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

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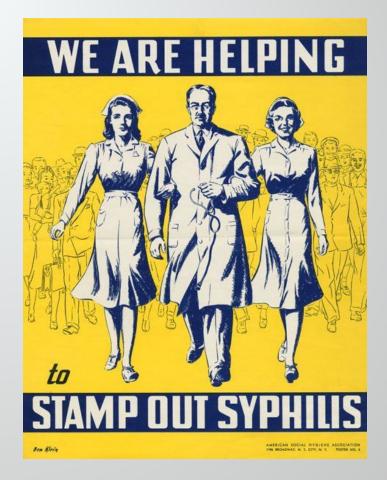




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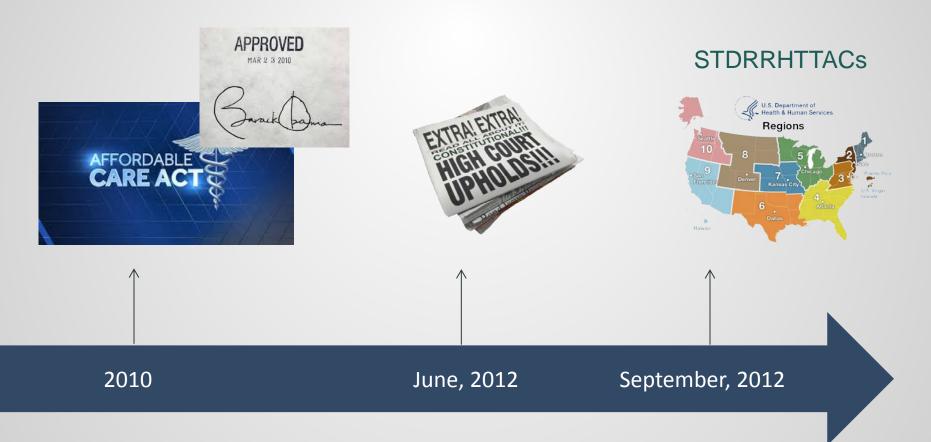
## **STD CLINICS' BILLING HISTORY**

Why don't STD clinics have the same billing capacity as private doctors' offices?





## **HISTORY / CONTEXT**





## **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**

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

Capacity of project area STD programs to provide billing support to STDcertified 340B clinics?

What types of billing training/TA needs do they need?



2.

3.

## **STD-CERTIFIED 340B CLINICS**





## **PARTICIPATION RATES BY REGION**

Region	Participation Rate
Region I	60%
Region II	44%
Region III	73%
Region IV	87%
Region V	38%
Region VI	71%
Region VII	72%
Region VIII	36%
Region IX	70%
Region X	73%
Total	730/

## **ASSESSMENT RESPONDENTS**

Clinics	Agency	Total Respondents	Total Clinics Represented
206	127	333	1,935



## **DEMOGRAPHIC INFORMATION**

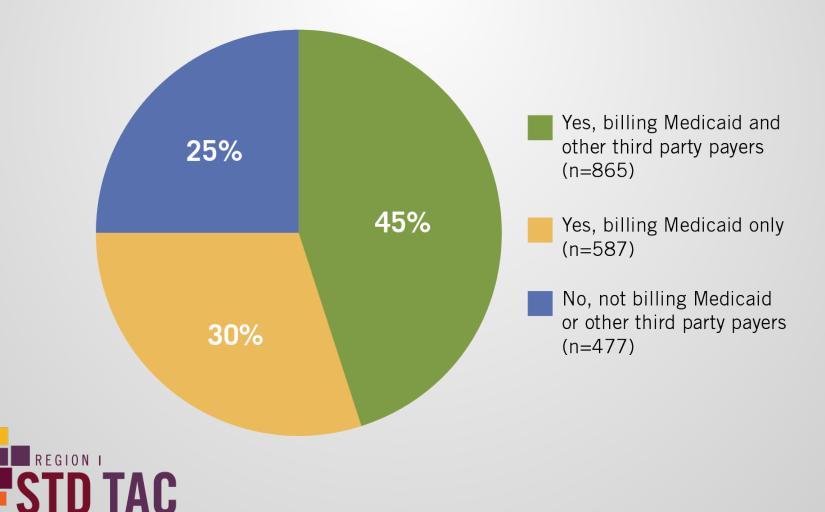
- Size
- Site Type
- Services
- Geographic location state



# NATIONALLY, HOW MANY STD-CERTIFIED CLINICS ARE NOT BILLING THIRD-PARTY PAYERS?



### STD-CERTIFIED 340B CLINICS' BILLING STATUS (N=1,935)



# WHAT ARE THE CHARACTERISTICS OF THOSE NOT BILLING?

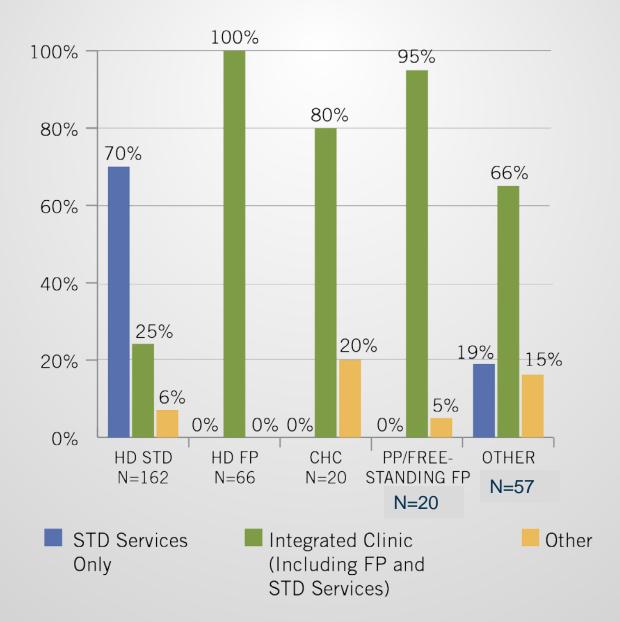
- STD Clinics
- Clinics providing STD Services only
- Small clinics

All statistically significant (p<.0001)



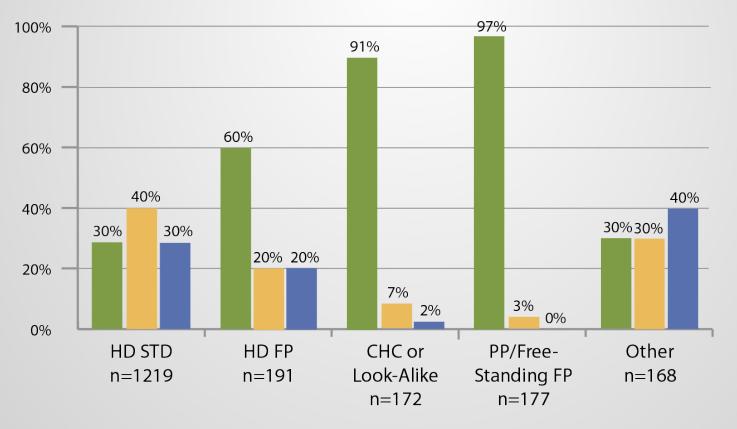


#### **SERVICES PROVIDED BY SITE TYPE (N=333)**



#### **BILLING STATUS BY SITE TYPE (N=1,935)**

% Billing

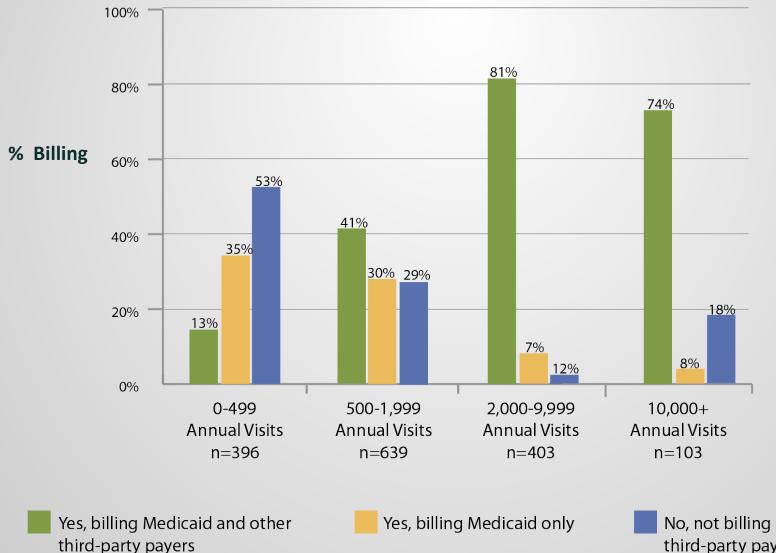


Yes, billing Medicaid and other third-party payers

Yes, billing Medicaid only

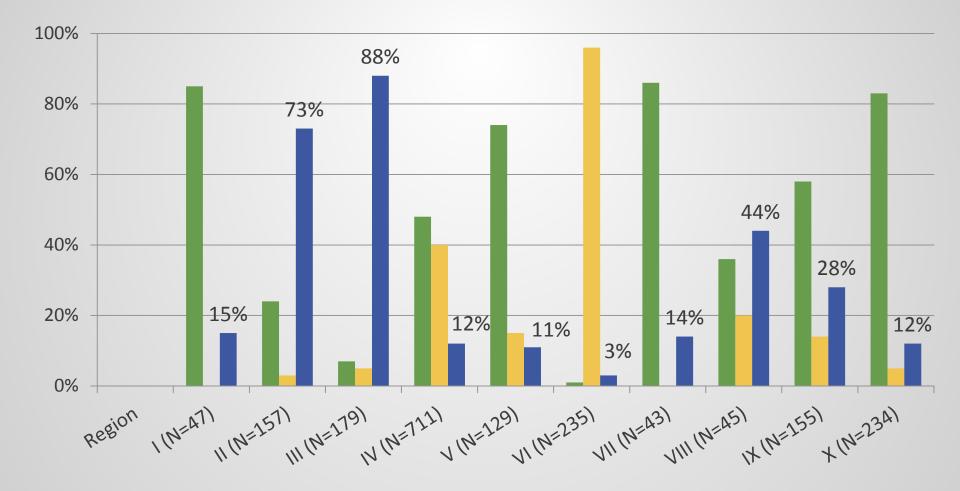
No, not billing Medicaid or other third-party payers

#### BILLING STATUS BY CLINIC SIZE (N=1,935)



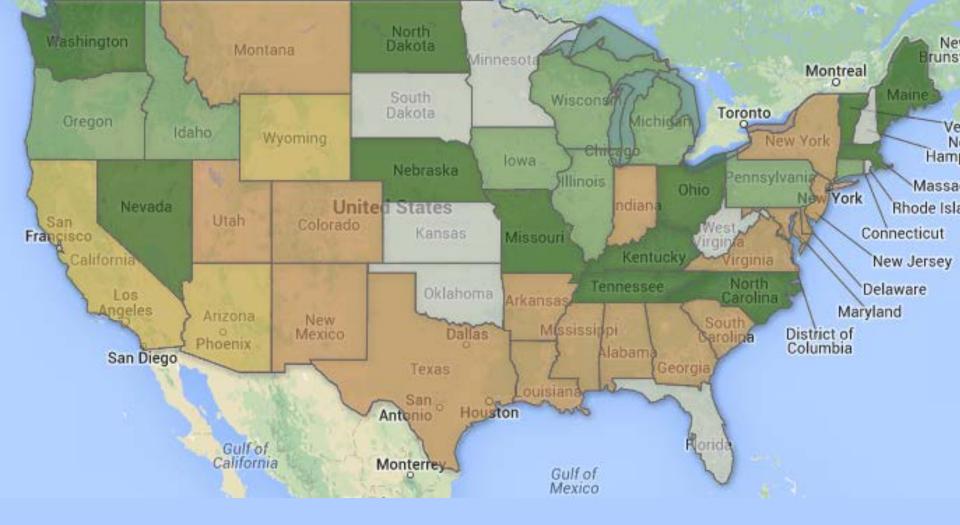
No, not billing Medicaid or other third-party payers

#### **BILLING STATUS BY REGION**



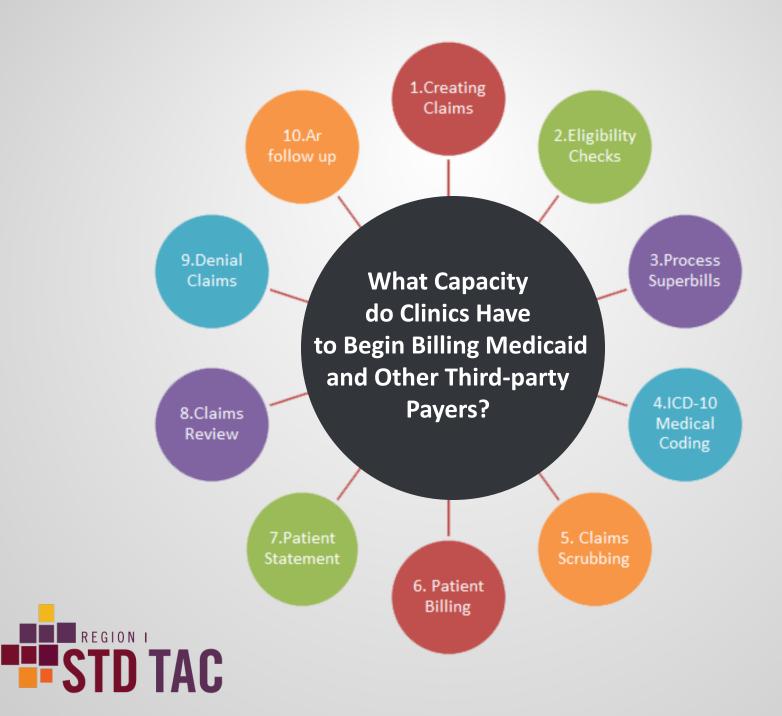


- Yes, billing Medicaid and other third-party payers
- Yes, billing Medicaid only
- No, not billing Medicaid or other TPP



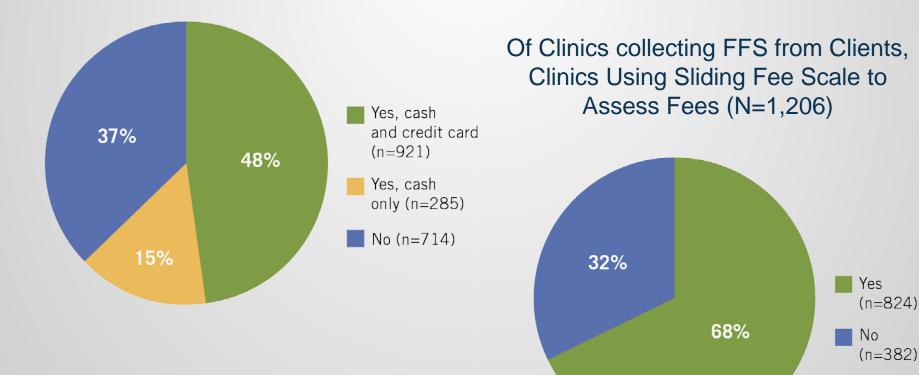


>90% of clinics billing Medicaid and 3<sup>rd</sup> party payers
61 to 90% of clinics billing Medicaid and 3<sup>rd</sup> party payers
31% to 60% of clinics billing Medicaid and 3<sup>rd</sup> party payers
0 to 30% of clinics billing Medicaid and 3<sup>rd</sup> party payers
No data

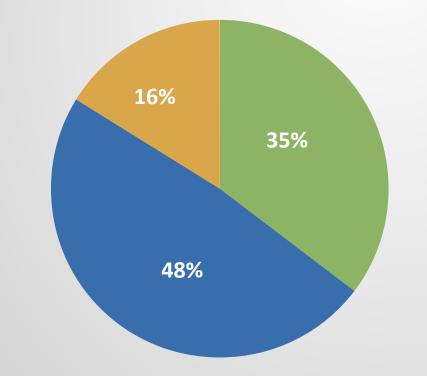


#### **CAPACITY TO COLLECT FEES FROM CLIENTS**

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



#### PERCENT OF RESPONDENTS WITH ELECTRONIC HEALTH RECORD (N=1935)

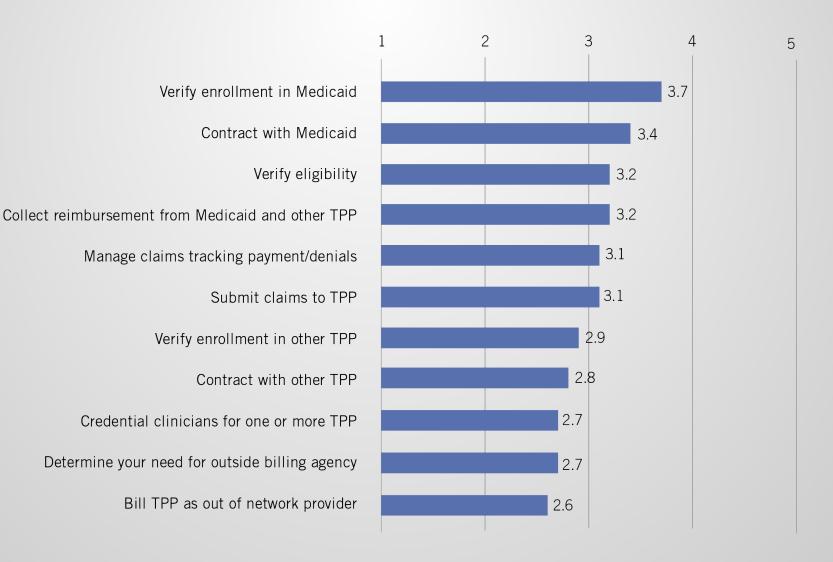


**Yes** n=685

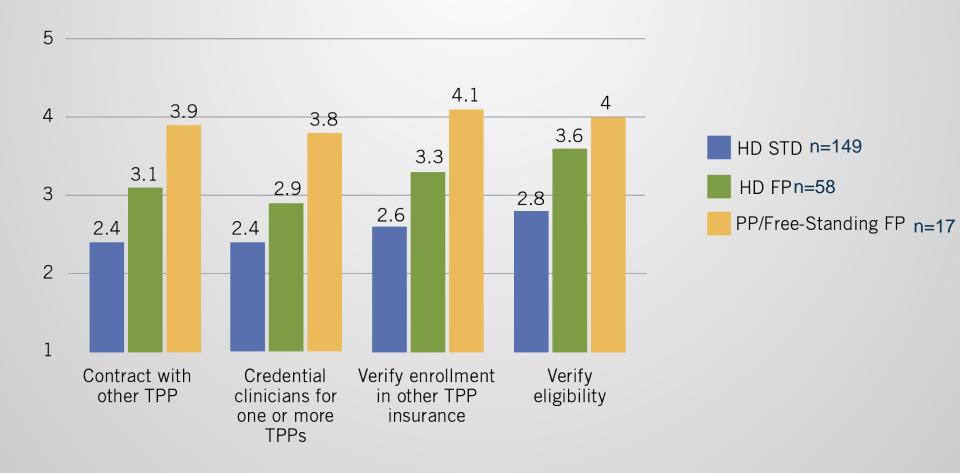
- **No** n=930
- Implementing by 2014 n=317



### CLINIC CAPACITY TO BILL MEDICAID AND OTHER THIRD-PARTY PAYERS FOR STD SERVICES (N=333)



### 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 thirdparty (immigration services)."

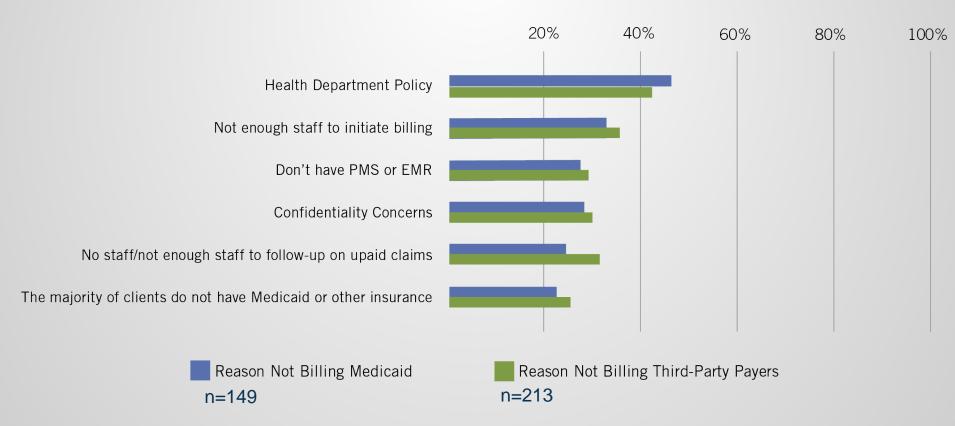
"Although HDs use expanded role nurses, "private insurance" does not recognize them as a provider of services."

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

"There will be no more hiring of new staff due to a county hiring freeze, which is indefinite."



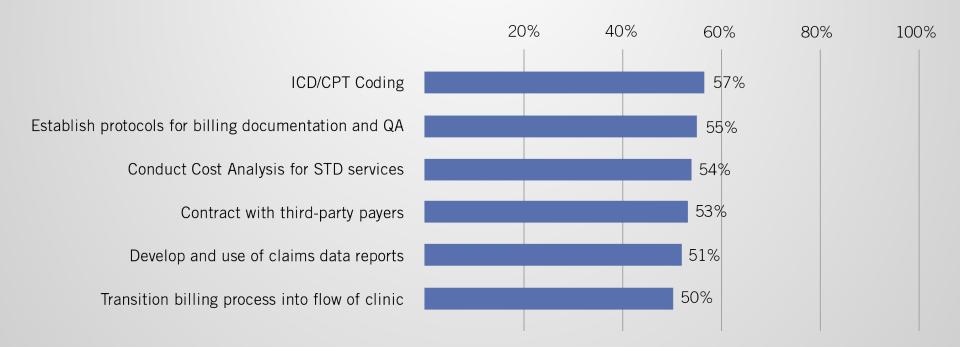
### BARRIERS TO BILLING THIRD-PARTY PAYERS FOR STD SERVICES



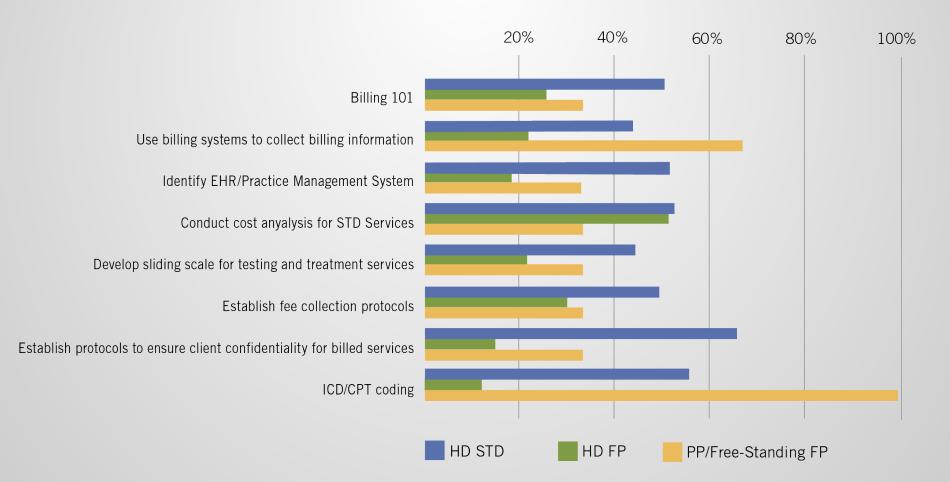
# WHAT ARE RESPONDENTS' TRAINING AND TA NEEDS?



### ANY TRAINING AND TECHNICAL ASSISTANCE NEEDS FOR STD-CERTIFIED 340B CLINICS (N=333)



### ANY TRAINING AND TECHNICAL ASSISTANCE NEEDS BY SITE TYPE (N=248)



# STATE/PROJECT AREA STD PROGRAMS





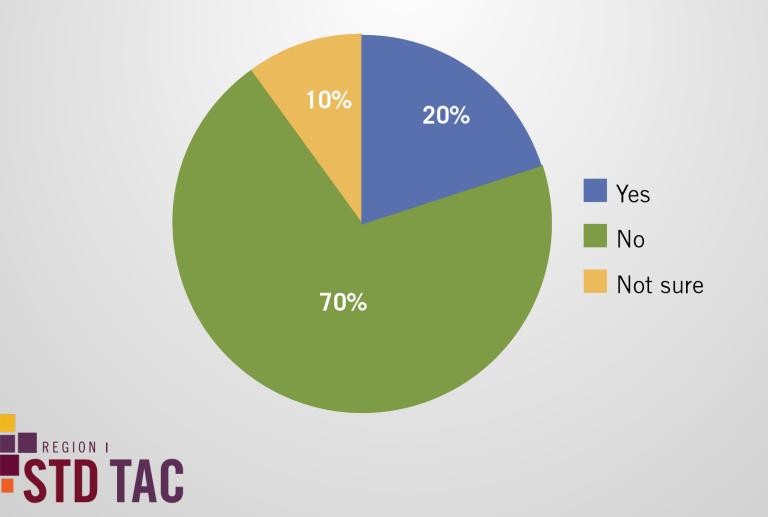
#### **STD PROGRAM PARTICIPATION RATE**

Region	N	Participation Rate
Region I	6	100%
Region II	5	100%
Region III	7	88%
Region IV	7	88%
Region V	5	71%
Region VI	3	60%
Region VII	4	100%
Region VIII	6	100%
Region IX	6	100%
Region X	4	100%
Total	53	90%

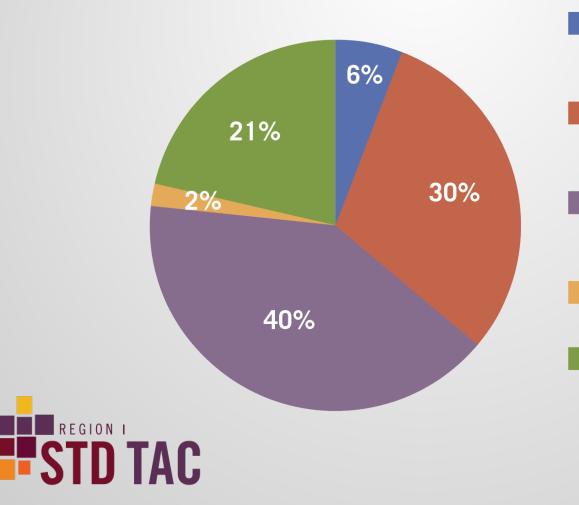
# **CAPACITY OF PROJECT** AREA STD PROGRAMS **TO PROVIDE SUPPORT** FOR THEIR FUNDED **CLINICS**?



### STD PROGRAMS CURRENTLY ABLE TO PROVIDE BILLING SUPPORT TO CLINICS (N=53)

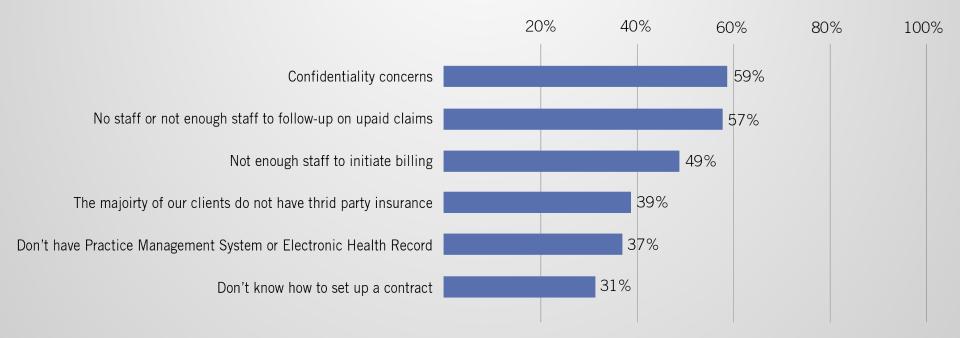


### STD PROGRAM READINESS TO ASSIST FUNDED CLINICS TO INITIATE BILLING (N=53)

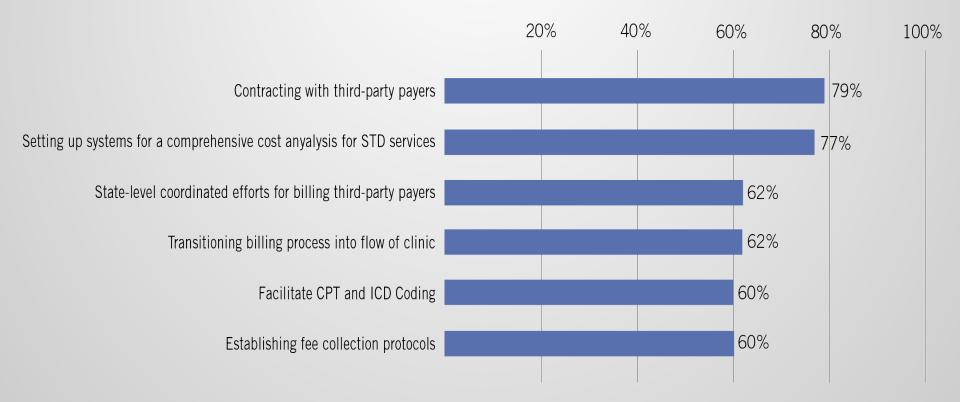


- We don't think we need to assist clinics to initiate billing activites
- We think we need to assist clinics to bill but we don't know where to start
- We have started to process to assist clinics to bill and we need TA
- We are assisting clinics to bill and we don't need TA
- All of the clinics in our jurisdiction already bill Medicaid and other third-party payers

### BARRIERS TO BILLING THIRD-PARTY PAYERS FOR STD SERVICES AMONG STD PROGRAM-FUNDED CLINICS (N=53)



### ANY TRAINING AND TECHNICAL ASSISTANCE NEEDS FOR STD PROGRAM-FUNDED CLINICS (PER STATE/PROJECT AREA RESPONDENTS) (N=53)



# STATE PUBLIC HEALTH LABORATORIES





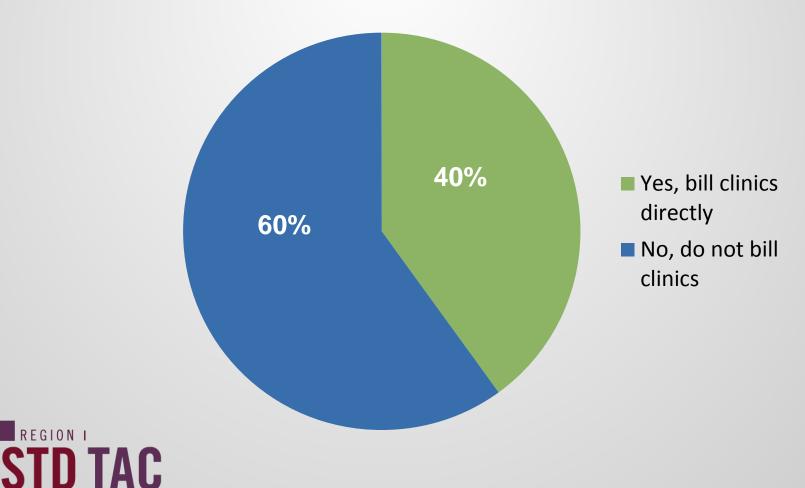
#### STATE PUBLIC HEALTH LABS' PARTICIPATION RATE

Region	Ν	%
Region I	6	100%
Region II	2	40%
Region III	5	71%
Region IV	6	75%
Region V	3	50%
Region VI	5	100%
Region VII	3	75%
Region VIII	5	83%
Region IX	4	67%
Region X	4	100%
Total	43	75%

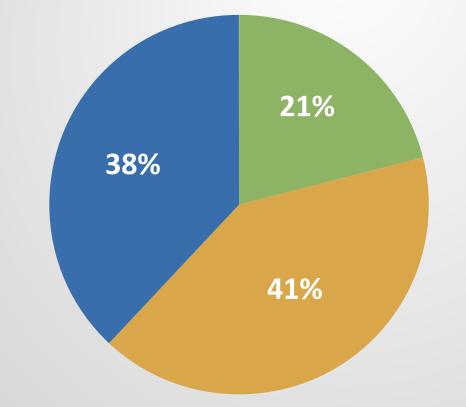
#### **BILLING STATUS OF STATE PUBLIC HEALTH LABS (N=43)**

**Bill Clinics Directly for Testing** 

REGIONI



#### **BILLING STATUS OF PHLS FOR STD-SERVICES (N=43)**



Yes, Bill Medicaid and Other Third-Party Payers

Yes, Bill Medicaid Only

No, Do Not Bill

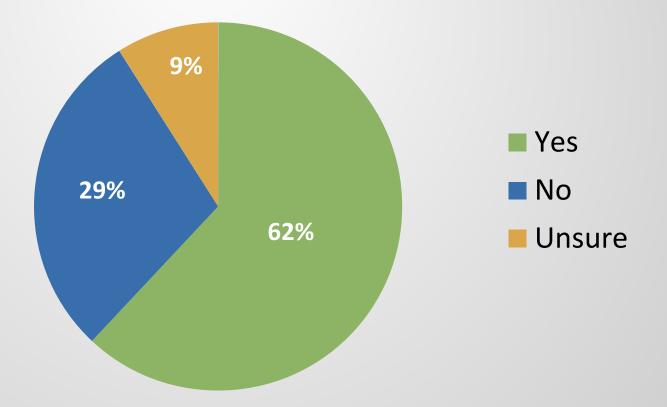


# WHAT IS THE CAPACITY TO BEGIN BILLING?



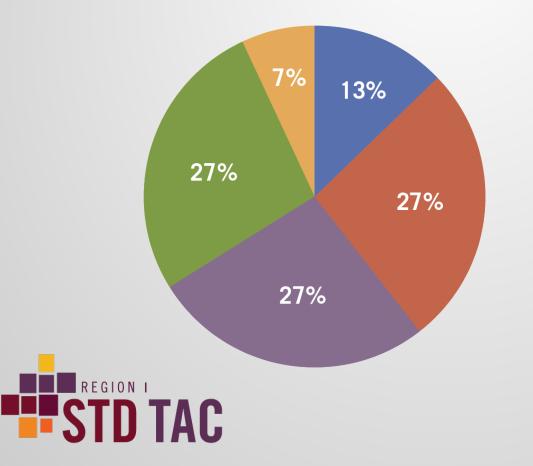
#### **INTERNAL BILLING CAPACITY OF PHLS (N=33)**

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



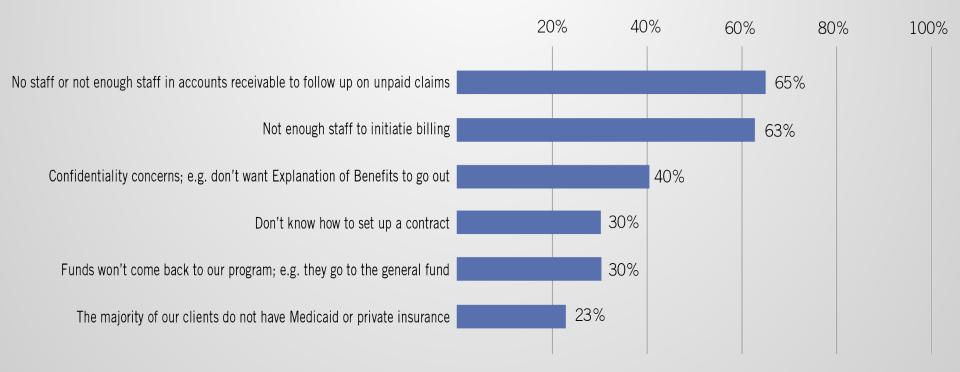


### OF LABORATORIES NOT CURRENTLY BILLING THIRD-PARTY PAYERS FOR STD SERVICES, READINESS TO BEGIN BILLING (N=15)



- We don't think we need to initiate billing
- We think we need to bill but we don't know where to start
- We have started process of billing initiation and we need TA
- We have limited billing and we need TA
- We bill Medicaid and other third-party payers (for other non-STD services)

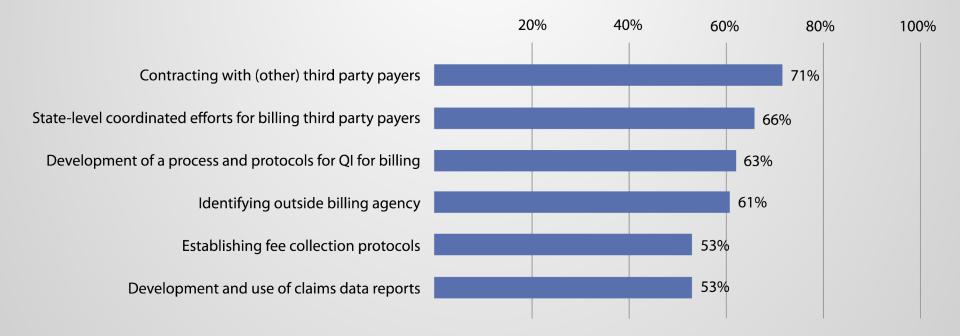
### PUBLIC HEALTH LABORATORIES' BARRIERS TO BILLING THIRD-PARTY PAYERS FOR STD SERVICES (N=43)



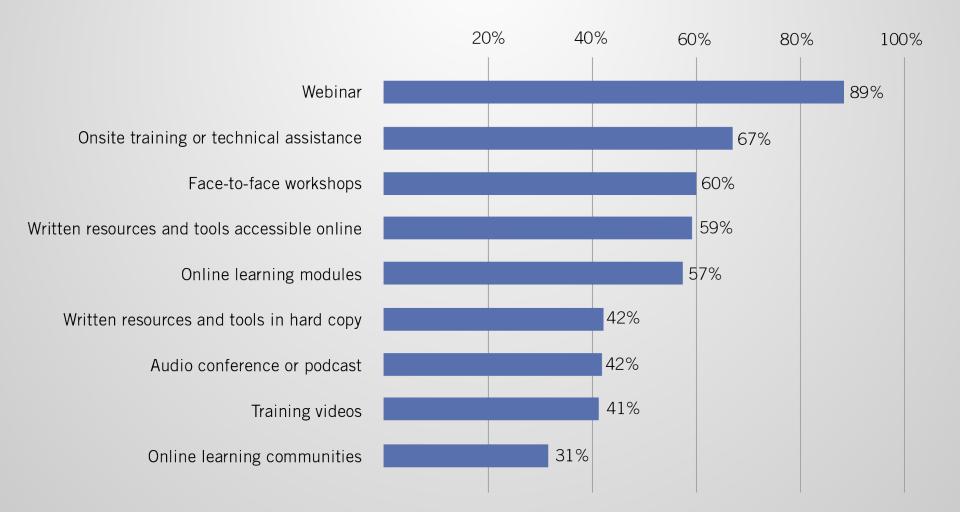
# WHAT ARE LABS' TRAINING AND TA NEEDS?



### ANY TRAINING AND TECHNICAL ASSISTANCE NEEDS FOR PUBLIC HEALTH LABORATORIES (N=43)



### PREFERRED TRAINING AND TECHNICAL ASSISTANCE MODALITIES (CLINICS) (N=333)



# **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.
- $\square$  Region II & IV  $\rightarrow$  CAI
- □ Region III → Family Planning Council
- $\Box$  Region V  $\rightarrow$  Health Care Education & Training
- $\square$  Region VI, IX & X  $\rightarrow$  CARDEA Health Services

## **Building Capacity**



## 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

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