### A Public Health Department's Journey Toward Third Party Reimbursement

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## Disclosures:

- Kimberly Hardy, FNP-BC does not have any financial conflicts of interest.
- Susan Carter, MSN, RN does not have any financial conflicts of interest



# Learning Objectives

- List three factors impacting the implementation of third party billing for STD clinical services in all of North Carolina's LHDs.
- 2. Identify key steps to a successful transition to third party billing.
- 3. Utilize two strategies from Pitt County's experience with implementing commercial third party billing.

## Funding Trends Across the Nation

• Since fiscal year 2005, STD funding from federal government has decreased by \$6 million. (NCSD, n.d)

- In 2009, 69% of states cut STD Program funding.
- States are responsible for approximately onethird of their STD Program Budgets.

*Third Party Billing for Public Health STD Services: An Executive Summary of Coordinated Needs Assessment Results, 2014* 

# **Billing Trends Across the Nation**

- 25% of STD-certified 340B clinics were not billing Medicaid <u>or</u> private third-party payers
  - Health Department STD clinics made up 77% of those clinics *not* billing
- 30% were billing Medicaid only

 45% were billing both Medicaid and other third-party payers

Third Party Billing for Public Health STD Services: An Executive Summary of Coordinated Needs Assessment Results, 2014

# Why bill commercial and third-party payers for STD clinical services?

- Helps close budget gaps
  - Since 2005, STD funding has decreased \$6 million
- Offset cost of care for the uninsured
- Free up resources for outreach activities
- Gain long-term sustainability



The Affordable Cane Action pands Medicald and sprimercial insurance approximatilians. d patients who were predoutly withouted. and receiving their STD, HAC and other rescalhealth services at local health departments. The newly acquired linux case scherage of these health department of entry provides a conclude anial of ensuing a fee benefitively outnexts as these dients involte able to use. rearrange to power the central these services. It is a faultiful to all high most taken that all points is the new taken and that they determine a constant who may have been appeared to an STD be able to obtain leading and lead transformed regard leaded ----their skillty to pay but these expansions of noverage provide an apportunity for bealty. departments to recoup some of the cash of providing these service twiners possible. 201legenere statanipable Piteportypopers for \$10 and HIV related services can help does budget user, offset the cost of providing ro-cost services to the unlitsured, and they up measures to last efforts out several by other funding streams, such as on tranch activities."

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D1D3 and PNV programs associated reserue to help complement soliding funding to support that insights. Denouse of the second health and can identify the oper the four pub-De basiste das sectores et a considée constructural y Insured included as will likely cardings to use STD and HW programs for beeing and thesement. Some regulations and statutes paymake engagi rgin billingi rsuvanas and maximizing. this reserves stream difficult measure legal the doors to friendal disensity, STO and HIM. prostant administration, and investors must secret together to achieve and cohercises that proved programs from any ing patients and maintaining friendial health.

#### STD PROGRAMS CAN FOSTER THEIR FISCAL DIVERSITY

STD and HW programs in state and local health departments keep carerumlifes strong tworesiding SFB and H Monesention and control per dans. Their at fivilies may include clinical services, health education, and moritsning disaste transfe. These services were

http://www.ncsddc.org/resources-publications

# **Barriers to Billing**

- Prohibitive billing policies
- Confidentiality concerns

   EOB
- Staff resource constraints
- Billing infrastructure resource constraints
- Low return on investment.

# **Statutory Barriers to Billing**

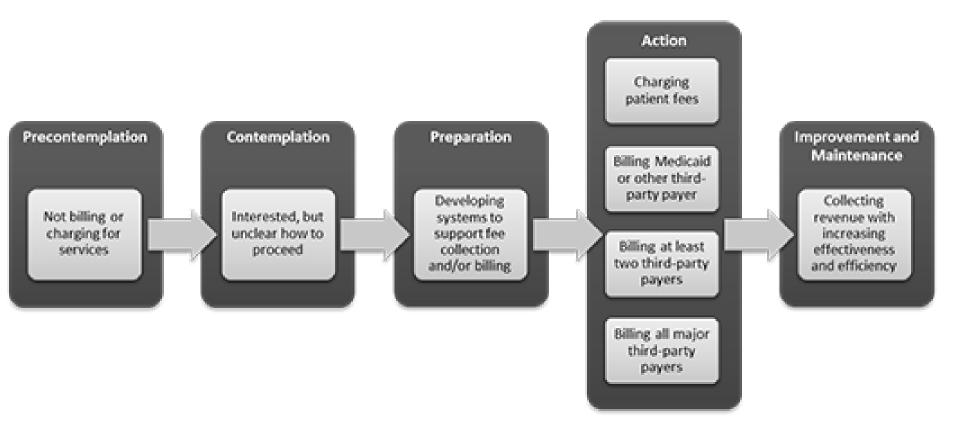
1. HIV/STD services are free of charge to patients: 10A NCAC 41A .0204 (a)

Local health departments shall provide diagnosis, testing, treatment, follow-up, and preventive services for syphilis, gonorrhea, chlamydia, nongonococcal urethritis, mucopurulent cervicitis, chancroid, lymphogranuloma venereum, and granuloma inguinale. These services shall be provided upon request and **at no charge to the patient**.

 Confidentiality is required for all persons who have or may have reportable communicable diseases and conditions. Release of information must be in accordance with NC General Statutes 130A – 143.

Legal interpretation may solve the barriers

## Cardea Revenue Cycle Management Continuum



http://www.cardeaservices.org/ourwork/projects/std\_br.html



#### Where Do You Start...

#### Understand Current Service Utilization

#### □ Assess Present Billing Practices

#### Appraisal of Findings

### Identification of Reimbursement Opportunities

Spreadsheet Analysis

- Procedure Codes
  - Identified Clinics (office visits only)
  - Laboratory (15 most common)
- Payer Reimbursement Potential
  - Commercial Insurance
  - Medicare

### **Potential Benefits**

- Opportunity to Improve the Public's Health
  - Realignment of Services Offered
  - Marketing of Prevention/Wellness Services
  - Partnering with Local Healthcare Providers
- Opportunity to Improve Financial Health
  - Commercial Insurance In-Network Contracts
  - Fee Analysis
  - Collection Practices



#### Assess Readiness to Proceed

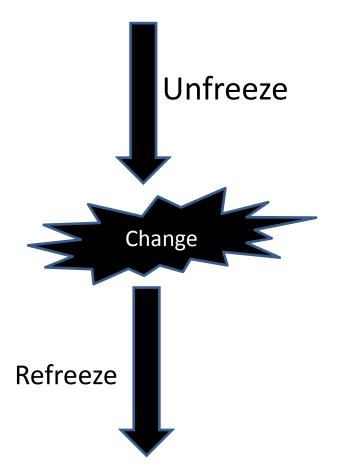
- Potential Barriers
  - Knowledge Deficit
  - Staff and Infrastructure Constraints
  - Different Model for Public Health
  - Change Management

### Change Management

- □ Sponsorship
- Buy-In for Change
  - Utilization of Change Theories
- Involvement
  - Right people...Right Role
- □ Impact of Change
- □ Communication
  - Transparency and Inclusiveness

## **Utilization of Change Theories**

Lewin's Change Theory



#### Roger's Diffusion of Innovation Theory



"From E.M. Rogers, Diffusion of Innovations, 4th edition (New York: The Free Press, 1995)

## Strategies for Successful Implementation

- Develop a Strategic Plan and Timeline
- □ Identify Insurance Objectives
  - Determine Initial Company
  - Ascertain Credentialing and Contract Process
  - Define Pathway
- Ongoing Evaluation of Pertinent Data
  - Modify and Revise Plan as Needed
  - Identify Tools to Retrieve Data

Strategies for Successful Implementation

- □ Stay the Course
  - Be Persistent
  - Keep Stakeholders Informed
- Celebrate Successes
- □ Resource for PH Shared Experiences
  - Improving Reimbursement for Health Department Clinics<u>http://www.phconnect.org/group/improvin</u> g-reimbursement-for-health-department-clin

## Resources to get you started

- <u>http://www.naccho.org/topics/HPDP/billing/</u> National Association of County and City Health Officials (NAACHO)
- <u>http://www.ncsddc.org/third-party-billing-practices</u> National Coalition of STD Directors (NCSD)
- <u>http://stdtac.org/billing-toolkit/</u> Region I STD Related Reproductive Health Training and Technical Assistance Center (STDTAC)

# Pitt County's Experience

- 2013 Midlevel Providers credentialed with Medicaid and Medicare
  - DEA #s, NPI, Agency NPI #, account #s for EFT, etc.
  - CAQH requires re-attestation
  - Set-up practice manager user in CAQH
- December 2013 March 2014
  - Attended DPH Practice Management Workshops
  - Evaluated service levels and potential for reimbursement
  - Identified objectives and developed initial plan
  - Bi-weekly update meetings with stakeholders.
- March 2014-Pitt County's Practice Management Team inception (no more silos)

## Pitt County's Experience

- June 2014-Initial BCBS application
- November 15, 2014- In-Network Provider contract in effect Competing initiatives- EHR,
- February 2015
  - Included in network provider contracts into Agency Strategic Plan
  - Attended DPH Billing and Coding Update webinar
- CPHQ QI 101 Program- June 2015. Plan to evaluate steps of billing process from registration, clinic, lab, to business office

# Summary

- Building a billing infrastructure is time consuming but completely achievable. Utilize all available resources (NC DPH Regional Nurse Consultants, Administrative Consultants, Practice Management Team, grants, network, etc.) (NAACHO, 2014)
- Revenue from third party payers promotes sustainability of LHD essential services and core public health functions

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