

Billing

What's It All About?

The Immunization Experience

CAPT. Duane Kilgus

Health Education Specialist

National Adult Immunization Summit

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Oregon – Before Billing Was Cool

- Study local health department payer mix
- Strategic planning with all stakeholders with data as basic input
- Recommendation of stakeholders to no longer support immunization of well-insured individuals
- Survey of billing practices
- Consensus process to implement plan

Oregon's Results: Increased Revenue and Sparing of Section 317 Funding

TABLE 1 • Funds collected by the Oregon Immunization Program for billable vaccines, 2003–2007

Year	Doses billed	Total amount billed	Total collected	% of 317 saved
2003	16 124	\$357 831	\$328 353	13
2004	15 548	\$392 472	\$346 631	23
2005	19 711	\$588 156	\$580 945	34
2006	25 416	\$854 839	\$814 681	45
2007	28 954	\$1 231 670	\$1 156 826	52
Total	105 753	\$3 424 968	\$3 227 436	33

Billing Third Party Payers for Vaccines: State and Local Health Department Perspectives

Carlos Quintanilla, Lorraine Duncan, and Lydia Luther

J Public Health Management Practice, 2009, 15(5), E1–E5

Driving Force for Immunization Billing

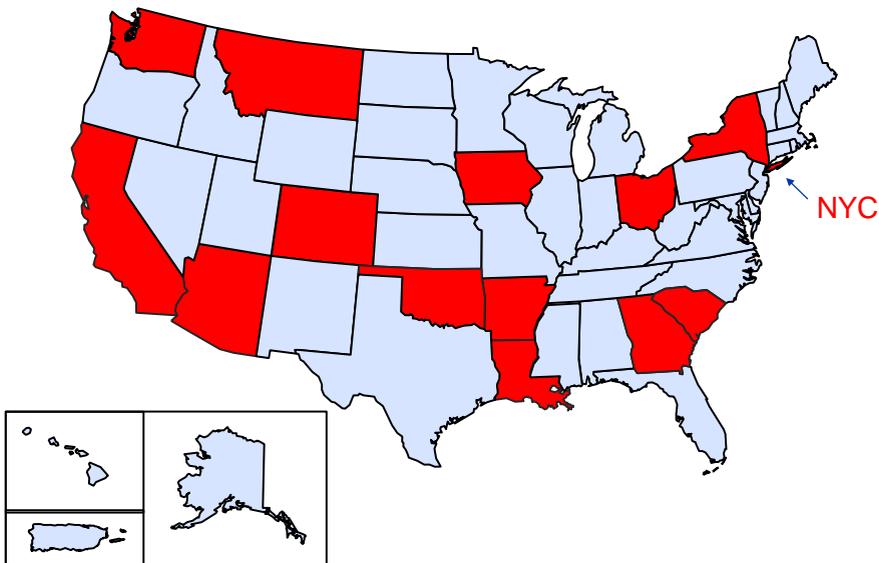
- ❑ The National Vaccine Advisory Committee (NVAC) recommended that states and localities develop mechanisms for billing insured patients served in the public sector.
- ❑ NVAC also recommends that CDC provide support to states and localities by disseminating best practices and providing technical assistance to develop these billing mechanisms.
- ❑ Further, NVAC urges states and localities to reinvest reimbursements from public and private payers back into immunization programs.

National Vaccine Advisory Committee, <http://www.dhhs.gov/nvpo/nvac/minutes200809.html>, 2008

Why Should We Bill for Immunizations?

- ❑ Public health should be paid for work performed, just as anyone else should. (equity)
- ❑ **Individuals and/or employers pay the health plan for vaccinations, so the vaccine is already paid for; government purchased vaccine should not be used to vaccinate these patients. (common sense)**
- ❑ Paying for privately insured patients diverts scarce public resources from those in real need. (stewardship)
- ❑ Opening a revenue stream in health departments will help keep public health clinics viable. (preparedness)

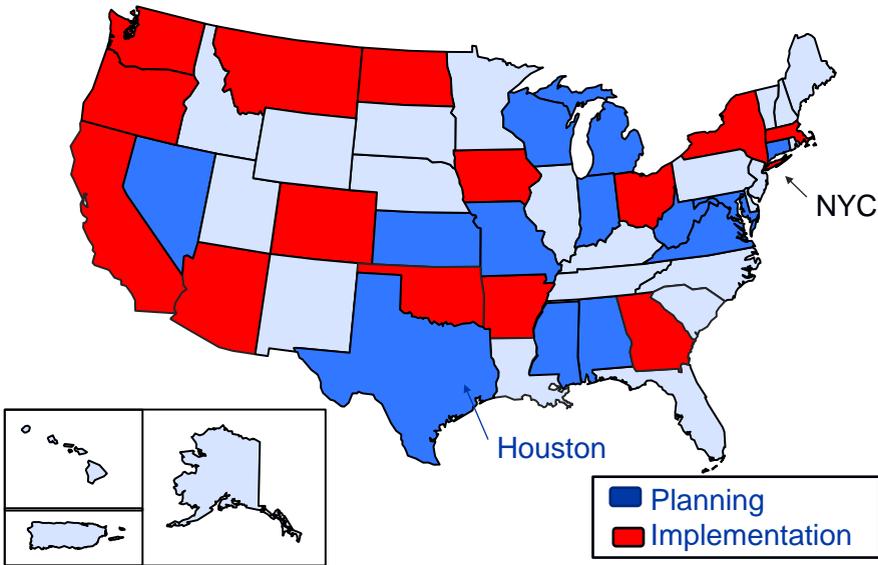
14 Grantees Funded Through ARRA-317 Innovative Projects to Improve Reimbursement in Public Health Department Clinics



ARRA Grantee Profile

- **ARRA funded 14 grantees to develop billing plans.**
 - 5 grantees have a centrally operated program.
 - 9 grantees have autonomous health departments that are managed by local entities and boards of health.
 - Medicaid covered between 40% and 90% of clients seeking immunization services. (Not all states or local health clinics billed Medicaid for administration fees)
 - Private insurance covered between 7% and 63% of the clients seeking immunization services.

Grantees Funded Through 2009 - ARRA and 2011 - PPHF Innovative Projects to Improve Reimbursement in Public Health Department Clinics



Reasons for Seeking Immunization Services at the Health Department Clinic

- ❑ Patients will present to the health department because of an inability to pay for office visit.
- ❑ Some private physicians will not provide immunization visits.
- ❑ Some communities do not have private providers and the health department clinic is the only option.
- ❑ Appointments in the private physician's office may be difficult to obtain during busy seasons (i.e., back to school, flu season).

Before Developing a Plan to Bill for Immunizations

- ❑ **Know yourself**
 - Understand your program. How is your state organized? How does your state intend to use 317 vaccine?
 - Clearly understand the client population seeking services in your local clinic.
 - Outline the resources you have that may support a billing program.
 - Identify the insurance payers that cover the patients you serve.
- ❑ **Know the rules**
 - What do the plans in your state cover?
 - What plans need contracts in place in order to pay the full claim?
 - What laws are in your state that may help or hinder the billing process?
 - What policies affect the way you do business with each payer?

Billing Experience

- ❑ **Grantee's billing experience already exists at the state and local health department level.**
 - Well child preventive care
 - Well adult preventive care
 - Diagnosis of ailments or conditions
 - Physical exams
 - Childhood and adult immunization
 - Travel vaccination
 - Family planning
 - Home health care
 - TB
 - Lead screening/ environmental testing

STAKEHOLDERS Having the Right People at the Table

- Local Public Health Agencies
- Third-party payers
- Private companies
- Contract nursing services
- Federally Qualified Health Centers
- State Insurance Commissioner
- Vaccine manufacturers
- Representatives from Medicare and Medicaid

Tool Kits and Training

- **Iowa**
 - LPHA Billing Tool Kit – The Operations Manual and the Resource Manual provide Agencies with the necessary tools and information to evaluate and get started on billing for immunization services.
- **Georgia**
 - Public Health Billing Resource Manual - A two-part manual about billing public health programs and services, and is intended for use by state, district, and county public health staff.
<http://www.health.state.ga.us/publications/manuals.asp>
- **Washington**
 - Local Health Jurisdiction Immunization Billing Resource Guide – Intended for Washington State LHJs to provide reference and training resources for billing.
http://www.jeffersoncountypublichealth.org/pdf/LHJ_Billing_Resource_Guide.pdf

Tool Kits and Training (cont.)

- **Less formalized training was provided by grantees on subjects including:**
 - General terminology
 - Screening for eligibility
 - Coding
 - Credentialing
 - Forms
 - State regulations

The Bottom Line Can Immunization Billing be a Self-Sustaining Program?

□ Montana

- Conducted a pilot program using a billing clearinghouse for 7 counties within the state:
 - Billing for both vaccine cost and administration fees as appropriate in all but one county showed the ability to cover the cost of the program and more.
 - The use of a billing clearinghouse turned payments around in an average of 10 days.
 - Essentially doubled the number of clinics that are able to bill electronically.

□ Arkansas – Conducted a pilot program during the 2010 - 2011 influenza season.

- The pilot generated \$1.4 million in revenue (\$631,760 from private insurance).

The Bottom Line Can Immunization Billing be a Self-Sustaining Program?

□ Arizona

- Developed a unique program in concert with the state immunization coalition (TAPI).
 - During a ~3 month pilot they were able to bill more than \$22,000 and received \$13,000 in payments. Low reimbursement rates is reason for the difference and not necessarily denied claims.
 - Arizona concluded that collecting only administration fees would be enough to support the billing services provided by TAPI and deliver significant new revenue to the state.

□ Georgia – Conducted a pilot program focused on its state employee insurance plans only.

- In FY 2011 the pilot recovered nearly \$1.9 million from only two payers for which they had contracts in place.

Barriers to Overcome for Implementation of Immunization Billing Plan

- ❑ **Knowledge and Attitude**
- ❑ **Contracting**
 - Negotiating contract language has proven to be complicated.
 - Some have reported payers not wanting to contract, stating that they have enough contracted providers in the area.
- ❑ **Credentialing**
 - A lengthy process filled with potential stumbling blocks.
 - Use of groups like Council for Affordable Quality Healthcare (CAQH) can streamline this process.
- ❑ **Efficiency and details of billing**
- ❑ **Technology capacity to collect, process, and submit data for insurance claims**
- ❑ **Transaction volume**

Barriers to Overcome for Implementation of Immunization Billing Plan (Cont.)

- ❑ **Staff time requirements**
 - 50% of LHDs report only having 1 staff person dedicated to billing
 - Record keeping
 - Processing claims
 - Processing denials and returns
- ❑ **Funding**
 - Purchasing vaccines (Private Stock)
 - Software
 - Personnel

Conclusions

- ❑ **State pilot programs have recovered nearly \$5 million from administration fees and reimbursement of vaccine cost.**
 - Billing, based on early evidence from this program, is not only possible but will allow health departments to direct services to a larger part of the community.
 - Recovered funds should be directed by the state back to the program that generated those funds.
 - Immunization is not the only medical service provided by health department clinics that can be reimbursed through medical insurance.

Sources for Immunization Billing Information

- ❑ **A Billing Website with resources from CDC**
<http://www.cdc.gov/vaccines/spec-grps/prog-mgrs/billables-project/default.htm>
- ❑ **Billing Tool Kit Development - NACCHO**

Questions???

Duane Kilgus, MPH, RS

dgk9@cdc.gov

404-639-6354

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: <http://www.cdc.gov>

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.