

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

1. 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 one-third 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

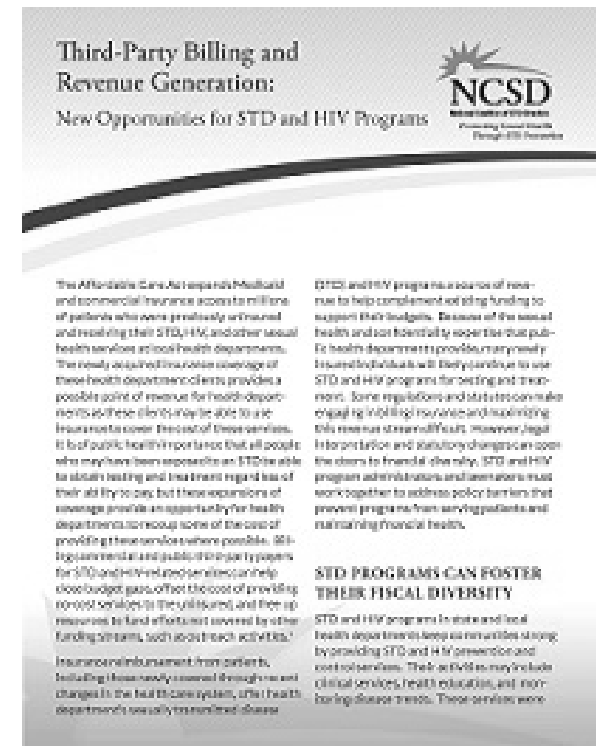
- 25% of STD-certified 340B clinics were not billing Medicaid or private third-party payers
 - Health Department STD clinics made up 77% of those clinics *not* billing
- 30% were billing Medicaid only
- 45% were billing both Medicaid and other third-party payers

Third Party Billing for Public Health STD Services:

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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





Barriers to Billing

- Prohibitive billing policies
- Confidentiality concerns
 - EOB
- Staff resource constraints
- Billing infrastructure resource constraints
- Low return on investment.



Statutory Barriers to Billing

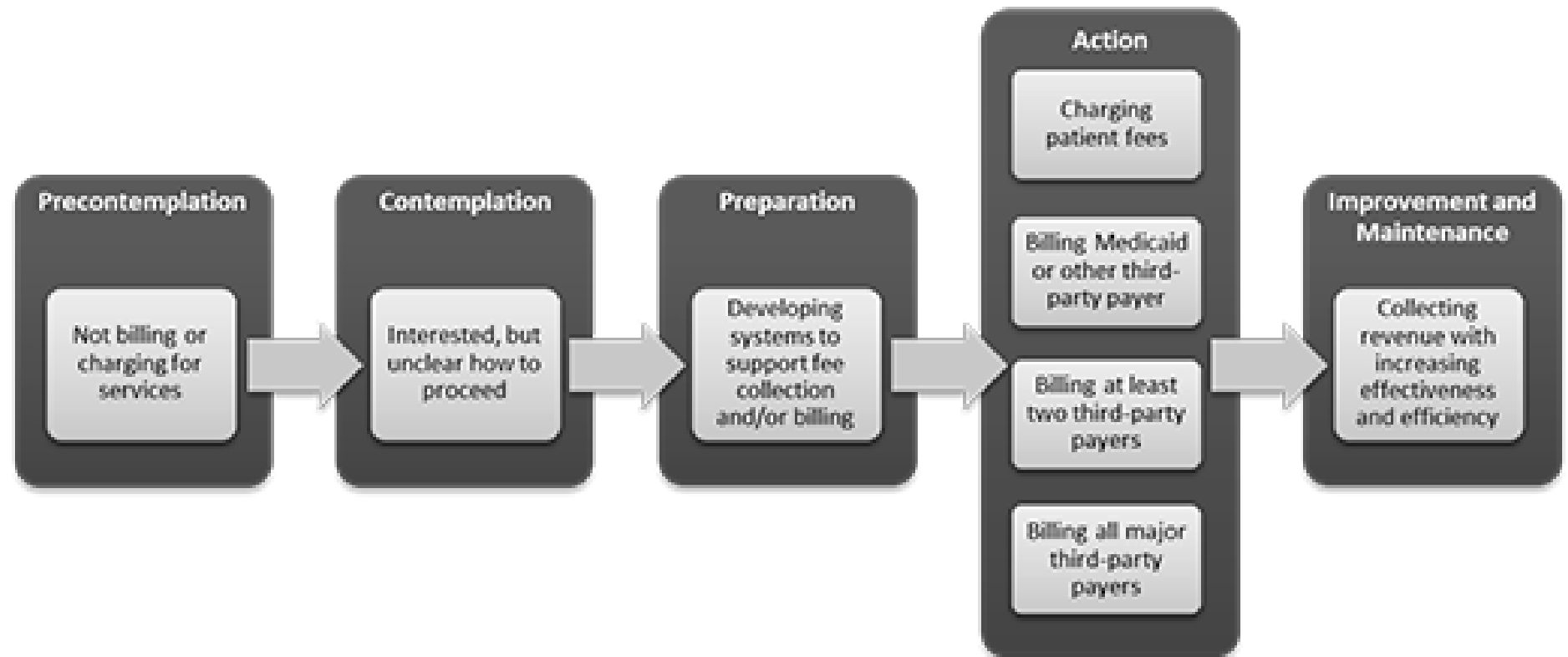
1. HIV/STD services are free of charge to patients: 10A NCAC 41A .0204 (a)

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.**

2. 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





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

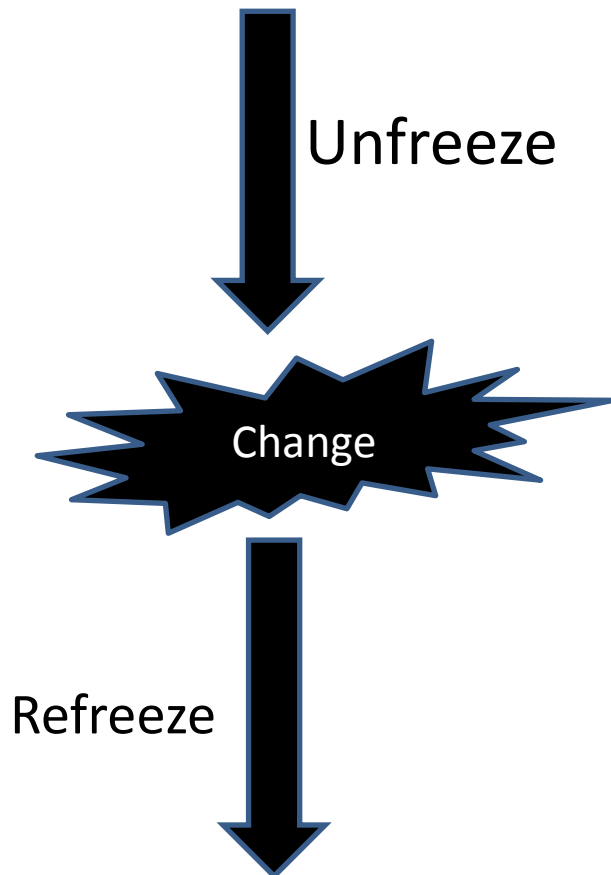


Change Management

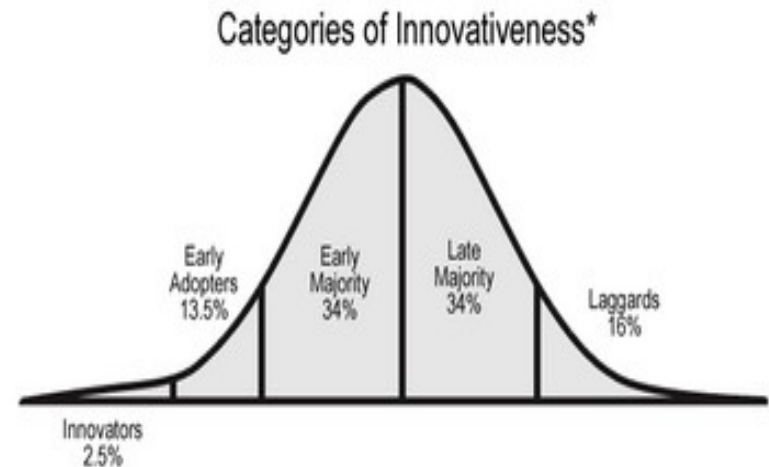
- Sponsorship
- Buy-In for Change
 - Utilization of Change Theories
- Involvement
 - Right people...Right Role
- Impact of Change
- Communication
 - Transparency and Inclusiveness

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 <http://www.phconnect.org/group/improving-reimbursement-for-health-department-clin>



Resources to get you started

- <http://www.naccho.org/topics/HPDP/billing/>
National Association of County and City Health Officials (NAACHO)
- <http://www.ncsddc.org/third-party-billing-practices>
National Coalition of STD Directors (NCSD)
- <http://stdtac.org/billing-toolkit/>
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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