

**EMERGENCY REGULATION PUBLICATION FORMS**  
**Title 10**  
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**  
**Subtitle 09 MEDICAL CARE PROGRAMS**

**10.09.68 Maryland Medicaid Managed Care Program: School-Based Health Centers**

**Authority: Health-General Article, §15-103(b)19(i) Annotated Code of Maryland**

**Is There Emergency Text That is Identical to the Proposed Text:**

Yes       No

**Is There an Incorporation by Reference Document Associated with this Proposal?**

Yes       No

**Does this Proposal have an impact on environmental hazards affecting the health of children as defined in Health-General Article, §13-1501(c)?**

Yes (explain)       No

**Notice of Proposed Action**

The Secretary of Health and Mental Hygiene proposes to amend Regulations .02 and .03 under COMAR 10.09.68 Maryland Medicaid Managed Care Program: School Based Health Centers

**Statement of Purpose**

The purpose of this action is to allow HealthChoice enrollees to receive self-referred primary care services at school based health centers.

**Comparison to Federal Standards**  
**(Check one option)**

There is no corresponding federal standard to this proposed action.

or

There is a corresponding federal standard to this proposed action, but the proposed action is not more restrictive or stringent.

The corresponding federal standard is: \_\_\_\_\_

or

In compliance with Executive Order 01.01.1996.03, this proposed action is more restrictive or stringent than corresponding federal standards as follows:

- (1) Regulation citation and manner in which it is more restrictive than the applicable federal standard:
- (2) Benefit to the public health, safety or welfare, or the environment:
- (3) Analysis of additional burden or cost on the regulated person:
- (4) Justification for the need for more restrictive standards:

**Impact Statements**  
**Part A**  
**(check one option)**

**Estimate of Economic Impact**

- The proposed action has no economic impact.
- Or
- The proposed action has an economic impact. (IF this is checked, complete the following form in its entirety)

- I. Summary of Economic Impact.
- II. Types of Economic Impact.
- |                             |                            |                  |
|-----------------------------|----------------------------|------------------|
| A. On issuing agency:       | Revenue (R+/R-)            |                  |
| B. On other State agencies: | <u>Expenditure (E+/E-)</u> | <u>Magnitude</u> |
| C. On local governments:    | NONE                       |                  |
|                             | NONE                       |                  |
|                             | NONE                       |                  |
|                             | Benefit (+)                |                  |
|                             | <u>Cost (-)</u>            | <u>Magnitude</u> |
- D. On regulated industries or trade groups:
- E. On other industries or trade groups:
- F. Direct and indirect effects on public:
- III. Assumptions. (Identified by Impact Letter and Number from Section II.)

**Part B**  
**Economic Impact on Small Businesses**  
**(check one option)**

- The proposed action has minimal or no economic impact on small businesses.
- or
- The proposed action has a meaningful economic impact on small businesses. An analysis of this economic impact follows.

**Impact on Individuals with Disabilities**  
**(check one option)**

- The proposed action has no impact on individuals with disabilities.
- or
- The proposed action has an impact on individuals with disabilities as follows:  
(Agency to complete this assessment)

**Opportunity for Public Comment**

Comments may be sent to Michele Phinney, Director, Office of Regulation and Policy Coordination, Department of Health and Mental Hygiene, 201 W. Preston Street, Room 512, Baltimore, Maryland 21201, or call (410) 767-6499 or 1-877-4MD-DHMH, extension 6499, or fax to (410) 333-7687, or email to regs@dhmh.state.md.us. Comments will be accepted through

**Part C**  
**(For legislative use only; not for publication)**

- A. Fiscal Year in which regulations will become effective: FY 2010
- B. Does the budget for fiscal year in which regulations become effective contain funds to implement the regulations?  
 Yes     No     N/A
- C. If “yes”, state whether general, special (exact name), or federal funds will be used:
- D. If “no”, identify the source(s) of funds necessary for implementation of these regulations:
- E. If these regulations have no economic impact under Part A, indicate reason briefly: Primary care is an existing HealthChoice benefit provided by the MCOs
- F. If these regulations have minimal or no economic impact on small businesses under Part B, indicate the reason. The change is being made to ease access to primary health care for HealthChoice enrollees who attend schools with health centers on site.

Chapter 68 Maryland Medicaid Managed Care Program: School-Based Health Centers

Authority: Health-General Article, §15-103(b)19)(i) Annotated Code of Maryland

*10.09.68.02 (6/11/09)*

**.02 Designation as a School-Based Health Center.**

A. On application to the Department, a provider that is located on school grounds may be designated as a school-based health center if it demonstrates that it meets the following criteria:

(1) Complies with the general requirements for participation as a free-standing clinic set forth in COMAR 10.09.08.03;

(2) Complies with the general conditions of participation for Medical Assistance providers set forth in COMAR 10.09.36.03;

(3) Provides care to any enrolled student, regardless of the student's health insurance status;

- (4) Maintains a regular schedule of operation that is convenient to students, and, to the extent possible, accommodates working parents and guardians;
- (5) Develops and maintains mechanisms to monitor quality standards and to ensure compliance with basic medical standards of practice;
- (6) Provides health services through health professionals who:
  - (a) Are trained and experienced in community health and providing health care services to school-aged or younger children;
  - (b) Have knowledge of health promotion and illness prevention strategies for children and adolescents;
  - (c) Are trained and properly certified for the population to be served; and
  - (d) If applicable, are licensed or certified under the Health Occupations Article, Annotated Code of Maryland;
- (7) Has an organizational structure that:
  - (a) Is adequate to provide for appropriate clinical supervision of staff as required by law, and to ensure that staff are assigned responsibilities that are consistent with their education and experience, as well as legally within their scope of practice; and
  - (b) Includes an individual that is designated as having overall responsibility for the management of the center;
- (8) Maintains a staffing pattern that includes at least one advanced practice nurse in a practice category listed in COMAR 10.09.66.05A(4)(f) or (g), or a physician[, or a physician's assistant] on site whenever comprehensive primary health care services are being delivered;

- (9) Maintains policies and procedures, which are consistently followed, that require that the staff be adequately supervised and periodically evaluated by a qualified individual;
- (10) Has data collection and storage capabilities that are adequate to maintain medical records and standard demographic data;
- (11) Has the ability to maintain and enforce policies and procedures that are adequate to ensure the transmittal, in a timely manner, of required data to the MCO and/or PCP; and
- (12) Maintains policies and procedures, which are consistently followed, that ensure confidentiality of services and records and are consistent with Health-General Article, §4-301 et seq., Annotated Code of Maryland.

B. The Department shall collaborate with the Department of Education [and the Office of Children, Youth, and Families] to review and consider providers' applications for designation as school-based health centers.

*10.09.68.03 (6/11/09)*

**.03 Conditions for Reimbursement for Self-Referred Services.**

A. A school-based health center, designated by the Department as meeting the criteria specified in Regulation [.01] .02 of this chapter, is eligible for reimbursement by the student's MCO for the following self-referred services:

- (1) Comprehensive well-child care when performed by EPSDT certified providers and rendered according to EPSDT standards;
- (2) Follow-up of positive or abnormal EPSDT screening components without approval of the PCP except where referral for specialty care is indicated;

[(1)] (3) Diagnosis[, and treatment[, and uncomplicated follow-up (limited to one follow-up visit to the SBHC)] of [acute or urgent somatic] illness and injury[, and related prescribing of medications] that can be effectively managed in a primary care setting; and  
[(2)] (4) Family planning services specified in COMAR 10.09.65.20A(2)[, (6), and (7)].

B. An MCO is not required to reimburse a school-based health center for providing:

(1) Basic school health services as defined in COMAR 13A.05.05.05—.15;

(2) [Follow-up treatment for acute or urgent somatic illness that exceeds one visit.]

Services to non-students;

(3) Nursing services provided to enable an enrollee to be safely maintained in the school setting, such as gastroesophageal tube (GT) feedings, catheterization and suctioning;

(4) Nursing or other health services provided as part of an enrollees IEP/IFSP;

(5) School health services which are required in all school settings such as:

(a) Routine assessment of minor injuries;

(b) First aid;

(c) Administration or supervision of self-administered medication;

(d) General health promotion counseling; or

(e) Review of health records.

(6) Mandated health screening services performed at specific intervals in all public schools such as hearing, vision and scoliosis screenings;

(7) Routine sports physicals;

(8) Vaccines supplied by the VFC;

(9) Visits for the sole purpose of:

(a) Administering vaccines;

(b) Administering medication;

(c) Checking blood pressure;

(d) Measuring weight;

(e) Interpreting lab results; or

(f) Group or individual health education;

(10) Services provided outside of the physical location of the approved SBHC;

(11) Services not covered by MCOs such as dental and specialty mental health; or

(12) Services provided without prior authorization when prior authorization is required by the MCO.

C. The school-based health center providing self-referred services shall:

(1) [After providing acute or urgent follow-up care for somatic illness, refer the student back to the student's PCP for any additional indicated follow-up care] Verify eligibility and MCO assignment through EVS on the day of service;

(2) [Refer the student to the student's PCP whenever the student needs to have a treatment plan developed, or when any change in the student's treatment plan is needed] Submit claims within 180 days of performing the service;

(3) Submit claims using the CMS-1500 for paper processing and the HIPAA compliant 837P for electronic processing;

(4) Bill according to the SBHC Billing Instruction Manual provided by the Department using Place of Service code "03";

(5) Bill third party insurers before billing the MCO with the exception of well-child care and immunizations;

[(3)] (6) Transmit a Health Visit Report to the student's MCO and PCP[,] within three business days, [reports regarding self-referred services provided,] for inclusion in the student's medical record; [, but, ] if [the student needs] follow-up care [by] with the PCP is required within one week[,] and the Health Visit Report is mailed, the school-based health center must also telephone, [or] fax or email the [information] Health Visit Report to the student's MCO and PCP on the day of the SBHC visit.

[(4) If the student receives more than four acute or urgent visits per semester:]

[(a) Notify the student's MCO to determine if the student's PCP wants to see the student for a thorough physical evaluation; and]

[(b) Assist the MCO in scheduling follow-up visits; and]

[(5) To the extent possible, bill third-party insurers rather than the MCO for covered services.]

[D. Required Timeliness of Reports to MCO.]

[(1) To receive reimbursement for self-referred school-based health center services, the school-based health center shall transmit to the MCO within [6] six months of performing the services, encounter data and billing information using the CMS\_1500 format.]

[(2) If the school-based health center is delinquent in transmitting to the MCO encounter data as required by §D(1) of this regulation, the MCO may withhold payment until it receives the information.]

[E.] D. An MCO shall provide school-based health centers in its service area with the current information needed to facilitate communication between the SBHC, PCP and the MCO regarding care provided to the MCO's enrollees, and to effect reimbursement by the MCO, including:

(1) Information concerning the MCO's policies and procedures regarding provision of pharmacy and laboratory services; and

(2) Contact information, including a listing of:

(a) The name and number of an MCO representative who serves as the [MCO's] SBHC's contact person for coordination of care [the school-based health center];

(b) The address for submitting claims and encounter information; and

[(c) If appropriate, the name and number of the MCO's contact person for contracting services; and]

(c) Information on how to identify and contact the student-enrollee's PCP.

[(d)] E. SBHCs, MCOs and PCPs shall utilize [The name,] telephone, fax, mail and email to communicate. [and address of the MCO's contact person for payment.]

F. An MCO shall pay undisputed claims of the SBHC for services provided to its enrollees within 30 days of the MCO's receipt of the invoice.