School-Based Health Care Services (SBHS) 101
NOTE: The purpose of this training is to provide information to school districts interested in participating in the school-based health care services (SBHS) program and to provide guidance to new SBHS coordinators/newly contracted school districts. The SBHS program provides reimbursement to contracted school districts for providing special education related services to students with IEPs or IFSPs. The information in this training does not supersede the current SBHS Billing Guide, SBHS WAC 182-537, other agency rules, or the Centers for Medicare and Medicaid Services (CMS) policy. Any questions regarding information presented in this training should be directed to the SBHS program manager at shanna.muirhead@hca.wa.gov.
Training Overview

• What is the SBHS program?
• SBHS overview
• Medicaid 101
• Who can participate in SBHS?
• SBHS resources
• SBHS coordinator
• ProviderOne
• Student eligibility

• SBHS eligible provider types
• Covered and noncovered services
• Documentation requirements
• Billing and payment requirements
• Provider revalidation
• Program monitoring
• SBHS contact information

A PDF of this training with active hyperlinks is available on the SBHS webpage. In addition, all information presented in this training can be found in the SBHS Billing Guide also available on the SBHS webpage: https://www.hca.wa.gov/sbhs
What is the SBHS Program?

WAC 182-537-0100

The School-Based Health Care Services (SBHS) program is an optional Medicaid program which provides reimbursement to contracted school districts, educational service districts, and charter and tribal schools for providing health-related services to students with individualized education programs (IEPs) or individualized family service plans (IFSPs).
SBHS Overview

- The SBHS program is administered by the Health Care Authority (HCA)
- HCA is the single state agency responsible for administering the state’s Medicaid (Apple Health) program as well as the public employee/school employee health benefits programs
- HCA’s SBHS program manager, Shanna Muirhead, is the main contact for the SBHS program
- Receiving services through SBHS does not affect services a child receives outside of school
Medicaid 101

• Medicaid is regulated federally by the Centers for Medicare and Medicaid Services (CMS) and is administered differently in each state
• Each state has flexibility regarding how they structure their Medicaid program, but all states must follow CMS guidelines and regulations
• In WA State, the Medicaid program is known as Apple Health
1965. Title XIX of Social Security Act (the Act) establishes a Federal–state matching entitlement program known as Medicaid.


1988. Section 411(k)(13) of Medicare Catastrophic Coverage Act amended section 1903(c) of the Act which allows schools to receive Medicaid reimbursement for Medicaid covered services in an IEP or IFSP.
Who Can Participate in SBHS?

The following entities can enter into a SBHS contract with HCA and participate in the SBHS program:

• Public school districts
• Educational service districts
• Charter schools
• Tribal schools

A list of SBHS contracted districts is available on the SBHS webpage.
Benefits of SBHS

The SBHS program allows school districts to recover a portion of the costs incurred for providing health related services to Medicaid eligible students. HCA doesn’t regulate how you spend your funds and funds can be used in a variety of ways:

- Funding additional staff
- Assistive technology
- Professional development

<table>
<thead>
<tr>
<th>School District</th>
<th>Eligible Students</th>
<th>Eligible Providers</th>
<th>Typical Annual Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>School District A</td>
<td>5-10</td>
<td>1-3</td>
<td>$3,100</td>
</tr>
<tr>
<td>School District B</td>
<td>50-200</td>
<td>20</td>
<td>$140,000</td>
</tr>
<tr>
<td>School District C</td>
<td>500-600</td>
<td>50-70</td>
<td>$300,000</td>
</tr>
<tr>
<td>School District D</td>
<td>900-1000</td>
<td>50-70</td>
<td>$500,000</td>
</tr>
</tbody>
</table>
SBHS Webpage

https://www.hca.wa.gov/sbhs

- SBHS billing guide
- Checklist for new districts
- Checklist for new SBHS coordinators
- Trainings/webinars
- SBHS newsletters and past program notifications

- FAQs
- IGT flowchart
- List of SBHS-contracted districts
- Sample SBHS contract
Next Steps for Interested Districts

- Continue watching this training!
- Download the *SBHS Checklist for New School Districts* available on the [SBHS webpage](#).
- Contact HCA’s SBHS program manager at [Shanna.Muirhead@hca.wa.gov](mailto:Shanna.Muirhead@hca.wa.gov) with any questions!

<table>
<thead>
<tr>
<th>SBHS coordinators</th>
<th>Service providers</th>
<th>Nonparticipating school districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBHS billing guide</td>
<td>SBHS 101 training: <a href="#">video</a> / <a href="#">pdf</a></td>
<td><a href="#">SBHS checklist for new school districts</a></td>
</tr>
<tr>
<td>SBHS fee schedule</td>
<td>How to enroll as a billing provider (setting up a ProviderOne account)</td>
<td><a href="#">Sample SBHS contract</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor intake form</td>
</tr>
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<td>SBHS fact sheet</td>
</tr>
<tr>
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</tr>
<tr>
<td>SBHS contracted school districts</td>
</tr>
</tbody>
</table>
SBHS Billing Guide

The **SBHS Billing Guide** is the program manual for SBHS. It contains:

- Program requirements
- Provider qualifications
- Billing requirements
- Billable codes
- Documentation requirements
- ...and more!
SBHS Billing Guide

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Use CTRL + F to search for topics!
SBHS Billing Guide

- All providers and SBHS coordinators should ensure they have access to the most current SBHS Billing Guide.
- The guide is typically updated annually and may be updated quarterly.
- The SBHS billing guide can be found on the SBHS webpage under “Resources”.

**Billing guides**
- January 1, 2020 to present — SBHS billing guide
- January 1, 2019 to December 31, 2019 — SBHS billing guide
- January 1, 2018 to December 31, 2018 — SBHS billing guide
- View all SBHS billing guides

**Fee schedules**
- July 1, 2020 to present — SBHS fee schedule (published June 29, 2020)
- January 1, 2020 to June 30, 2020 — SBHS fee schedule (published December 31, 2019)
- July 1, 2019 to December 31, 2019 — SBHS fee schedule (published June 24, 2019)
- View all SBHS fee schedules

Coronavirus (COVID-19)—provider information, billing and policy, and telemedicine: Please see our Information about novel coronavirus (COVID-19) webpage for daily updates regarding COVID-19.
SBHS Coordinator
Each school district should assign at least one SBHS coordinator.
Roles and duties of the SBHS coordinator may vary by district but will mostly include:
- Enrolling providers in ProviderOne
- Maintaining the Provider and Contact Update form (HCA 12-325)
- Receiving local match invoices
- Receiving SBHS GovDelivery notifications
- Submitting claims in ProviderOne (self-billing districts only)
Checklist for New SBHS Coordinators

- New SBHS coordinators can download the *Checklist for New SBHS Coordinators* available on the [SBHS webpage](#).

- Contact HCA’s [SBHS program manager](#) with any questions!
Resources for SBHS Coordinators

www.hca.wa.gov/sbhs

The SBHS webpage contains many resources for SBHS coordinators:

• Checklist for new SBHS coordinators
• SBHS billing guide
• Trainings/webinars
• FAQs
• Contact information
• SBHS quarterly newsletters/past program notifications
ProviderOne
ProviderOne

• **ProviderOne** (P1) is WA State’s free, secure billing system for fee-for-service Medicaid claims.

• SBHS-contracted school districts must have their own P1 account*.

• School district and contracted providers are enrolled under the school district’s P1 account.

• Services rendered by providers are entered into ProviderOne as “claims”.

*If the ESD holds the SBHS contract with HCA and coordinates billing for the school district, the school district does not need their own ProviderOne account.
ProviderOne

• Before setting up a ProviderOne (P1) account, the school district must obtain a National Provider Identifier (NPI).
• The school district is considered the “billing provider”.
• Each licensed provider rendering services must also obtain an NPI.
• Each licensed provider must be enrolled under the school district’s ProviderOne account as a “servicing provider”.
  ➤ The SBHS coordinator enrolls providers under the district’s P1 account.
ProviderOne Resources for New Districts

• **How to enroll as a billing provider** (setting up a ProviderOne account)
  ➢ School districts must have a signed contract with the SBHS program prior to setting up their ProviderOne account

• **How to access ProviderOne**

• **How to enroll servicing providers**
ProviderOne Training

In addition to online trainings, the SBHS program provides 1:1 ProviderOne training to SBHS coordinators if requested:

• Contact Provider Relations at ProviderRelations@hca.wa.gov to schedule ProviderOne training.

• Before scheduling training, the district must have an active ProviderOne account and the person receiving training must have access to ProviderOne.
Student Eligibility

WAC 182-537-0300
Which Students are Eligible?

- Birth through age 2 (Part C) with individualized family service plan (IFSP)
- Age 3 through age 20 (Part B) with individualized education program (IEP)
- Active Title XIX Medicaid coverage
- Parental consent (per IDEA regulations)
Consent to Access Public Benefits

• IDEA regulations require a **one-time** written consent to verify Medicaid eligibility for school-based Medicaid reimbursement

• New consent is required if a student transfers school districts

• *Notification for the Disclosure of Student Information* must be provided annually

• Parents may revoke consent at any time

• **Part B consent forms**
  - **Part B consent questions**: OSPI Special Education
    [medicaidreports@k12.wa.us](mailto:medicaidreports@k12.wa.us)

• **Part C consent forms**
  - **Part C consent questions**: DCYF Early Support for Infants and Toddlers, [ESIT@dcyf.wa.gov](mailto:ESIT@dcyf.wa.gov)
Confirming Medicaid Eligibility

• Additional student eligibility information is available in the **SBHS Billing Guide**
• School districts can confirm Medicaid eligibility in ProviderOne
• HCA’s **Checking Medicaid Eligibility** training provides step-by-step instructions
• If your district contracts with a billing agent, you may receive a monthly eligibility report from the billing agent
SBHS Eligible Providers

WAC 182-537-0350
SBHS Eligible Providers

• In order for school districts to receive reimbursement through SBHS, services must be provided by or under the supervision of Department of Health licensed providers

• A list of eligible providers can be found in the SBHS Billing Guide and in WAC 182-537-0350
SBHS Eligible Providers, cont.

• Providers may be school staff or contracted providers

• Providers working at multiple districts must be enrolled under each district's ProviderOne account

• ESA certification is not required in order to bill Medicaid
SBHS Eligible Provider Types

- Advanced registered nurse practitioner (ARNP)
- Licensed audiologist
- Licensed mental health counselor (LMHC)
- Licensed mental health counselor associate (LMHCA)
- Licensed practical nurse (LPN)
- Licensed psychologist
- Licensed social worker
- Occupational therapist (OT)
- Occupational therapy assistant (OTA)
- Physical therapist (PT)
- Physical therapy assistant (PTA)
- Physical therapy compact holder
- Registered nurse (RN)
- Speech language pathologist (SLP)
- Speech language pathology assistant (SLPA)
- SLP/audiology interim permit holder
- Nonlicensed individuals practicing under the supervision of a licensed provider

Note: The list of eligible provider types can be found in the SBHS Billing Guide under the “Provider Qualifications” section.
Examples of Nonlicensed Individuals

• School counselor
• School psychologist
• School social worker
• Paraeducator
• Aides
• Interns
• Nonlicensed SLP practicing in the school setting

Services provided by nonlicensed school staff are reimbursable only when services are prescribed by a licensed provider and provided under the supervision of a licensed provider.
Requirements for Licensed Providers

• Must hold active and unrestricted licensure with the WA State Department of Health
• Must have a National Provider Identifier (NPI)
• Must be enrolled as a servicing provider under the school district’s ProviderOne account
  ➢ If the provider works at multiple districts, he/she will need to be enrolled under each district’s ProviderOne account
Requirements for Licensed Providers

• Licensed providers may apply for an NPI on the National Plan and Provider Enumeration System (NPPES) webpage:
  ➢ https://nppes.cms.hhs.gov/#/

• SBHS coordinators may view the How to Enroll Servicing Providers training for step-by-step directions to enroll licensed providers in ProviderOne:
  ➢ How to Enroll Servicing Providers (pdf)
Enrolling Providers in ProviderOne

• **For assistance** contact Provider Enrollment: ProviderEnrollment@hca.wa.gov or 1-800-562-3022, ext. 16137
  -OR-

• Provider Relations: ProviderRelations@hca.wa.gov
ProviderOne Backdate Process

• HCA’s Office of Provider Enrollment enrolls providers in ProviderOne with a September 1 start date for the current school year if:
  ➢ The provider’s license was active on 9/1
  ➢ The provider was employed by or contracted with the district on 9/1

• If a provider is not backdated correctly, email the SBHS program manager at shanna.muirhead@hca.wa.gov
Provider and Contact Update Form

(HCA Form 12-325)

• SBHS coordinator must complete and submit this form to HCA’s SBHS program manager annually
• Due at the start of each school year by October 31 and throughout the year as changes occur
• Blank form is available on the SBHS webpage under “Resources/SBHS coordinators/Forms”
• Email or fax completed form to the SBHS program manager at shanna.muirhead@hca.wa.gov or 360-725-1152
Provider and Contact Update Form, cont.

• All licensed providers who participate in SBHS must be listed on the Provider Information tab
  ➢ Nonlicensed individuals do not need to be listed on the form
  ➢ Add resignation date for any providers who no longer participate

• Enter/update school district contact information on the Contact Information tab

• Instructions are available on the Provider Instructions tab and the Contact Instructions tab
Signature Log

School districts must maintain a signature log to support signature identity. All licensed providers participating in SBHS must provide the following information on the log:

- Printed name
- Handwritten signature
- Initials
- Credentials
- License number
- NPI

Note: Districts do not need to submit the signature log to HCA, but it must be kept on file with the district and made available for SBHS monitoring activities.

A sample signature log is available on the SBHS webpage under “Resources/SBHS coordinators/Forms”. Districts may use the sample signature log or they may use their own log as long as the form contains all elements listed above.
Requirements for Nonlicensed Individuals

- Do not need DOH licensure
- Do not need an NPI
- Do not enroll in ProviderOne
- Do not list on the Provider and Contact Update form or Signature Log
- Must practice under the supervision of a licensed provider
- All services provided by nonlicensed individuals are billed under the supervising provider’s NPI in ProviderOne
Online Trainings for Providers

- Service providers participating in the SBHS program should review the SBHS Billing Guide and the training specific to their provider type to ensure they understand program requirements.

- The billing guide and trainings are available on the SBHS webpage under “Service providers/trainings and webinars”.
Covered Services and Noncovered Services

WAC 182-537-0400
Covered Services

Health-care related services included in the student’s IEP or IFSP limited to:

- Audiology services
- Mental health services
- Nursing services
- Occupational therapy services
- Physical therapy services
- Speech-language therapy services
Covered Services

• Evaluations performed by a licensed provider to determine if a student needs early intervention or special education related services
• Reevaluations performed by a licensed provider to determine whether a child continues to need early intervention or special education related services

Note: Evaluations and reevaluations are reimbursable only if they result in an IEP or IFSP in the specific service being evaluated. Parental consent must be obtained prior to billing for an evaluation.
In order to be reimbursable, health care services must be included in the IEP/IFSP summary of service matrix with the frequency of services and the staff responsible for delivering the services.

Consult services are only reimbursable if direct services are provided to the student. Consult services provided to a special education teacher or another staff member are not reimbursable.

The SBHS program will not reimburse for services provided in excess of what is authorized in the IEP/IFSP.

Example: If a student’s IEP states the student requires physical therapy services 2x/week but the student receives services 3x/week, the provider can only bill for two sessions.
Make-Up Sessions

Make-up sessions may be reimbursable when the provider clearly documents in the treatment notes that the session is a make-up.

- **Example:** A student’s IEP states she requires PT services 30 minutes/3 x week. The student receives services on Monday and Wednesday but is out sick on Friday and misses her third session. The physical therapist can bill for four (4) sessions the following week but must note in the treatment notes the reason for the extra session.
Referral for IEP/IFSP Services

For the SBHS program, the following providers may prescribe services for an IEP/IFSP per their scope of practice:

- Advanced registered nurse practitioners
- Licensed audiologists
- Licensed social workers
- Licensed mental health counselors
- Licensed psychologists
- Licensed occupational therapists
- Licensed physical therapists
- Licensed speech language pathologists
SBHS Billing Codes

• A list of all SBHS billable codes are available in the SBHS Billing Guide.
• CPT/HCPCS codes are developed and owned by the American Medical Association (AMA).
• Providers must use their professional judgement when determining the most appropriate code to use for the service(s) provided.
• The SBHS program manager can provide guidance on SBHS policies and procedures but cannot inform providers which code(s) to use.
SBHS Billing Codes, cont.

- Example coverage table:

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Short Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>92321</td>
<td>Evaluation of speech fluency</td>
<td></td>
</tr>
<tr>
<td>92322</td>
<td>Evaluate speech production</td>
<td></td>
</tr>
<tr>
<td>92323</td>
<td>Speech sound lang comprehen</td>
<td></td>
</tr>
<tr>
<td>92324</td>
<td>Behavial quiati analy voice</td>
<td></td>
</tr>
<tr>
<td>92307</td>
<td>Speech/hearing therapy</td>
<td></td>
</tr>
<tr>
<td>92308</td>
<td>Speech/hearing therapy</td>
<td></td>
</tr>
<tr>
<td>92551</td>
<td>Pure tone hearing test air</td>
<td></td>
</tr>
</tbody>
</table>

- The SBHS Billing Guide lists all reimbursable codes.
- A short description of each code is listed.
- The comments column indicates if the code is “timed” or “untimed”.
Timed vs. Untimed Codes

- All CPT/HCPCS codes are either timed or untimed.
- The SBHS Billing Guide provides detailed instructions on how to bill for timed and untimed codes.
- In addition, provider specific trainings available on the SBHS webpage provide directions and examples on billing for timed and untimed codes.
National Correct Coding Initiative

• The SBHS program follows the National Correct Coding Initiative (NCCI) policy.
• The Centers for Medicare & Medicaid Services (CMS) created this policy to promote national correct coding methods.
• NCCI assists HCA to control improper coding that may lead to inappropriate payment.
National Correct Coding Initiative, cont.

• **Procedure-to-procedure (PTP) edits** - PTP edits prevent improper payments when incorrect code combinations are billed for the same client, on the same day, by the same provider
  ➢ Example: Code 92507 and 92508 cannot be billed together on the same day

• **Medically Unlikely Edits (MUEs)** – MUEs are the maximum unit of service a code can be billed for the same client, on the same day, by the same provider
  ➢ Example: Providers can only bill one (1) unit of code 92508 per day, per student
National Correct Coding Initiative, cont.

More information can be found in the:
• NCCI edits training tool
• SBHS Billing Guide
Telemedicine

• Covered SBHS services may be reimbursable when delivered via telemedicine
• Detailed instructions on how to bill for services delivered via telemedicine is available in the SBHS Billing Guide
SBHS Fee Schedule

• Provides the rate for each code
• Self-billing districts use the fee schedule to determine what rate to enter on claims in ProviderOne
• Fee schedule is updated each July
• A link to the current and previous SBHS fee schedules is available on the SBHS webpage under “Resources”
SBHS Noncovered Services

- ABA services
- Annual hearing/vision screenings
- Attending meetings
- Charting
- Evaluations that do not result in an IEP/IFSP
- Instructional assistant contact
- Observation not provided directly after service delivery
- Parent consultation and contact
- Planning
- Preparing and sending correspondence
- Professional consultation
- Report writing
- Review of records
- School district staff accompanying a child to and from the school bus
- Supervision
- Teacher contact
- Test interpretation
- Travel and transporting*

*Direct IEP/IFSP services provided to a student on the school bus may be reimbursable. School districts may contact the SBHS program manager for clarification.
SBHS Documentation Requirements

WAC 182-537-0700
SBHS Documentation Requirements

Medicaid providers must maintain documentation to verify the level, type, and extent of services provided to each student to fully justify the services and billing.

Documentation must be maintained for six (6) years from the date of service.

Documentation may be stored electronically.
Treatment Notes

Treatment notes must contain the:

- Child’s name
- Child’s date of birth
- Child’s ProviderOne client ID
- Date of service, and for each date of service:
  - Time-in
  - Time-out
  - A corresponding procedure code(s)
  - A description of each service provided
  - The child’s progress related to each service (if applicable)
  - Whether the treatment described in the note was individual or group therapy (for OT, PT, SLP, audiology, and counseling services)
Sample Treatment Note

Sample treatment note/service log created by a self-billing school.

<table>
<thead>
<tr>
<th>Student Name (Last, First, MI):</th>
<th>Provider ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student DOB:</td>
<td></td>
</tr>
<tr>
<td>Provider Printed Name and Title:</td>
<td></td>
</tr>
<tr>
<td>Service Month/Year:</td>
<td></td>
</tr>
</tbody>
</table>

**Goals & Objectives:**
- Fine Motor Manipulation Skills
- Visual Perceptual Skills
- Self Care Skills
- Balance Skills
- Visual Motor Skills
- Sensory Integration
- Bilateral Integration

**Procedures:**
1. Visual Straining Exercise
2. Letter Formation
3. Large Patterns
4. Place Words on a Line
5. Square Block Property
6. Pincushion
7. Increase Bilateral Coordination
8. Visual Perception
9. Visual Memory
10. Calm Down Skills
11. Spatial Awareness

### Professional Service Log

<table>
<thead>
<tr>
<th>DATE</th>
<th>GOALS &amp; OBJECTIVES/PROCEDURE/ACTIVITY/NOTES</th>
<th>PROGRESS INDICATOR</th>
<th>TIME/UNITS</th>
<th>SERVICE</th>
<th>TYPE</th>
</tr>
</thead>
</table>

**ADDRESSED/COMMENTS**

**Progress Indicator**

<table>
<thead>
<tr>
<th>Complete</th>
<th>Partial</th>
<th>Incomplete</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Start Time/End Time/Total Minutes</th>
<th>Total Units</th>
<th>Code</th>
<th>Output</th>
<th>Time</th>
<th>Rate</th>
</tr>
</thead>
</table>

**Signatures**

(Provider Signature) Date

(Supervisor Signature if applicable) Date
Signature Requirements

• Federal and state law requires health records to be authenticated by the person who performed the service
• Providers must sign all treatment notes
• Supervising providers must sign off on all treatment notes kept by assistants, interim permit holders and nonlicensed staff
• Electronic signatures are allowable
• A signature log must be maintained by each district
  ➢ Districts can use the sample signature log located on the SBHS webpage
SBHS Billing and Payment Requirements

WAC 182-537-0600
Billing Agent vs. Self-Biller

**Billing Agent**
- School district pays a third party vendor (billing agent) to submit claims to HCA through ProviderOne
- Billing agents are not affiliated with HCA
- Providers keep electronic treatment notes in software provided by billing agent
- Billing agent assists school district with checking Medicaid eligibility, obtaining consent, and handles all claim submissions

**Self-Biller**
- School district submits claims directly to HCA through ProviderOne
- No cost to self-bill
- Providers keep treatment notes in format provided by school district (electronic or handwritten)
- School district must check Medicaid eligibility and obtain consent for services prior to billing
How to Submit SBHS Claims

• Training is available for self-billing districts on the SBHS webpage:
  ➢ How to submit SBHS claims

• Districts contracted with a billing agent must work with their billing agent on the claim submission process
SBHS General Billing Requirements

• Contracted districts must bill according to the current SBHS Billing Guide, SBHS WAC 182-537 and the SBHS contract

• Claims must be submitted to HCA:
  - Within 365 calendar days from the date of service (WAC 182-502-0150)
  - Within twenty-four (24) months of the date the service, a provider may resubmit, modify, or adjust an initial claim (WAC 182-502-0150)

• Districts must submit local match to HCA per the IGT process within 120 days of invoice
Life Cycle of the SBHS Claim

1. Provider renders service to student
2. Provider documents services in treatment notes
3. Provider submits treatment notes to SBHS coordinator or billing agent
4. SBHS coordinator or billing agent enters claims in ProviderOne
5. HCA determines local match due based on the amount of claims entered
6. HCA email invoice to school district
7. SD receives invoice for the local match due
8. SD sends local match to HCA via EFT or check
9. HCA receives match from district and releases claims for payment
10. Claims entered incorrectly deny. Claims entered correctly are placed in suspended status
11. Claims entered correctly are placed in suspended status
12. SD receives payment in the form of EFT or check
13. SD sends local match to HCA via EFT or check
14. HCA determines local match due based on the amount of claims entered
Intergovernmental Transfer Process

- School districts are reimbursed through an intergovernmental transfer (IGT) process.
- School districts submit 30% of the claim amount before claims are released for payment.
- The IGT flowchart explains the process in detail and is available on the SBHS webpage.
SBHS IGT Invoice Process

• After claims are entered into ProviderOne, HCA’s fiscal staff emails the district an A-19 invoice and an Excel spreadsheet with a list of billed claims
• Districts are invoiced as soon as there is a significant amount of claims in ProviderOne
• Invoicing timeframe for each district may vary
Districts have 120 days from the invoice date to submit local match to HCA
HCA’s fiscal staff emails reminders to the district at 30, 60, & 90 days and a final notice is emailed at 120 days if local match is not received
Local match may be submitted to HCA via paper check or electronically
If local match is not received after 120 days of invoicing, claims will be denied
Remittance Advice (RA)

• District staff can download and view remittance advices (RA) in ProviderOne:
  ➢ Reading the remittance advice

• District staff can view paid, denied, and in process claims on the RAs

• Coordinators should share RAs with school fiscal staff who process the local match
Provider Revalidation

WAC 182-502-0016
Provider Revalidation

- School districts participating in the SBHS program are required to participate in provider revalidation activities every five (5) years.
- When a school district is selected for revalidation, HCA’s Office of Provider Enrollment notifies the district’s business office via letter.
- Districts may contact Provider Enrollment, 1-800-562-3022 ext. 16137, for assistance with completing revalidation or questions related to the revalidation process.
Provider Revalidation, cont.

HCA is federally required to collect the following information:

- Updated disclosures of ownership/managing employees
  - Managing employee is defined as a general manager, business manager, administrator, director or other person who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency
  - All disclosing entities must provide the name, address, date of birth (DOB), and Social Security Number (SSN) of any managing employee
  - It is at each school district’s discretion to determine which school district personnel meets the definition of “managing employee”.

- More information about the Provider Revalidation process can be found in the SBHS Billing Guide
Program Monitoring

WAC 182-537-0800
Program Monitoring

- On-site or desk reviews
- District is notified via email
- HCA recovers overpayments if a school district is found out of compliance with Medicaid and program requirements
- Documentation requested during monitoring includes but is not limited to:
  - Current and previous IEPs/IFSPs
  - Treatment notes
  - Attendance records
  - Evaluations/assessment reports
# HCA Contact List

| SBHS program questions/billable services | • SBHS program manager, [shanna.muirhead@hca.wa.gov](mailto:shanna.muirhead@hca.wa.gov), (360) 725-1153 |
| Claim issues/questions | • Self biller: HCA’s Provider Relations, [ProviderRelations@hca.wa.gov](mailto:ProviderRelations@hca.wa.gov)  
• Non-self biller: Contact your billing agent |
| Locked out of ProviderOne | • ProviderOne Security, [Provideronesecurity@hca.wa.gov](mailto:Provideronesecurity@hca.wa.gov), 1-800-562-3022 ext. 59991 |
| Updating provider information in ProviderOne/Enrolling new providers | • HCA’s Provider Enrollment, [ProviderEnrollment@hca.wa.gov](mailto:ProviderEnrollment@hca.wa.gov), 1-800-562-3022 ext. 16137 |
| A-19 invoice/local match questions | • HCA’s accounting office, [HCASchoolBased@hca.wa.gov](mailto:HCASchoolBased@hca.wa.gov) |
| WAMR, EasyTrac, HealthOffice Anywhere, EmbraceIEP | • Contact your billing agent (Leader, PCG, Embrace) |
Questions?

Shanna Muirhead, SBHS program manager

Shanna.Muirhead@hca.wa.gov
Tel: (360) 725-1153
SBHS Webpage: https://www.hca.wa.gov/sbhs

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