



STATE OF WASHINGTON
HEALTH CARE AUTHORITY
626 8th Avenue, SE • P.O. Box 45530 • Olympia, Washington 98504-5530

May 1, 2015

TO: School-Based Health Care Services (SBHS) Billing Consultants,
School Districts and Educational Service Districts:

- Superintendents
- Special Education Directors
- Business Managers
- Medicaid Coordinators

FROM: Jim Harvey, Ed.S., AAC, BCPC-ABPC
School-Based Health Care Services Program Manager
Health Care Services

SUBJECT: School-Based Health Care Services (SBHS) Claim Submission Errors

The number of School-Based Health Care Services (SBHS) claims being denied in ProviderOne has increased over the past several months. The following guidance is intended to assist you in identifying and resolving claim denials, and to ensure claims are submitted correctly.

Initial claims must be submitted within three hundred sixty five (365) days from the date of service. If the claim is denied, the claim may be corrected and resubmitted within 2 years after the date of denial. Districts should monitor their Remittance Advices (RAs) in ProviderOne to identify denied claims. The most common reasons for claim denials include:

- Missing licensed provider's servicing taxonomy number
- Missing licensed provider's National Provider Identifier (NPI) number
- Licensed provider not enrolled on the date of service
- Provider's licenses are not current on the date of service
- Initial claim submitted beyond the 365 day limit from the date of service
- Claims conflict with National Correct Coding Initiatives (NCCI) edits

Districts are responsible for ensuring licensed providers are enrolled in ProviderOne under their district's NPI number before submitting a claim for reimbursement. To further ensure claim processing is correctly submitted through ProviderOne, the following is recommended:

- Ensure providers' licenses are current before the date of service ([WAC 182-537-0350](#))
- Confirm treatment notes substantiate the claim(s) ([WAC 182-537-0700](#) and [182-502-0020](#))
- Confirm claims submitted have the correct SBHS program taxonomy number
- Confirm claims submitted have the correct NPI numbers for the district and their licensed providers
- Contact the billing consultant, if applicable, to confirm claims were received and submitted to HCA
- Resolve claim denials with the billing consultant
- Ensure local matching funds are submitted within one hundred twenty (120) days from the date of invoice (A-19)

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HCA encourages districts to communicate with their consultant to mitigate any claim processing concerns before contacting HCA. Districts that self-bill claims through direct data entry (DDE) into ProviderOne should contact [Medicaid Customer Service](#) or call 1-800-562-3022 regarding claim processing concerns.

Thank you for your continued participation in the SBHS program. If you have any questions or need additional clarification, please contact the following:

- For SBHS program policy questions or additional clarifications regarding this memo, please contact the SBHS Program Manager via email at james.harvey@hca.wa.gov or call 360-725-1153
- For questions regarding denied claims, remittance advices or Medicaid eligibility, please contact [Medicaid Customer Service](#) or call 1-800-562-3022
- For *training-only* questions related to ProviderOne, please contact [Provider Relations](#)

CC: Todd Slettvet, Community Services Section Manager, HCS, HCA
Stacey Bushaw, Family Health Care Services Unit Supervisor, HCS, HC
Mary Ellen Parrish, Office of Superintendent of Public Instruction