Better Billing for School Based Health Centers (SBHCs)

Schools as Medicaid Providers

The School-Based Health Center (SBHC)/Managed Care Organization (MCO) Project provides quality, inclusive health services to youth by linking SBHC programs across New Mexico with the state's Medicaid MCOs.

Medicaid Reimbursement

To receive reimbursement for services provided at SBHCs, certain guidelines must be met. In summary, the SBHC must:

- Be an approved and enrolled Medicaid provider contracted with the MCO submitting claims to;
- File claims for reimbursement within ninety (90) days of the date that the service was provided; and
- Bill for appropriate services that are provided by staff who meet the professional requirements.

Ways to Improve

Familiarize staff with services that can be billed at SBHCs. The SBHC Fee Schedule can be found in Molina Healthcare's SBHC Tool Kit and on HSD's website.

Please bill services timely. Claims must be submitted within ninety (90) days from the date of service. When follow-up is needed, be sure to complete all research and communication within a timely manner.

Please follow these ***suggestions*** in order to facilitate timely reimbursement of claims and avoid timely filing issues:

- Submit your electronic claims within forty-five (45) days of providing the service, and your paper claims within thirty (30) days of providing the service;
- Check the status of your claims no sooner than thirty (30) days from the date of your original submission;
- If, after forty-five (45) days from submission of your claim(s), you have not received payment/denial, please call Member Services to confirm receipt of your claim(s) and be certain to document the name of the person you spoke with and the date of the call; and
- If Molina Healthcare does not have record of receipt of your claim(s), please immediately resubmit. Resubmission should only occur if Molina Healthcare does not have record of your original claim submission.

Submitting Clean Claims

To ensure payment on a claim, all of the required fields must be complete and accurate. If the claim is incomplete or inaccurate (procedure and diagnosis codes, NPI numbers, etc.), the claim may be denied for payment.

The following items **must** be included to be considered a "clean" claim:

- Member's name
- Member's correct date of birth
- Provider's National Provider Identifier (NPI)
- Complete diagnosis code carried out to the highest degree (4th or 5th digit)
- Valid date of service
- Valid Current Procedural Terminology (CPT-4) code or Health Care Procedure Coding System (HCPCS) code
- Valid Revenue (REV) codes
- Valid modifiers (if appropriate)

Below are four (4) sources that **must** be completed on all SBHC CMS-1500 forms:

- Box 24 B. ***Place of Service***
  Place of Service 3 must be recorded on each SBHC claim
- Box 24 J. ***Rendering Provider ID #***
  The NPI of the provider delivering care must be listed in Box 24 J.
- Box 32. ***Service Facility Location Information***
  The school clinic name, address and NPI of the specific SBHC where the services were provided must be listed in Box 32. Tracking services provided at each individual site is a state reporting requirement for MCOs, and it allows Molina Healthcare to identify and provide individualized support as needed.
- Box 33. ***Billing Provider Info & PH #***
  The sponsoring agency name, address and NPI must be listed in Box 33. If the SBHC is sponsored by an outside agency such as a Federally Qualified Healthcare Centers (FQHCs), Hospitals, or Regional Education Cooperatives, the sponsoring agency information must be listed in Box 33.

Resubmission of denied claims must be submitted within 180 days of the denial date on the remittance advice. A copy of the remittance advice page showing the denial must be attached to the claim as proof of timely filing.