



University of Washington  
Public Health Capacity Building Center

# Building Sustainability through Billing and Reimbursement

## UWPHCBC Technical Cooperation Group

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# Areas for Discussion

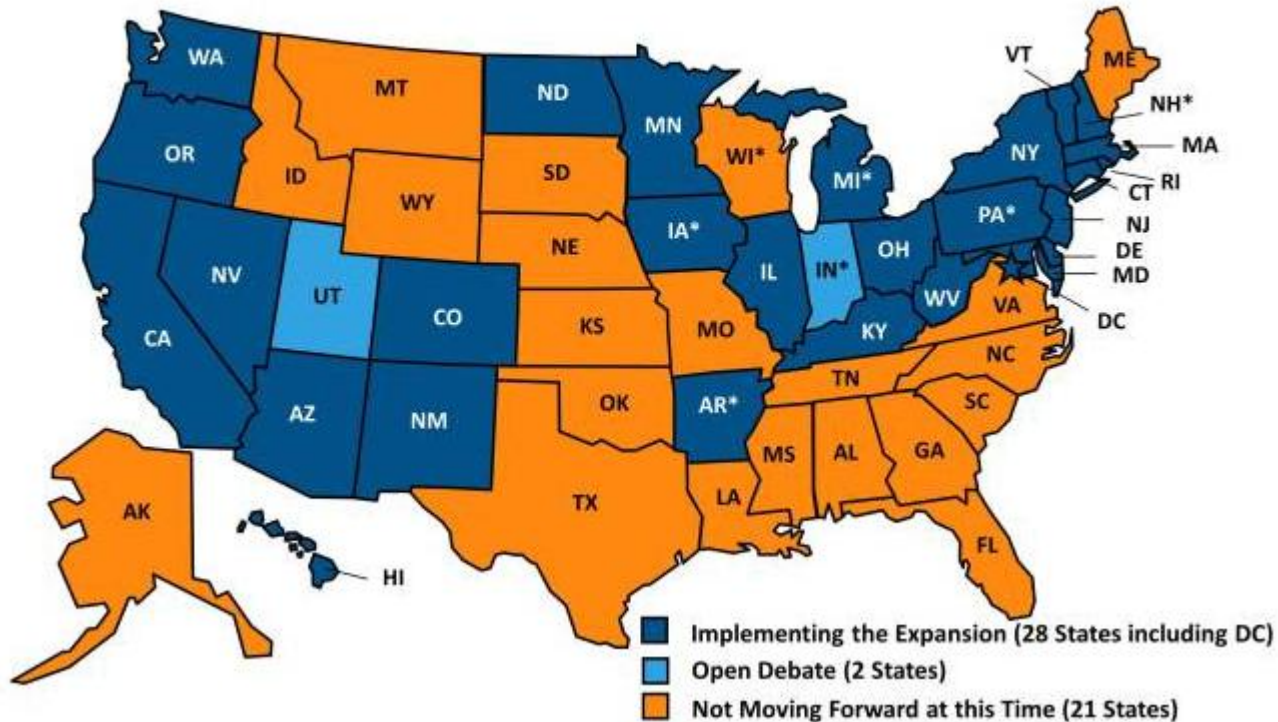
- Impacts of ACA
- Health department capacity for billing & reimbursement
- Factors affecting community partners' capacity for billing & reimbursement

# Impact of ACA

- Medicaid expansion
- Access to commercial health insurance

# States' Decisions—Medicaid Expansion

## Current Status of State Medicaid Expansion Decisions



Adapted from The Henry J. Kaiser Family Foundation, <http://kff.org/health-reform/slide/current-status-of-the-medicaid-expansion-decision/>, as of August 28, 2014

# Medicaid Expansion

As of August 28, 2014...

- 28 states (including DC) implementing expansion
  - Illinois
  - Pennsylvania—Section 1115 waiver; coverage in January 2015
- 21 states not moving forward
  - Florida
  - Mississippi
  - North Carolina
  - Tennessee
- 2 states—open debate

# Florida

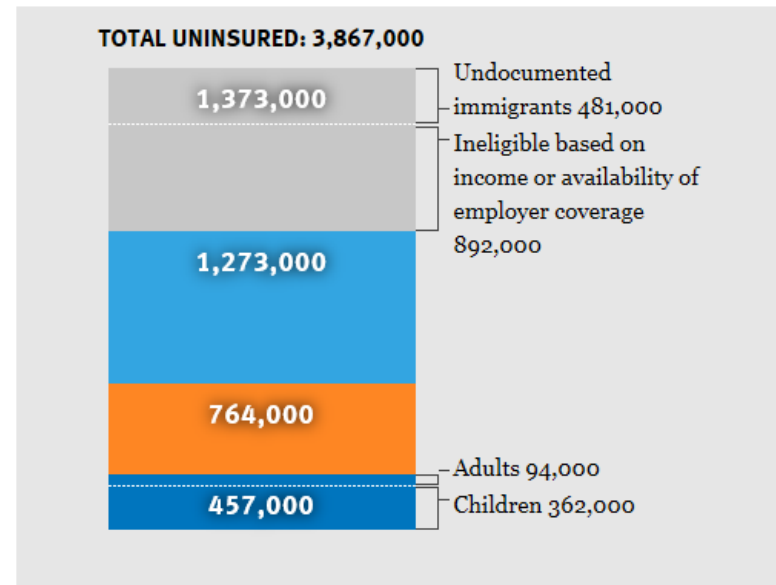


Florida

✕ Florida has not expanded Medicaid under the ACA at this time.

## How many of the non-elderly uninsured are eligible for financial assistance?

- INELIGIBLE FOR FINANCIAL ASSISTANCE**  
Includes those whose income is too high to be eligible for tax credits, who have affordable employer coverage available, or who are undocumented immigrants.
- ELIGIBLE FOR TAX CREDITS**  
People with incomes 100-400% of the poverty level who are eligible to buy coverage in Marketplaces and do not have other affordable coverage available.
- IN THE COVERAGE GAP WITH NO FINANCIAL ASSISTANCE**  
Adults in states not expanding Medicaid under the ACA at this time who do not qualify for any assistance because they are not eligible for Medicaid and their incomes are too low to be eligible for tax credits.
- ELIGIBLE FOR MEDICAID/CHIP**  
Includes people eligible for Medicaid/CHIP but not enrolled prior to the ACA coverage expansions.



Note: Subtotals may not sum due to rounding. Undocumented immigrants cannot be broken out in some states due to insufficient statistical reliability.

Data include non-elderly individuals who were uninsured prior to the ACA coverage expansions.

# Illinois

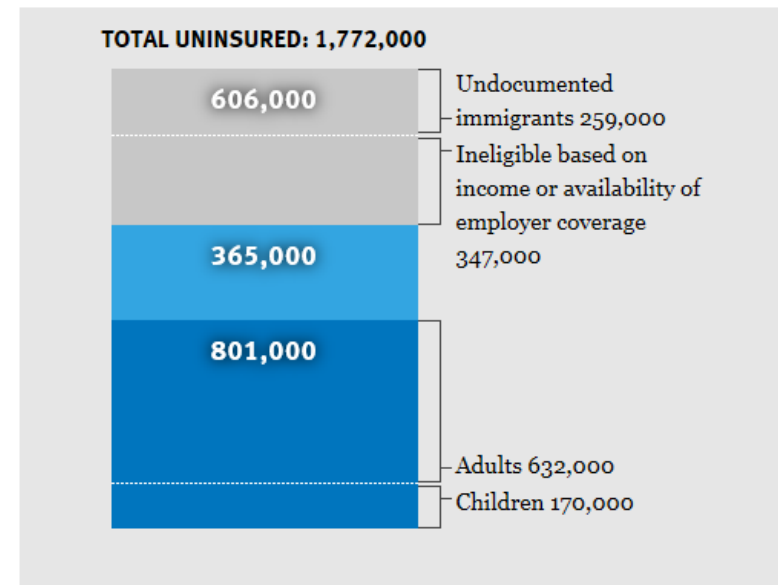


Illinois

✓ Illinois is implementing the Medicaid Expansion under the ACA.

## How many of the non-elderly uninsured are eligible for financial assistance?

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- ELIGIBLE FOR MEDICAID/CHIP**  
Includes people newly eligible under the ACA coverage expansion and those who were previously eligible for Medicaid/CHIP but not enrolled.



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# Mississippi

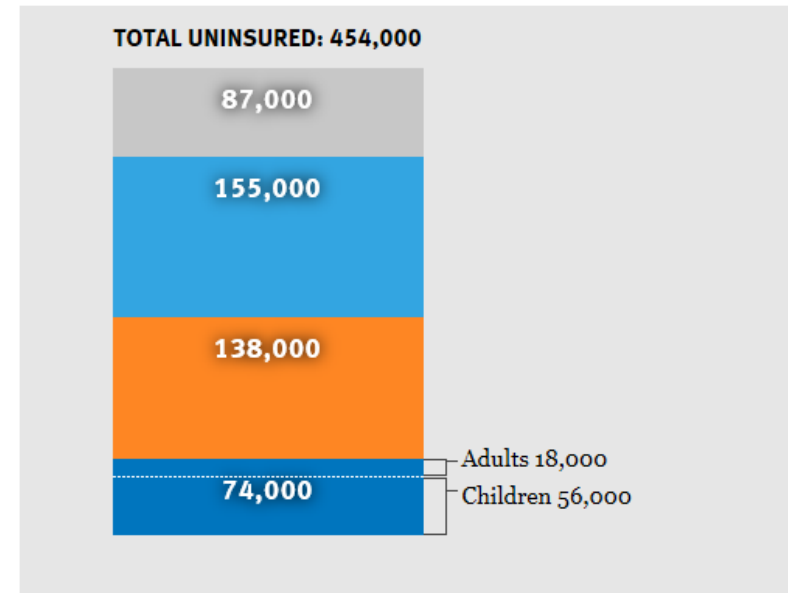


## Mississippi

× Mississippi has not expanded Medicaid under the ACA at this time.

### How many of the non-elderly uninsured are eligible for financial assistance?

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Data include non-elderly individuals who were uninsured prior to the ACA coverage expansions.



# North Carolina



North Carolina

× North Carolina has not expanded Medicaid under the ACA at this time.

## How many of the non-elderly uninsured are eligible for financial assistance?

### INELIGIBLE FOR FINANCIAL ASSISTANCE

Includes those whose income is too high to be eligible for tax credits, who have affordable employer coverage available, or who are undocumented immigrants.

### ELIGIBLE FOR TAX CREDITS

People with incomes 100-400% of the poverty level who are eligible to buy coverage in Marketplaces and do not have other affordable coverage available.

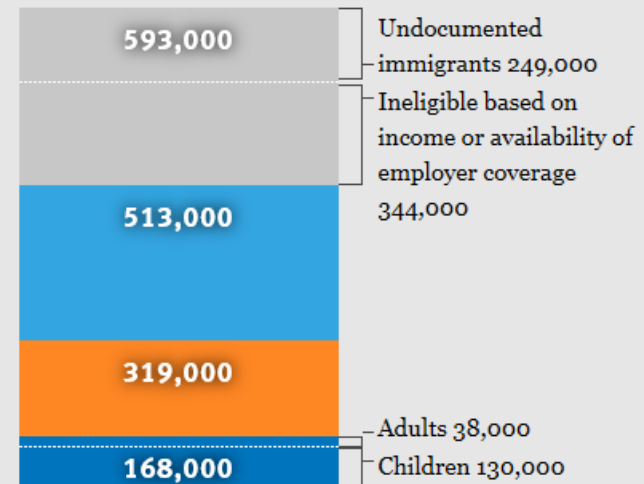
### IN THE COVERAGE GAP WITH NO FINANCIAL ASSISTANCE

Adults in states not expanding Medicaid under the ACA at this time who do not qualify for any assistance because they are not eligible for Medicaid and their incomes are too low to be eligible for tax credits.

### ELIGIBLE FOR MEDICAID/CHIP

Includes people eligible for Medicaid/CHIP but not enrolled prior to the ACA coverage expansions.

### TOTAL UNINSURED: 1,593,000



Note: Subtotals may not sum due to rounding. Undocumented immigrants cannot be broken out in some states due to insufficient statistical reliability.

Data include non-elderly individuals who were uninsured prior to the ACA coverage expansions.

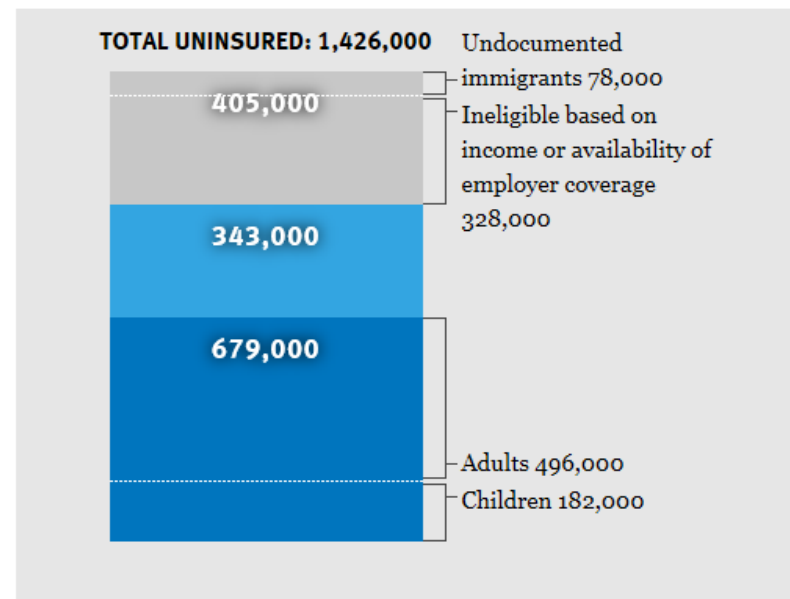
# Pennsylvania

Pennsylvania

✓ Pennsylvania is implementing the Medicaid Expansion under the ACA.

## How many of the non-elderly uninsured are eligible for financial assistance?

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Data include non-elderly individuals who were uninsured prior to the ACA coverage expansions.

# Tennessee

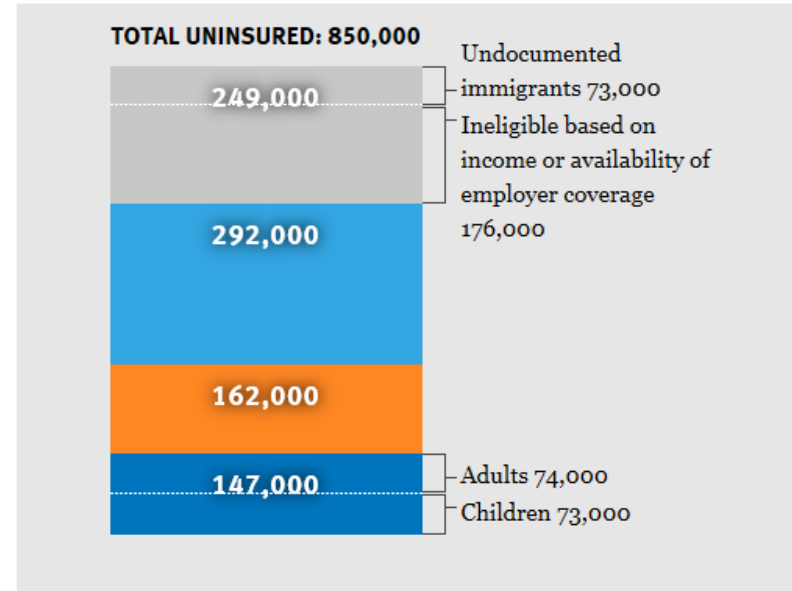


Tennessee

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Data include non-elderly individuals who were uninsured prior to the ACA coverage expansions.

# Additional Impact of ACA

- Coverage of preventive services
- Essential community providers
- Expansion of dependent coverage
- Continued importance of safety net providers

# Yet, Challenges Remain...

- Not all will be covered even after full implementation of ACA
  - Undocumented immigrants
  - Lawfully present immigrants (for the first five years in the U.S.)
  - Those who are eligible, but may not enroll

# Potential Impacts—Billing & Reimbursement

- Close budget gaps
- Offset the cost of providing free services to patients without health insurance
- Free up resources to fund efforts not covered by other funding streams

# Statutory and Regulatory Issues

- Historical prohibitions against fee-for-service STD care
- Statutes to help ensure patient confidentiality
- Return of third party revenue to program

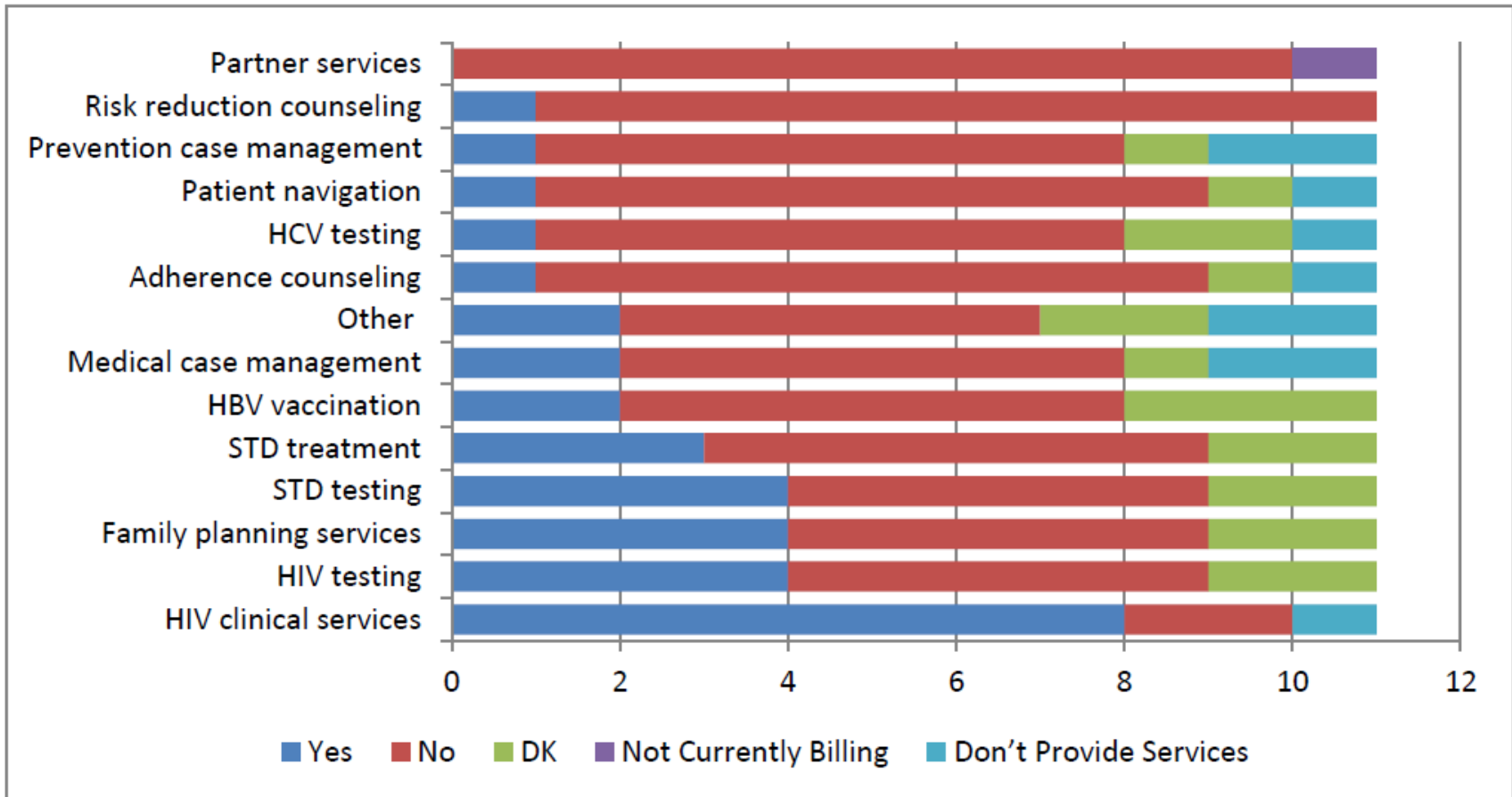
# Discussion



# Few Health Departments Are Billing for HIV/AIDS Services

- Of the 46 health departments that responded, 29 indicated that they directly provide HIV/AIDS or viral hepatitis services
- Of those, only 11 billed third party payers

# Billing for HIV and Viral Hepatitis Services



# Many Health Department-Supported Providers Bill Third Party Payers

- Of the 46 health departments that responded, 32 reported that at least some health department-supported providers bill third party payers
- Only 11 required health department-supported providers to bill third party payers

# Billing Capacity is Greatest in Venues Providing Medical Services

- 72% reported that community health centers are billing
- 63% reported that HIV/ID physicians are billing
- 53% reported that health department clinics are billing
- 34% reported that CBOs are billing

# Strategies to Build Capacity for Billing & Reimbursement

- Require health department-supported providers that have capacity for billing to do so
- Consult with other health department programs that have successfully implemented billing and reimbursement
- Assess health department and local provider capacity for billing and reimbursement
- Collaborate with public health laboratories to expand capacity for obtaining third party reimbursement

# Discussion

# Health Departments and Community Partners

Billing capacity depends on the type of community partner

- Community health centers
- Private providers
- Emergency departments
- ASOs/CBOs

# Community Health Centers, Private Providers and Emergency Departments

- Have billing capacity
- May not see the value of routine screening
- May not be interested in adapting flow to provide HIV services



# ASOs/CBOs

- Have little to no billing capacity
  - Staff
  - Systems
- May not provide billable services
- May not have adequate volume

# Discussion