1. Having site visits for certification by both the state and by all credentialing MCOs (which we believe cover generally the same information) can take up a lot of staff time.
2. Is there a way to get MCOs to have to accept a single certification by the state as their own (probably not, as these visits are required through federal regulations).
3. Is there a way to get the state to accept MCO site certification visit in lieu of state certification visit. (Unknown, have to ask the state, but the state probably wouldn't agree unless the certification process was the same)
4. Would this require a decrease in state certification requirements or increase in MCO certification requirements, or vice versa?

Idea: If an MCO chooses not to credential a SBHC, the SBHC will have the right to appeal to a state mediator whose job it will be to see if there is a way for the SBHC to meet the MCO's credentialing requirements.

Response: Green light

Comments: Additional research necessary here, as the plans in attendance were unclear as to why requirements seem to vary across plans.

Additional action items/ideas generated:
Idea: The Network can provide a contact list of credentialing staff and information and put it on the Network's web site. (See Policy page)

Idea: Need to advocate for an expedited state certification process for new sites; should there be a pre-opening certification to be followed by a post-opening certification to review charts?

Idea: Research whether it is possible and to advocate for the state to accept an MCO's certification process for SBHCs.

Idea: Ask state to convene 14 MCOs, consolidate credentialing processes and create one credentialing standard. Comments: It might be difficult for MCOs to come up with one standard—was tried for MHOs and failed.

Idea: Have FamilyCare write up their experience getting Pendleton SBHCs credentialed as a Case Study.

Idea: Have Network create technical assistance (with needed staffing) for billing, certification and billing expertise. This includes understanding both private and public insurance. Look for funding to support this work, which will increase stability of centers and systems, maximizing income.

Next Steps

Publish this report to participants, legislators and policy makers.
Identify projects that are within the scope of each organization and pursue.
Follow up in a year to determine outcomes and next steps.