

Becoming an In-Network Provider: The Health Department Perspective

November 18, 2013

Speakers:

Scott Coley, MS, MPH, Immunization Billing Coordinator, New York State Department of Health

Robin Iszler, RN, Unit Administrator, Central Valley Health District, North Dakota

Vicky Poirrier and Sharon Gates, Lead Analysts, Mississippi State Department of Health

NACCHO Staff, National Association of County and City Health Officials, Washington, DC



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Today's Webinar Agenda

- The Billing Landscape and Contracting Overview
- The Decentralized Perspective
- The Centralized Perspective
- NACCHO's Billing for Clinical Services Toolkit



Today's Presenters



Scott Coley has been the Immunization Billing Coordinator at the New York State Department of Health since March 2010. In this role, Scott advises New York's local health departments on insurance and billing issues and is leading the effort to implement billing system upgrades. Scott has a Master of Virology from the University of Bristol, UK and Master of Public Health from the University at Albany.

Robin Iszler has over 15 years of public health experience and has worked in programs such as Women's Way, WIC, Health Tracks, Family Planning, Immunizations, Tobacco, Emergency Preparedness and finance. At the Central Valley Health District, ND, she has been the Family Planning and WIC director and the first local coordinator for the Women's Way program. In 2006, Robin became the Unit Administrator of Central Valley Health District. In this role, Robin has worked to enhance billing at the local health department and implemented an agency billing system. Robin has a degree in nursing from Jamestown College.



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Today's Presenters



Sharon Gates is the Lead Analyst for the Mississippi State Department of Health (MSDH) Billing project. Prior to her retirement in 2012, she was the Lead Analyst for the Patient Information Management System (PIMS), which is the agency's practice management system. Her excellent reporting and data analysis skills make her a vital member of the billing project team.

Vicky Poirrier is the Billing Coordinator for the Mississippi State Department of Health Billing Project. She was instrumental in the design and implementation of the agency's practice management system, PIMS. She served as the director of PIMS during her 24 year career with MSDH. After her retirement in 2011, she returned to public health to use her technical experience in implementing the billing project.



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The New York Experience: The Billing Landscape

New York State Department of Health

Scott E. Coley



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Health Insurance Provider Networks

- Medical providers contracted by insurers to provide services for beneficiaries
- Feature of managed care, controlling member service access and reimbursement rates
- Non-network providers may receive reduced or no reimbursement
- More important to LHDs under Affordable Care Act



Rationale for LHD Contracting and Billing

- Public health safety net
- Decreasing public health resources
- Fiscal accountability
- Subset of patients have no financial access barrier
- Costs that are not otherwise reimbursed are absorbed by county and state tax dollars



Contracting Overview

- Contracting: Process of establishing an agreement between health care providers and health plans.
- Details:
 - Services to be provided
 - Payment rates
 - Filing timelines
 - Other obligations between each party
- Negotiating a contract may take 60 to 120 days
- Contracts are not guaranteed



To Contract or Not to Contract

To Contract:

- Serving patients with insurance: public or commercial
- Patient cannot be billed out of pocket
- More reliable reimbursement
- Reduce out of pocket payment

Or Not to Contract:

- Insurers agree to reimburse without contract
- Local policies or regulation allowing non-network claiming



Benefits for Local Health Departments

- Reimbursement at higher and more reliable rates
- Out of network, claims may be denied
- Maintain client access as before the ACA
- Able to assist clients to understand their insurance plan – deductibles, copays, out of pocket expense
- Contracting is a first step in positive financial outcomes and sustainability in LHD programs



Benefits for Health Insurance Companies

- Provide excess service capacity
- Provide and bill for limited services
- Network adequacy for their members
- Assist in linking members with new or existing primary care provider
- Assist clients in obtaining insurance, link to Navigators
- Health plan quality data: NCQA, state quality reports
 - Healthcare Effectiveness Data Information Set (HEDIS) Measures



Current and Local Realities

- Contracting Authority: centralized vs. decentralized
- Insurance Laws (e.g. Any willing provider)
- Laws or public contracts impacting health department billing
- Government sovereignty



Health Department Contracting Barriers

- Return of Proprietary Materials
- Nondisclosure Terms
- Timely Filing of Claims
- Primary Care Physician (PCP) Referral Requirements
- Credentialing Policies
- Contract Entity: Health Department vs. Medical Director

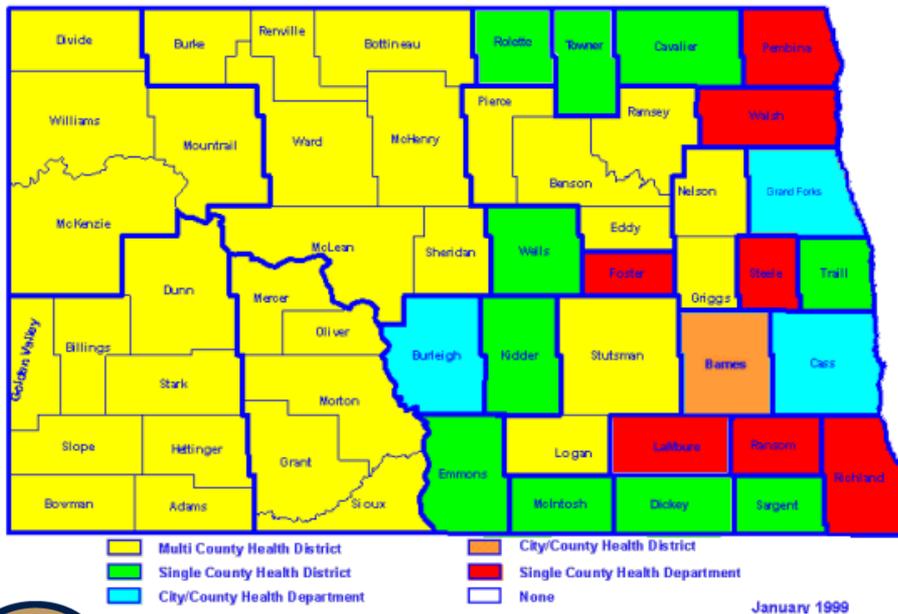


Communication Disconnect with Private Insurance

- No easy provider category
- Non-billable or non-traditional services
- Nursing services, use of standing orders
- Insurers expect: Public Health = Free
- Cannot charge more for services than cost to make up for low reimbursement rates



The North Dakota Experience: A Decentralized Perspective



Central Valley Health District
Robin Iszler, RN



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Contracted or Participating (PAR) – Professional Provider Agreement

Benefits to LHDS:

- **Participating Providers (PAR)** are healthcare providers who have entered into an agreement with an insurance carrier.
 - Insurance companies screen providers to insure they meet certain standards of quality.
 - Insurance carriers agree to direct clients to the provider and in exchange, the provider accepts a lower fee for services. (**In-Network**)
- **Non-participating Providers (non-par)** are healthcare providers who have declined or denied entering into a contract with an insurance company.
 - Sometimes the fee offered by the insurance company is less than your LHD is willing to accept. (**Out-of-Network**)

Benefits to Clients:

- In-Network providers have lower co-pays and protect from having to pay for services that are not considered *medically necessary* (pay fees which are above what is usual and customary).
- Out-of-Network providers may have lower fees for special events or other discounts.



Other Things to Consider When Contracting

- **Balance Billing** occurs when the LHD bills the client for the difference between what they charge and the health insurance allowable amount.
 - Some contracts between insurers and LHDs **do not allow** providers to balance bill. A provider who "Accepts Assignment" agrees not to balance bill patients.
- **Fee-for-Service** insurance seldom pays 100% of what providers charge.
 - The "Allowable Amount" is the price that an insurance company will pay for a specific service.
 - This amount is based on a negotiated "Fee Schedule."
 - Sometimes it is based on the "Usual and Customary Charge" for providers in a given geographic area.



Required Documents and Information for Contracting

- Agency Certifications and Licensure – W-9, Liability Insurance, CLIA Certificate
- Provider Numbers – NPI number, Medicaid or Medicare numbers
- Credentialing of Staff (examples of licensure verifications)
 - North Dakota Board of Nursing: <https://www.ndbon.org/>
 - North Dakota Board of Medical Examiners: <https://ndbomex.org/>
- Documentation – charting of services
- Coding – list of services and established fees you provide
- Verification of Client Eligibility – knowing what the client is eligible for prior to providing service
- Electronic Payment Management System – billing system able to receive electronic checks from providers.



Contracting

- Go to person! Find a person within the insurance company that will be the contact for questions. Have someone in your agency work on the contract process.
- You may need to contact the insurance company at the national office if you encounter roadblocks at the state or regional level.
- When requesting the health insurance application, find out if they have an application for Public Health Agencies.
- Network with other local agencies in your area – work together on the application and share stories.

As a LHD, you may not have the following documentation requested:

- State License for your Local Health Department
- Local Business License
- Registrations or Certifications
- Accreditation Letter and Certificate
- Facility Inspection Report
- Disclosure of Ownership



Contracting Considerations

- Gather demographic information such as number of enrolled, or employer groups.
 - Large employer in community = Potential clients
- Does agreement require the local health department to take a certain number of patients?
- Is payment based on discount of full charges or fee-for-service?
- How much revenue will this insurance company create for the LHD?
- What is the claim submission and reimbursement schedule?
- Are billing requirements and covered services clearly defined? (Balance Billing)
- Is client insurance coverage eligibility and verification easy to acquire?
- What is your staff capacity to manage the billing process?



Credentialing

This is an important part of the contracting process and it is used to evaluate and qualify providers for payment.

- Tax I.D. Number - Agency
- National Provider Identifier (NPI) for the Agency and Providers
- Resume or Curriculum Vitae for Providers
- Agency Certifications and Licensure
- Other Documents may include: insurance, immunization records for staff, DEA numbers, references, medical licensure providers
- When billing under a LHD Medical Director/Officer, you may need:
 - Signed Physician Orders
 - Policy and Protocols
 - DEA Number
 - Good communication with the Medical Director on the services you are billing

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Credentialing Services

Council for Affordable Quality Healthcare (CAQH)

- Universal Provider Data Source is designed to accomplish administrative simplification by gathering data in a single repository that may be accessed by participating health plans and other health care organizations.
- <http://www.caqh.org/>

Minnesota Credentialing Collaborative (MCC)

- The MCC's system makes re-credentialing quick and easy.
- Review the information in your account and update any information that has changed; attach or upload current copies of documents required by your preference (hospital or health plan); update your signature and resubmit your application.
- Not limited to Minnesota providers
- <http://www.mncred.org/Home.aspx>

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Lessons Learned

- Provider agreements (contracts) take time and there is no one size fits all approach.
- LHDs in your area can be a resource for completion of contracts.
- Designate one person in your office to work with billing and contract agreements.
- Contracting as a participating or in-network provide can bring financial rewards to your LHD.

SUCCESS!!



The Mississippi Experience: Contracting with Private Insurance Companies from a Centralized Perspective



Mississippi State Department of Health
Sharon Gates and Vicky Poirrier



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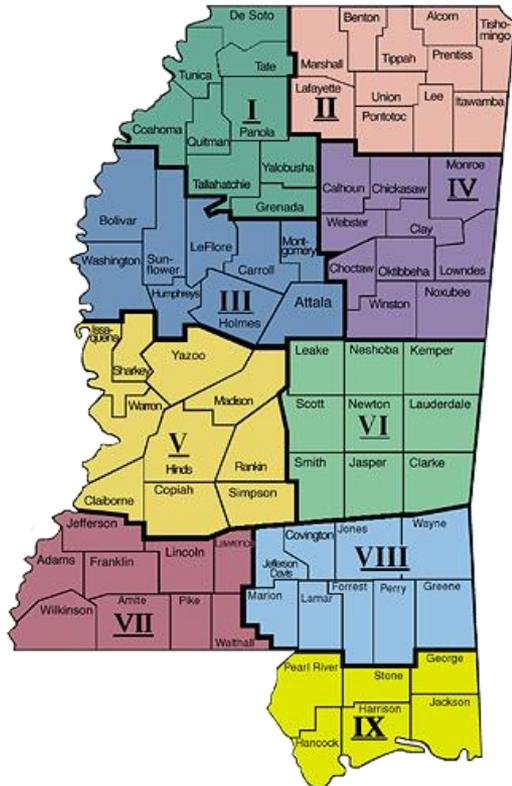
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Mississippi State Department of Health



- 82 Counties
- 9 Public Health Districts
- 106 Local County Health Clinics
- Centralized Policies and Procedures

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Mississippi State Department of Health

Routine Billing Procedures

- Medicaid
- Medicare (including Railroad Medicare)
- CHIP (United Healthcare)





Mississippi State Department of Health

Private Insurance Billing - Initial Steps

- Established billing workgroup
- Began reviewing current insurance coverage levels
- Added resources to perform processes for:
 - Credentialing
 - Claims Processing
 - Payment Posting
- Began establishing contacts with State Insurance Representatives and other major insurance plan partners

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Mississippi State Department of Health

Contract Negotiations

- Medicaid Managed Care

UnitedHealthcare

Magnolia Health

- BCBS of MS / Advanced Health Systems, Inc (AHS)

- Medicare Advantage Plans

Humana, Health Spring, Windsor, Pyramid, Advanta Freedom, Aetna, UnitedHealthcare

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Mississippi State Department of Health

Next Steps

- Contract negotiations with additional private insurance companies
Blue Cross Commercial, UnitedHealthcare
- Health Care Exchange (HCE)
Humana, Magnolia Health
- Implement new practice management system and EHR
- Expand eligibility verification capability
- Determine billable services offered
- Training





Mississippi State Department of Health

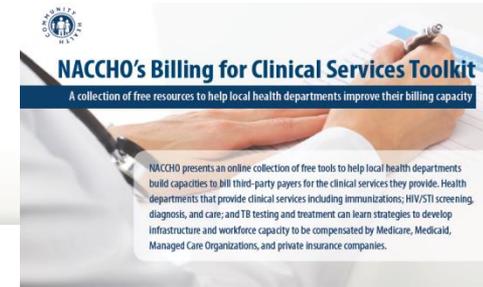
Lessons Learned

- Connecting with the right person
- Communication with consumers and internal staff
- Insurance company lack of knowledge about our structure
- Collecting insurance information from patients
- Community perception that public health services should be free
- Limited resources for coding and public health billing expertise
- Confidentiality issues with EOB



Helpful Contracting Tips

- If your health department has access to an attorney, it is highly recommended to have contracts reviewed by legal counsel.
- Health plans like data.
- Be familiar with contract language and know where your health department can negotiate:
 - Types of Services Provided
 - Schedule for Reimbursement Rates
 - Auto-renewal
 - Most Favored Nation Clause
- Confidentiality can be addressed during the contracting process.
 - Suppression of the explanation of benefits for confidential services like STI testing and treatment.



NACCHO's Billing for Clinical Services Toolkit

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Local health departments are facing shrinking federal, state and local budgets. Although public health has traditionally been free, the cost of providing preventive and clinical services such as immunization as well as HIV, STI, and TB testing has been growing for health departments. LHDs play an integral role in the changing landscape of the Affordable Care Act and will continue to provide services for their community.

Unfortunately, even with expanded insurance coverage, gaps will remain and LHDs will need to develop a way to provide services to insured patients as well as those left uninsured. In order for LHDs to be able to provide preventive and clinical services regardless of insurance status, they may need to develop the capacity to bill third party payers. LHDs should be compensated by billing Medicare, Medicaid and private insurance companies for immunization, HIV, STI, TB testing and care, and other clinical services.

This site should serve as a guide and a resource for LHDs in building capacity to bill third party payers for clinical services. Whether your LHD is just starting the process to be able to bill or already has contracts with private insurance companies, NACCHO's Billing for Clinical Services Toolkit has resources, templates, and manuals to help with your process.

In the Spotlight



NACCHO's Billing for Clinical Services Toolkit

NACCHO was funded by the Centers for Disease Control and Prevention (CDC) to create a toolkit with resources, templates, and tools for local health departments to use and develop capacity

to bill third party payers for immunization, STD, TB and HIV services. More than 200 resources have currently been collected from state billing guides, the Centers for Medicare and Medicaid Services, state health departments, local health departments, insurance companies, and vendors of products such as electronic medical records and billing clearinghouses.

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Transforming Care through Disruptive Design

Conference: October 26-29, 2013



Wood Biomass for Heat and Power

Webinar: October 24, 2013

NACCHO's Billing for Clinical Services Toolkit

- NACCHO's toolkit has over 260 resources to develop health department billing capacity
- Must have a NACCHO Account to download the tools
 - Free to have an account
- *How to Use the Billing Toolkit* Guidance [website](#)
- Contracting Specific Tools:
 - How to Speak with Private Insurance Representatives
 - Sample Letter of Intent
 - Technical Assistance for Negotiating Contracts with MCOs
 - Model Physician Contract



Sample Contracting Letter of Intent

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(10) Contracting - Sample Intent Letters

Keywords / Description:

You can use these letters as a template for creating your own intent letters for third party payers.

Toolkit: [Billing for Clinical Services](#)

Keyword Area: [Billing](#), [Contracting](#), [Immunization](#)

Jurisdiction: [750,000 - 999,999](#)

Institutional Author: [Kern County Public Health Services](#)

Submitted: [09/06/2012](#)

Modified: [07/17/2013](#)

TOOLS

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Sample Letter of Intent

Appendix B: Sample Intent Letters

May 7, 2010

Managed Care Systems
Attention: Florita Perez
4550 California Ave. Ste. 500
Bakersfield, CA. 93309

SUBJECT: Letter of Intent for Contractual Agreement between County of Kern, Department of Public Health Services ("KCDPHS") and Managed Care Systems

Kern County Department of Public Health Services requests consideration for becoming a contracted provider with Managed Care Systems.

KCDPHS has a full spectrum body of clinics located throughout urban and rural Kern County serving the public's need for varied and specialized services. Services include sexually transmitted infection testing and treatment, confidential HIV/AIDS testing and counseling, well-child and child health disability prevention screenings, head lice/scabies examination and treatment, family planning – education/counseling and treatment, immunizations for adults and children, travel vaccination and information, pregnancy testing and counseling, Tuberculosis clinic and case management.

Our multiple district clinics create unique geographic accessibility to Kern County residents and are located as follows:

- Bakersfield - 1800 Mt. Vernon Ave., 661-868-0306
- North of the River - 125 El Tejon Ave., 661-868-5250
- Lake Isabella - 7050 Lake Isabella Blvd., 760-549-2090
- Lamont - 12014 Main Street 661-868-5824
- Mojave - 1775 Hwy 58, 661-824-7066
- Ridgecrest - 250 W. Ridgecrest Blvd., 760-375-5157
- Shafter - 329 Central Valley Hwy., 661-746-7562
- Taft - 315 Lincoln, 661-763-8591
- Tehachapi - 125 East "F" Street, 661-822-3005
- Wasco - 810 8th Street, 661-758-3006
- Arvin - 204 S. Hill St. 661-854-5411
- Delano - 455 Lexington Ave., 661-721-3820

If you have questions, please do not hesitate to call me at 661-868-0300.

Respectfully submitted,

Matthew Constantine
Director of Public Health Services



Tip Sheet: Speaking to Private Insurance Contract Representatives

Speaking to Private Insurance Contract Reps

When you are ready to speak with a Contracting Representative from a company, be sure you are ready to explain who you are and how your department can be an asset to their network.

1. Be friendly and direct.

“Good afternoon, Scott. My name is Mary Jones and I am with the Whatever County Public Health Department. We would like to become one of your Preferred Providers.” They will likely ask for information about your services and some demographics. Make sure you are prepared with this information.

2. Establish the mutual benefits that you can provide.

“Our department provides _____ (immunizations, lab, family planning, std etc) services to our community. Many of your subscribers are already coming to our clinic because their primary care doctors are not able to provide the services. In many cases the wait time for their primary care provider is prohibitive to receiving services.” (They’ll want specific numbers but if you only have 4 or 5 out of 30 clients that will not be a compelling reason. Instead focus on percentages and the reasons why their subscribers are coming to you.)

“Your members rely on Public Health as a safety net when their regular doctors are not available or do not stock required vaccines. Our staff is highly trained and has the ability to educate patients as well as treat. We want to ensure that these patients receive the services that they need. Recent changes in federal law require us to be able to bill insurance companies for immunizations, or decline services. Our county has elected to stock vaccines for individuals with Private Insurance to make sure that they receive these critical services. Additionally, your clients are already coming to us, so it would be a great benefit to them to be able to utilize their benefits here.” Really sell your department as a convenience for their subscribers.

Survey to Assess Insurance Coverage in Your Community for Confidential Services

We would like to find out more about our patients in order to provide better services. The information in this survey is completely anonymous (no one will know who completed each survey) and confidential. Your responses are important to help us plan for future services. Thank you.



4. What insurance (if any) do you currently use? Please check all that apply.

- Medicaid
- Medicaid Managed Care
 - Affinity Health Plan
 - HealthFirst PHSP
 - Health Insurance Plan of Greater New York (HIP)
 - MetroPlus Health Plan
 - AmeriChoice
 - Fidelis
 - Other: _____
- Private Insurance
 - Blue Cross / Blue Shield
 - HIP - PPO
 - GHI
 - Aetna
 - United Health Care (UHC)
 - Emblem Health
 - Cigna
 - Other: _____
- No Insurance / Don't Know
Reason for no insurance:

6. If we could bill your insurance provider or Medicaid (not you) would you be willing to provide your insurance information to the STD clinic?

- Yes
- No (Please share your reason)
 - Privacy / Confidentiality
 - Concerned about Service Limits
 - Pre-Existing Condition Disclosure
 - Other: _____

7. With private insurance, the provider will send a letter to your home describing services given at the clinic. This is known as an "Explanation of Benefits" letter. Would this be a concern for you?

- Yes
- No



General Billing Resources

- **NACCHO Billing Website** <http://www.naccho.org/topics/HPDP/billing/how-to-use-the-billing-toolkit.cfm>
- **NACCHO's Billing Tool Kit**
http://www.naccho.org/toolbox/program.cfm?id=36&display_name=Billing%20for%20Clinical%20Services
- **NACCHO Exchange, Summer 2013: Public Health Law**
- **CDC Billables Project for Health Department Immunization Services Reimbursement (NCIRD)** <http://www.cdc.gov/vaccines/spec-grps/prog-mgrs/billables-project/default.htm>
- **phConnect – Community of Practice, Improving Reimbursement for Health Department Clinics** <http://www.phconnect.org/group/improving-reimbursement-for-health-department-clin>
- **NCSD Shifting to Third-Party Billing Practices for Public Health STD Services: Policy Context and Cases** <http://www.ncsddc.org/third-party-billing-practices>
- **Family Planning National Training Centers – Revenue Cycle Management: Contracting with Payers** <http://www.fpntc.org/training-and-resources/webinar-recording-revenue-cycle-management-contracting-with-payers>

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Thank you for participating on today's webinar!

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Questions

What questions do you have for us?

- If you have any questions, please type them into the **chat feature on the lower left of the screen.**
- If we cannot make it to your question(s), we will try our best to answer it in an Q & A document that will be distributed after today's webinar.

