

Cost Recovery and Cost Reduction Strategies for Providing Reproductive Health Services in School-Based Health Centers



July 2021

FINANCIAL POLICY SAMPLE

SCHOOL-BASED HEALTH CENTER POLICIES AND PROCEDURES

SUBJECT: Billing for Reproductive Health Services

POLICY: It is the policy of the SBHC to maximize resources and bill insurance as appropriate. In situations where services rendered are protected by minor consent laws, special procedures will be implemented to ensure confidentiality.

MINOR CONSENT: Under Colorado law, minors are allowed to consent to contraceptive care, STI care, and HIV testing. When services protected by minor consent laws are requested, minors must be counseled regarding the SBHC's financial policy. Minors must provide written consent prior to billing any third party.

If a third party is not billed, the visit is a self-pay visit and the amount due from the patient is based on a sliding fee scale.

A. Billing process

a. Billing Information

- i. At each visit, the SBHC will determine the insurance status of the patient.
- ii. If appropriate, a referral will be made for Medicaid screening and enrollment.

b. If patient has Medicaid

- i. A second confidential chart will be generated. Last name of patient will be "confidential" and patient's real first name and date of birth will be used. The chart will be assigned to Medicaid but no patient address will be entered.
- ii. All reproductive health services will be billed directly to Medicaid. No EBO will be sent to the parents.

c. If patient has insurance other than Medicaid

- i. The patient will be given two options:
 1. Bill private insurance: patient will be informed that there is no confidentiality with this option and parents will receive a detailed list of all services rendered during the visit.
 - a. Patient will sign a consent form clearly stating awareness that no confidentiality can be guaranteed when billing private insurance.
 2. Place student on a sliding fee scale: the patient assumes responsibility for the reduced charges associated with the visit.
 - a. A second confidential chart will be generated. Last name of patient will be "confidential" and real patient's first name and date of birth will be used. Chart will be assigned to self-pay and no address will be entered.

