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?
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?
STD-CERTIFIED 340B CLINICS
## 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>
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<td>Region VIII</td>
<td>36%</td>
</tr>
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<td>Region IX</td>
<td>70%</td>
</tr>
<tr>
<td>Region X</td>
<td>73%</td>
</tr>
<tr>
<td>Total</td>
<td>72%</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)

- HD STD (N=162): 70% STD Services Only
- HD FP (N=66): 25% STD Services Only, 6% Integrated Clinic (Including FP and STD Services)
- CHC (N=20): 80% Integrated Clinic (Including FP and STD Services)
- PP/FREE-STANDING FP (N=20): 95% Integrated Clinic (Including FP and STD Services)
- OTHER (N=57): 66% Other, 19% STD Services Only, 15% Other
BILLING STATUS BY SITE TYPE (N=1,935)

% Billing

HD STD n=1219
- Yes, billing Medicaid and other third-party payers: 30%
- Yes, billing Medicaid only: 40%
- No, not billing Medicaid or other third-party payers: 30%

HD FP n=191
- Yes, billing Medicaid and other third-party payers: 20%
- Yes, billing Medicaid only: 20%

CHC or Look-Alike n=172
- Yes, billing Medicaid and other third-party payers: 91%
- Yes, billing Medicaid only: 7%
- No, not billing Medicaid or other third-party payers: 2%

PP/Free-Standing FP n=177
- Yes, billing Medicaid and other third-party payers: 97%
- Yes, billing Medicaid only: 3%
- No, not billing Medicaid or other third-party payers: 0%

Other n=168
- Yes, billing Medicaid and other third-party payers: 30%
- Yes, billing Medicaid only: 30%
- No, not billing Medicaid or other third-party payers: 40%
BILLING STATUS BY CLINIC SIZE (N=1,935)

- **0-499 Annual Visits (n=396)**
  - Yes, billing Medicaid and other third-party payers: 13%
  - Yes, billing Medicaid only: 35%
  - No, not billing Medicaid or other third-party payers: 53%

- **500-1,999 Annual Visits (n=639)**
  - Yes, billing Medicaid and other third-party payers: 41%
  - Yes, billing Medicaid only: 30%
  - No, not billing Medicaid or other third-party payers: 29%

- **2,000-9,999 Annual Visits (n=403)**
  - Yes, billing Medicaid and other third-party payers: 81%
  - Yes, billing Medicaid only: 7%
  - No, not billing Medicaid or other third-party payers: 12%

- **10,000+ Annual Visits (n=103)**
  - Yes, billing Medicaid and other third-party payers: 74%
  - Yes, billing Medicaid only: 8%
  - No, not billing Medicaid or other third-party payers: 18%
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):
- Yes, billing Medicaid and other third-party payers: 88%
- Yes, billing Medicaid only: 15%
- No, not billing Medicaid or other TPP: 0%

Region II (N=157):
- Yes, billing Medicaid and other third-party payers: 73%
- Yes, billing Medicaid only: 12%
- No, not billing Medicaid or other TPP: 15%

Region III (N=179):
- Yes, billing Medicaid and other third-party payers: 14%
- Yes, billing Medicaid only: 11%
- No, not billing Medicaid or other TPP: 74%

Region IV (N=711):
- Yes, billing Medicaid and other third-party payers: 3%
- Yes, billing Medicaid only: 12%
- No, not billing Medicaid or other TPP: 85%

Region V (N=129):
- Yes, billing Medicaid and other third-party payers: 11%
- Yes, billing Medicaid only: 3%
- No, not billing Medicaid or other TPP: 86%

Region VI (N=235):
- Yes, billing Medicaid and other third-party payers: 44%
- Yes, billing Medicaid only: 14%
- No, not billing Medicaid or other TPP: 42%

Region VII (N=43):
- Yes, billing Medicaid and other third-party payers: 28%
- Yes, billing Medicaid only: 14%
- No, not billing Medicaid or other TPP: 58%

Region VIII (N=45):
- Yes, billing Medicaid and other third-party payers: 12%
- Yes, billing Medicaid only: 14%
- No, not billing Medicaid or other TPP: 74%

Region IX (N=155):
- Yes, billing Medicaid and other third-party payers: 28%
- Yes, billing Medicaid only: 12%
- No, not billing Medicaid or other TPP: 60%

Region X (N=234):
- Yes, billing Medicaid and other third-party payers: 12%
- Yes, billing Medicaid only: 12%
- No, not billing Medicaid or other TPP: 76%
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) - 48%
- Yes, cash only (n=285) - 15%
- No (n=714) - 37%

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

- Verify enrollment in Medicaid: 3.7
- Contract with Medicaid: 3.4
- Verify eligibility: 3.2
- Collect reimbursement from Medicaid and other TPP: 3.2
- Manage claims tracking payment/denials: 3.1
- Submit claims to TPP: 3.1
- Verify enrollment in other TPP: 2.9
- Contract with other TPP: 2.8
- Credential clinicians for one or more TPP: 2.7
- Determine your need for outside billing agency: 2.7
- Bill TPP as out of network provider: 2.6
CLINIC CAPACITY TO BILL THIRD-PARTY PAYERS FOR STD SERVICES
BY SITE TYPE \( (N=248) \)

- Contract with other TPP: 2.4, 3.1, 3.9
- Credential clinicians for one or more TPPs: 2.4, 2.9, 3.8
- Verify enrollment in other TPP insurance: 2.6, 3.3, 4.1
- Verify eligibility: 2.8, 3.6, 4

Legend:
- HD STD \( n=149 \)
- HD FP \( n=58 \)
- PP/Free-Standing FP \( n=17 \)
WHAT ARE THE BARRIERS TO BILLING?
“Fear of discrimination from insurance company (clinic services gay men) or fear that information collected could be shared with third-party (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

- 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)

<table>
<thead>
<tr>
<th>Service</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD/CPT Coding</td>
<td></td>
<td></td>
<td>57%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish protocols for billing documentation and QA</td>
<td></td>
<td></td>
<td>55%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct Cost Analysis for STD services</td>
<td></td>
<td></td>
<td>54%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract with third-party payers</td>
<td></td>
<td></td>
<td>53%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop and use of claims data reports</td>
<td></td>
<td></td>
<td>51%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transition billing process into flow of clinic</td>
<td></td>
<td></td>
<td>50%</td>
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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

HD STD  HD FP  PP/Free-Standing FP
# STD PROGRAM PARTICIPATION RATE

<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>
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<tr>
<td>Region VIII</td>
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<td>100%</td>
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<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>
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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)

- **40%**: We don’t think we need to assist clinics to initiate billing activities.
- **30%**: We think we need to assist clinics to bill but we don’t know where to start.
- **21%**: We have started to process to assist clinics to bill and we need TA.
- **6%**: We are assisting clinics to bill and we don’t need TA.
- **2%**: 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)

- Confidentiality concerns: 59%
- No staff or not enough staff to follow-up on unpaid claims: 57%
- Not enough staff to initiate billing: 49%
- The 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)

- Contracting with third-party payers: 79%
- Setting up systems for a comprehensive cost analysis for STD services: 77%
- State-level coordinated efforts for billing third-party payers: 62%
- Transitioning billing process into flow of clinic: 62%
- Facilitate CPT and ICD Coding: 60%
- Establishing fee collection protocols: 60%
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>
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BILLING STATUS OF STATE PUBLIC HEALTH LABS (N=43)

Bill Clinics Directly for Testing

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

- 38% Yes, Bill Medicaid Only
- 41% Yes, Bill Medicaid and Other Third-Party Payers
- 21% 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%
OF LABORATORIES NOT CURRENTLY BILLING THIRD-PARTY PAYERS FOR STD SERVICES, READINESS TO BEGIN BILLING (N=15)

- 27%: We bill Medicaid and other third-party payers (for other non-STD services)
- 27%: We don't think we need to initiate billing
- 13%: 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 have limited billing and we need TA
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
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
- Online 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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