



Partnering Medicaid Managed Care and School-Based Health Centers: Results from a Pilot Project in Los Angeles

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L.A. Care
HEALTH PLAN

Overview



- Background
- Why L.A. Care is interested in school-based health centers
- L.A. Care's reimbursement pilot
 - Claims analysis
 - Challenges and barriers
 - Best practices
 - Lessons learned
 - Recommendations

What is L.A. Care?



- A local public agency and health plan serving residents of L.A. County through Medi-Cal (Medicaid) and Healthy Families (SCHIP)
- Membership of almost 800,000 members
- Partner to support public health, the safety net, and health insurance coverage for vulnerable populations

Our Members



- Mostly minority
 - 69% Hispanic
 - 13% African American
 - 9% White
 - 6% Asian
- Mostly non-English speaking
 - 55% prefer to speak a language other than English
- Mostly children and women

Why is L.A. Care Interested in School-Based Health Centers?



- Strategically located in low-income, underserved communities
- More likely to be associated with schools that have a high number of students who are served by public insurance programs
 - Estimated that 40% - 60% of students that utilize school-based health centers in California are enrolled in Medi-Cal
- School-based health centers capture only about 10% of their operating budget from billing Medi-Cal managed care²

² National Assembly on School-Based Health Care. Medicaid Reimbursement in School-Based Health Centers: State Association and Provider Perspectives. NASBHC Issue Brief. June 2000.

L.A. Care's Reimbursement Pilot - Aim



- To develop a broader strategy to support school-based health centers as an access point for L.A. Care members and other underserved children

Reimbursement Pilot Goals



- Gain information about the type and volume of services delivered to members at school-based health centers
- Identify effective clinic models to improve access to services and work with managed care
 - Explore whether different school-based health center models are more or less likely to successfully integrate into a managed care system
- Identify solutions to reduce administrative barriers

Reimbursement Pilot Implementation



- 14 sites selected based on location, scope of services, and number of L.A. Care members in school catchment area
- Inclusion of different health center models
 - District-operated vs. community clinic-operated vs. hospital-operated
 - Open to the public vs. open only to students
 - Located in an elementary vs. middle vs. high school
- Health centers were reimbursed fee for service for a specific scope of services
- Pilot ran from 4/1/05 – 12/31/05

School-Based Clinics Collaborative



- Collaborative of stakeholders to identify and develop solutions for administrative barriers encountered when school-based health centers work with managed care plans
- 25 individuals representing pilot sites, health plans, community-based organizations and others
- Met bimonthly from 3/05 – 1/06

Reimbursement Pilot Evaluation



- Claims analysis
- Exit interviews/questionnaires completed with pilot sites

Reimbursement Pilot Results



- Three health centers did not execute a contract
- Of the remaining 11 health centers, 9 actually submitted claims
- A total of 644 claims were submitted
 - Most frequently coded services (CPT codes) were office/outpatient visits and preventive care visits

Ten Most Frequently Coded Services in Submitted Claims



CPT Code	L.A. Care Members Seen by School Clinics	
	Total Number of Services*	Percent of Claims Submitted (%)
1. Office/outpatient visit	825	43%
2. Preventive care visit	84	4%
3. TB intradermal test	66	3%
4. Individual psychiatric treatment	66	3%
5. Pure tone hearing test	63	3%
6. Hemoglobin	48	2%
7. Visual acuity screen	42	2%
8. Urinalysis	40	2%
9. Immunization administration (1 vaccine)	39	2%
10. Interactive group psychiatric treatment	35	2%

*The number of coded services (n= 1,308) that compose the ten most frequently reported services exceeds the numbers of claims submitted (n=644) because multiple coded services could be submitted on each claim.

American Public Health Association Annual Meeting
November 7, 2007

Ten Most Frequently Coded Diagnoses in Submitted Claims



ICD-9 Code	L.A. Care Members Seen by School Clinics		
	Total Number of Visits	Number of Unique Students	Percent of Claims Submitted (%)
1. Attention deficit disorder, child with hyperactivity*	269	5	26%
2. Diabetes with ketoacidosis*	105	3	10%
3. Routine infant or child health exam	100	97	10%
4. Unspecified viral infection	43	39	4%
5. Acute upper respiratory infection	35	33	3%
6. Depressive disorder	29	12	3%
7. Headache	28	20	3%
8. Asthma	25	10	2%
9. Acne	18	9	2%
10. Unspecified otitis media	16	12	2%

* Chronic conditions that required the regular administration of medication were the top diagnosed conditions due to the diagnosis being captured on multiple claims for the same patient.

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Duplication of Services



- During the pilot, 203 members had at least one well-care visit
 - 90 members (44%) received well-care visits **only from their PCP**
 - 68 members (33%) received well-care visits **only from their school-based health center**
 - 45 members (22%) received well-care visits from **both their PCP and school-based health center**

Challenges and Barriers Experienced by Pilot Sites



- Signing and executing a health plan contract
- Identifying patient insurance status and verifying eligibility
- Submitting claims
- Communicating with the patient's medical home (primary care provider)

Best Practices



- Strong business orientation and philosophy to seek reimbursement for every service rendered (health centers run by community clinics demonstrated the best infrastructure fit for working with managed care)
- Dedicated staff to complete necessary forms and submit claims
- Use of automated member eligibility systems to verify insurance status (Medi-Cal website)
- Capture insurance information for students through school consent forms
- Health centers fax a copy of the PM 160 (invoice) form to the PCP office
- Reinforce message to students and parents on importance of maintaining relationship with PCP

Lessons Learned



- Utilize a less cumbersome contract template
- Involve health centers early in development of billing processes
- Establish a direct contact at the health plan for technical assistance
- Help health centers identify patients' PCPs

Next Steps



- Develop a toolkit for school-based health centers on how to work with managed care, including member identification, billing, and sharing information with the medical home
- Execute limited scope site contracts for L.A. Care's direct lines of business, with school-based health centers that have the administrative infrastructure to bill L.A. Care

Next Steps (cont.)



- Continue to support ad hoc requests for grants to help school-based health centers in the following priority areas:
 - Expansion of services or hours of operation
 - Enhancement of health education and disease management
 - Development of infrastructure to enhance the health center's long term sustainability
- Collaborate with and support the work of the California School Health Centers Association to provide technical assistance to strengthen the capacity of school-based health centers



Questions?

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