

# Billing Program Final Plans

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Billing Stakeholder Meeting  
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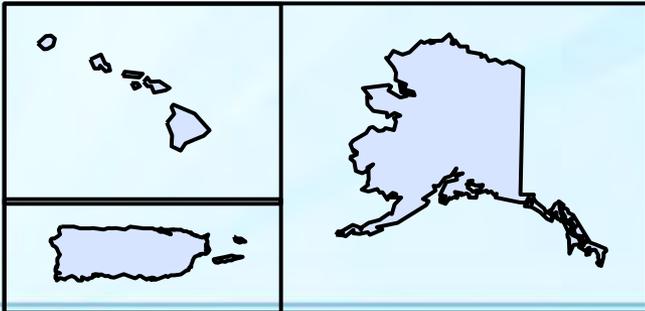
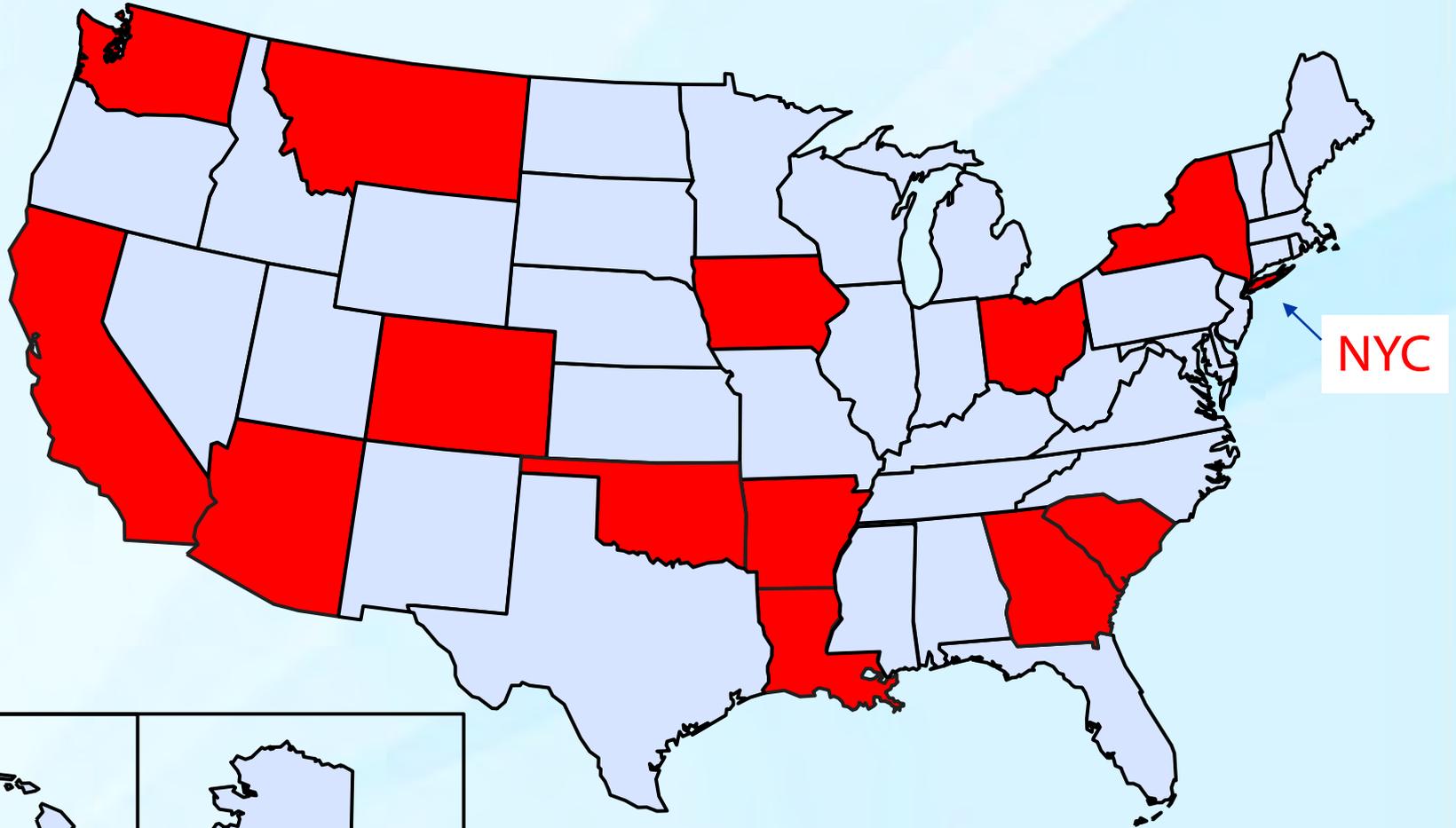
## **What Does the Future Hold?**

- ❑ Starting with FY13, do not develop spend plans or vaccine financing policies that program Section 317 vaccine for fully insured individuals.**
- ❑ Providers should be instructed to screen out fully insured individuals routinely from program eligibility unless state funding is used to pay for the vaccine.**
- ❑ To avoid missed opportunities to vaccinate at public health clinics, we encourage vaccinating with private purchase vaccine, supported by billing private insurance for the vaccine and administration fee.**

## **Stakeholder Meeting Objectives**

- ❑ Provide the opportunity for Immunization Grantees, Partners, Payers, and other influential Stakeholders to understand our current status with regard to billing for immunization services in Health Department Clinics.**
- ❑ Discuss existing barriers and strategies identified in the July, 2011 Stakeholder meeting.**
- ❑ Provide a forum to discuss opportunities and strategies among stakeholder groups.**
- ❑ Provide a quick peek at the final plans provided by the ARRA Billing Grantees.**

# 14 Grantees Funded Through ARRA-317 Innovative Projects to Improve Reimbursement in Public Health Department Clinics



## Why Should We Bill

- ❑ Public health should be paid for work performed, just as anyone else should. (equity)
- ❑ **Parents and employers pay the health plan for vaccinations, so the vaccine is already paid for; government purchased vaccine should not be used to vaccinate these patients. (common sense)**
- ❑ Paying for privately insured patients diverts scarce public resources from those in real need. (stewardship)
- ❑ Opening a revenue stream in health departments will help keep public health clinics viable. (preparedness)

Bottom line goal of the program is to ensure utilization of Federally purchased for uninsured or underinsured individuals.

## **Reasons for Seeking Immunization Services at the Health Department Clinic**

- ❑ Patients will present to the health department because of an inability to pay for office visit.**
- ❑ Some private physicians will not provide immunization visits.**
- ❑ Some communities do not have private providers and the health department clinic is the only option.**
- ❑ Appointments in the private physician's office may be difficult to obtain during busy seasons (i.e., back to school).**

# Before Developing a Plan to Bill

## □ Know yourself

- Understand your program. How is your state organized? How does your state intend to use 317 vaccine?
- Clearly understand the client population seeking services in your local clinic.
- Outline the resources you have that may support a billing program.
- Identify the insurance payers that cover the patients you serve.

## □ Know the rules

- What do the plans in your state cover?
- What plans need contracts in place in order to pay the full claim?
- What laws are in your state that may help or hinder the billing process?
- What policies affect the way you do business with each payer?

# Clinic Operations' Protocol Needed to Bill

- ❑ **Ability to collect appropriate patient data**
  - Scan the front and back of insurance cards
- ❑ **Process necessary forms**
  - Consent to treat
  - HIPAA Notice
  - Assignment of Benefits
  - Advanced Beneficiary Notice
- ❑ **Medical care documentation**
  - Diagnosis and Procedure Codes
  - Date of Service
- ❑ **Hardship Policies**
- ❑ **Technology to gather, process, and transmit data**

This is of course not an all inclusive list but gives a good place to start.

## ARRA Grantee Profile

- ❑ **ARRA funded 14 grantees to develop billing plans.**
  - 5 grantees have a centrally operated program.
  - 9 grantees have autonomous health departments that are managed by local entities and boards of health.
  - Medicaid covered between 40% and 90% of clients seeking immunization services. (Not all states or local health clinics billed Medicaid for administration fees)
  - Private insurance covered between 7% and 55% of the clients seeking immunization services.
  - Most, if not all grantees, have some experience billing within their state. Individual health departments may have taken on this challenge. Billing on a smaller or simpler program such as roster billing, or billing for one vaccine such as influenza, are all possible sources of experience.

# Billing Experience

- **Grantee's billing experience already exists at the state and local health department level.**
  - Well child preventive care
  - Well adult preventive care
  - Diagnosis of ailments or conditions
  - Physical exams
  - Childhood and adult immunization
  - Travel vaccination
  - Family planning
  - Home health care
  - TB
  - Lead screening/ environmental testing

Ohio reported 25% of counties billing some private insurance  
Montana – the majority of those surveyed were billing in some capacity.  
Iowa reports that billing home health care did not translate to billing for vaccines.  
Arkansas and South Carolina have been billing Medicaid for years

# **STAKEHOLDERS**

## **Having the Right People at the Table**

- Local Public Health Agencies
- Third-party payers
- Private companies
- Contract nursing services
- Federally Qualified Health Centers
- State Insurance Commissioner
- Vaccine manufacturers
- Representatives from Medicare and Medicaid

# Tool Kits and Training

## ❑ Iowa

- LPHA Billing Tool Kit – The Operations Manual and the Resource Manual provide Agencies with the necessary tools and information to evaluate and get started on billing for immunization services.

## ❑ Georgia

- Public Health Billing Resource Manual - A two-part manual that contains basic information about billing public health programs and services, and is intended for use by state, district, and county public health staff.

## ❑ Washington

- Local Health Jurisdiction Immunization Billing Resource Guide – Intended for Washington State LHJs to provide reference and training resources for billing.

## **Tool Kits and Training (cont.)**

- ❑ **Less formalized training was provided by grantees on subjects including:**
  - General terminology
  - Screening for eligibility
  - Coding
  - Credentialing
  - Forms
  - State regulations

# Credentialing

- ❑ **Is the first step to complete before claims can be filed through private insurance companies. The following items are needed to become credentialed successfully :**
  - Tax I.D. Number
  - Taxonomy Codes
  - National Provider Identifiers
  - Universal Credentialing Applications Number
  - Education Documentation
  - Licensure Documentation

# Contracting

- ❑ **Establishes a legal relationship with the third-party payer**
- ❑ **Defines the provider's responsibilities when delivering services**
- ❑ **Establishes the claim filing process**
- ❑ **Defines the fee schedule**
- ❑ **Details requirements and other factors related to billing (co-pays, deductibles, etc.)**

# The Bottom Line

## Can Billing be a Self-Sustaining Program?

### ❑ **Montana**

- Conducted a pilot program using a billing clearinghouse for 7 counties within the state:
  - Billing for both vaccine cost and administration fees as appropriate in all but one county showed the ability to cover the cost of the program and more.
  - Essentially doubled the number of clinics that are able to bill electronically.

### ❑ **South Carolina**

- Contracting with payers has been the major stumbling block. The data provided shows that In-Network status for the health department clinic provides 4 to 5 times the return as compared to those considered to be Out-Of –Network.

# The Bottom Line

## Can Billing be a Self-Sustaining Program?

### □ Arizona

- Developed a unique program in concert with the state immunization coalition TAPI.
  - During a ~3 month pilot they were able to bill more than \$22,000 and received \$13,000 in payments. Low reimbursement rates is reason for the difference and not necessarily denied claims.
  - Arizona concluded that collecting only administration fees would be enough to support the billing services provided by TAPI and deliver significant new revenue to the state.

### □ California

- Revenue collected between January and June of 2010 increased more than 10X from the previous 6 months.
  - In the summer of 2010 the Kern County public health clinic was considering closure. The results and data presented from this billing project led the Board of Supervisors to keep the clinic open.

## **The Bottom Line**

### **Can Billing be a Self-Sustaining Program?**

- ❑ **Arkansas – Conducted a pilot program during the 2010 - 2011 influenza season.**
  - The pilot generated \$1.4 million in revenue (\$631,760 from private insurance).
- ❑ **Ohio – Collected strong data to show the need for the program.**
  - Ohio plans to continue to pursue pilot programs that will provide cost-effectiveness, barriers, implementation, and operation issues associated with different strategies of billing.

# Barriers to Overcome for Implementation of Billing Plan

- ❑ **Knowledge**
- ❑ **Contracting**
  - Negotiating contract language has proven to be complicated.
  - Some have reported payers not wanting to contract, stating that they have enough contracted providers in the area.
- ❑ **Credentialing**
  - A lengthy process filled with potential stumbling blocks.
  - Use of groups like CAQH can streamline this process.
- ❑ **Efficiency and details of billing**
- ❑ **Transaction volume**

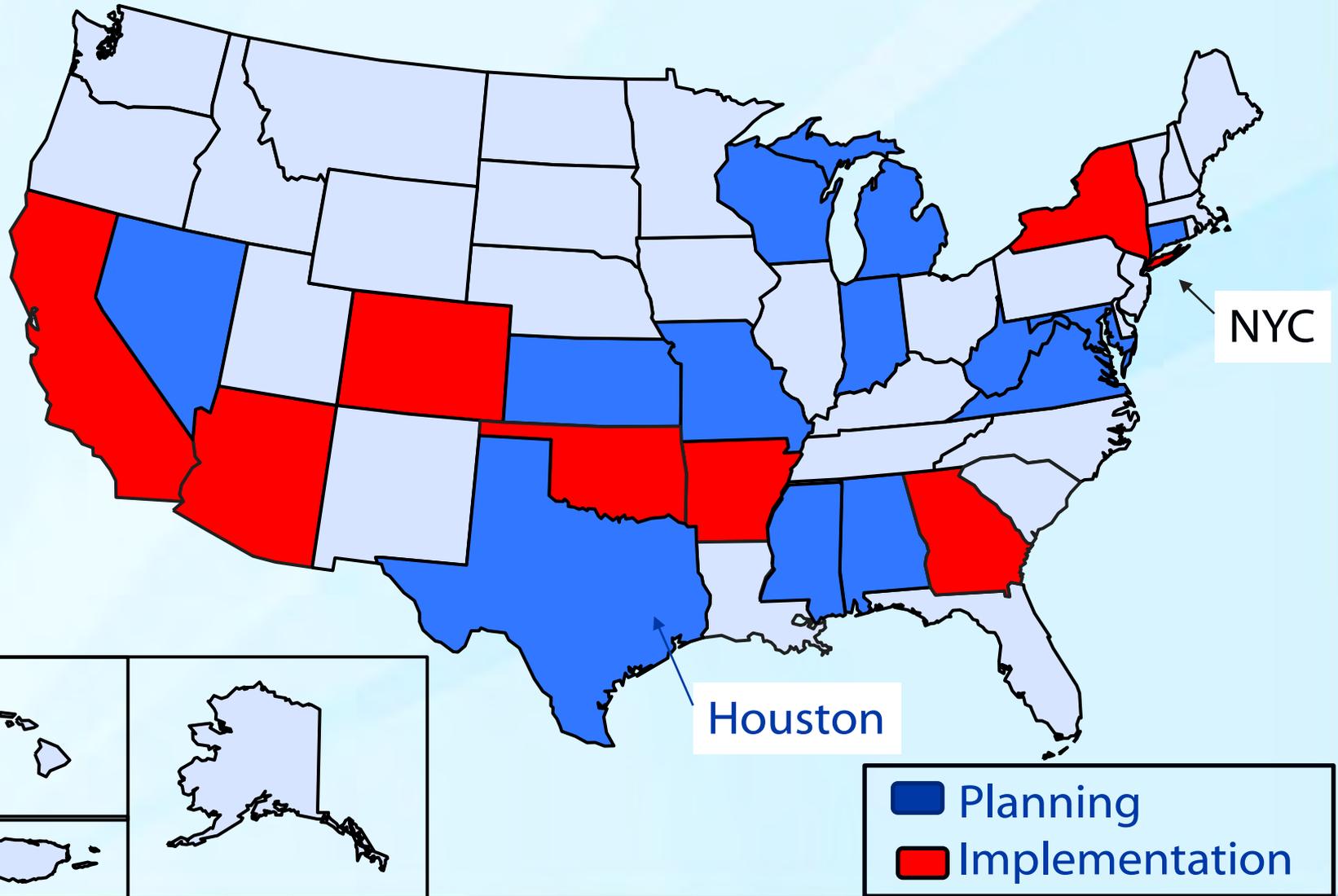
# Barriers to Overcome for Implementation of Billing Plan (Cont.)

- ❑ **Staff time requirements**
  - Record keeping
  - Processing claims
  - Processing denials and returns
- ❑ **Funding**
  - Start-up costs
  - Purchasing vaccines
  - Software
  - Personnel

## Sources for Billing Information

- ❑ **A Billing Website is now live.**  
**[www.cdc.gov/vaccines/spec-grps/prog-mgrs/billables-project/default.htm](http://www.cdc.gov/vaccines/spec-grps/prog-mgrs/billables-project/default.htm)**
- ❑ **Billing Tool Kit Development - NACCHO**

# Grantees Funded Through 2011 - PPHF Innovative Projects to Improve Reimbursement in Public Health Department Clinics



## **Famous Quotes**

- **M\*A\*S\*H - Corporal Walter Eugene O'Reilly (RADAR)**

**“None of it makes any sense, you just have to fill out the right number of forms”**

# Questions???

**For more information please contact Centers for Disease Control and Prevention**

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