

Washington State Department of Health School-Based Health Center Grant Program

Billing Resources and FAQ

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Frequently Asked Questions

This document is a compilation of questions the DOH SBHC Grant Program received from partners and grantees. Answers and information outlined in this document are gathered from relevant state agencies, including the Department of Health (DOH), the Health Care Authority (HCA), and the Managed Care Organizations (MCOs). The following should be noted:

- This document is updated frequently based on additional questions received and new information learned.
- This document should be used as a reference tool for information and best practices, and not for billing advice or in lieu of recommendations made a health insurance plan or expert biller/coder.
- Almost half of Washington’s children and youth are enrolled in or are eligible for Apple Health/Medicaid; most Medicaid/Apple Health clients are enrolled in Managed Care with a Managed Care Organization. Because of that, this FAQ is focused on Apple Health/Medicaid guidance. It does include general guidance and best practices for all types of health insurance plans.
- Private health insurance companies were not consulted for this document.

This document is organized by topic. Resources are located at the top of each section followed by frequently asked questions on that topic.

Common terms used:

Apple Health/Medicaid: In Washington State, [Medicaid is called Apple Health](#). For more information, go to: [How we work | Washington State Health Care Authority](#)

Managed Care Organization/MCO: The five health insurance plans contracted by the HCA to implement managed care for Apple Health in Washington. For more information go to: [Managed care | Washington State Health Care Authority](#)

Health insurance plans or health insurers refers to any type of health insurance plan, including Medicaid/Apple Health, Managed Care, or private insurance.

Client/patient/student/customer/enrollee are used interchangeably, unless otherwise noted.

Primary Care

Are SBHCs considered primary care?

SBHCs can provide comprehensive primary care services like well child/adolescent well visits, preventive visits, immunizations, evaluation and treatment of acute illness and injury, care for chronic medical conditions, and care coordination. Many students may already be receiving primary care outside of the SBHC, in which case, the SBHC fills gaps in that care; other students may only have access to primary care through their SBHC.

Some things to consider:

- Whether an SBHC or an SBHC-based provider can be designated as a student's primary care provider is dependent on the student's health insurance plan and the capacity of the SBHC.
- SBHCs may not have the same capacity or availability as traditional primary care practices to fully coordinate a student's care, a critical component of primary care. The primary care provider is considered the point person responsible for coordinating all care for the person, including any referrals to specialty care, working with the insurer or health plan, responsible for prior authorizations, etc.
- Some health insurance plans may have specific requirements to be considered a primary care provider, for example, some may require a primary care provider to be available 24 hours a day, 7 days a week, and 365 days per year.

Best practice: Contact the student's health insurance plan prior to providing the service to verify if the planned or requested service will be covered, as some services are not covered, others may have general limits that have been delivered and paid for in a certain timeframe, other services may require prior authorization, etc. For any primary care services that are delivered, coordinate with the student's primary care provider when indicated and possible (for students with a PCP).

Primary care is defined by the American Academy of Family Physicians (2022) as:
"integrated, accessible health care services by physicians and their health care teams who are accountable for addressing a large majority of personal health care needs,

developing a sustained partnership with patients, and practicing in the context of family and community. The care is person-centered, team-based, community-aligned, and designed to achieve better health, better care, and lower costs.”

Primary care is defined for the Managed Care Organizations as: *“Primary Care Provider (PCP)” means a Participating Provider who has the responsibility for supervising, coordinating, and providing primary health care to Enrollees, initiating referrals for specialist care, and maintaining the continuity of Enrollee care. PCPs include, but are not limited to Pediatricians, Family Practitioners, General Practitioners, Internists, Naturopathic physicians, medical residents (under the supervision of a teaching physician), Physician Assistants (under the supervision of a physician), or Advanced Registered Nurse Practitioners (ARNPs), as designated by the Contractor. The definition of PCP is inclusive of primary care physician as it is used in [42 C.F.R. § 438.2.](#)”*

What does it mean when an MCO assigns a primary care provider to a patient/client?

Apple Health/Medicaid clients who are enrolled in Managed Care are automatically assigned a primary care provider and a medical home per federal regulations. There is also a process that allows clients to choose their primary care provider which usually involves a form they fill out and submit to their MCO.

Other health insurance plans may assign a primary care provider to their clients and or allow them to choose or change their assigned PCP.

Whether an SBHC or an SBHC-based provider can be assigned as a student’s primary care provider is dependent on the student’s health insurance plan and the capacity of the SBHC.

Best practice: If there are questions about an SBHC provider being or becoming an assignable primary care provider, contact the health insurance plan you want to be an assigned provider with to learn how. Note, to be eligible to be an assignable PCP for a student, you must first be enrolled with that health plan.

Can SBHCs provide primary care services for a student if they are assigned to a different clinic/provider by their health insurance plan?

Yes, if the services provided are a covered benefit by the student’s health insurance plan, and the provider is contracted with the student’s health insurance plan. SBHCs can, and often do, provide primary care services to students without being the assigned primary care provider.

Some things to consider:

- You may not receive the same reimbursement rate for primary care services for the student as the assigned clinic/primary care provider would. Providers/clinics receive reimbursement for services based on the negotiated rate in the contract with each health plan. In addition, some health plans (including the MCO’s) offer incentives or different reimbursement for completion of certain services (like well child/adolescent

health visits), and this would not be available to the SBHC if they weren't the assigned clinic/provider.

- The covered benefit on some services may have already been reached in which case the claim may be denied. An example could be an annual well child exam which is covered under HCA Apple Health/Medicaid policy once every calendar year for ages 5 through 20.
- Most health insurance plans allow clients to change or choose their PCP if they are contracted with that plan. Each insurance plan has their own process.

Best practice: Contact the student's health insurance plan prior to providing the service to verify if the planned or requested service will be covered, as some services are not covered, others may have general limits that have been delivered and paid for in a certain timeframe, other services may require prior authorization, etc. For any primary care services that are delivered, coordinate with the student's primary care provider when indicated and possible (for students with a PCP).

If there are questions about an SBHC provider being or becoming an assignable primary care provider, contact the health insurance plan you want to be an assigned provider with to learn how. Note, to be eligible to be an assignable PCP for a student, you must first be enrolled with that health plan.

If an SBHC provides primary care services, like well child/adolescent health visits, are they competing with local primary care providers?

No. SBHCs provide care in places that are convenient to young people and their families, and many provide care where health care services like primary care are scarce. SBHCs are a convenient health care access point for students to receive important services like well visits and preventive care. For many students, SBHCs may be serving as a student's medical home and main point for primary care. Data shows that utilization of services for adolescents in Washington are low overall, including adolescent well visits, so there is more need than there is competition.

Best practice: Many Washington students are not receiving a comprehensive well child/adolescent health visit every year, as recommended by the [American Academy of Pediatrics](#) and the [American Academy of Family Physicians](#), and SBHCs can help fill this gap. Washington State agencies and many of the health care plans support SBHCs to provide primary care and preventive services like well child/adolescent visits. WA DOH and the Washington School-Based Health Alliance are available to conduct outreach to local primary care providers to raise awareness and encourage support for SBHCs.

General Billing and Enrollment

Resources and Information:

To receive the best support for billing and enrollment, contact customer service (via email, phone, or online portal) for the health insurance plan associated with the individual patient/encounter you want to bill for or have questions about. Be sure to have the patient and encounter information in front of you.

- The National School Based Health Alliance information on billing in SBHCs can be found here: [SBHC Reimbursement – School-Based Health Alliance](#); a link to other billing articles can be found here: ["Billing" - School-Based Health Alliance](#)
- Each Managed Care Organization (MCO) generally follows the HCA's billing guides as a floor/minimum but can exceed what is described in the billing guides. Each also has their own unique supports and benefits available for members (you may know these as value added benefits).
- Contact information for HCA and the MCOs, links to billing and fee schedules, ProviderOne resources, and other contact information at the HCA can be found at [Apple Health clinical policy and billing contact information](#).
 - Customer service contacts (click the one for Apple Health Providers): [Contact HCA | Washington State Health Care Authority](#)
 - If providers have trouble getting in contact with the MCOs or are unsatisfied with the resolutions/outcomes, they can send an email to HCA managed care staff at HCAMCPrograms@hca.wa.gov.
- Information about school-based behavioral health care, Medicaid billing and enrollment in school-based settings, and more are listed in Appendix B of the [K-12 Medicaid BH Toolkit](#). While this document is behavioral health focused, it includes general information about enrollment and other processes.
- Webinars about the HCA and the MCOs (Medicaid 101, Family Planning Only, and MCOs 101) can be found on the Washington School-Based Health Alliance's resource page at [Webinars - Washington School-Based Health Alliance \(wasbha.org\)](#)

What training and support are available for providers around billing?

The HCA and many of the health insurance plans have training and technical assistance for their online billing systems that are available on their websites or by contacting customer service. The health insurance plans' support staff can help with navigating billing systems, troubleshooting claims that have been denied payment, and can answer questions about billing guidelines.

However, it should be noted that the HCA and health insurance plans cannot provide directives on how to specifically bill visits as only the provider knows what service was provided in the visit and it is the provider and/or provider agency's responsibility to bill appropriately and in accordance with billing and coding rules and regulations. The billing guides that are published,

publicly available and updated quarterly on the HCA website aim to provide clinical policy and broad guidance on covered services and associated codes. A link to the billing guides is included in the resource list at the top of this section.

Best practice: Check for training and support resources on the website of the health insurance plan you want to bill, contact provider support services at the health insurance plan you want to bill to see what supports are available, or check with an expert in billing and coding. In addition, use the billing guides published by the HCA for guidance if the client/student is covered by Apple Health/Medicaid.

How do I troubleshoot problems with billing and reimbursement as they come up?

Best practice: Health insurance plans recommend contacting customer service for the insurance plan of the patient for which a billing issue has occurred. There are usually multiple ways to contact a health insurance plan that includes calling the number on the back of the patient's insurance card, using an email system, or an online portal. Staff at the health insurance plans can help troubleshoot claims denials, but they will need information about the patient's health insurance, the claim, and the denial, and they usually won't be able to advise on how to bill for a service. It is necessary to have the claim denial letter or associated information with you when you call.

I am a new SBHC. How do I bill insurance?

To bill insurance, the health care providers and the facility must be contracted with each health insurance plan that you want to bill - this is sometimes called "enrollment", "paneling" "credentialing" or "joining a network". We will use "enroll" here.

Nearly half of all young people in Washington are covered by Medicaid/Apple Health; most Medicaid/Apple Health clients are enrolled with one of the five MCOs. To bill the MCOs, health care providers need to enroll with Medicaid/Apple Health through the HCA, then enroll with each MCO (or the MCOs that serve young people in their region). To bill private insurance plans, health care providers (and sometimes the facility) will need to enroll with any private health insurance plans/payors that your patients have and that you want to bill. You do not need to be enrolled with Medicaid/Apple Health to bill private health insurance.

Before you can contract with a health insurance plan, the health care providers and sometimes the health care facility (depending on the type) must be licensed with the Washington State Department of Health. Health care providers will also need to apply for a National Provider Identifier, or NPI. Information about how to apply can be found here: <https://www.hca.wa.gov/assets/program/National-Provider-Identifier-Fact-Sheet.pdf> and a US Drug Enforcement Administration license to dispense medication. After that, the provider and the facility will also have to go through the credentialing process with health insurance plans to be able to contract with them. This can take several months to complete. Once credentialing is complete, the provider (and sometimes the facility) can enroll with Medicaid/Apple Health and

then the other health insurance plan to contract and be able to bill them for services provided to their clients.

Best practice: Contact the health insurance plan you want to contract with to ask about their enrollment process. Begin this process as soon as possible since it does take time. If you will be accepting Medicaid, enroll with Medicaid/Apple health through the HCA, first.

Is there a cost associated with enrollment and credentialing with the health insurance plans?

There are no fees for enrollment with the HCA or the MCOs.

Best practice: Contact the health insurance plan you want to enroll with to learn more about their processes and if there are associated costs. Costs associated with enrollment or credentialing are allowable costs under DOH SBHC grants.

I am a school, and I want to bill Medicaid and other insurance for behavioral health services we provide in the school setting, but not in a school-based health center. How do I do that?

Medicaid has a School-Based Health Services Program that covers costs for many health care services delivered to students with an Independent Educational Plan (IEP). Medicaid can also be billed for some services delivered to students without an IEP, including some mental and behavioral health services.

Best practice: Refer to the HCA's [toolkit on school-based behavioral health services and billing](#) for more information and contacts for support. Schools have several options to bill for behavioral health services.

Well Child/Adolescent Visits

Resources and Information

- The HCA has a regularly-updated (typically every quarter) guide on Early and Periodic Developmental Screening for well child/adolescent visits that includes recommended CPT and ICD-10 codes: [Provider billing guides and fee schedules | Washington State Health Care Authority](#) – scroll down to “E” to find the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) billing guide and associated fee schedule.
- Coordinated Care of Washington has a resource on converting sports physicals to well visits at: https://www.coordinatedcarehealth.com/content/dam/centene/Cordinated%20Care/provider/PDFs/508_EPSDT%20Provider%20Tools%20v1.9_Final.pdf
- The AAP's Preventive Care/Periodicity Schedule [Preventive Care/Periodicity Schedule \(aap.org\)](#) has more information on scheduled screenings and activities for well child/adolescent visits.

- Bright Futures Guidelines outlines recommended pediatric health promotion, supervision, and guidance for age-based visits and includes links to important tools, assessments, and more: [Bright Futures Guidelines and Pocket Guide \(aap.org\)](#)

What is the appropriate coding for a well child/adolescent visit?

Best practice: It is recommended to consult with a qualified biller/coder about what codes to use for which services. HCA outlines covered benefits and associated coding for well child/adolescent visits in the [Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\) billing guide and fee schedule](#). The MCOs recommend following the billing guide for this, as well.

Do all health insurance plans cover a well-child/adolescent visit?

For the most part, yes. Most health insurance plans cover one well child/adolescent visit for each calendar year for children ages 5-20, but it is dependent on whether it is a covered benefit for a student's specific insurance plan.

Best practice: Contact the student's health insurance plan prior to providing the service to verify if the planned or requested service will be covered, as some services are not covered, others may have general limits that have been delivered and paid for in a certain timeframe, other services may require prior authorization, etc. For any primary care services that are delivered, coordinate with the student's primary care provider when indicated and possible (for students with a PCP).

Do all health insurance plans cover a sports physical?

No, not all health insurance plans cover a sports physical, and the definition of "sports physical" varies.

Best practice: Contact the student's health insurance plan prior to providing the service to verify if the planned or requested service will be covered, as some services are not covered, others may have general limits that have been delivered and paid for in a certain timeframe, other services may require prior authorization, etc. For any primary care services that are delivered, coordinate with the student's primary care provider when indicated and possible (for students with a PCP).

Consider providing a well child/adolescent visit instead of a sports physical if one has not been completed in the last calendar year. Well child/adolescent visits meet the requirements of a sports physical, are more comprehensive than a sports physical, are covered by more health insurers, and are reimbursed at a higher rate than a sports physical. There are required components of a well-child/adolescent checkup that must be met to bill and be reimbursed for this service. These are listed in HCA's EPSDT billing guide.

Why can't I bill for a sports physical if a well child/adolescent visit has already been completed?

If a well child/adolescent visit has been completed in the last calendar year, you will need to check with the individual's insurance plan to see if they will also cover a sports physical within the same time frame. Some plans do not cover sports physicals at all, others will only allow a sports physical if a well child/adolescent visit has not been completed in the last calendar year.

Best practice: Contact the student's health insurance plan prior to providing the service to verify coverage and determine if a well child/adolescent visit was completed within the benefit period before providing a sports physical or a well child/adolescent visit. For many health insurance plans, this can be done on their online portal, emailing or submitting an online request form, or by calling the customer service number on the back of the patient's insurance card.

Consider providing a well child/adolescent visit instead of a sports physical if one has not been completed in the last calendar year. Well child/adolescent visits meet the requirements of a sports physical, are more comprehensive than a sports physical, are covered by more health insurers, and are reimbursed at a higher rate than a sports physical. There are required components of a well-child/adolescent checkup that must be met to bill and be reimbursed for this service. These are listed in HCA's EPSDT billing guide.

Can a health insurance plan change the way I billed for a service provided in my SBHC? For example, can they change a sports physical to a well child/adolescent check? Or vice versa?

In general, health insurance plans cannot change the way a health care provider/facility codes and bills for a service. Those decisions are made by the provider and the practice/clinic. However, insurance plans may not cover the service that was billed for various reasons and/or may deny a claim because of documentation or coding errors, both of which may result in a denial.

Best practice: If you have a concern that a bill has been changed or need assistance with troubleshooting a denial you received, call the customer service line to the health insurance plan, or the HCA, in question to ask about it. Be sure to have the claim and encounter information at the time you call.

Rural Health Clinic/Federally Qualified Health Center

Resources for Rural Health (RHC) and Federally Qualified Health Centers (FQHC)

- The HCA has a billing guide and fee schedule for Rural Health and FQHCs at [Provider billing guides and fee schedules | Washington State Health Care Authority](#):
 - Scroll to "F" and select "Federally Qualified Health Center"

- Scroll to “R” and select “Rural Health”
- For support at the HCA on FQHCs FQHCRHC@hca.wa.gov

Do federally qualified health centers (FQHC) or rural health clinics (RHC) have special rules that make it easier for them to start an SBHC?

There are no specific rules that make it easier for an FQHCs or RHCs to start an SBHC. However, their licensure makes it easier for them to provide services in multiple types of settings, including in non-traditional settings, like schools, as those settings are viewed as an extension of their clinic, rather than separate. Under federal rules and regulations, FQHCs and RHCs are also entitled to different and often enhanced reimbursement rates for services they provide based on their licensure and status as an RHC or FQHC and the populations they serve.

Best practice: Contact the health insurance plan for the client you want to bill services for; many of the health insurance plans have designated contacts for FQHCs and RHCs.

Do different types of healthcare facilities – like FQHCs, hospitals, local health jurisdictions, community health clinics, etc. – have different structures or rules or requirements that impact if and how they bill for health care services delivered in a school-based health center?

Clinics like community health centers, RHCs and FQHCs can bill and be reimbursed for services provided outside of their physical clinics (like in a SBHC) in the same way they would bill and be reimbursed for services provided inside of their physical clinics. This is based on how their facility is licensed to provide medical services.

Hospitals and local health jurisdictions may have to set things up differently because their designation and licensures are different. Setting up an SBHC will require extra steps if they do not already have an in-house clinic or satellite clinic.

To bill any health insurance plan, you must first be enrolled with that plan. Providers are reimbursed for services based on the contracted rate with the individual plan.

Best practice: Enroll with the health insurance plan that you want to bill and contact them directly with questions about billing and reimbursement in your SBHC.

Can a rural health clinic bill Medicaid for services at a separate location, like a school-based health center? Is there an additional certification or site approval process to go through as a rural health clinic to be able to bill Medicaid for services provided within the school building?

Qualifying services provided inside the RHC would also qualify outside the RHC in a school setting. The RHC would bill claims as they would within the RHC, by using all the relevant information attached to the RHC providing services.

Refer to the [RHC Billing Guide](#) Page 20 which explains services provided outside of the RHC.

Services outside the clinic

Hospital based services are not encounter-eligible. Covered services will be paid as fee-for-service and must not be billed with a HCPCS T1015 encounter code.

*Otherwise, a service that is considered an encounter when performed in the clinic is considered an encounter when performed **outside** the clinic (for example, in a nursing facility or in the client's home) and is payable to the clinic. A service that is not considered an encounter when performed in the clinic is not considered an encounter when performed **outside** the clinic, regardless of the place of service.*

Can a rural health clinic provide services to students in the school setting, even if those students are not established patients at the main clinic?

Yes, if the services are a covered benefit by the student's insurance plan and the provider and the RHC are in network/enrolled with the student's health insurance plan. When an RHC provides services to students in a school setting, services are billed to the student's health insurance plan as they would be in the clinic setting.

Clients in managed care can only see providers who are in their MCO's provider network, unless prior authorized or to treat urgent or emergent care. This means, providers would need to be enrolled with the MCO to bill for services to that MCO. Patients attached to a specific clinic are not an issue when billing the MCO. Patients are frequently seen in various clinics and billed to the appropriate MCO.

Best practice: Contact the health insurance plan for the client you want to bill services for to verify coverage.

Is there any limitation on whether an RHC can bill and receive reimbursement for school-based services provided to students who are established patients at other clinics?

No, there is no limit on RHCs ability to bill and receive reimbursement for school-based services provided to students established at other clinics. See the question above.

Best practice: Contact the health insurance plan for the client you want to bill services for to verify coverage.

Minor Consent, Confidentiality, and Privacy

Resources on Minor Consent, Confidentiality, and Confidential Services

- A comprehensive summary of the health care rights of minors can be found at [When can a minor access health care without parental consent? | WashingtonLawHelp.org | Helpful information about the law in Washington.](https://www.washingtonlawhelp.org/helpful-information-about-the-law-in-washington)
- Options for confidential sexual health services, including:
 - Young people can enroll in the HCA's Family Planning Only program and can request confidential services. The application for this program includes a check box to confirm if a young person is requesting confidential coverage. Services covered by this program include family planning visits, all FDA approved contraceptives (prescription and over the counter), permanent sterilization, pregnancy testing, cervical cancer screenings, limited immunizations, and sexually transmitted infection screening, testing and treatment. For more information about services, eligibility, and how to enroll go to: [Family Planning Only | Washington State Health Care Authority](https://www.wa.gov/health-care-authority/family-planning-only)
 - Coverage includes a comprehensive family planning visit and any family planning-related follow-up visits.
 - Clients covered by FPO are able to receive care at any Apple Health enrolled provider providing family planning services. Prior to 2019, this program was limited to specialty clinics.
 - HCA does not send Explanation of Benefits (EOBs). If you Apple Health coverage under a Managed Care plan, please call them directly to confirm you are seeking confidential services.
 - The Department of Health supports the Washington State Title X Sexual and Reproductive Health Network in which participating clinics receive state funding to provide [sexual and reproductive health services](#) on a sliding fee scale, and many provide services via telehealth. There are currently 16 partner organizations in our Network. These organizations operate a total of 87 clinics. To find a clinic near you, go to: [Clinic Locations | Washington State Department of Health](#)

Resources for youth-serving providers and organizations:

- [Sparks Training on Washington Minor Consent Laws](#) from the Adolescent Health Initiative and the Washington State Department of Health (scroll down to Washington)
- [RHNTC: Tips for Maintaining Patient Privacy and Confidentiality](#)
- [Adolescent Health Care, Confidentiality | AAFP](#)
- [Washington Confidentiality Toolkit for Providers \(HCA 60-0077\)](#)
- [Health information and your privacy | Washington state Office of the Insurance Commissioner](#)

Resources for young people:

- [I'm under 18. When can I get health care without an adult's consent? | WashingtonLawHelp.org | Helpful information about the law in Washington.](https://www.washingtonlawhelp.org/helpful-information-about-the-law-in-washington)
- [Teen Health Hub WA | Washington State Department of Health](https://www.wa.gov/health-care-authority/teen-health-hub)

What health care services can a young person legally consent to?

Washington state law ([RCW 26.28.010](#)) says that young people can make their own health care decisions and consent to any health care services at the age of 18. When young people are under 18, they need a parent's or authorized adult's permission for healthcare services; however, minor consent laws allow young people under 18 to consent to some health care services on their own, This includes inpatient and outpatient behavioral health care (age 13 and older), STI testing (age 14 and older), and emergency care, contraception, abortion and prenatal care at any age.

Best practice: Ensure clinic staff and providers understand Washington's minor consent laws, know where to find more information, and can answer questions young people may have about their health care rights.

How can I make sure my patient's privacy will be protected when they access confidential services at my SBHC that they can consent to?

Teens and young adults have the right to access some health care services when they are under 18. This includes inpatient and outpatient behavioral health care (13 and older), STI testing (14 and older), and emergency care, contraception, abortion and prenatal care at any age. For more details go to [When can a minor access health care without parental consent? | WashingtonLawHelp.org | Helpful information about the law in Washington.](#)

According to Washington's State law ([RCW 284.05.510](#)), if a young person is old enough to consent to a health care service, they also have the right to confidentiality for that service. This means the provider and the insurance plan must keep that patient's information private - this includes discussing care, scheduling follow up appointments, billing and reimbursement communications, and explanations of benefits.

Best practice: Take steps to protect patient confidentiality for services they can consent to and explain what aspects and information about their visits are confidential and what aspects are not.

Different SBHC providers and clinics handle confidential services in different ways to ensure confidentiality. Some methods used include:

- Enrolling the patient in HCA's Family Planning Only Program to bill for confidential services
- Referring a patient to a Title X clinic for confidential services
- Billing for confidential services on a separate account with a different name
- Submitting a confidentiality form to the patient's health insurance plan on behalf of the patient

- Not billing for confidential services

A current mechanism in place to alert health insurance plans of the request for confidentiality is the [Confidentiality Request Form \(wa.gov\)](#), accessed through the Office of the Insurance Commissioner. Each state regulated health plan (those on the Health Benefits Exchange, not private plans by the same companies) are required to have a similar form on each of their respective health plan sites. The form can be submitted ahead of the appointment to the health plan to ensure that health care related communication, including an EOB, goes to the email/mail location of the patients choosing.

If a patient and provider have submitted the form and a visit does not remain confidential, the Office of the Insurance Commissioner recommends filing a complaint. For more information about confidentiality, filing a complaint, and to download the form go to: [Health information and your privacy | Washington state Office of the Insurance Commissioner](#)

For patients covered by Medicaid/Apple Health, the form above applies, or you can call or submit a Medicaid-specific form. Contact the HCA Coordination of Benefits/Health Insurance Unit to request a “Good Cause” indicator be placed on the client’s file. This would prevent private insurance from being billed for family planning or confidential services. Go to the Contact Us webform and choose “Private Commercial Insurance” from the Select Topic dropdown (https://fortress.wa.gov/hca/p1contactus/Provider_WebForm). If more expediency is needed, clients and providers can use the following Medicaid Administrative Claiming Services (MASC) phone lines:

- **Provider line:** 1-800-562-3022, IVR options 4, then 4. (**Hours:** 7 a.m. - 4:30 p.m., Monday – Friday)
- **Client (student) line:** 1-800-562-3022, IVR options 3, then 2. (Hours are 7 a.m. – 5 p.m.)

MACSC call center staff follow processes established by the HCA legal department on verifying the caller before providing any information.

Do I have to provide confidential services at my SBHC?

This depends on the services provided. SBHCs generally provide comprehensive integrated medical and behavioral health care that is age-appropriate and youth-friendly and in a school-setting. Because SBHCs are locally controlled and represent a collaboration between the school, the community, and the health care sponsor (the health care clinic or facility that operates the SBCH), the menu of services provided at the SBHC are curated to meet the needs of the students within the content of their community and may or may not include services that are usually confidential, like sexual and reproductive health care, or mental and behavioral health care.

However, regardless of the types of services provided, adherence to state law still applies. If a student receives services to which they can legally consent and they ask for those services to be confidential, the SBHC must comply with the law and take steps to ensure confidentiality.

Best practice: Provide services at your SBHC that meet the needs of your community based on input and engagement from the community, the school, and the students.