GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health Care Finance



Office of the Senior Deputy Director/Medicaid Director

Transmittal # 21-40

TO: District of Columbia School-Based Health Centers

FROM: Melisa Byrd

Senior Deputy Director and State Medicaid Director

DATE: September 29, 2021

SUBJECT: School-Based Health Center participation in the DC Medicaid Program

The Department of Health Care Finance and the Department of Health jointly issue the attached transmittal on school-based health centers. The purpose of this transmittal is to answer Frequently Asked Questions on school-based health center participation in the DC Medicaid Program.

If you have questions about this letter, please contact Colleen Sonosky, Associate Director, Division of Children's Health Services/Health Care Delivery Management Administration (colleen.sonosky@dc.gov) or Natasha Lewis, Program Manager Division of Public and Private Provider Services, Operations Administration (Natasha.Lewis@dc.gov).

DATE: SEPTEMBER 29, 2021

TO ALL SCHOOL-BASED HEALTH CENTERS SERVING DC MEDICAID BENEFICIARIES

Dear School-Based Health Center Provider,

DC Department of Health (DC Health) and the Department of Health Care Finance (DHCF) collaborate to monitor and improve children's health in the District of Columbia.

School-Based Health Centers (SBHCs) are comprehensive primary care clinics that are located within schools. SBHCs bring the primary practitioner's office to the local school setting as a way of reducing barriers to teens accessing primary health care services. SBHCs can offer primary care, dental, and behavioral health services to enrolled students, and to the children of enrolled students.

DHCF, DC Health and District of Columbia Public Schools (DCPS) recognize seven SBHCs located within the following school campuses: Anacostia, Ballou, Cardozo Education Campus, Coolidge (and Ida B. Wells), Dunbar, Roosevelt and Woodson. These SBHCs can play a vital role in providing access to comprehensive primary care services to children and adolescents enrolled in the DC Medicaid program.

The purpose of this letter is to provide guidance on how SBHCs should enroll and participate in the DC Medicaid Program through either fee-for-service (FFS) or managed care. The attached frequently asked questions document includes information on the enrollment process, the types of services that are reimbursable, and reimbursement rates.

If you have any questions, please contact Colleen Sonosky, Associate Director of the Division of Children's Health Services at colleen.sonosky@dc.gov or Natasha Lewis, Program Manager Division of Public and Private Provider Services, Health Care Operations Administration at Natasha.Lewis@dc.gov.

Thank you for all you do to increase access to quality care for children in our nation's capital.

Sincerely,

Melisa Byrd Melisa Byrd

State Medicaid Director

Department of Health Care Finance

LaQuandra S. Nesbitt, MD, MPH Director, DC Department of Health

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GOVERNMENT OF THE DISTRICT OF COLUMBIA Department of Health Care Finance



Division of Children's Health Services

School-Based Health Centers and DC Medicaid Program Participation Frequently Asked Questions

1. Can school-based health centers (SBHCs) enroll in the DC Medicaid Program?

SBHCs meeting all of the requirements listed in sections 943.1-943.13 of Title 29 of the District of Columbia Municipal Regulations (<u>DCMR</u>), "Medicaid Clinic Services and Reimbursement" can enroll in FFS Medicaid as a clinic by first creating an account at <u>www.dcpdms.com</u> and submitting an online enrollment application. After creating an account, please begin the enrollment process by selecting the application type: **Standard Application** and then selecting provider type: **Clinic.**

SBHCs affiliated with a Federally Qualified Health Center (FQHC) and recognized by the US Department of Health and Human Services (HHS) as a 330 site can enroll in FFS Medicaid as an FQHC provider consistent with the requirements of Chapter 45 of Title 29 of the DCMR. These SBHCs must first create an account at www.dcpdms.com and submit an online enrollment application. After creating an account, please begin the enrollment process by selecting the application type: **Standard Application** and then selecting provider type: **Federally Qualified Health Clinic.**

Please note, that SBHCs must submit a separate online application for each FQHC service (primary care, dental and behavioral health) provided by the SBHC.

SBHCs can enroll in the Medicaid managed care delivery system by negotiating contracts with any or all of the following Medicaid Managed Care Organizations (MCOs):

<u>AmeriHealth</u> (phone number: 1-888-656-2383), <u>HSCSN</u> (phone number: 202-495-7526),
<u>MedStar Family Choice</u> (phone number: 1-855-798-4244), and <u>CareFirst BlueCross</u>

<u>BlueShield Community Health Plan District of Columbia</u> (phone number: 202-821-1100 ext. 4).

2. Should SBHCs bill Medicaid (FFS and managed care) under their own NPI number?

Yes, each SBHC site should register for their own national provider identifier (NPI) number and bill DC Medicaid (FFS and Managed Care) with that NPI number. If a

medical provider is operating multiple SBHCs, each SBHC site should enroll and bill DC Medicaid (FFS and managed care) with its own unique NPI number.

3. What types of health care services can SBHCs deliver to children and adolescents enrolled in DC Medicaid (FFS and managed care)?

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit is a mandatory benefit under the Medicaid program for children ages 0-20 years. This comprehensive benefit is also known in the District of Columbia as DC Health Check.

As EPSDT providers, SBHCs have a shared obligation to ensure comprehensive pediatric preventive care for eligible children and teens, and to support their families in accessing the health services available through EPSDT. SBHC providers can bill for EPSDT services delivered to children, including:

Early and comprehensive health care to assess a child's health status,

identify risks or concerns, and intervene promptly;

Periodic well-child visits at recommended age-appropriate intervals (under

the District's periodicity schedule) or as-needed (interperiodic);

Screening services including health history, physical exam, tests and

assessments for mental, oral and developmental health,

immunizations, and health guidance as recommended under the

District's periodicity schedule;

Diagnostic services to determine the nature and cause of identified health

problems and evaluate treatment options; and

Treatment services, including early intervention and therapies, needed to

correct or improve physical, developmental, oral health, and

mental health conditions.

Primary care providers delivering care in SBHCs are required to complete an on-line HealthCheck training every two years. For more information on billing for EPSDT services, please see the most recent DHCF transmittal on EPSDT billing requirements. Services enumerated in an Individualized Education Program (IEP) under the Individuals with Disabilities Education Act (IDEA) are provided by the DC public school system, and SBHCs should not be seeking reimbursement for these types of IEP services.

4. Can SBHCs deliver services to children when they are not the assigned primary care provider/primary dental provider?

Yes, SBHCs can deliver services and receive Medicaid reimbursement for children when another provider is elected as the child's assigned primary care (PCP)/primary dental provider (PDP). To ensure continuity of care, SBHCs should communicate with the

child's PCP/PDP when a service is rendered at the SBHC. Additionally, any child receiving services at an SBHC can elect the SBHC as their PCP/PDP.

5. What are the FFS Medicaid reimbursement rates for services delivered in SBHCs?

- SBHCs not affiliated with a federally qualified health center (FQHC) are paid rates based the DC Medicaid Fee Schedule.
- SBHCs affiliated with an FQHC <u>and</u> recognized by the US Department of Health and Human Services (HHS) as a 330 site can enroll and be paid in accordance with the reimbursement methodology in Chapter 45 of Title 29 of the DCMR for primary care services, behavioral health services, preventive, diagnostic, and comprehensive dental services.
- SBHCs affiliated with an FQHC but **not** recognized by HHS as a 330 site are paid rates based on the DC Medicaid Fee Schedule.

6. What are the MCO reimbursement rates for services delivered in SBHCs?

- SBHCs are reimbursed for services delivered based on rates negotiated with each MCO during the provider enrollment process.
- SBHCs affiliated with an FQHC <u>and</u> recognized by HHS as a 330 site are paid rates that were negotiated with each MCO during the provider enrollment process. A wrap-around supplemental payment may be available to the SBHC in accordance with Chapter 45 of Title 29 of the DCMR.
- SBHCs affiliated with an FQHC but <u>not</u> recognized by HHS as a 330 site are paid rates that were negotiated with each MCO during the provider enrollment process.

If you have any other questions about the SBHC DC Medicaid enrollment process, please contact:

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