INSTRUCTIONS

For Using the
Sample Local Survey on Third-Party Billing and Reimbursement for
HIV/AIDS and Viral Hepatitis Services

The passage of the Affordable Care Act (ACA) coupled with an economic downturn that has severely undercut public health categorical funding has prompted state and local health department officials to begin to investigate initiation and/or expansion of reimbursement through Medicaid and other third-party payers for HIV/AIDS and viral hepatitis services.

In many jurisdictions, local health departments, community-based organizations, community health centers and other agencies provide direct services to clients. Therefore it is critical to gain an understanding of local provider capacity for and practices related to seeking and obtaining reimbursement for services through third-party payers.

In consultation with health department peers, NASTAD developed the attached sample survey tool. This tool can be used by health departments in assessing billing and reimbursement practices, capacities and challenges of local HIV/AIDS and viral hepatitis service providers. It addresses a range of topics including: (1) current billing and reimbursement practices; (2) infrastructure for billing and reimbursement; (3) status of health information technologies; and (4) challenges and technical assistance needs.

The sample is intended to serve as a template for your own survey questionnaire and is a tool for you to use in conducting your own local assessment activities. You should add, delete or adjust questions as appropriate to address your local needs and priorities. For example, you may wish to learn the rate of reimbursement for a particular payer, rather than an overall rate for all payers (question #5). Similarly, you should also adjust responses to individual questions as needed. For example you may wish to add a “pick list” of electronic health record vendors relevant to your area (question #7).
SAMPLE

Survey on Third-Party Billing and Reimbursement for
HIV/AIDS and Viral Hepatitis Services

The findings from this survey will help us to better understand current practices, capacities and challenges with respect to seeking and obtaining reimbursement for HIV/AIDS and viral hepatitis services. Results of this survey will be used to identify technical assistance needs and priorities.

Name of person completing this questionnaire:
Agency: ____________________________________________________________
Email: _____________________________________________________________
Telephone: _________________________________________________________

Section I: Current Billing and Reimbursement Practices

The questions in Section I pertain to your current billing and reimbursement practices.

1. Which of the following best describes your agency or practice? (check one)
   - Community-based organization
   - Community health center
   - Correctional facility
   - Dental clinic
   - Family planning clinic
   - Health department clinic
   - Hospital emergency department
   - Hospital inpatient department
   - Hospital outpatient clinic
   - Infectious disease/HIV specialty clinic
   - Labor/delivery department
   - Prenatal/obstetrical clinic
   - Primary care clinic (other than CHC)
   - Refugee/immigrant health clinic
   - STD clinic
   - Substance abuse treatment clinic
   - TB clinic
   - Urgent care clinic
   - Other: _____________________

2. Does your agency or practice currently seek reimbursement by billing Medicaid, Medicare or other third-party payers for ANY HIV/AIDS and/or viral hepatitis prevention or care services? (check one)
   - Yes, we are currently billing for HIV/AIDS and/or viral hepatitis services
☐ No, but we plan to implement billing within the next 12 months → **Skip to question #7**

☐ No, we have no plans to implement billing in the next 12 months → **Skip to question #7**

☐ Don’t know → **Skip to question #7**

a. If “Yes,” from which of the following payers does your agency or practice currently seek reimbursement for HIV or viral hepatitis diagnostic or medical monitoring (e.g., viral load) testing? (check all that apply)

☐ Medicaid

☐ Medicaid Managed Care

☐ Medicare

☐ Private insurance

☐ Other (e.g., retained revenue account, grant)

☐ Don’t know

b. If “Yes,” what percent of your payer mix does each represent?

<table>
<thead>
<tr>
<th>Payer</th>
<th>0-25%</th>
<th>26% - 50%</th>
<th>51% - 75%</th>
<th>76% - 100%</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid Managed Care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Medicare</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Private</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other (e.g., retained revenue</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>account, grant)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. By what mechanism does your agency or practice seek reimbursement from Medicaid and/or other third-party payers for HIV/AIDS or viral hepatitis services? (check one)

☐ We bill insurers directly

☐ We use a billing agent or contractor

☐ Other: _______________

☐ Don’t know
a. If you indicated that you use a billing agent or contractor, please provide the name of the agent or contractor: _________________

4. How is billing performed?
☐ Electronic billing
☐ Paper billing
☐ Roster billing
☐ Other: _________________
☐ Don’t know

5. For each of the services listed below, please indicate whether your agency or practice is currently being reimbursed by Medicaid and/or other third-party payers.

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Not Currently Billed</th>
<th>We Do Not Provide This Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV testing</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>HCV testing</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>HBV vaccination</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>STD testing</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>STD treatment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Partner services</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Risk reduction counseling</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Patient navigation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Prevention case management</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Medical case management</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Adherence counseling</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>HIV clinical services</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Family planning services</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other (describe):</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

6. Do you monitor the rate of reimbursement for each payer? (check one)
☐ Yes
☐ No
☐ Don’t know

   a. If you answered “Yes,” what is your overall rate of reimbursement? ________
Section II: Health Information Technology

The questions in Section II address health information technology (HIT) capacity of your agency or practice.

7. Does your agency or practice use electronic health records (EHR)?
   ☐ Yes, we currently use EHR
   ☐ No, but we plan to implement EHR in the next 12 months
   ☐ No, and we have no plans to implement EHR in the next 12 months
   ☐ Don’t know

If you answered “Yes,” which EHR product/vendor do you use? ______

Section III: Challenges and Technical Assistance Needs

The questions in this section address the issues and factors that make it difficult for your agency or practice to seek and obtain reimbursement for HIV/AIDS and/or viral hepatitis services from third-party payers and technical assistance needs relative to addressing these challenges.

8. What issues or factors have you identified as barriers to obtaining reimbursement for HIV/AIDS and viral hepatitis services? (check all that apply)
   ☐ Staff lacks knowledge about billing and coding
   ☐ Staff lacks adequate time for billing and coding
   ☐ Lack of time and/or capacity to do balance billing
   ☐ Lack the IT infrastructure needed to pursue reimbursement (e.g., billing software)
   ☐ We do not use electronic health records (EHR)
   ☐ Difficulty in becoming a qualified provider
   ☐ Challenges in contracting with third-party payers
   ☐ Managing multiple contracts with third-party payers
   ☐ Non-clinical services (e.g., partner services) not eligible for reimbursement
   ☐ Clinical services are not eligible for reimbursement
   ☐ Poor reimbursement rates
   ☐ Confidentiality concerns regarding explanation of benefits (EOB) statements
   ☐ Privacy concerns related to HIPAA
A majority of clients do not have insurance
☐ Other: ________________________
☐ Don’t know

9. Which of the following would be helpful to you in planning to implement or expand third-party billing/reimbursement capacity? (check all that apply)

☐ Third-party billing/reimbursement “101” training
☐ Resource guide for third-party billing/reimbursement
☐ Determining a value for each service
☐ Medical coding
☐ Billing and Collections
☐ Technical assistance on assessing capacity and planning for implementation
☐ Networking and sharing of best practices with other agencies
☐ Technical assistance on third-party billing/reimbursement from other agencies
☐ Facilitation of group purchasing of professional billing services
☐ Facilitation of group purchasing of vendors of electronic health records
☐ Access to expert consultant on 3rd party reimbursement options and approaches
☐ Other: ________________________
☐ Don’t know

10. Is there any other information or comments about third-party billing and reimbursement that you would like to share with us? ________

Please provide the name and contact information for the individual with whom we should follow-up if we have additional questions about your billing and reimbursement practices:

Name: _______________________________________________________________________
Phone: _______________________________________________________________________
Email: _______________________________________________________________________