THIRD-PARTY BILLING FOR PUBLIC HEALTH STD SERVICES:
A Summary of Needs Assessment Findings

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STD CLINICS’ BILLING HISTORY

Why don’t STD clinics have the same billing capacity as private doctors’ offices?
HISTORY / CONTEXT

2010

June, 2012

September, 2012

AFFORDABLE CARE ACT

APPROVED
MAR 23 2010

EXTRA! EXTRA!
CONSTITUTIONAL!
HIGH COURT
UPHOLDS!!

STD RRTTACs

REGION I
STD TAC
BILLING NEEDS ASSESSMENT

Coordinated Needs Assessment Across 10 Regions

• Developed tools with input from all regions and CDC
• Distribution of the tool and data collection done in collaboration with State STD Programs and Public Health Labs
KEY EVALUATION Q’S

1. Billing status of STD-certified 340B clinics and state Public Health Labs?

2. Capacity of project area STD programs to provide billing support to STD-certified 340B clinics?

3. What types of billing training/TA needs do they need?
## PARTICIPATION RATES BY REGION

<table>
<thead>
<tr>
<th>Region</th>
<th>Participation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region I</td>
<td>60%</td>
</tr>
<tr>
<td>Region II</td>
<td>44%</td>
</tr>
<tr>
<td>Region III</td>
<td>73%</td>
</tr>
<tr>
<td>Region IV</td>
<td>87%</td>
</tr>
<tr>
<td>Region V</td>
<td>38%</td>
</tr>
<tr>
<td>Region VI</td>
<td>71%</td>
</tr>
<tr>
<td>Region VII</td>
<td>72%</td>
</tr>
<tr>
<td>Region VIII</td>
<td>36%</td>
</tr>
<tr>
<td>Region IX</td>
<td>70%</td>
</tr>
<tr>
<td>Region X</td>
<td>73%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>72%</strong></td>
</tr>
</tbody>
</table>
## ASSESSMENT RESPONDENTS

<table>
<thead>
<tr>
<th>Clinics</th>
<th>Agency</th>
<th>Total Respondents</th>
<th>Total Clinics Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>206</td>
<td>127</td>
<td>333</td>
<td>1,935</td>
</tr>
</tbody>
</table>
DEMOGRAPHIC INFORMATION

- Size
- Site Type
- Services
- Geographic location - state
NATIONALLY, HOW MANY STD-CERTIFIED CLINICS ARE NOT BILLING THIRD-PARTY PAYERS?
STD-CERTIFIED 340B CLINICS’ BILLING STATUS (N=1,935)

- Yes, billing Medicaid and other third party payers (n=865) - 45%
- Yes, billing Medicaid only (n=587) - 30%
- No, not billing Medicaid or other third party payers (n=477) - 25%
WHAT ARE THE CHARACTERISTICS OF THOSE NOT BILLING?

- STD Clinics
- Clinics providing STD Services only
- Small clinics

All statistically significant \((p < .0001)\)
SERVICES PROVIDED BY SITE TYPE (N=333)

<table>
<thead>
<tr>
<th>Site Type</th>
<th>STD Services Only</th>
<th>Integrated Clinic (Including FP and STD Services)</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>HD STD N=162</td>
<td>25%</td>
<td>6%</td>
<td>0%</td>
</tr>
<tr>
<td>HD FP N=66</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>CHC N=20</td>
<td>20%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>PP/FREE-STANDING FP N=20</td>
<td>0%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>OTHER N=57</td>
<td>19%</td>
<td>15%</td>
<td>66%</td>
</tr>
</tbody>
</table>

- HD STD: STD Services Only
- HD FP: Integrated Clinic (Including FP and STD Services)
- CHC: Other
- PP/FREE-STANDING FP: Other
- OTHER: Other
BILLING STATUS BY SITE TYPE (N=1,935)

<table>
<thead>
<tr>
<th>Site Type</th>
<th>Yes, billing Medicaid and other third-party payers</th>
<th>Yes, billing Medicaid only</th>
<th>No, not billing Medicaid or other third-party payers</th>
</tr>
</thead>
<tbody>
<tr>
<td>HD STD (n=1219)</td>
<td>30%</td>
<td>40%</td>
<td>30%</td>
</tr>
<tr>
<td>HD FP (n=191)</td>
<td>20%</td>
<td>20%</td>
<td>60%</td>
</tr>
<tr>
<td>CHC or Look-Alike (n=172)</td>
<td>7%</td>
<td>2%</td>
<td>91%</td>
</tr>
<tr>
<td>PP/Free-Standing FP (n=177)</td>
<td>3%</td>
<td>0%</td>
<td>97%</td>
</tr>
<tr>
<td>Other (n=168)</td>
<td>30%</td>
<td>30%</td>
<td>40%</td>
</tr>
</tbody>
</table>
BILLING STATUS BY CLINIC SIZE (N=1,935)

<table>
<thead>
<tr>
<th>Annual Visits</th>
<th>Yes, billing Medicaid and other third-party payers</th>
<th>Yes, billing Medicaid only</th>
<th>No, not billing Medicaid or other third-party payers</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-499</td>
<td>13%</td>
<td>35%</td>
<td>53%</td>
</tr>
<tr>
<td>500-1,999</td>
<td>30%</td>
<td>41%</td>
<td>29%</td>
</tr>
<tr>
<td>2,000-9,999</td>
<td>7%</td>
<td>12%</td>
<td>81%</td>
</tr>
<tr>
<td>10,000+</td>
<td>8%</td>
<td>18%</td>
<td>74%</td>
</tr>
</tbody>
</table>
BILLING STATUS BY REGION

- Yes, billing Medicaid and other third-party payers
- Yes, billing Medicaid only
- No, not billing Medicaid or other TPP

Region I (N=47): 15%
Region II (N=157): 15%
Region III (N=179): 73%
Region IV (N=711): 88%
Region V (N=129): 12%
Region VI (N=235): 11%
Region VII (N=43): 3%
Region VIII (N=45): 14%
Region IX (N=155): 44%
Region X (N=234): 28%
Region XI (N=234): 12%
90% of clinics billing Medicaid and 3rd party payers
61 to 90% of clinics billing Medicaid and 3rd party payers
31% to 60% of clinics billing Medicaid and 3rd party payers
0 to 30% of clinics billing Medicaid and 3rd party payers
No data
What Capacity do Clinics Have to Begin Billing Medicaid and Other Third-party Payers?

1. Creating Claims
2. Eligibility Checks
3. Process Superbills
4. ICD-10 Medical Coding
5. Claims Scrubbing
6. Patient Billing
7. Patient Statement
8. Claims Review
9. Denial Claims
10. Ar follow up
CAPACITY TO COLLECT FEES FROM CLIENTS

STD-Certified 340B Clinics Collecting Fee-For-Service from Clients (N=1,935)

- Yes, cash and credit card (n=921) - 37%
- Yes, cash only (n=285) - 15%
- No (n=714) - 48%

Of Clinics collecting FFS from Clients, Clinics Using Sliding Fee Scale to Assess Fees (N=1,206)

- Yes (n=824) - 68%
- No (n=382) - 32%
PERCENT OF RESPONDENTS WITH ELECTRONIC HEALTH RECORD (N=1935)

- Yes: 35% (n=685)
- No: 48% (n=930)
- Implementing by 2014: 16% (n=317)
<table>
<thead>
<tr>
<th>Task</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verify enrollment in Medicaid</td>
<td>3.7</td>
</tr>
<tr>
<td>Contract with Medicaid</td>
<td>3.4</td>
</tr>
<tr>
<td>Verify eligibility</td>
<td>3.2</td>
</tr>
<tr>
<td>Collect reimbursement from Medicaid and other TPP</td>
<td>3.2</td>
</tr>
<tr>
<td>Manage claims tracking payment/denials</td>
<td>3.1</td>
</tr>
<tr>
<td>Submit claims to TPP</td>
<td>3.1</td>
</tr>
<tr>
<td>Verify enrollment in other TPP</td>
<td>2.9</td>
</tr>
<tr>
<td>Contract with other TPP</td>
<td>2.8</td>
</tr>
<tr>
<td>Credential clinicians for one or more TPP</td>
<td>2.7</td>
</tr>
<tr>
<td>Determine your need for outside billing agency</td>
<td>2.7</td>
</tr>
<tr>
<td>Bill TPP as out of network provider</td>
<td>2.6</td>
</tr>
</tbody>
</table>
CLINIC CAPACITY TO BILL THIRD-PARTY PAYERS FOR STD SERVICES BY SITE TYPE \((N=248)\)
WHAT ARE THE BARRIERS TO BILLING?
BARRIERS TO BILLING IN RESPONDENTS’ OWN WORDS

“Fear of discrimination from insurance company (clinic services gay men) or fear that information collected could be shared with third-party (immigration services).”

“It costs more to bill and follow-up than the cost of the visit so it has not been thought to be worthwhile.”

“Although HDs use expanded role nurses, “private insurance” does not recognize them as a provider of services.”

“There will be no more hiring of new staff due to a county hiring freeze, which is indefinite.”
BARRIERS TO BILLING THIRD-PARTY PAYERS FOR STD SERVICES

- Health Department Policy
- Not enough staff to initiate billing
- Don’t have PMS or EMR
- Confidentiality Concerns
- No staff/not enough staff to follow-up on unpaid claims
- The majority of clients do not have Medicaid or other insurance

[] Reason Not Billing Medicaid n=149

[] Reason Not Billing Third-Party Payers n=213
WHAT ARE RESPONDENTS’ TRAINING AND TA NEEDS?
ANY TRAINING AND TECHNICAL ASSISTANCE NEEDS FOR STD-CERTIFIED 340B CLINICS (N=333)

- ICD/CPT Coding: 57%
- Establish protocols for billing documentation and QA: 55%
- Conduct Cost Analysis for STD services: 54%
- Contract with third-party payers: 53%
- Develop and use of claims data reports: 51%
- Transition billing process into flow of clinic: 50%
ANY TRAINING AND TECHNICAL ASSISTANCE NEEDS BY SITE TYPE (N=248)

- Billing 101
- Use billing systems to collect billing information
- Identify EHR/Practice Management System
- Conduct cost analysis for STD Services
- Develop sliding scale for testing and treatment services
- Establish fee collection protocols
- Establish protocols to ensure client confidentiality for billed services
- ICD/CPT coding

Legend:
- HD STD
- HD FP
- PP/Free-Standing FP
STATE/PROJECT AREA
STD PROGRAMS
<table>
<thead>
<tr>
<th>Region</th>
<th>N</th>
<th>Participation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region I</td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Region II</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>Region III</td>
<td>7</td>
<td>88%</td>
</tr>
<tr>
<td>Region IV</td>
<td>7</td>
<td>88%</td>
</tr>
<tr>
<td>Region V</td>
<td>5</td>
<td>71%</td>
</tr>
<tr>
<td>Region VI</td>
<td>3</td>
<td>60%</td>
</tr>
<tr>
<td>Region VII</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>Region VIII</td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Region IX</td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Region X</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>53</strong></td>
<td><strong>90%</strong></td>
</tr>
</tbody>
</table>
CAPACITY OF PROJECT AREA STD PROGRAMS TO PROVIDE SUPPORT FOR THEIR FUNDED CLINICS?
STD PROGRAMS CURRENTLY ABLE TO PROVIDE BILLING SUPPORT TO CLINICS (N=53)

- Yes: 20%
- No: 70%
- Not sure: 10%
STD PROGRAM READINESS TO ASSIST FUNDED CLINICS TO INITIATE BILLING (N=53)

- 40%: All of the clinics in our jurisdiction already bill Medicaid and other third-party payers
- 30%: We have started to process to assist clinics to bill and we need TA
- 21%: We think we need to assist clinics to bill but we don’t know where to start
- 6%: We don’t think we need to assist clinics to initiate billing activities
- 2%: We are assisting clinics to bill and we don’t need TA
BARRIERS TO BILLING THIRD-PARTY PAYERS FOR STD SERVICES AMONG STD PROGRAM-FUNDED CLINICS (N=53)

- Confidentiality concerns: 59%
- No staff or not enough staff to follow-up on unpaid claims: 57%
- Not enough staff to initiate billing: 49%
- Majority of our clients do not have third party insurance: 39%
- Don't have Practice Management System or Electronic Health Record: 37%
- Don't know how to set up a contract: 31%
ANY TRAINING AND TECHNICAL ASSISTANCE NEEDS FOR STD PROGRAM-FUNDED CLINICS

(PER STATE/PROJECT AREA RESPONDENTS) (N=53)

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contracting with third-party payers</td>
<td>79%</td>
</tr>
<tr>
<td>Setting up systems for a comprehensive cost analysis for STD services</td>
<td>77%</td>
</tr>
<tr>
<td>State-level coordinated efforts for billing third-party payers</td>
<td>62%</td>
</tr>
<tr>
<td>Transitioning billing process into flow of clinic</td>
<td>62%</td>
</tr>
<tr>
<td>Facilitate CPT and ICD Coding</td>
<td>60%</td>
</tr>
<tr>
<td>Establishing fee collection protocols</td>
<td>60%</td>
</tr>
</tbody>
</table>
STATE PUBLIC HEALTH LABORATORIES
## STATE PUBLIC HEALTH LABS’ PARTICIPATION RATE

<table>
<thead>
<tr>
<th>Region</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region I</td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Region II</td>
<td>2</td>
<td>40%</td>
</tr>
<tr>
<td>Region III</td>
<td>5</td>
<td>71%</td>
</tr>
<tr>
<td>Region IV</td>
<td>6</td>
<td>75%</td>
</tr>
<tr>
<td>Region V</td>
<td>3</td>
<td>50%</td>
</tr>
<tr>
<td>Region VI</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>Region VII</td>
<td>3</td>
<td>75%</td>
</tr>
<tr>
<td>Region VIII</td>
<td>5</td>
<td>83%</td>
</tr>
<tr>
<td>Region IX</td>
<td>4</td>
<td>67%</td>
</tr>
<tr>
<td>Region X</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>43</strong></td>
<td><strong>75%</strong></td>
</tr>
</tbody>
</table>
BILLING STATUS OF STATE PUBLIC HEALTH LABS (N=43)

Bill Clinics Directly for Testing

- 60% No, do not bill clinics
- 40% Yes, bill clinics directly
BILLING STATUS OF PHLS FOR STD-SERVICES (N=43)

- 41% Yes, Bill Medicaid Only
- 21% Yes, Bill Medicaid and Other Third-Party Payers
- 38% No, Do Not Bill
WHAT IS THE CAPACITY TO BEGIN BILLING?
INTERNAL BILLING CAPACITY OF PHLS (N=33)

Any Program In the Lab (Other than STDs) Bills Medicaid and Third-Party Payers

- Yes: 62%
- No: 29%
- Unsure: 9%

R E G I O N 1
S T D  T A C
OF LABORATORIES NOT CURRENTLY BILLING THIRD-PARTY PAYERS FOR STD SERVICES, READINESS TO BEGIN BILLING (N=15)

- 27%: We have limited billing and we need TA
- 27%: We think we need to bill but we don’t know where to start
- 27%: We have started process of billing initiation and we need TA
- 7%: We don’t think we need to initiate billing
- 13%: We bill Medicaid and other third-party payers (for other non-STD services)
PUBLIC HEALTH LABORATORIES’ BARRIERS TO BILLING THIRD-PARTY PAYERS FOR STD SERVICES (N=43)

- No staff or not enough staff in accounts receivable to follow up on unpaid claims: 65%
- Not enough staff to initiate billing: 63%
- Confidentiality concerns; e.g. don’t want Explanation of Benefits to go out: 40%
- Don’t know how to set up a contract: 30%
- Funds won’t come back to our program; e.g. they go to the general fund: 30%
- The majority of our clients do not have Medicaid or private insurance: 23%
WHAT ARE LABS’ TRAINING AND TA NEEDS?
ANY TRAINING AND TECHNICAL ASSISTANCE NEEDS FOR PUBLIC HEALTH LABORATORIES (N=43)

- Contracting with (other) third party payers: 71%
- State-level coordinated efforts for billing third party payers: 66%
- Development of a process and protocols for QI for billing: 63%
- Identifying outside billing agency: 61%
- Establishing fee collection protocols: 53%
- Development and use of claims data reports: 53%
PREFERRED TRAINING AND TECHNICAL ASSISTANCE MODALITIES (CLINICS) (N=333)

- Webinar: 89%
- Onsite training or technical assistance: 67%
- Face-to-face workshops: 60%
- Written resources and tools accessible online: 59%
- Online learning modules: 57%
- Written resources and tools in hard copy: 42%
- Audio conference or podcast: 42%
- Training videos: 41%
- Online learning communities: 31%
SUMMARY

• Billing status

• Capacity of project area STD programs to provide the needed support for their funded clinics

• Types of billing and reimbursement training/TA needs do target populations have
ACKNOWLEDGEMENTS

• The managing organizations of the other 10 STDRHTTACs:
  – Cardea Services
  – Cicatelli Associates, Inc.
  – Family Planning Council
  – Health Care Education & Training
  – JSI/Denver Office

• CDC staff:
  – Michele Thomas
  – Dr. Raul Romaguera
  – Dr. Gail Bolan
STD REPRODUCTIVE HEALTH TRAINING & TECHNICAL ASSISTANCE CENTERS

STDRHTTACs
Building Capacity among State & Local STD Programs and Public Health Laboratories to develop & enhance systems for third party billing.
Regional STDRHTTACs

- Regions I, VII & VIII → JSI Research & Training Institute, Inc.
- Region II & IV → CAI
- Region III → Family Planning Council
- Region V → Health Care Education & Training
- Region VI, IX & X → CARDEA Health Services
Building Capacity

National and Regional Webinars + Training and Technical Assistance + Partnerships with National Partners
National & Regional Webinars

- Building Support and Systems in Public Health Programs
- Don’t Reinvent the Wheel: Leveraging Systems, Practices & Lessons Learned in Immunization to Support Billing for STD-related Services
- Introduction to Coding and Documentation for STD Services
Training & Technical Assistance

- Understanding changing health care environment
- Strategies to address legislative & policy barriers in collaboration with states & project areas
- Change management
Training & Technical Assistance

- Building capacity for third party billing
  - Assessing revenue streams
  - Revenue cycle management
  - Cost analysis and fee schedule development
  - Contracting with third-party payers
  - ICD9/10/ CPT coding and documentation
Products & Resources

- Cost analysis
- Revenue projection
- Public Health lab case study
- On line modules
- Websites
Partners

- Federally Funded Training Centers
  - Family Planning National Training Centers
  - STD\HIV Prevention Training Centers
  - AIDS Education & Training Centers

- Association of Public Health Laboratories

- National Association of County & City Health Officials

- National Coalition of STD Directors
STDRHTTACs Contact Information

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- **Region X**
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