Building Health Department Capacity to Participate in Third Party Billing and Reimbursement for HIV and Viral Hepatitis Services

Amy Killelea, JD
NASTAD
United States Conference on AIDS
September 9, 2013
New Orleans, LA
NASTAD’s Billing and Reimbursement Focus

- NASTAD has prioritized billing and revenue generation:
  - Reductions in federal/state/local funds necessitates strategies to diversify funding.
  - ACA to improve access to/utilization of preventive services
    - Expanded coverage
    - Benefits requirements for preventive services
Billing and Reimbursement Survey and Needs Assessments

- **NASTAD Survey of current billing and reimbursement practices**
  - Collected information from state health department HIV/AIDS and viral hepatitis programs about their billing practices and billing practices of contracted local service providers
  - Assessed structural and operational challenges to participation in third-party billing and reimbursement and any future billing plans

- **NASTAD ACA implementation regional meetings**
  - Convened AIDS Directors and other state health department staff to discuss ACA implementation activities
  - Assessed provider ACA implementation, including billing and reimbursement technical assistance needs
Survey Findings: Health Department Billing Is Currently Limited

- Currently billing for services, 11 (38%)
- Plan to implement in 12 months, 5 (17%)
- Not planning to implement 12 months, 10 (35%)
- Don’t know, 3 (10%)
Survey Findings: Many Public Health Laboratories Are Billing

- Yes: 23 (50%)
- No: 15 (33%)
- Don't Know: 8 (17%)
Survey Findings: Contracted Providers Are More Likely to Bill for Services

Community health centers
Infectious disease/HIV specialty providers
Health department clinics
Hospital outpatient settings
Family planning clinics
Primary care providers (other than CHCs)
Sexually transmitted disease clinics
Hospital emergency departments
Community based organizations
Hospital inpatient settings
Dental clinics
Urgent care clinics
TB clinics
Prenatal/obstetrical clinics
Refugee and immigrant health centers
Substance abuse treatment centers
Labor and delivery settings
Other (describe):
Don’t know
Correctional facilities
Survey Findings: Contracted Providers Are Billing for HIV/STD Testing and HIV Clinical Treatment

<table>
<thead>
<tr>
<th>Services Billed by Local HIV/AIDS and Viral Hepatitis Providers</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV clinical services (e.g., laboratory services and treatment)</td>
<td>25 (78%)</td>
</tr>
<tr>
<td>HIV testing</td>
<td>23 (72%)</td>
</tr>
<tr>
<td>STD testing</td>
<td>21 (66%)</td>
</tr>
<tr>
<td>HCV testing</td>
<td>17 (53%)</td>
</tr>
<tr>
<td>Family planning services</td>
<td>13 (41%)</td>
</tr>
<tr>
<td>HBV vaccination</td>
<td>11 (34%)</td>
</tr>
<tr>
<td>Medical case management</td>
<td>11 (34%)</td>
</tr>
<tr>
<td>Risk reduction counseling</td>
<td>4 (13%)</td>
</tr>
</tbody>
</table>
Health Departments identified the following challenges to increasing billing:

- Program staff lack knowledge about billing and reimbursement
- Health Department lacks IT infrastructure needed for reimbursement
- Program lacks capacity to support providers in implementation
- Majority of clients do not have insurance
- Non-clinical services are not reimbursable
- Difference between billing and revenue generation/program sustainability
Next Steps

Health Departments are:

- Continuing to develop and implement provider assessments
- Identifying technical assistance needs
- Identifying technical assistance providers
- Requiring health department-supported providers that have capacity for billing do so
- Collaborating with other public health programs
- Developing service cross-walks
<table>
<thead>
<tr>
<th>SERVICE</th>
<th>QHP</th>
<th>MEDICAID</th>
<th>RW PART B / ADAP/OTHER GRANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV TESTING</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>RX</td>
<td>✓</td>
<td>✓</td>
<td>Cost-sharing assistance</td>
</tr>
<tr>
<td>MEDICAL CASE MANAGEMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORAL HEALTH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LABS</td>
<td>✓</td>
<td>✓</td>
<td>Cost-sharing assistance</td>
</tr>
<tr>
<td>MENTAL HEALTH SERVICES</td>
<td>✓</td>
<td>✓</td>
<td>Cost-sharing assistance</td>
</tr>
<tr>
<td>SUBSTANCE ABUSE TREATMENT</td>
<td>✓</td>
<td>✓</td>
<td>Cost-sharing assistance</td>
</tr>
<tr>
<td>HIV PRIMARY CARE</td>
<td>✓</td>
<td>✓</td>
<td>Cost-sharing assistance</td>
</tr>
<tr>
<td>MEDICAL TRANSPORTATION</td>
<td></td>
<td></td>
<td>Limited Coverage</td>
</tr>
<tr>
<td>INPATIENT HOSPITAL SERVICES</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
National Alliance of State & Territorial AIDS Directors (NASTAD)
444 North Capitol Street NW, Suite 339
Washington, DC 20001
Phone: 202.434.8090
www.NASTAD.org