Washington State Health Care Authority

Overview of the School-Based Health Care Services (SBHS) Intergovernmental Transfer Process

School District

Step One:

The school district (SD) submits claims in ProviderOne for school-based health care services.

Step Five:

The SD submits local match via an electronic funds transfer (EFT) or in the form of a check to HCA within 120 days of the invoice date.

Health Care Authority

Step Two:

Health Care Authority (HCA) suspends valid claims for fiscal review.

Step Three:

HCA fiscal staff calculates the SD's required local match based on the dollar amount of the valid claims.

Step Four:

HCA's fiscal staff prepares and emails an A-19 invoice to the SD notifying them of the required local match due to HCA.

HCA emails reminders to the SD at 30, 60, 90, and 120 days and attempts to contact the SD via phone if local match is not received in a timely manner.

Final Step:

Once HCA receives local match from the SD, HCA fiscal staff releases the claims for payment. The SD receives payment via EFT or via check.

The reimbursement includes the return of the SD's local match, along with the state and federal matching funds.

HCA Internal Process

IGT Process Explanation:

Claims submitted by the SD are placed in suspended status in ProviderOne. HCA fiscal staff emails an A-19 invoice to the SD notifying them of their required local match. Once HCA receives local match from the school district, claims are released for payment.

If HCA does not receive local match from the SD within 120 days of the invoice date, claims will be denied.

Example:

$1000 claim for
School-Based Health Care Services.
50/50 split.

First 50% Federal:
$500 Medicaid

Second 50% non-Federal is divided 60/40 split:
$300-School local match (60%)
$200-State fund match (40%)
$500

$1000 Total Reimbursement

Updated October 2019