Missouri's

Billing Plan Toolkit

for Local Public Health Agencies

A Complete Guide to Establishing Billing Plans

Missouri Department of Health and Senior Services
Bureau of Immunization Assessment and Assurance

Disclaimer

This Billing Plan Toolkit for Local Public Health Agencies was prepared as a service to public health departments in Missouri. The information provided is only intended to be a general summary. It is not intended to take the place of law, regulations or tools and resources produced by subject matter experts of Medicaid, Medicare and/or private / commercial insurance billing or contracting.

Following the guidance found in this toolkit does not guarantee that the Local Public Health Agency will receive payment for all or any portion of the immunization services provided to clients.

The information contained in this toolkit was up-to-date at publication, August 2014.

If there are any questions about this toolkit, contact the Missouri Department of Health and Senior Services' Bureau of Immunization Assessment and Assurance at 800.219.3224.

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Introduction and Background

Introduction

Most of Missouri's Local Public Health Agencies (LPHAs) were formed under Chapter 205, Revised Statutes of Missouri, which allows counties to enact a property tax to support public health services and elect a board of trustees to set policies. Other LPHAs are governed by locally elected bodies and receive funding from city and county general revenue. Missouri's 115 LPHAs are autonomous of the state public health agency (Missouri Department of Health and Senior Services).

The LPHAs work directly with the Missouri Department of Health and Senior Services (DHSS) through contracts to deliver public health services in local communities; however, funds that support many of these services are decreasing while costs are continuing to rise. LPHAs are looking at new and different ways to sustain these crucial public health services in their communities. This is forcing a culture shift from one of offering free services for everyone to operating under a business model and charging a fee for services. Many, if not all LPHAs, do not have the financial infrastructure to continue to provide services at no cost.

Fast Fact

Only 19% of Missouri's LPHAs bill private / commercial insurance companies.

Research cited in the *Pediatrics* supplement "Primary Care Physician Perspectives on Reimbursement for Childhood Immunizations" indicates that almost half of the physicians in the study delayed purchasing vaccines due only to financial concerns.[1] Increased costs of managing an increasingly expensive vaccine inventory is one reason why physicians are seriously considering whether to stop providing immunizations. This implies that some children will be left at risk for vaccine-preventable diseases or seek services from the LPHA.

As it stands, LPHAs are operating on a two-tiered financing system in which some clients receive services, such as immunizations, but others do not. This is attributable in large part to different eligibility requirements for public and private insurance programs.

According to a Fiscal Year 2012 Infrastructure and Practices Survey distributed by the DHSS' Center for Local Public Health Services (CLPHS) and administered to all 115 Missouri LPHAs:

- 91.3% (105/115) bill Medicaid for vaccine administration
- 86.1% (99/115) bill Medicaid for client services
- 83.5% (96/115) bill Medicare for client services
- 19.1% (22/115) bill private / commercial insurance for client services

The ability to bill Medicare, Medicaid and private / commercial insurance carriers will aid LPHAs in protecting more Missourians from vaccine-preventable diseases.

Billables Project Background

The Centers for Disease Control and Prevention (CDC) awards federal dollars to states to administer the Vaccines for Children (VFC) program and Section 317 vaccine program of the Public Health Service Act.

VFC is an entitlement program designed to protect children against vaccine-preventable diseases. The program covers children who are Medicaid-eligible, uninsured, American Indian or Alaska Native and underinsured (i.e., insurance plan that does not cover immunizations, does not cover specific vaccines or has a fixed dollar limit or cap for immunizations – this does not include those who have an unmet deductible).

Section 317 of the Public Health Services Act authorizes the federal purchase of vaccines to vaccinate children, adolescents and adults. This funding has typically been used to immunize underinsured children not eligible for VFC and uninsured adults. Section 317 funding has not kept pace with the cost of vaccines and is no longer considered a viable funding source for those not covered under the VFC program. In September 2008, the National Vaccine Advisory Committee (NVAC) made the recommendation to the CDC that "States and localities should develop mechanisms for billing insured children and adolescents served in the public sector"[2]. The recommendation from NVAC prompted the CDC to no longer allow fully-insured children to receive vaccines through the use of Section 317 funding.

Through the American Recovery and Reinvestment Act (ARRA) of 2009, CDC launched the Immunization Billables Project, an effort to assist LPHAs with billing private / commercial insurance companies. The project began with 14 awardees, and was expanded by 14 in 2011 and seven in 2012. An additional 21 awardees were funded through the Affordable Care Act, Prevention and Public Health Fund (PPHF).

Prevention and Public Health Fund Award

In September 2011, the Bureau of Immunization Assessment and Assurance (BIAA) was awarded a grant from the CDC to develop a plan that enables LPHAs to bill Medicare, Medicaid and private / commercial insurance for immunization services.

Stakeholder Meeting

The BIAA convened a stakeholder workgroup in July 2012 to discuss the billing project and establish strategies for implementation. The workgroup members consisted of representatives from the Missouri Association of Local Public Health Agencies; Missouri Department of Social Services' MO HealthNet Division; Missouri Department of Insurance, Financial Institutions and Professional Registration's Division of Market Regulation; DHSS' CLPHS; and 17 LPHAs representing urban, suburban and rural areas.

The workgroup identified six models to pilot test for sustainable billing options for Missouri's LPHAs. The billing models chosen by the workgroup included Availity, HeW (formerly Health-e-Web), hospital partnerships, TransactRx, Upp Technology and VaxCare.

Twenty-five LPHAs were selected to pilot the billing models chosen by the workgroup. These LPHAs were selected based on the CLPHS' infrastructure survey responses, geographical locations and demographics.

Billing Project Pilot

In November 2012, the 25 LPHAs began the pilot test of five of the six billing models identified by the stakeholder workgroup. The pilot billing models included Availity, HeW (formerly Health-e-Web), TransactRx, Upp Technology and VaxCare. After further exploration, it was determined that the hospital partnership concept identified by the stakeholder workgroup was not feasible for this project.

Each LPHA contracted with the BIAA in order to participate in the pilot. The original contract period began on November 1, 2012 and was scheduled to last six-months, ending on April 30, 2013. The original six-month contract was extended to allow the 25 LPHAs to work through barriers to obtaining contracts with private / commercial insurance carriers.

During the pilot phase, 25 LPHAs pilot tested billing models chosen by the stakeholder workgroup for one year for sustainability.

Through contracts with the BIAA, each of the 25 pilot LPHAs were required to conduct a survey of all clients visiting the LPHA for immunization services; establish infrastructure and determine appropriate mechanisms to bill third-party payers using the billing model; provide a cost analysis to determine the sustainability of the established billing program; and evaluate the billing program. The client survey, cost analysis and standard evaluation forms developed by the BIAA for use in the pilot are included in the *Appendices* of this toolkit.

The LPHAs were able to receive reimbursements for costs associated with establishing a billing program such as staff time; billing model service fees; contracting fees associated with service providers; computers; printers; general office supplies; Internet services; and software to use for testing selected billing models.

The BIAA provided technical assistance to the LPHAs throughout the contract period. Monthly conference calls were held to offer the pilot agencies an opportunity to network with one another and obtain any needed guidance from the BIAA.

Billing Project Pilot *continued*

Below is a listing and map identifying the LPHAs who participated in the pilot.

Local Public Health Agencies Piloting Availity

- Jasper County Health Department
- McDonald County Health Department
- Reynolds County Health Center
- Ste. Genevieve County Health Department
- Stone County Health Department

Local Public Health Agencies Piloting HeW (formerly Health-e-Web)

- Columbia-Boone County Department of Public Health and Human Services
- Jefferson County Health Department
- Lafayette County Health Department
- Madison County Health Department
- St. Francois County Health Center

Local Public Health Agencies Piloting TransactRx

- Dunklin County Health Department
- Livingston County Health Center
- Nodaway County Health Center
- Pettis County Health Center
- Tri-County Health Department

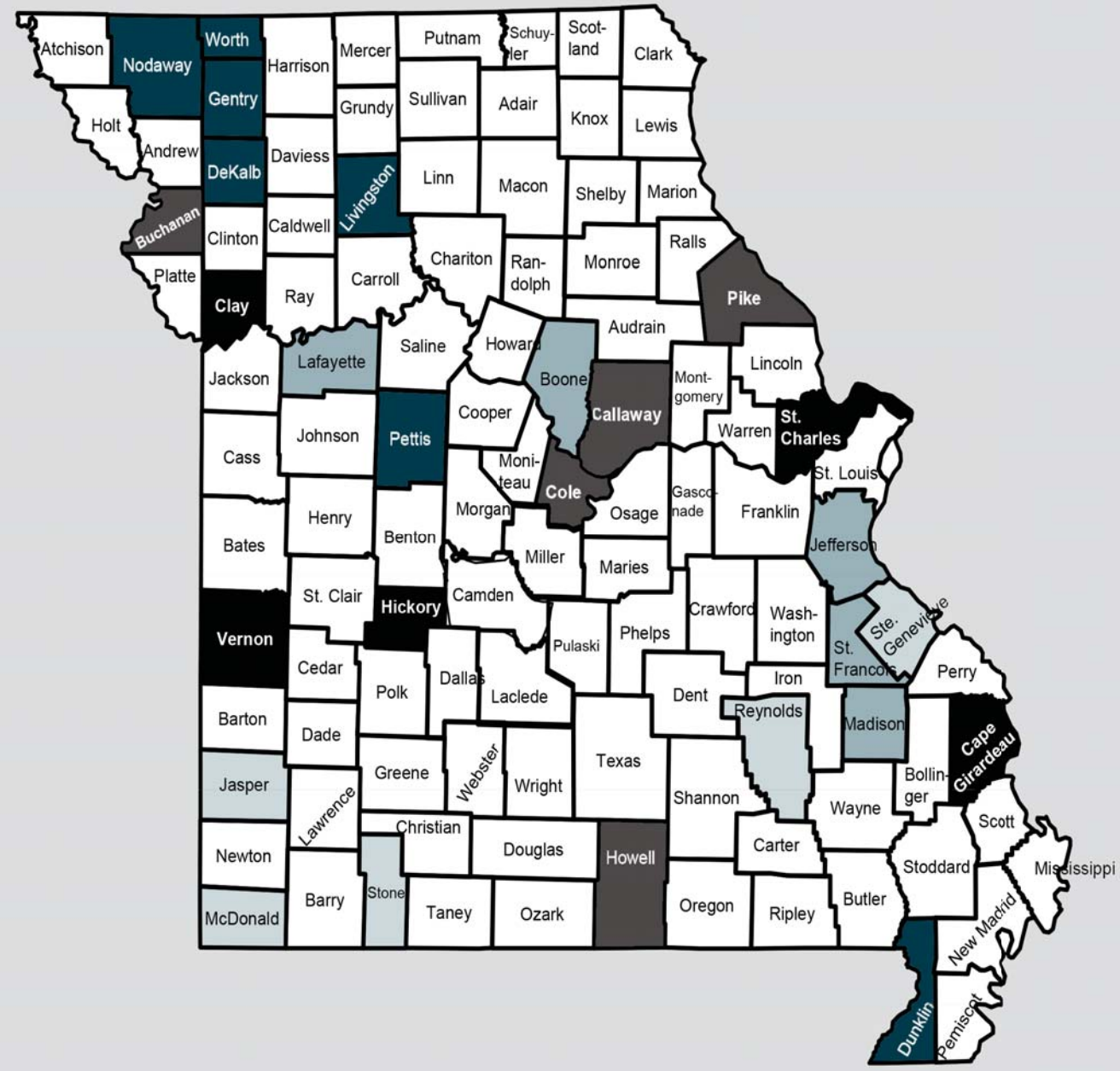
Local Public Health Agencies Piloting Upp Technology

- Callaway County Health Department
- City of St. Joseph Health Department
- Cole County Health Department
- Howell County Health Department
- Pike County Health Department

Local Public Health Agencies Piloting VaxCare

- Cape Girardeau County Public Health Center
- Clay County Public Health Center
- Hickory County Health Department
- St. Charles County Department of Community Health and the Environment
- Vernon County Health Department

Billing Project Pilot *continued*



- Availity (Jasper, McDonald, Reynolds, Ste. Genevieve, and Stone)
- HeW (Columbia-Boone, Jefferson, Lafayette, Madison, and St. Francois)
- TransactRx (Dunklin, Livingston, Nodaway, Pettis, and Tri-County)
- Upp Technology (Callaway, City of St. Joseph, Cole, Howell, and Pike)
- VaxCare (Cape Girardeau, Clay, Hickory, St. Charles, and Vernon)

Insurance Summit

Two of the largest barriers faced by the LPHAs during the pilot were credentialing and establishing contracts with private / commercial insurance companies. In response, the BIAA, in collaboration with Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP), held an Insurance Summit in July 2013. The Insurance Summit gathered representatives from the LPHAs participating in the billing pilot project and top health insurance companies. The health insurance companies in attendance included: Aetna, Anthem Blue Cross Blue Shield, Assurant Health, Blue Cross Blue Shield of Kansas City, Cigna, Coventry Health Care, Cox Health Plans, Humana, United HealthCare and WellPoint.

The overall goal of the Insurance Summit was to identify solutions and strategies in developing modified contracts and/or credentialing to allow LPHAs to bill private / commercial health insurance companies for immunization services.

Preparation

Think Like a Business[3]

This toolkit is a guide to billing private / commercial insurance carriers, Medicare and Medicaid for immunization services, but these activities do not exist in isolation. They fit into a bigger picture of planning, budget and policy development, organizational objectives, grants, programs and community priorities.

Billing is one way to think and act more like a business. Billing allows LPHAs to identify and tap into existing sources of revenue to survive, even thrive, through tough economic times when people often need care most.

Fast Fact

Billing will allow LPHAs to identify and tap into existing sources of revenue.

Clients with private or commercial insurance pay premiums for health care benefits covered by their health plans. It only makes sense that LPHAs would bill private / commercial insurance for the health care they provide to plan members.

Public Health Recommendations[4,3]

In 2013, the DHSS' Public Health System Partners Group, created the *Missouri Health Improvement Plan 2013-2018*. The vision of the health improvement plan is "Missouri is a state of health: Top 10 in 10". According to the plan, "the byline demonstrates the partners' desire and commitment to the state being rated in the top 10 for health outcomes within 10 years".

The group identified the state's top three strategic issues, which "reveal the changes that must occur in order for the vision of the health improvement plan to be achieved". The strategic issues include:

1. Access to health care
   - Health care access, high cost of health care and high rate of uninsured
   - Economy – access to resources necessary to be healthy including affordable options for good nutrition, physical activity and preventive health care services
2. Modifiable risk factors
   - Obesity
   - Smoking
   - Mental health / substance abuse
3. Infrastructure issues
   - Mobilizing partnerships
   - Performance Measurement / Quality Improvement
   - Workforce development

Billing is the bridge between improving access to care for clients and expanding partnerships between LPHAs and the larger health care system.

The plan further states that "plans for addressing health issues must be realistic and considerate of the threats and opportunities that may impact both the public health system and the health of the public".

Public Health Recommendations[4,3] *continued*

LPHAs have provided services to members of their community for many years. They provide access to services for clients with public and private / commercial insurance. In the past, LPHAs absorbed the cost of providing care to insured patients. They cannot absorb these costs any longer. Insured patients have benefits covered by their health plans and those plans have an obligation to pay for those services. Billing is the bridge between improving access to care for clients and expanding partnerships between LPHAs and the larger health care system.

Business Process[3]

Understanding the business processes for the services LPHAs provide is the first step in developing the kind of billing plan that will meet the agency's business needs. Each LPHA must thoroughly understand the steps involved in providing a service — from checking a client into the clinic, to delivering the service, to billing payers and paying staff. The people involved in each step associated with the delivery of services should collaborate on an analysis of the business process. This is the foundation for deciding what billing plan is the best fit for local business needs.

A business analysis should be conducted in order to determine the LPHA's needs. This analysis should begin with a review of current business processes to determine how the LPHA is currently operating and what policies and procedures are in place. Once this review is complete, the LPHA can determine whether or not there are ways to improve the current business processes, making them more cost-effective and efficient. The final step is to determine what is needed in a billing model and how it will fit into the improved business processes. This analysis is ideally accomplished before a billing model is acquired.

For more information about conducting a business analysis, "Collaborative Requirements Development Methodology" contained in Taking Care of Business: A Collaboration to Define Local Health Department Business Processes, a free on line publication of the Public Health Informatics Institute (PHII) and the National Association of County and City Health Officials (NACCHO) can be found at phii.org/resources/view/387/Taking%20Care%20of%20Business%20%28Second%20Edition%29.

Client Assessment

The BIAA developed a Standard Client Survey for client assessment to aid LPHAs during the pilot phase. This survey was a quick and easy way for agencies to conduct client assessments, which were needed to determine the most common forms of health coverage used by clients in the agency's jurisdiction. There are five questions in the survey, most of which offer standard response options, along with an "other" option that allows for a written answer. The survey questions include:

Fast Fact

Client assessments can aid LPHAs in determing the most commonly used forms of health coverage in their area.

- How old is the individual requesting vaccine today?
- What is the individual's county of residence?
- Why was the local public health agency chosen to get a vaccine?
- What kind of insurance does the individual currently have?
- Was the individual immunized today?

The Standard Client Survey is available in the *Appendices* of this toolkit and can be utilized by any LPHA who would like to assess clients. Client assessments should be completed in conjunction with the final step of the agency's business analysis to help streamline the process of determining billing model needs.

Establishing Fees and Fee Structure[3]

All relevant costs must be identified and analyzed before a fee schedule can be created. A strong cost assessment includes all expenses associated with delivering the service and can help determine a reasonable fee schedule to cover or off-set those costs.

It is important that the benefits of billing for services outweigh the cost and effort of billing. It is also important for the LPHA to retain the flexibility of providing or assuring services to the community and for clients who may have limited resources. Both goals are attainable through an adequate fee schedule and a policy for using a sliding fee scale, when needed.

All clients and plans are charged the same usual and customary fee for the same type of care. In the past, fees were often set as low as possible in order to maximize access. Maximizing access remains a primary public health objective, but fees should be set and structured differently in connection with an immunization program designed to both maximize access and recuperate costs.

Setting the fee schedule too low under values the care being provided and sends a false message to clients and insurers about what it costs the LPHA to deliver the service. The cost of delivering the service in the LPHA draws on alternate fund sources (e.g., tax dollars, public and private grants, volunteers, etc.), but that does not change the cost to deliver the service. It is important that fees reflect the full cost of providing the service.

Establishing Fees and Fee Structure[3] *continued*

Conversely, fees set too high can turn away clients and insurers. Ideally, fees would cover all program costs, but not generate a profit. In setting fees, it is important to recognize the LPHA role as a public safety net and avoid direct competition with private businesses whenever possible.

The question, "What is the minimum we have to charge to supplement this program and not create a barrier to clients?" then becomes, "What does it actually cost to sustain this program? How can we set and structure fees so that costs are recouped while access to care is maintained?" Reviewing information from the American Academy of Pediatrics on the cost of immunizations may help give the LPHA a sense of how to calculate the cost of the service and set an adequate fee schedule. This information can be found at aap.org/en-us/professional-resources/practice-support/Vaccine-Financing-Delivery/Pages/Vaccine-Financing-Delivery.aspx.

When setting fees, it is important to remember the LPHA's role as a public safety net and avoid direct competition with private businesses whenever possible.

Reimbursement may vary from health plan to health plan and most are reluctant to reveal their reimbursement rates. Remember, the fee schedule will be a driver behind what the reimbursement will be. The LPHA should know as much about reimbursement rates as possible before setting the fee schedule.

Consider linking any proposed fee schedule with a new or revised policy to allow sliding fee scale discounts for specific populations who may not be able to afford the fee for services provided. If billing private / commercial insurers for the first time, joining additional insurance networks or improving access in some other way, project how client numbers and LPHA services will change over time.

In reality, many LPHAs set their fees lower than the break-even point and compensate for write-offs with funds from other sources. As the "other sources" that support immunization services grow scarce, billing private / commercial insurance for services can help make up the difference.

When an LPHA enters a billing relationship through a contract with a private / commercial insurer and becomes an in-network provider, the plan can increase access as more members are likely to use the clinic for services. Program revenue may increase because the majority of private plans reimburse at a higher rate than Medicaid. Also, generally, private / commercial insurance allows a provider to bill administration fees at a higher rate. This includes when disease consultation is provided along with vaccines that contain multiple antigens (e.g., MMR, DTaP, etc.). LPHAs that provide these services to insured patients can bill private / commercial insurance for the allowed fees and expect to be reimbursed. This could significantly increase the revenue generated from immunization services.

Tapping the private / commercial insurance industry for payment of services being rendered to their members is critical. The combination of higher fees and reimbursement, policies to protect vulnerable populations and a growing clientele can improve the overall financial outlook for an LPHA.

Networking[3]

LPHAs across Missouri have various billing systems in place. Many bill MO HealthNet, Missouri's Medicaid program, for vaccines administered to clients who are covered by the program. However, only some bill both public and private / commercial insurance plans for immunization services. A number of LPHAs have staff members that hold significant knowledge and experience in regards to billing public and private / commercial insurance. The environment of public health is changing and the value of billing is becoming more apparent. It is more important than ever for LPHAs to expand their knowledge about billing and create a resource pool and information sharing network to support one another in taking advantage of opportunities to boost revenue through billing for the services they provide.

Because the world of insurance billing is constantly evolving, a public health information sharing and mentoring network is important to support the initiation and sustainability of billing by LPHAs. However, LPHAs should use caution when it comes to discussing reimbursement rates, as some insurance company contract provisions prohibit disclosure of these rates. It is important to be aware of and follow all provisions within the insurance company contract to avoid any legal issues.

It is easier for an LPHA to build or maintain skills and to find solutions to problems when they connect with other billers in the wider LPHA community. Resources for LPHAs include talking with colleagues from other localities and visiting billing departments. Creating a more formal network, such as a public health email user group or setting up conference calls from time-to-time facilitates the exchange of billing information. Other resources include local billing or office manager workgroups, conferences and vendor presentations. Vaccine manufacturers may also have coding information specific to their products and may be able to assist LPHA billing staff.

Networking will give LPHAs who would like to bill the opportunity to gain best practices and tips from those who are already billing.

Several of the LPHAs across the state have developed regional billing workgroups. Networking with other agencies across the state to share billing best practices and tips may be beneficial for agencies who are working to begin the billing process. A listing of contact information for the pilot LPHAs can be found in the *Appendices* of this toolkit.

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Enrollment

Enrollment[5]

Enrollment is the process of applying to and receiving permission from a third-party payer for an applicant to receive reimbursements for allowable services delivered to covered patients. Depending on the payer, the applicants may be Doctors of Medicine (MDs), Doctors of Osteopathic Medicine (DOs), Advanced Practice Nurses (APNs), Physician Assistants (PAs) and/or the LPHA itself. The information in this section is intended to aid LPHAs with the enrollment process.

Health Insurance Portability and Accountability Act of 1996[6,7,8]

The Health Insurance Portability and Accountability Act (HIPAA) was established in 1996. The Administrative Simplification standards adopted by the Department of Health and Human Services (HHS) under HIPAA apply to any entity that is a health care provider that conducts certain transactions in electronic form, a health care clearinghouse or a health plan. An organization that is one or more of these types of entities is referred to as a "covered entity" in the Administrative Simplification regulations.

Below is a summary of the various rules associated with HIPAA.

The HIPAA Privacy Rule provides federal protections for individually identifiable health information held by covered entities and their business associates and gives patients an array of rights with respect to that information. The Privacy Rule is balanced so that it permits the disclosure of health information needed for patient care and other important purposes.

Fast Fact

HIPAA was enacted to help covered entities protect the privacy of their clients.

The HIPAA Security Rule specifies a series of administrative, physical and technical safeguards for covered entities and their business associates to use to assure the confidentiality, integrity and availability of electronic protected health information.

The HIPAA Breach Notification Rule requires covered entities and their business associates to provide notification following a breach of unsecured protected health information.

The HIPAA Patient Safety Rule protects identifiable information being used to analyze patient safety events and improve patient safety.

Additional information regarding HIPAA can be found at hhs.gov/ocr/privacy/index.html.

National Provider Identifier[9]

All HIPAA-covered health care providers are legally required to obtain a National Provider Identifier (NPI). A NPI is a 10-digit number that is used to identify health care providers in HIPAA standard transactions.

NPI numbers simplify electronic submission of HIPAA standard transactions and make the coordination of benefit transactions more efficient.

Health care providers can apply for a NPI number through the Centers for Medicare and Medicaid Services' (CMS) National Plan and Provider Enumeration System (NPPES).

The NPI must be used in HIPAA standard transactions in place of legacy provider identifiers such as a Unique Provider Identification Number (UPIN), Online Survey Certification and Reporting (OSCAR) and National Supplier Clearinghouse (NSC). The use of a NPI allows for simple electronic transmission of HIPAA standard transactions and makes the coordination of benefit transactions more efficient.

Additional information regarding NPI numbers can be found in the Centers for Medicare and Medicaid Services' fact sheet The National Provider Identifier (NPI): What You Need to Know, located at cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/NPIBooklet.pdf.

A NPI application / update form can be found at cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/CMS10114.pdf.

Taxonomy Codes[10]

Health care provider taxonomy codes are used to categorize the type, classification and/or specialization of health care providers. A provider must select the taxonomy code that adequately describes their type, classification and/or specialization when applying for their NPI through NPPES. Multiple taxonomy codes may be selected; however, one must be indicated as the primary.

For more information on health care provider taxonomy codes, visit cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Taxonomy.html.

A listing of health care provider taxonomy codes can be found at wpc-edi.com/reference/.

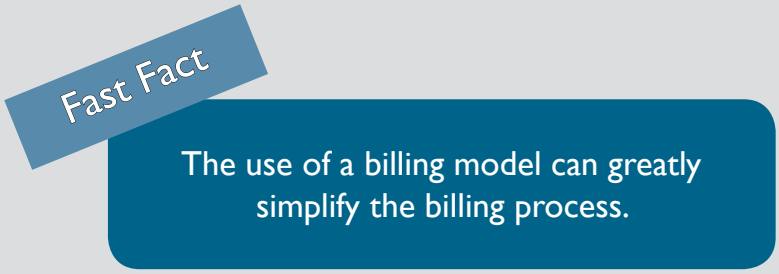
Billing Models[3,11]

Electronic medical billing has many potential advantages over paper, especially time savings. For agencies billing multiple plans, a billing model (i.e., clearinghouse, billing software or immunization service provider) can improve and streamline the claims submission process further.

A clearinghouse is a business functioning as an intermediary between billing staff and third-party payers retransmitting claims to all third-party payers. In essence, they are regional post offices enabling health care providers to transmit electronic claims to insurance carriers. Clearinghouses offer billers or office managers a central location to manage their claims. The cost to utilize a clearinghouse will vary among different vendors. Many clearinghouses either charge a monthly fee or base their fees on the volume of claims being submitted by the agency.

Billing Models[3,11] *continued*

Billing software, also referred to as a practice management system, is used to implement the billing process and assists with the management of day-to-day operations of the agency. The software allows users to capture patient demographics, schedule appointments, maintain lists of insurance payers, perform billing tasks, post payment information, follow-up on denied claims and generate reports. Billing software can come in the form of desktop software that is loaded onto a computer; client-server software that is accessed through a server by multiple users; or Internet-based software that is accessed by an unlimited number of users through a software vendor's remote server. The cost of billing software will vary among different vendors.



An immunization service provider is an organization that provides vaccines, claims processing and patient billing. Through this type of service, LPHAs can order vaccine at no cost and will then be reimbursed a specified amount for each vaccine administered.

Pilot Project Billing Models

The 25 LPHAs pilot tested five billing models during the pilot period. The billing models included: Availity, HeW (formerly Health-e-Web), TransactRx, Upp Technology and VaxCare. Contact information for the billing models and LPHA-supplied reviews can be found in the *Appendices* of this toolkit. Below is a summary of each billing model.

Availity

Availity is a web-based medical claims clearinghouse with no set-up, monthly or per-claim fees for basic services. Basic services include eligibility and benefits, claim submission, claim status, authorizations, referrals, remittances and explanation of benefits. Availity offers training in the form of webinars, recorded trainings and on-line demonstrations. LPHAs who utilize this billing model are required to have contracts with private / commercial insurance companies.

HeW (formerly Health-e-Web)

HeW is a web-based medical claims clearinghouse with no set-up fees and a $79 monthly fee with unlimited transactions. There is no per claim fee for basic services; however, supplemental services do have per transaction fees. HeW offers a one year contract with a clause of 60-day notice for cancellation that must be signed by participating agencies. There is no software required and roster billing is not available at this time. HeW offers training in the form of webinars. LPHAs who utilize this billing model are required to have contracts with private / commercial insurance companies.

TransactRx

TransactRx is a web-based medical claims clearinghouse with no set-up fees. The company charges per claim fees up to $1.50, which are not charged until the claim is paid by the insurer. An agency must be set-up for claim processing of Medicare Part B, Medicare Part D or Medicaid before private insurance claims can be processed. TransactRx offers webinars or over-the-phone training. LPHAs who utilize this billing model are required to have contracts with private / commercial insurance companies; however, the company will assist in this process.

Pilot Project Billing Models *continued*

Upp Technology

Upp Technology offers billing software for eligibility verification, claims processing and revenue management on a transactional fee basis. The costs for software and set-up range from $200 to $500 each. Per claim fees include $0.60 per transaction for eligibility and claims submission; $0.10 per transaction for remittance; and $0.30 per transaction for claims status inquiries. Upp Technology offers on site and webinar trainings. LPHAs who utilize this billing model are required to have contracts with private / commercial insurance companies.

Each of the pilot project billing models offer a variety of billing services that could be beneficial to LPHAs.

VaxCare

VaxCare is a third-party immunization service provider that offers vaccines, claims processing and patient billing. VaxCare charges a monthly fee of $75 for 30-49 immunizations administered for the month or $150 for 0-29 immunizations administered for the month. LPHAs order vaccines and supplies on an as needed basis from the VaxCare on-line portal at no cost. Agencies are compensated at the rate of $10 per immunization for all vaccines excluding influenza, which is compensated at the rate of $8 per dosage. VaxCare offers on site, on-line and video trainings. LPHAs utilizing this billing model are not required to have contracts with private / commercial insurance companies.

Billing Model Selection[3]

There are many billing models available for use by LPHAs. It is critical to select a model that is sustainable for the agency. In order to select the proper billing model, agencies should conduct a thorough assessment to determine their individual needs. Once the LPHA's needs assessment has been completed, a billing model can be matched accordingly.

If the LPHA is unsure whether the agency would benefit from the services of a billing model, they should consider a trial period with a billing model that offers a month-to-month subscription option. Contact customer service in advance and ask for a quick tour of the product. Make certain that claim errors and rejections are reported in plain language, not as shorthand numeric codes.

"Free" may not mean best value or even lowest long term cost. Decide whether the LPHA needs full service help or help with only a portion of the process. Be sure to review the agency's bidding and contracting policies before making any commitments to a billing model that charges for services.

The Cost Analysis tool developed for the LPHA pilot project can be utilized to monitor the sustainability of a billing model and is included in the *Appendices* of this toolkit.

CMS-1500 Claim Form[12]

The CMS-1500 is the standard claim form used for paper claims submission to bill Medicare Fee-For-Service (FFS) when a provider qualifies for a waiver from the Administrative Simplification Compliance Act (ASCA) requirement for electronic submission of claims. The form may also be suitable for billing other government programs and some private / commercial insurers. Additional information regarding ASCA waivers is located at cms.gov/Medicare/Billing/ElectronicBillingEDITrans/ASCASelfAssessment.html.

The National Uniform Claim Committee (NUCC) is responsible for the design of the CMS-1500. A printed download or photocopy of the form cannot be used for claims submission, as it may not accurately replicate the colors within the form. The colors in the form are needed to enable electronic reading of the information. Orders for forms can be completed by contacting the U.S. Government Printing Office at 866.512.1800 or through local printing companies and/or office supply stores, as long as they print according to the CMS approved specifications found in the Medicare Claims Processing Manual (IOM Pub. 100-04, Chapter 26, Section 30).

For additional information on the CMS-1500, visit cms.gov/Medicare/Billing/ElectronicBillingEDITrans/16_1500.html or the National Uniform Claim Committee at nucc.org.

The Form CMS-1500 At A Glance fact sheet can be found at networkhealth.com/_files/pdf/Provider/Medicare/CMS-1500%20Fact%20Sheet.pdf.

A copy of the CMS-1500 can be found at cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1500.pdf.

Current Procedural Terminology Codes[13,14]

Current Procedural Terminology (CPT®) codes are developed and maintained by the American Medical Association (AMA) and are intended to support billing for services. CPT® codes are the most widely accepted medical classifications used to report medical procedures and services under public and private / commercial health insurance programs. The codes are universal and help to ensure uniformity. CPT® codes are used to identify immunization and other services provided by LPHAs on claim forms and other billing materials. Vaccines, administration fees and office visits are reported using separate CPT® codes.

For more information on CPT codes, visit ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.page.

Credentialing[15,11,3]

Credentialing is the process of assessing and confirming the qualifications of a licensed or certified health care practitioner. It is an important and complex process that includes collecting and verifying information about a practitioner, assessing and interpreting the information and making decisions about the practitioner. Before insurance companies will pay medical claims, the public health agency and/or its health care providers, must be credentialed as participating providers. This includes MDs, DOs, APNs, PAs and the agency itself. In medical billing, an individual or agency is only considered a participating provider when they have been credentialed and then receive a contract from an insurance company.

Credentialing[15,11,3] *continued*

Credentialing is the cornerstone in an insurance company's risk management; helping protect themselves, the public and providers from fraud. It thoroughly documents the identity, education and professional credentials of providers and discloses malpractice suits, claims history, license restrictions or sanctions occurring in the past. The credentialing process may reflect a health care provider's ability to practice and their professional competence. Ultimately, credentialing is used to analyze and qualify applicants seeking to provide health care services to an insurance company's policy holders.

Fast Fact

Credentialing helps protect insurance companies, the public and providers from fraud.

When credentialing is successfully completed, the insurance company will offer a contract to the LPHA. The contract will define responsibilities of both parties, as well as the fee schedule. The credentialing process can begin once the decision is made to pursue a contract with a third-party payer (i.e., become a participating provider).

LPHAs should consider identifying a staff person to serve as a liaison with third-party payers for the purpose of credentialing. The agency should ensure that their third-party payer liaison has access to the information needed for the credentialing application. This staff member should remain the primary point of contact for payers throughout the credentialing process.

Credentialing Application[16]

The State of Missouri has adopted the Council for Affordable Quality Healthcare's (CAQH) Universal Credentialing DataSource form (Form UCDS) for credentialing and re-credentialing purposes. All Health Maintenance Organizations (HMOs) and their credentialing agents operating in Missouri are required to accept the paper CAQH Form UCDS. HMOs and their credentialing agents may accept the electronic CAQH Form UCDS. HMOs and their credentialing agents that develop their own electronic systems for gathering and storing credentialing data must also accept paper submission of the CAQH Form UCDS.

The State of Missouri utilizes the Council for Affordable Quality Healthcare's Universal Credentialing DataSource form (Form UCDS) for HMO credentialing and re-credentialing.

It is important to understand that only HMOs are required by law to use and accept this form. Since HMOs are a small fraction of the private / commercial insurance market, LPHAs should expect to encounter non-standard credentialing forms from non-HMO private insurers, who are the vast majority of insurers doing business in Missouri.

More information regarding the CAQH Form UCDS is located at insurance.mo.gov/industry/filings/mc/hmocredentialing.php or at http://www.caqh.org/credapp/.

Credentialing Documents[17]

The documents needed for the credentialing application include the following items. Please note that some documents may not apply to all provider types.

- CAQH Form UCDS (credentialing application)
- A list of societies of which you are currently a member
- Application release – stamped signatures not accepted
- Board Certification Certificate
- Clinical Laboratory Improvement Amendment (CLIA) waiver number and identification number (or copy of certificate)
- Collaborative practice and/or physician assistant agreement(s)
- Copies of all postgraduate (CME) activities credited in the last two years
- Copies of professional diplomas and training certificates as applicable
- Current certificates of insurance
- Current state licenses
- Curriculum vitae
- Education Council for Foreign Medical Graduates (ECFMG) certificate
- Federal Drug Enforcement Administration (DEA) certificate
- Signed Malpractice claims history
- State controlled substance certificates for all states (i.e., Bureau of Narcotics and Dangerous Drugs certificate)
- United States Military discharge papers (DD214) or status if currently serving
- Internal Revenue Service Form W9

An electronic filing system with scanned documents is the best form of recordkeeping for the credentialing process; however, a paper filing system would be sufficient. Many of the above mentioned documents will be needed throughout the credentialing process. Credentialing document requirements will vary among the different insurance companies.

CAQH Universal Provider Datasource[18,19,20]

The CAQH Universal Provider Datasource (UPD) is a free, web-based repository used to collect medical provider credentialing data. UPD is a secure, centralized database in which health care providers may submit their credentialing information free of charge. There are various Missouri insurance companies that utilize UPD for provider credentialing, including: Aetna, Anthem Blue Cross of Missouri, Blue Cross Blue Shield of Kansas City, Cigna HealthCare, Coventry Health Care, HealthLink, Inc., Humana/Choice Care Network, United Healthcare, WellCare and WellPoint.

CAQH Universal Provider Datasource[18,19,20] *continued*

The following steps are required to complete the initial CAQH application process.

1. Register with the system at upd.caqh.org/oas/GettingStarted.aspx.
2. Complete all application questions.
3. Complete an audit of the application data.
4. Review the application data summary.
5. Authorize participating organizations access to the application data.
6. Attest to the application data.
7. Print the fax cover page.
8. Fax the requested supporting documentation.

For additional information on the CAQH UPD, visit upd.caqh.org/oas/ or refer to the CAQH Universal Provider Datasource Quick Reference Guide for Providers and Practice Managers at upd.caqh.org/pmm/PAM%20Quick%20Reference%20Guide.pdf or the Universal Provider Datasource Provider and Practice Administrator Quick Reference Guide at caqh.org/pdf/UPDbrochure.pdf.

Common Third-Party Payers

As an agency begins credentialing, it is important to learn about some of the most common third-party payers in their jurisdiction. Being credentialed with the most common insurance companies will allow the LPHA to serve more insured patients. It may be beneficial to begin the credentialing process by visiting the web site of each insurance company to confirm requirements and secure current credentialing forms. Contacting each company to verify the process is essential, as credentialing forms and requirements change frequently.

A contact list of commonly used health insurance companies in Missouri can be found in the *Appendices* of this toolkit.

Facility vs. Individual Credentialing[11]

Credentialing processes vary from one insurance company to another. While required information and documentation may be similar, processes are very different. The credentialing options include: individual, group or facility or a combination of both. Some insurance companies offer all three, some two and some will only credential individual providers.

Individual credentialing is offered by all insurance companies. This allows individual providers to be credentialed and contracted. This links an individual provider's NPI to the agency's organizational NPI and tax identification number (tax ID). When completed, the provider is granted participating provider status. If an agency only bills for immunizations with these companies, it is necessary to credential individual providers.

Group or facility credentialing is not offered by all insurance companies. This option involves credentialing the organization rather than individual providers. If an agency is only planning to bill for immunization services delivered under standing orders from the medical director, this is the credentialing needed. Terminology used by insurance companies varies, with one company referring to this process as a public health agency contract rather than a group or facility contract.

Facility vs. Individual Credentialing[11] *continued*

A third option is to seek credentialing both as individuals and a group. This will allow the agency to operate as a mass immunizer that functions under the orders of a medical director and offer clinic type services provided by mid-level providers or MDs and DOs. This situation will require two organizational NPI numbers under the same tax ID number. One NPI will be listed with a taxonomy code identifying the agency as a public health agency. The second NPI will be listed with a family practice clinic or another taxonomy code that best defines the agency. Each will be credentialed with different contracts.

Public health agencies do not represent the common business model for providing health care services; therefore, they are treated differently by most insurance companies. It is essential to verify each company's credentialing requirements for public health agencies.

Roster Billing[21]

Roster billing is a simplified billing process that allows mass immunizers to submit one claim form with a list of several immunized Medicare beneficiaries. CMS defines a mass immunization roster biller as a Medicare-enrolled provider that offers influenza and/or pneumococcal immunizations to a large number of individuals (note: Medicare does not allow roster billing for hepatitis B immunizations). A mass immunizer can be a traditional Medicare provider or supplier, hospital outpatient department, supermarket, pharmacy or public health clinic. Roster bills can be submitted electronically or via paper.

For additional information on roster billing, visit cms.gov/Medicare/Prevention/Immunizations/Providerresources.html or refer to the Mass Immunizers and Roster Billing Fact Sheet at cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Mass_Immunize_Roster_Bill_factsheet_ICN907275.pdf.

Roster billing is a simple way for mass immunizers to bill Medicare for influenza and/or pneumococcal vaccinations administered to a large number of Medicare benificiaries.

The Welcome Letter[11]

Most insurance companies require 60 to 90 days for the credentialing and contracting processes to be completed. However, some companies allow up to 180 days to process credentialing applications. Credentialing is complete when the LPHA receives a welcome letter from the insurance company. All insurance companies confirm participating provider status with a letter.

The welcome letter will include the official "effective date of service" for each plan along with a copy of the signed contracts and a fee schedule. In some cases, the effective date may be several weeks after receipt of the welcome letter.

LPHAs should schedule patient appointments after the written effective date to avoid lost revenue.

Contracting[11]

The contract between an LPHA or an individual provider and an insurance company is used to accomplish the following:

- Establish a legal relationship with the insurance company;
- Define the provider's responsibilities when delivering services to plan members;
- Establish the claim filing process;
- Detail the procedure for the issuance of payments;
- Define the fee schedule, which sets the amount an insurer will pay for each CPT® code billed by the LPHA; and
- Detail requirements regarding co-payments, deductibles and other factors affecting the LPHA billing program.

The Contracting Process[11,3]

Contracting with insurance companies may not always be well-defined and the process of getting a contract will vary.

With some insurance companies, contracts are either downloaded or ordered from the company prior to completing the credentialing forms. With others, the contracts are delivered after approval as a participating provider.

When a contract is received, the LPHA should review the terms to determine whether or not it will work for the agency. The fundamental question that most LPHAs ask while considering a contract is, "Can we afford to accept the reimbursement rates that the carrier is offering?" Participating providers are reimbursed according to the rates set by the contract and listed in the insurance company's fee schedule. Pay particular attention to all contract language related to reimbursement.

Fast Fact

The contracting process will vary among the different insurance companies.

It is important to mention that provider network access can be sold to other insurance companies or third parties (self-insured employer groups). In such an instance, the reimbursement rate will be applicable to consumers who have bought an insurance policy on their own and those who get their coverage from self-insured employers. Remember, DIFP does not regulate self-insured group health insurance plans and Missouri insurance laws do not apply to them. This means that the LPHA could be getting a higher volume of patients than they would otherwise anticipate that may figure into their cost estimations. If the contract isn't clear, LPHAs should ask if the health insurance company will be renting their network.

Ask the LPHA legal advisor(s) to determine if the contract is consistent with all applicable laws and regulations. Many insurance companies operate in multiple states and their contracts may not be fully consistent with Missouri laws.

A contact list of commonly used health insurance companies can be found in the *Appendices* of this toolkit.

Negotiations[3]

Insurance companies have standard provider agreements that they may be reluctant to alter—even in situations where contract language or terms are clearly inappropriate to LPHAs. The BIAA partnered with DIFP to communicate the importance of modified contracts for Missouri LPHAs during the July 2013 Insurance Summit. As a result of the Summit, top carriers have agreed to provide modified contracts to LPHAs throughout the state. A list of the health insurance companies who have agreed to modify contracts for LPHAs can be found in the *Appendices* of this toolkit under the title Missouri Private Health Insurance Company Contacts.

Each agency should attempt to negotiate a contract that best suits their public health format. The best asset in negotiations is a convincing case for improving health care access for the insurance company's membership. It pays to be prepared when negotiating a contract with private / commercial insurance companies. The more an LPHA knows about how they are meeting the health care needs of a particular insurance company the better. Document the number of members that the agency is seeing on a monthly or annual basis and determine which services these individuals typically seek. The Standard Client Survey utilized during the pilot phase and included in the *Appendices* of this toolkit can aid in documenting the number of members seen at the LPHA. Be prepared to share some information on how the agency is responding to the needs of insurance plan members.

It is important for the LPHA to obtain a modified contract that is appropriate for the individual agency.

Research the range of immunization and other benefits and reimbursement rates that insurers offer in the local area. If particular language or terms contained in the proposed contract would be problematic, the agency may want to draft and propose language specific to their situation. Keep in mind that simple, straightforward modifications have the greatest chance of success.

Negotiations can help resolve some of the difficulties and barriers that the standard provider services agreements often present, such as liability insurance requirements and the duration of claim periods. During negotiations, an LPHA may request that provisions geared more towards private providers be removed. If the LPHA cannot comply with a provision of the standard agreement, consider an alternative approach. For example, it may be possible to comply by submitting a statement explaining how a particular situation would be managed by the LPHA.

If the proposed fee schedule is inadequate to cover costs, the LPHA may want to make a counter proposal based on a cost analysis.

Under the best of circumstances, it can take weeks to finalize the terms of a contract and get final approvals.

Memorandum of Understanding[3]

An insurance company may propose a written document called a Memorandum of Understanding (MOU) in lieu of, or in addition to, a provider services agreement or other contract type. An MOU can be a good option when the company is unwilling or unable to modify a standard contract to the degree necessary for the LPHA. A successful relationship developed through an MOU may evolve into an agency-specific contract at some point in the future.

Although MOUs can be written so as to be legally binding, an MOU is often less formal and will not necessarily be enforceable. Unless the LPHA legal advisor(s) indicates otherwise, do not expect to have any recourse if the terms of an MOU are no longer observed by the insurance company.

Out-of-Network Provider[11]

In rare instances, it is possible to receive reimbursement from some insurance companies when the provider or agency is not a participating provider, but is an out-of-network provider. When out-of-network providers receive compensation for services, it is significantly less compared to a participating provider, if payment is received at all. Generally, out-of-network providers are not compensated for services. In some cases, insurance companies will send the out-of-network payment directly to the patient. This will require the LPHA to collect payment from the patient, which is not an easy task. Often, patients are required to meet pre-established deductible amounts before being eligible to receive reimbursement for services delivered by an out-of-network provider. If a patient has not met the deductible, providers are faced with billing the patient or writing off the charges to bad debt or collections.

It is likely that some clients will present insurance cards for non-participating provider insurance companies. If out-of-network, call the telephone number on the back of the card to determine if reimbursement can be received by a non-participating provider. This call should be made prior to delivering any services to the client.

Billing as an out-of-network provider is not recommended; however, all LPHAs should be aware of this option.

Billing

Billing

Once an LPHA has completed the applicable enrollment processes and is considered a participating provider (i.e., received the welcome letter), they can begin billing private / commercial insurance carriers, Medicare and Medicaid for immunizations.

The billing process can be challenging; however, it is worth the time and effort and will help create sustainability within an agency. This section of the toolkit is intended to aid LPHAs in understanding the billing process.

Although the billing process can be challenging, it is worth the effort to improve the LPHA's sustainability.

Billing Preparation[11]

In order to prepare for billing, an LPHA must consider the process of efficient patient care while obtaining all the information necessary to bill the insurance company. LPHAs should keep privacy laws in mind throughout the billing process, as these laws must be followed at all times.

Agency Logistics[11]

One of the first considerations when it comes to billing is the location where staff will perform billing tasks. If possible, the reception desk should be in an isolated area in which staff can check clients in prior to an appointment and check them out once services have been provided. Reception staff will need this area to discuss patient demographics, collect insurance information and request a co-payment. It is also important for the receptionist to have privacy when making client calls along with easy access to a photocopier or equipment capable of scanning insurance cards.

Although most LPHA staff members are required to multi-task, it may be difficult for the receptionist to also serve as the billing specialist. In order to have an effective billing process, the billing specialist must be able to concentrate on the task without constant interruption. Because of this and the necessity of patient confidentiality, the billing operations should take place in an area that is isolated from the public. The billing operations should take place in an area that has a door or files that can be locked to ensure confidentiality.

The primary concern in public and private spaces within an LPHA office is HIPAA and patient confidentiality. Maintaining privacy in the reception area may be a challenge for many LPHAs; however, client personal health information must be kept confidential at all times.

Another logistical challenge for LPHAs may be mobile clinics or off-site locations. Confidentiality must be maintained when collecting patient demographics, insurance information and payments at mobile clinics and off-site locations. LPHA staff must be organized and have a good patient processing system in place. A portable scanner or photocopier may aid the LPHA with streamlining patient processing at mobile clinics and off-site locations.

Computer Equipment[11]

Electronic billing is the most frequently used form of medical billing today. Paper billing is becoming a thing of the past, with the exception of Medicare's roster billing for mass immunizers, which is commonly used for seasonal influenza clinics.

In order to participate in electronic medical billing, an LPHA must have a personal computer. It is recommended that the personal computer be relatively new (less than three years old). An Internet connection is also required for electronic billing in order to access various billing models and insurance company web sites.

Staffing[11]

Staffing is another important aspect of medical billing. Qualified employees are crucial to implementing and sustaining the billing process. In many cases, existing staff will be required to perform the billing tasks within the agency. It is imperative that the staff member(s) chosen to take on these responsibilities possess the skills necessary to accomplish each task involved in the process. These tasks fall into three categories including: reception / intake specialist; credentialing specialist; and billing specialist.

Fast Fact

Billing tasks fall into three categories: reception / intake specialist; credentialing specialist; and billing specialist. Utilizing employees who have performed these tasks will simplify the billing process.

In some instances, all three tasks will need to be performed by the same staff person. In other situations, the credentialing specialist and billing specialist tasks may be combined and assigned to one employee and the receptionist / intake specialist tasks assigned to another employee. If it is possible, utilizing employees who have already performed these tasks will greatly simplify the billing process.

Receptionist / Intake Specialist[11]

The receptionist / intake specialist is typically the staff person who greets clients when they first arrive at the LPHA. There are specific billing tasks that the receptionist / intake specialist will need to perform, which may include:

- Collecting and organizing patient information into a usable format;
- Working with a variety of insurance and billing forms;
- Collecting insurance and other data from clients;
- Obtaining a copy or scan of client insurance cards;
- Recording information related to services provided;
- Obtaining client signatures on required HIPAA and other forms; and
- Collecting client payments.

The individual performing the receptionist / intake specialist duties should be organized, detail-oriented and possess good customer service skills.

Credentialing Specialist[11]

The credentialing specialist takes care of all credentialing activities for the LPHA. It is unlikely that a single position will be created to fulfill these duties. As previously stated, the duties of a credentialing specialist may be combined with that of the billing specialist.

The primary duties of a credentialing specialist include:

- Credentialing application preparation;
- Collecting all the required information to be submitted with the application; and
- Following up with insurance companies, as necessary.

The staff person performing these tasks should have analytical tendencies, be detail-oriented and possess the ability to meet deadlines and multi-task. Communication skills are also required when performing the credentialing specialist duties in order to build relationships with insurance company representatives.

The credentialing specialist duties can be combined with that of the billing specialist.

Billing Specialist[11]

The billing specialist is responsible for processing all the LPHA's claims. This person will enter the necessary information into the LPHA's selected billing model. The claim will then be sent to the appropriate insurance carrier where it will be accepted for payment or denied.

If accepted, the LPHA will be reimbursed according to the insurance company's fee schedule. If the claim is denied, the billing specialist must investigate the rejected claim, verify the information with the insurance company and update new details in the billing model for resubmission for payment. This is commonly referred to as the "follow-up process" and is a key responsibility assigned to the billing specialist.

If all or part of the claim is not eligible for payment, the billing specialist will then need to send a statement to the client. If payment is not received from the client, the LPHA may consider the use of a collection agency.

The primary responsibilities of the billing specialist include:

- Billing model utilization;
- Proper coding on claims;
- Demographic and claim data entry;
- Claim submission and follow-up;
- Insurance denials / re-filing claims;
- Secondary insurance claim filing;
- Payment processing and posting;
- Client / patient billing;
- Collection agencies / write-offs;
- Patient inquiry responses; and
- Report generation.

Billing Specialist[11] *continued*

The individual performing the billing specialist duties should be self-disciplined, detail-oriented, organized and familiar with computer systems and data entry. This staff person should also have good communication and customer service skills, as they will communicate directly with insurance companies and clients. It is also beneficial for the billing specialist to be trained in medical coding and medical terminology.

Billing Documents

The billing process requires the completion of various electronic forms or paper documents. Many billing models allow for the documentation to be created and stored in an electronic format. The initial billing model training should teach the LPHA staff how to create and/or complete these forms in the individual system.

Superbill / Charge Ticket / Encounter Form[11]

The terms superbill, charge ticket and encounter forms are generally interchangeable. This is the document used to record the services being provided to clients. Typically, it is a log sheet where the health care provider checks a series of boxes to indicate the services provided to the patient and an explanation of why these services were provided. If the LPHA is using an electronic health record (EHR) system, the superbill document will be located on the computer and will be completed by the health care provider on the computer. Without an EHR, the same tasks are accomplished manually and then the data is manually entered into the billing model by the billing staff.

Many billing models allow for the creation and storage of electronic billing documents.

All services provided to the client during a visit are reported using a coding system. There are four commonly used types of codes: CPT® codes, diagnosis codes, modifiers and Healthcare Common Procedure Coding System (HCPCS) codes.

The codes used to explain what the health care provider did are called CPT® codes, which were discussed in the Enrollment section of this toolkit. There are two types of CPT® codes used by providers: evaluation and management codes and procedure codes.

Evaluation and management codes are used to describe the general patient visit. There are several levels of evaluation and management codes to designate the time spent and level of decision-making required. Evaluation and management codes are often accompanied by the other classification of CPT® code known as a procedure code. Procedure codes describe specific services that are performed in addition to evaluation and management codes.

The superbill should also include modifiers. Modifiers are a different type of numerical code used to cover a wide range of topics that add information to the claim to help insurers determine how or whether or not the LPHA should be compensated.

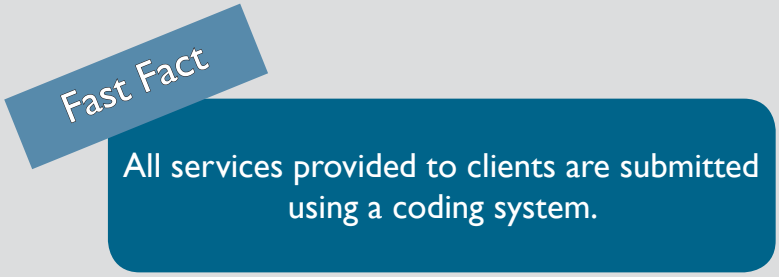
Diagnosis codes are used to describe the primary complaint of the patient or why the patient is being seen. The codes can range from sore throat to chest pain. There is a diagnosis code for every possible medical problem.

Superbill / Charge Ticket / Encounter Form[11] *continued*

HCPCS codes use alpha and numeric characters to describe some drugs.

There are coding books that can be purchased in order to aid staff in code selection or verification. There are also on-line services to answer coding questions such as codeitrightonline.com.

If the LPHA is using an EHR system, they should be sure to include the contents of the coding list in the set-up of the software. This will make it easy to complete an electronic superbill.



If the LPHA does not use an EHR system, the same coding information is used to create a paper superbill. Many practices that are not using an EHR use Microsoft Excel to create a custom superbill. Typically on a paper superbill, the codes are listed with boxes next to them so the provider simply has to check the appropriate boxes. The superbill should also contain an assortment of information to help identify the patient such as name, address, date of birth and the payment amount collected at the time of service. There also needs to be an area to note the place and date of service; both of which are required on the insurance claim.

If the LPHA is planning to conduct off-site clinics to provide immunization services, it will be necessary to create a specialized superbill that deals solely with the type of services to be provided.

Working with the right documents will help make the workflow run smooth. It also helps assure that the billing specialist will have all the necessary information for claim filing as well as streamlining the process for clients.

Patient Registration / Demographic Profile Form[11]

It is essential to collect and maintain records of client demographic information. A demographic or intake form can aid in the collection of client data. Most of the information included on the form will be needed to file a claim with the third-party payer or help collect funds from clients on denied claims.

There are several other forms that are often included with the patient registration form. Since these forms require the client's signature, the forms should be signed when completing the demographic information. These forms include:

- Authorization of treatment or consent for treatment;
- Assignment of benefits; and
- HIPAA Notice of Privacy Practices Acceptance.

These documents should be included in the client's electronic or paper file.

Section 317 Funded Vaccines

There are many uninsured and underinsured clients who may seek medical care from an LPHA. For many, the LPHA is the only or last available option for health care. According to the DHSS, BIAA Section 317 policy dated August 1, 2013, the Section 317 funded vaccine program provides immunizations for priority populations, including uninsured and underinsured adults, adolescents and children. This program is available to all LPHAs who provide immunizations, which can be administered on or off-site, as long as the cold chain protocol is followed and maintained.

Section 317 funded vaccines can be used to immunize uninsured and underinsured adults, adolescents and children.

The BIAA Section 317 policy, which includes eligibility information and guidelines, for adult immunizations can be found at health.mo.gov/immunizations/pdf/Adult317Policy.pdf.

The BIAA Section 317 policy, which includes eligibility information and guidelines, for pediatric immunization can be found at health.mo.gov/immunizations/pdf/Pediatric317Policy.pdf.

For additional information regarding Section 317 funded vaccines, contact the BIAA at 800.219.3224.

Policies and Procedures

It is important for the LPHA to create policies and procedures relating to the billing process. Written policies and procedures are vital to the success of billing and should be carefully developed to include all aspects of the process. Billing staff should be well trained on the policies and procedures and have the ability to refer to them at any time to aid in performing their assigned tasks. The policies and procedures should be kept up-to-date at all times. The LPHA should update the policies and procedures immediately when any changes to the process occur.

Fast Fact

Written policies and procedures are vital to the success of the billing program.

Eligibility Verification[11]

Reading and interpreting the contents of a clients' insurance card is an important task for billing staff. Information from these cards is needed to determine coverage and co-payments. The information on the back of the card will tell the billing staff where to send the claim for processing and payment. The LPHA's billing policies and procedures should require that the receptionist verify the insurance card on every client visit.

A copy or scan of the front and back of the client's insurance card should be obtained by the receptionist at the time of check-in. If a copy of the insurance card cannot be read, the information should be written down. All insurance card copies and/or scans should be checked for readability prior to returning the card to the client.

Eligibility Verification[11] *continued*

An insurance card could mean that the individual is covered under a fully insured health insurance plan regulated by the state or a self-insured employer group that is not regulated by state law. If the individual is covered under a health insurance policy that is regulated by the Missouri DIFP, the insurance card will say "Fully Insured" on the front. If the card does not state "Fully Insured," then it is a plan that is not regulated by the Missouri DIFP. The DIFP recommends providers make a note in their files or billing records in case there are problems or questions. The DIFP will not be able to assist the LPHA with problems or questions if it is a self-insured employer group plan, but can offer assistance if the health insurance plan is fully insured.

The LPHA may have instances in which a client will present an insurance card that is no longer valid. It is important to always ask clients if their insurance information has changed since their last visit. Including eligibility verification in the billing policies and procedures will aid the LPHA in ensuring client insurance information is as accurate as possible.

Payments

Payments are the desired result of the medical billing process. There are various types of payments that the LPHA will receive through medical billing.

Co-Payment and Co-Insurance[11]

Contracts with private / commercial insurance companies often require the LPHA to collect any applicable co-payment at the time of service. The client's insurance card will reflect the co-payment amount that should be collected. The LPHA's billing policies and procedures should require the reception staff to request the client's co-payment at the time of check-in.

Clients may present payment in several forms. The LPHA should be prepared to accept cash, check and debit/credit card payments. Receipts should be given to clients and payments recorded and balanced with daily deposits.

Receiving Electronic Payments[11,22]

Many third-party payers have transitioned from paper payments to electronic payments. Electronic funds transfer (EFT) is the electronic exchange or transfer of money from one account to another using a computer-based system. Use of EFT for paying insurance claims may improve cash flow for the LPHA because deposits occur immediately.

Medicare and MO HealthNet now require that all providers receive payments through EFT. The LPHA will be required to complete the appropriate forms to establish the EFT. The Medicare Electronic Funds Transfer (EFT) Authorization Agreement can be found at cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/CMS588.pdf. The MO HealthNet, Missouri Medicaid Audit and Compliance (MMAC) Electronic Funds Transfer (EFT) Authorization Agreement can be found at mmac.mo.gov/files/EFT-Paper.pdf. This form may also be completed and submitted electronically at https://peu.momed.com/peu/momed/presentation/providerenrollmentgui/OnlineEFTWindow.jsp.

Because deposits occur immediately, the use of electronic funds transfer can help improve cash flow.

Receiving Electronic Payments[11,22] *continued*

The Affordable Care Act (ACA) Section 1104 established the CAQH Committee on Operating Rules for Information Exchange (CORE) EFT and Electronic Remittance Advice (ERA) Operating Rules, which require that private / commercial insurance companies offer EFT enrollment. At this time electronic remittance is available through private / commercial insurance companies, but is not required.

Receiving Paper Payments[11]

The LPHA will receive payments by check from some private / commercial insurance companies and clients. The LPHA's "pay to" address will be established with each private / commercial insurance company during the credentialing process. Paper checks will be sent to this "pay to" address. All checks received should be stamped with a "Deposit Only" stamp upon receipt. Bank deposits should be made on a daily basis.

Patient Statements[11]

In some situations, such as a denied claim or failure to collect a co-payment at the time of visit, it may be necessary to send billing statements to clients. Many billing models allow for the generation of patient statements. Some clearinghouses will offer patient statement processing, which includes printing and mailing the LPHA's statements. It is important to research all aspects of a billing model prior to selection to ensure they offer all the services needed by the LPHA.

The LPHA should include information on how they will handle patient statements in their billing policies and procedures.

Recording Payments

LPHA staff will be required to record all payment types to client accounts. It is important to do this in a timely manner. If it is not done quickly, there is a likelihood that unnecessary follow-up work will be done by billing staff or inaccurate statements will be sent to the client.

Recordkeeping[23]

According to the *DHSS Public Health Works Orientation Manual for Public Health Leaders* dated February 2014, the Local Records Board of the Secretary of State's Office is responsible for overseeing the management of local government documents for Missouri. Political subdivisions need to follow the Board's guidelines for the keeping of records. Although the Secretary of State does not have a specific handbook for record retention for LPHAs, the Missouri Hospital and Health District Records Manual, issued by the board, is an appropriate guideline for LPHAs to follow and can be found at www.sos.mo.gov/archives/localrecs/schedules/hospital.asp.

The Secretary of State's Office may be contacted for further information or guidance regarding record retention.

Local Records Administrative Secretary
Secretary of State's Office
573.751.9047 (phone)
573.526.3867 (fax)
sosmain@sos.mo.gov

Outsourcing[11]

Outsourcing is another option for medical billing within an LPHA. Medical billing companies vary greatly in their services. Some operate locally, others offer services statewide and some are national or even international in scope. Many options are available for outsourcing, but finding the right medical billing company can be challenging. Billing companies are not accustomed to being employed by LPHAs; however, there are companies willing to accommodate LPHA needs.

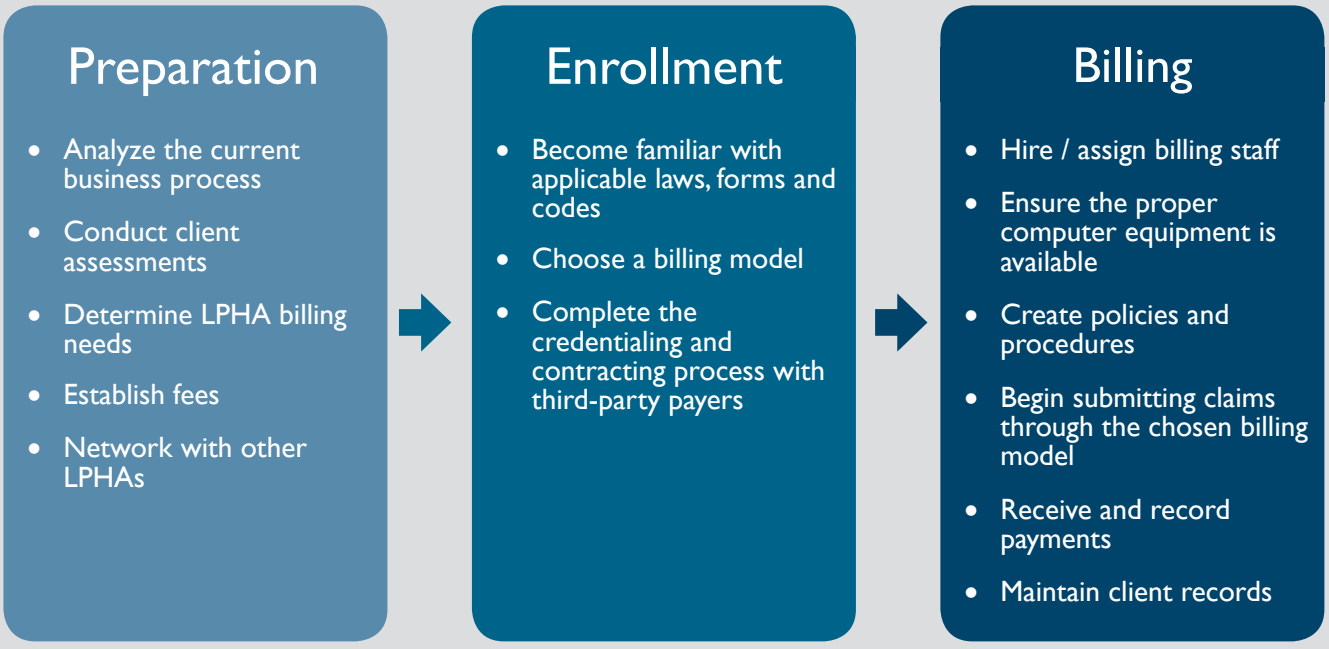
Finding the right billing company requires research. Information about the pilot tested billing models can be found in the *Appendices* of this toolkit and may be used as a first step in researching billing options. An Internet search for billing companies may also be beneficial.

On a national basis, hundreds of medical billing companies are available. A few billing software companies make available long-distance billing services that can file claims and process payments.

Next Steps / Summary

There are many steps involved in the medical billing process, which can be broken down into three categories: preparation; enrollment; and billing. It is important to conduct all the research necessary to implement an effective billing system. In addition to the multiple resource links within the various sections of this toolkit, a listing of web sites that may aid in billing research can be found on page 65 of this toolkit.

The LPHA must decide whether or not it is the right time for the agency to begin billing third-party payers. In some cases, billing may not be a sustainable option for an LPHA; therefore, it is imperative to analyze all aspects of the agency and ensure that the capability for billing is available.



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Appendices

Pilot Phase – Standard Client Survey

Pilot Phase – Standard Cost Analysis

Pilot Phase – Standard Evaluation

Pilot Phase – Agency Contact Information

Pilot Phase – LPHA Billing Model Reviews

Pilot Phase – Billing Model Contact Information

Missouri Private Health Insurance Company Contacts

Pilot Phase – LPHA Identified Barriers and Solutions

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Pilot Phase – Standard Client Survey

Local Public Health Agency Name	Visit Date

How old is the individual requesting vaccine today?

❑ Child (0-10 years old) ❑ Adolescent (11-18 years old) ❑ Adult (19 years and older)

What is the individual's county of residence?

Why was the local public health agency chosen to get a vaccine? (check all that apply)

- ❑ Location
- ❑ Clinic Hours
- ❑ Cost / Free Vaccine Available
- ❑ Higher Quality of Care
- ❑ The individual has no primary care provider.
- ❑ The individual's primary care provider does not offer vaccines.
- ❑ No appointment was available at the individual's primary care provider.
- ❑ Other: _____

What kind of insurance does the individual currently have? (check all that apply)

- ❑ Medicaid
- ❑ Medicare
- ❑ Uninsured
- ❑ Underinsured (Insurance does not cover immunizations)
- ❑ Private Insurance – Name of Insurance Company: _____
- ❑ Other: _____

Pilot Phase – Standard Client Survey *continued*

WAS THE INDIVIDUAL IMMUNIZED TODAY?

- ❑ No, client was not immunized today.

- ❑ Yes, client was immunized today

  If Yes, select vaccine source:

  - ❑ VaxCare
  - ❑ Vaccines for Children Program
  - ❑ Section 317
  - ❑ Private Purchase
  - ❑ Other: _____

Pilot Phase – Standard Cost Analysis

Local Public Health Agency Name	Date

Month	Cost to Bill 3rd Party Insurance*	Cost of LPHA Purchased Vaccine	# Doses Billed	Total Amount Billed	Total Collected	Profit / Loss
November	$	$		$	$	$
December	$	$		$	$	$
January	$	$		$	$	$
February	$	$		$	$	$
March	$	$		$	$	$
April	$	$		$	$	$
May	$	$		$	$	$
June	$	$		$	$	$
July	$	$		$	$	$
August	$	$		$	$	$
September	$	$		$	$	$
October	$	$		$	$	$
November	$	$		$	$	$

*Include all salaries, benefits and other pertinent costs except vaccine, regardless of funding.

Pilot Phase – Standard Evaluation

Local Public Health Agency Name	Date

What billing model did your agency pilot?

☐ Availity ☐ Health-e-Web ☐ TransactRx ☐ UPP Technology ☐ VaxCare/VaxStation

Outline the step-by-step process your agency used to establish the billing program, from obtaining a service agreement through claims processing and reimbursement.

(Include needs identified such as staff training, new procedures, client information gathering [what was gathered and how], client eligibility verification, etc.)

1.

2.

3.

4.

5.

(press Enter for additional lines)

Define the overall advantages and disadvantages of this billing model. Please be concise.

Advantages	Disadvantages
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

What method was used to conduct the client survey (check all that apply)?

☐ Client Self-Complete ☐ Interview

☐ Nurse Screening ☐ Other _____

Pilot Phase – Standard Evaluation *continued*

WHAT DIFFICULTIES, IF ANY, DID YOUR AGENCY ENCOUNTER IN GATHERING CLIENT SURVEY DATA (check all that apply)?

- ☐ Client Refused
- ☐ Language Barrier
- ☐ Time Constraints
- ☐ Lack of Staff
- ☐ Literacy
- ☐ Other _____

PROVIDE SUMMARY DATA FROM THE STANDARD CLIENT SURVEYS YOUR AGENCY COLLECTED.

	Child (0-10 years old)	Adolescent (11-18 years old)	Adult (19 years and older)
County of Residence *(list county and number of clients from each county for each age range)*	(press Enter for additional lines)	(press Enter for additional lines)	(press Enter for additional lines)
Reason the LPHA was chosen *(total number of clients for each age range)*: • Location • Clinic hours • Cost/free vaccine • Higher quality of care • No primary care provider • PCP does not offer vaccines • No appt available at PCP • Other (list all provided)	(press Enter for additional lines)	(press Enter for additional lines)	(press Enter for additional lines)
Type of insurance *(total number of clients for each age range)*: • Medicaid • Medicare • Uninsured • Underinsured • Private Insurance (list all provided) • Other (list all provided)	(press Enter for additional lines)	(press Enter for additional lines)	(press Enter for additional lines)
Immunization given *(total number of clients for each age range)*: • No • Yes (list by source) ➢ VaxCare ➢ Vaccines for Children ➢ Section 317 ➢ Private Purchase ➢ Other (list all provided)	(press Enter for additional lines)	(press Enter for additional lines)	(press Enter for additional lines)

Pilot Phase – Standard Evaluation *continued*

REFERENCING THE STANDARD COST ANALYSIS, DID YOUR AGENCY EXPERIENCE A PROFIT OR LOSS DURING THE PILOT OF THIS BILLING MODEL?

☐ Profit ☐ Loss ☐ Break-even

IS THIS BILLING MODEL SUSTAINABLE FOR YOUR AGENCY? PLEASE BE CONCISE.

☐ Yes ☐ No

Explain:

WOULD YOU RECOMMEND THIS BILLING MODEL TO OTHER LOCAL PUBLIC HEALTH AGENCIES? PLEASE BE CONCISE.

☐ Yes ☐ No

Explain:

LIST ANY ADDITIONAL INFORMATION (TIPS, BEST PRACTICES, RESOURCES, ETC.) OTHER LOCAL PUBLIC HEALTH AGENCIES WOULD FIND HELPFUL IN ESTABLISHING BILLING SERVICES UNDER THIS BILLING MODEL.

Pilot Phase – Agency Contact Information

Below is a listing of the primary contacts for the LPHAs who participated in the Pilot Phase.

County	Billing Model	Contact Name	Telephone	Email
Callaway	Upp Technology	Davine Wade	573.642.6881 ext. 252	waded2@lpha.mopublic.org
		Sharon Lynch	573.642.6881 ext. 223	lynchs@lpha.mopublic.org
Cape Girardeau	VaxCare	Jane Wernsman	573.335.7846 ext. 122	wernsp@lpha.mopublic.org
		Brenda Phillips	573.335-7846 ext. 103	phillb@lpha.mopublic.org
City of St. Joseph	Upp Technology	Nancy Taylor	816.271.5327	ntaylor@ci.st-joseph.mo.us
		Stephanie Malita		smalita@ci.st-joseph.mo.us
Clay	VaxCare	Sue Miller	816.595.4269	smiller@clayhealth.com
		Barbara Dawson	816.595.4258	badawson@clayhealth.com
Cole	Upp Technology	Mary Telthorst	573.636.2181	mtelthorst@colecounty.org
		Heather Kinworthy		hkinworthy@colecounty.org
Columbia/Boone	HeW (formerly Health-e-Web)	Mary Martin	573.874.7354	mmmartin@gocolumbiamo.com
		Stephanie Browning	573.874.7355	skbrowni@gocolumbiamo.com
Dunklin	TransactRx	Steve Neal	573.888.9008	neals@lpha.mopublic.org
Hickory	VaxCare	Dawn Vader	417.745.2138	vaderd1@lpha.mopublic.org
Howell	Upp Technology	Chris Gilliam	417.256.7078	gillic@lpha.mopublic.org
		Carma Wheeler		wheelc@lpha.mopublic.org
Jasper	Availity	Debbie Darby	417.358.0477	darbyd@lpha.mopublic.org
Jefferson	HeW (formerly Health-e-Web)	Kelly Horwitz	636.282.1010 ext. 207	kelly.horwitz@jeffcohealth.org
		Christine Chadbourne	636.282.1010	chadbc@lpha.mopublic.org
Lafayette	HeW (formerly Health-e-Web)	Yoli Carrillo	660.259.4371 ext. 231	carriy@lpha.mopublic.org
Livingston	TransactRx	Sherry Weldon	660.646.5506	weldos@lpha.mopublic.org

Pilot Phase – Agency Contact Information *continued*

County	Billing Model	Contact Name	Telephone	Email
Madison	HeW (formerly Health-e-Web)	Becky Hunt	573.783.2747	huntr@lpha.mopublic.org
McDonald	Availity	Paige Behm	417.223.4351 ext. 11	behmp@lpha.mopublic.org
Nodaway	TransactRx	Della Rhoades	660.562.2755	rhoadd@lpha.mopublic.org
		Tabitha Frank		frankt2@lpha.mopublic.org
Pettis	TransactRx	JoAnn Martin	660.827.1130 ext. 53	martij@lpha.mopublic.org
		Robin Bartlett	660.827.1130	bartlr@lpha.mopublic.org
Pike	Upp Technology	Jennifer Eisenhower	573.324.2111	eisenj@lpha.mopublic.org
Reynolds	Availity	Joyce Santhuff	573.648.2498 ext. 21	santhj@lpha.mopublic.org
St. Charles	VaxCare	Paula Childs	636.949.7400 ext. 6241	pchilds@sccmo.org
		Hope Woodson	636.949.7400	hwoodson@sccmo.org
St. Francois	HeW (formerly Health-e-Web)	Judy Hale	573.431.1947 ext. 191	halej@lpha.mopublic.org
Ste. Genevieve	Availity	Kay Kertz	573.883.7411	kertzk@lpha.mopublic.org
Stone	Availity	Abby Pendergrass	417.357.6134	pendea@lpha.mopublic.org
		Lisa Williams		willil@lpha.mopublic.org
Tri-County (Worth, Gentry, DeKalb)	TransactRx	Lilli Parsons	660.783.2707	parsol@lpha.mopublic.org
		Christie Redig		redigc@lpha.mopublic.org
		Loretta Gilbert		gilbel@lpha.mopublic.org
Vernon	VaxCare	Beth Swopes	417.667.7418	swopel@lpha.mopublic.org
		Kim Gowin		gowink@lpha.mopublic.org

Pilot Phase – LPHA Billing Model Reviews

As part of the contract with the BIAA, pilot LPHAs were required to complete a Standard Evaluation *(see page 40)*. The evaluation included questions regarding the advantages and disadvantages of the pilot billing model, the sustainability of the pilot billing model for the individual LPHA and whether or not they would recommend the model to other LPHAs. Some of the pilot agencies also provided additional information that may be helpful for other LPHAs who are establishing billing services under the specific pilot billing model. Below are the individual responses to these questions.

Availity

Define the overall advantages and disadvantages of this billing model.

Advantages:

- *The ability to offer immunizations to a larger population of people.*
- *Provide more variety of vaccines.*
- *Appeal to the adult insured population that may find it difficult to obtain immunizations through their primary care provider.*
- *FREE.*
- *View eligibility and benefits for over 10 insurance companies, including Humana and Medicare.*
- *Submit claims electronically.*
- *Bill several insurance companies from one site.*
- *User friendly.*
- *On an average claims were paid within two weeks.*
- *It only took seconds to deny or approve a claim.*
- *Determining eligibility and benefits for client was easy and fast.*

Disadvantages:

- *Availity's very limited amount of contracts with prominent insurance companies commonly used in this area.*
- *The confusion pertaining to coverage, billing and payment options through Availity.*
- *The vague information given pertaining to the program itself.*
- *Medicare and local insurance companies cannot be billed through this site.*
- *No insurances in our area are available through Availity for submission, other than HomeState Health Plan.*
- *Staff did not receive sufficient training, time was spent self-training.*
- *The reason for a claim denial was not available without calling the insurance provider; took 24 hours to find out why a claim was denied.*

Disclaimer: The information in this section was taken directly from the evaluations submitted by the pilot LPHAs. The views and opinions expressed in this section do not necessarily reflect the position of the DHSS or the BIAA.

Pilot Phase – LPHA Billing Model Reviews *continued*

Availity *continued*

Is this billing model sustainable for your agency?

- *No. There does not seem to be a great need in our area in providing insurance billing options that would outweigh the costs and cons associated with the purchase and storage of expensive vaccines; that could ultimately either expire or go unused altogether before enough participants with the appropriate insurance with which Availity contracts with would utilize it.*
- *Yes. We have increased our services to adults for immunizations and can cover costs and increase profits on immunizations.*
- *No. We were unable to use Availity as a billing method. VFC provides our vaccine and we bill only through Medicaid. VaxCare is our flu vaccine provider and they do the billing and reimburse us for administration. This works well for us. Availity was not the program for our needs.*
- *No. No local insurances billable with this model.*
- *No. Stone County has a high percentage of uninsured and Medicaid clientele. Stone County does not purchase vaccine for childhood vaccinations; only seasonal flu vaccine for adults. Most recipients for adult flu vaccine are eligible for Medicare due to the counties high percentage of senior residents. According to the survey responses, only 12% of the individuals completing the survey had private insurance.*

Would you recommend this billing model to other Local Public Health Agencies?

- *Yes. We recommend Availity to any LPHA wanting to expand immunization services or bill flu. This is a simple program and free of charge.*
- *No. This was not an ideal billing model for our agency. If it were recommended to other agencies, I would encourage them to make sure that the insurances would be billable.*
- *Yes. Availity model is easy to access; checking eligibility and benefits is fast and easy; Availity model is free; and Availity conducted training for the LPHAs prior to the implementation of the billing.*

Additional Information

- *We recommend other Local Public Health Agencies take advantage of any and all training, webinars and conference calls available. Insurance billing can be confusing and overwhelming and the more training utilized the better. Also, obtain contact information of appropriate individuals associated with the insurance billing company so that if there is ever any confusion a contact person is available to provide the answer quickly.*
- *Our area has a large immigrant population who require adult immunizations and local providers did have private stock vaccine. We found we were able to purchase vaccine, assist our immigrants, bill their insurance and make a small profit. This service has also helped serve residents who are traveling overseas and require immunizations. We have been able to vaccinate and provide a needed service in our community and promote public health to people who may not ever come to the health department.*
- *Have Availity consistently maintain communication and update LPHA of contact changes. To assure billing is cost effective the LPHA should have clientele that has private insurance and purchase vaccine for birth through age 18.*

Disclaimer: The information in this section was taken directly from the evaluations submitted by the pilot LPHAs. The views and opinions expressed in this section do not necessarily reflect the position of the DHSS or the BIAA.

Pilot Phase – LPHA Billing Model Reviews *continued*

HeW (formerly Health-e-Web)

Define the overall advantages and disadvantages of this billing model.

Advantages:

- *The portal is faster than individual Medicaid portals.*
- *Able to bill all Medicaid plans for administration fees.*
- *Claim scrubber allows errors to be seen before claim submission to streamline the process and decrease the number of denials.*
- *Portal streamlines remit advice and payment process, speeding payments.*
- *Able to bill all plans for pharmacy charges (adult immunizations and DepoProvera injections).*
- *Lower clearinghouse fees.*
- *Immediate response/turn around on claims, be it payments, rejections and/or eligibility.*
- *User friendly, clear and concise reporting.*
- *Outstanding customer service and support.*
- *The model is web based so no other software is needed.*
- *The customer service is excellent if there are any questions or problems.*
- *It has improved reimbursement turnaround time.*
- *Monthly fee is affordable and no annual upgrade costs. Fee went from $69 per month to $79 per month.*
- *Multiple user access at no additional charge.*
- *Can bill ALL insurances through one site, including Medicaid for administrative fees.*
- *Turnaround time from prior software is about three weeks faster.*
- *Ease of use once patients are entered into database.*
- *Record keeping was easy to keep up to date.*
- *This company is very friendly and calls back quickly. A very easy clearinghouse to work with.*

Disadvantages:

- *No real time eligibility assessment of actual coverage. Allows you to see if a person is insured, but not the actual service coverage.*
- *Does not match mandatory fields of Medicaid plans. Billing staff has to know what the plans require.*
- *Lack of contracts with insurance carriers.*
- *Medicare remits are hard to download and receive.*
- *Took time to enter data from beginning.*
- *Switching back and forth from screens was time consuming.*

Disclaimer: The information in this section was taken directly from the evaluations submitted by the pilot LPHAs. The views and opinions expressed in this section do not necessarily reflect the position of the DHSS or the BIAA.

Pilot Phase – LPHA Billing Model Reviews *continued*

HeW (formerly Health-e-Web) *continued*

Is this billing model sustainable for your agency?

- *Yes. The billing portal has been very helpful for this agency in our Medicaid billing. We would not go back to paper billing, or individual Medicaid portals. Health-e-Web has been a good product to start the process of developing a new billing "mentality".*
- *Yes. The HeW clearinghouse is a cost effective way to send electronic claims. There were no upfront fees necessary to purchase equipment; customer service and support are phenomenal. We have decided to utilize HeW for all outgoing claims and utilize them as our primary clearinghouse; however, looking at cost savings, VaxCare appears to be the way to go due to not having to purchase vaccine and the savings in personnel not billing claims and reconciling payments.*
- *Yes. I checked the profit box because even though we have not started our billing yet, I do believe we will see a profit when we start. The $79 monthly fee at HeW is very doable, plus we did not have to hire extra staff for billing.*
- *No. This is a clearinghouse for billing. It would be sustainable if we were billing several insurance companies. However, with billing straight Medicaid and Managed Care plans only at this time, it would not be. This provider is a clearinghouse where all the information has to be entered in their system and they send the information out. They charge for doing this. We have to upload the information anyway and the Managed Care plans and eMOMED do not charge for the same service.*

Would you recommend this billing model to other Local Public Health Agencies?

- *Yes. Health-e-Web had good customer service, willing to answer questions and to assist billing staff with problems that they were having with setting up their processes. Forms were sent electronically to set up the billing process and were simple to use. Billing staff found that it streamlined billing activities, saving time by decreasing the number of denials and speeding reimbursement for services rendered.*
- *Yes. HeW is a great clearinghouse and for LPHA's that provide and bill for other services along with immunizations, this would be a great model to follow. For agencies that are operating on a very slim budget, VaxCare would be the more cost effective approach.*
- *Yes. This web based model is very easy and the customer service is excellent.*
- *Yes. Multiple users at one flat rate that is affordable; web based program, so multiple users can work in the program at the same time; program is well developed and works well with public health billable services; user friendly; and program is very functional for all aspects of claim processes including resubmits and turn around claims.*
- *Yes. The people I spoke with who work for HeW are very friendly and helpful. All of my questions were answered in a timely manner with knowledgeable staff. If I did not understand something, they did not hesitate to go over the problem and explain it thoroughly. Again, if billing on a large scale this company would be beneficial.*

Disclaimer: The information in this section was taken directly from the evaluations submitted by the pilot LPHAs. The views and opinions expressed in this section do not necessarily reflect the position of the DHSS or the BIAA.

Pilot Phase – LPHA Billing Model Reviews *continued*

HeW (formerly Health-e-Web) *continued*

Additional Information

- *Health-e-Web was a self contained product with excellent customer service, no other resources were necessary once the process began.*
- *Enjoyed working with this billing project. We are always searching for tried and new cost saving ideas. We are trying to search for ways to better serve the public, even with money constraints. Hopefully, talking with and listening to other LPHA with similar situations, a positive outcome will be achieved.*

TransactRx

Define the overall advantages and disadvantages of this billing model.

Advantages:

- *Easy enroll and billing through TransactRx online billing program.*
- *Training provided by webinar.*
- *We did not have to learn the billing process for each individual insurance company.*
- *Excellent customer service from TransactRx. Every time we called with a question, they answered promptly and got back to us when needed.*
- *Able to receive higher reimbursement.*
- *Verification did not take but a few minutes for the most part.*
- *Knew how much payment up front.*

Disadvantages:

- *TransactRx does not have contracts with health insurance companies. You have to get the contracts yourself and then provide the information to TransactRx.*
- *Charge is more costly than submitting to Medicare ourself.*
- *Cost $600 for up to four insurance companies, then $100 for each additional insurance company, then $1.50 per client billed.*
- *TransactRx difficult to work with, only wanted Medicare billing.*
- *Unable to establish contracts with private insurance except Blue Cross/Blue Shield.*
- *Significant amount of wasted staff time chasing contracts.*
- *Unable to establish enough contracts to provide needed community coverage.*
- *Still needed to verify with the specific insurance.*

Disclaimer: The information in this section was taken directly from the evaluations submitted by the pilot LPHAs. The views and opinions expressed in this section do not necessarily reflect the position of the DHSS or the BIAA.

Pilot Phase – LPHA Billing Model Reviews *continued*

TransactRx *continued*

Is this billing model sustainable for your agency?

- *No. We will probably go back to submitting/entering our flu shots ourselves to save $300. We have to enter them in TransactRx so might as well enter them at the Medicare site.*
- *Yes. This billing model is sustainable as far as we know at this time. It has been easy to see how we came out with flu even though it was paid for in 2013 and most of the insurance money was received in 2014. We have had flu clinics for many years and have experience in knowing how much to order. We also have experience purchasing and charging for adult immunizations and can now bill insurance companies. We do not have experience purchasing and charging for childhood immunizations and still do not know if families will bring their children here for immunizations when we will be billing their insurance companies.*
- *No. Unable to establish sufficient number of contracts. TransactRx only really wanted Medicare billing for flu. Not an easy partner to work with. TransactRx expended minimal energy to help establish process, only wanted money to establish account.*
- *Yes. It would be sustainable if we continue to have clients come to the health department for immunizations; however, local doctors are now giving vaccine in their office whereas they did not do this before this rule. Vaccine usage has greatly decreased.*

Would you recommend this billing model to other Local Public Health Agencies?

- *No. For a small health department the cost of vaccine and issues in getting contracts with health insurance companies is too great. We have only been able to get contracts with two insurance companies. I do believe TransactRx would work well for a large health department with a doctor on staff and more revenue to cover the vaccine cost. We were only able to bill Medicare flu shots through TransactRx during this program period and it worked very well.*
- *Yes and No. I would recommend if they have never billed Medicare themselves but if they can it really does not makes that much difference. We might get a few from Part D that we normally would not have received but when you decreased our reimbursement with their charge it did not matter.*
- *Yes. This is a very user-friendly program. We did have a nurse sort the patient files by type of vaccine given so that it was easier for non-medical personnel to bill correctly.*
- *No. Not enough insurance contracts available for our area.*
- *Yes. It is fairly easy to use and staff with TransactRx were helpful.*

Disclaimer:The information in this section was taken directly from the evaluations submitted by the pilot LPHAs. The views and opinions expressed in this section do not necessarily reflect the position of the DHSS or the BIAA.

Pilot Phase – LPHA Billing Model Reviews *continued*

TransactRx *continued*

Additional Information

- *My choice is go with VaxCare especially if you have a cash flow issue. They are the easiest way to provide vaccine for people that have insurance. We worked many hours trying to obtain a contract of our own to let Transact bill from for vaccine but I would have had to purchase thousands of dollars of vaccine to make that work plus risk the fact that vaccine can expire if not used. Not worth it to me. If I would have had to pay TransactRx their normal contract fee I would have lost more money than normal.*
- *Be patient. This is a lengthy process. It takes time to establish contact with every insurance company and to go through the process with TransactRx. Keep a spreadsheet so that you know where you are with each entity. Insurance billing was very helpful in allowing us to have $46,029 in income during this project.*
- *Select another vendor. Knowing how the data would need to be transmitted from the beginning would have been helpful. We asked how we needed to report the data and did not receive the information until after the end of the contract.*
- *It takes time and persistence to establish agreements with the insurance companies. Reading through the contracts was time consuming and probably needed a legal consultant.*

Upp Technology

Define the overall advantages and disadvantages of this billing model.

Advantages:

- *Learned how to enter codes onto electronic billing site.*
- *Stored client name, did not have to re-enter.*
- *Insurance availability check was quick.*
- *Staff was supportive and listened to our concerns.*
- *Staff was consistent in their availability to us and to help us work through snags we encountered while learning their system.*
- *Had one on-site visit and two or three webinars and weekly conference calls.*
- *Simplification of credentialing process.*
- *Reimbursement with direct deposit (Blue Cross Blue Shield is 4-5 days).*
- *Billing is easy.*

Disclaimer: The information in this section was taken directly from the evaluations submitted by the pilot LPHAs. The views and opinions expressed in this section do not necessarily reflect the position of the DHSS or the BIAA.

Pilot Phase – LPHA Billing Model Reviews *continued*

Upp Technology *continued*

Disadvantages:

- *Did not provide the level of assistance anticipated with credentialing and contracting with insurance companies.*
- *Provided information to Upp for them to enter into their site, then we had to enter our own information.*
- *Training information repetitive.*
- *Took a long time to get web site up and running and then when site got up there were still issues and we were not able to use the site.*
- *Our concerns were not always addressed or answered. An example was our request for a template to calculate costs. We were told we would receive one, but never did even when they were reminded.*
- *Inaccurate claims submission. On one occasion, there was an extra line item added to a claim submission that we did not add and in fact, it was not even a code we use. There was never a satisfactory answer as to how or why that charge appeared on our claim.*
- *Online processing system moved slowly. This was a consistent complaint of our personnel responsible for claim submission. It moved slowly and was not always intuitive in the steps to move through submitting a claim.*
- *Needed more on-site or hands-on training to better understand their program. We were told we would have on-site training but never did.*
- *Not very user-friendly; difficult to navigate through and the system was not intuitive.*
- *Real time eligibility verification delays.*
- *We had to start from scratch setting up services, procedure codes, diagnosis codes and pricing for vaccine and administrative fee. Since we had two contracts (one with Blue Cross Blue Shield and one with Cigna) we had to set up individual services for each one because they had different pricing for the vaccine, as well as the administration fee. Very time consuming.*
- *Explaination of Benefits not concise with denial codes, etc.*
- *Inadequate staff training in utilization of billing module.*
- *Eligibility verification not clear regarding co-pays/coverage on immunizations.*
- *Cannot serve everyone.*

Is this billing model sustainable for your agency?

- *No. Upp would not be a sustainable model for our use. We did not find the web portal user friendly and will seek out another company sometime in the future. We are interested in the other models tested to see how LPHAs liked them.*
- *No. There were too many inconsistencies with claims submission and the online system was not as robust or fast as our billing technicians are accustomed to.*
- *No. Having problems with co-pays. When checking eligibility verification it does not specifically say "$25.00 co-pay" we do not know to collect. Sometimes it has 0 percent. We did not get co-payment on one because the verification did not show any amount and it was deducted off our payment. This needs to be corrected so we are not "out" that payment. Very confusing to read the eligibility verification forms.*

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Pilot Phase – LPHA Billing Model Reviews *continued*

Upp Technology *continued*

Would you recommend this billing model to other Local Public Health Agencies?

- *No. We would not choose this billing model. We think that the site was not user friendly and that training could have been better. My staff has suggested that it would be better to work on getting contracts signed before signing up with an electronic billing company so you are ready to bill when you sign up.*
- *No. Upp Technology has great customer service on the front end, but their delivery did not meet our expectations.*
- *No. Very time consuming checking verification eligibility, adding patients, adding services for each provider we have a contract with, etc. It is not real "user friendly". Takes too many "steps" to get anything completed.*
- *Yes. This has brought more people into our facility and makes it much nicer for our clients.*

VaxCare

Define the overall advantages and disadvantages of this billing model.

Advantages:

- *No vaccine or supply cost.*
- *Reimbursement report is simple and monthly.*
- *Simple initial setup – one contract with VaxCare.*
- *VaxCare is responsive to problems and questions.*
- *Need only Internet access, a printer and a fax machine to start using Vaxcare.*
- *Automatic inventory restocking.*
- *Great customer service.*
- *Automatic eligibility checks.*
- *Ability to return flu vaccine that was not used.*
- *Professional billing services.*
- *Only pay for vaccine administered.*
- *Easy communication with VaxCare.*
- *Allowed us to serve a wider audience.*
- *Very easy to use, hardly any adjustments to our normal operations after the first two weeks.*
- *Did not have to become a provider with any insurances.*
- *Ability to provide immunizations to patients with commercial insurance.*
- *Ability to order weekly versus monthly.*

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Pilot Phase – LPHA Billing Model Reviews *continued*

VaxCare *continued*

Disadvantages:

- *Trial and error period until VaxCare and agency were at an inventory level comfortable to both. Still occasional problems when inventory counts are different for unknown reasons.*
- *Patient insurance verification could be time consuming but VaxCare made it so you could send a copy of insurance card instead of spending time calling.*
- *Reimbursement can take up to 60 days (Vaxcare would not pay you until insurance pays them). Not as much of an issue since you are not out vaccine costs.*
- *Vaxcare reports do not give reason for insurance denial. At this time you have to call and wait for a response from billing department. Need to know reason for denial for handling patient in the future.*
- *Multiple issues with having a health department EMR and using a billing system electronically, i.e., billing, posting, double entry, errors, determining which vaccine to give.*
- *Ran out of vaccine during high volume clinics.*
- *Lack of agreement with all insurance companies and issues with insurance company customer service for health department and/or client to determine if vaccines were covered.*
- *Cost to health center of administering, billing and collecting for vaccine that was not covered by the billing model.*
- *Time to receive vaccine is a little longer than we would like.*
- *Could not participate in VaxStation because of our limited demand for children's vaccine.*
- *We are still serving a high population without insurance, causing us to be billed by VaxCare.*
- *Did not offer all of the vaccines and tests we give (ppd, zostavax, twinrix).*
- *Push was sometimes too slow.*
- *We have had some hiccups with our group service authorization and automatic billing prices. VaxCare's overall prices are higher than our regular costs.*
- *Unable to bill all insurances and verify eligibility online with all insurances.*

Is this billing model sustainable for your agency?

- *Yes. VaxCare is easy to work with and cost effective. Allows us to bill insurance without contracting/credentialing with each individual insurance company and without the cost of purchasing vaccine.*
- *No. We broke even because of the grant money provided. Without the grant it would have cost us well over the $17,000 to pilot this program. It was extremely time consuming to do the double entry on our EMR and the billing model as well as correcting errors and reconciling other billing issues. Since we had three different funding sources for vaccines (VFC, county purchase and VaxCare) it was difficult for registration staff to know where to register the client. It was often difficult to determine which vaccine the client was eligible for, we did not want to charge them if they were eligible for VFC or give them VaxCare. Sometimes they received more than one type of vaccine, for instance county purchase and VaxCare because we did not have the vaccine they needed from VaxCare which created a lot of issues with our EMR which we use for billing. We had a lot of administrative work behind the scenes to manage the program.*

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Pilot Phase – LPHA Billing Model Reviews *continued*

VaxCare *continued*

Is this billing model sustainable for your agency?

- *Yes. We have decided to continue with VaxCare, with such a high percentage of our population eligible for VFC we have not seen the need to do our own insurance billing, so we are only using VaxCare for flu season. If we need to order children's vaccine in the future, that option is also available with VaxStation. We are very limited for time to perform the billing function and the cost incurred with VaxCare is minimal.*
- *Yes. To date, we encountered very few private insurance companies that were not covered, making it easy to submit and collect. The primary advantage is the cost savings from not having to purchase our own vaccine supplies. Many of our current clients still do not have insurance. When this occurs and we use vaccine from the VaxCare program, we pay for the vaccine directly through monthly billing. Though the vaccine is generally more than we would pay as an agency, not having to purchase supplies offsets this difference. The only problem we have encountered with VaxCare's billing methods is that they provide an average cost of the vaccine, making it impossible to determine the vaccine cost per dosage. Overall, we are still saving money through this program.*
- *Yes. Although we do not make a significant profit, we do break even and provide a much needed service and alternative choice for clients who do use the local medical clinic for services.*

Would you recommend this billing model to other Local Public Health Agencies?

- *Yes. VaxCare is easy to work with and cost effective. Staff time is only real expense—no cost for vaccine or supplies. No contracting or credentialing with individual insurance companies. No extra staff required to deal with billing and reimbursement—forms just have to be faxed after immunizations given and reconciled to VaxCare detailed monthly reimbursement report.*
- *Yes. Only to agencies that do not currently use an electronic medical record system. There are too many issues with our billing and administration system to justify the use of this model.*
- *Yes. We have recommended to other counties and the ones who have started using VaxCare are very pleased with the system.*
- *Yes. Simply for the ease of the program and the overall cost saving, but only if the agency has a clientele with a high population of having private insurance.*
- *Yes. User friendly software; no upfront costs; and did not have to become provider for any insurance.*

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Pilot Phase – LPHA Billing Model Reviews *continued*

VaxCare *continued*

Additional Information

- *Be aware that insurance patients take slightly more time than VFC patients in the clinic setting. There will be a period of adjustment with VaxCare regarding vaccine inventory. The agency and VaxCare have to find an inventory level both are comfortable with and it takes a couple of months to get "push" or automatic inventory working properly. It can take two or more months to get payment from VaxCare. Depends on the insurance company—some process quickly, others do not. VaxCare does not pay you until the insurance company has paid them. When you are billed for vaccine (insurance company did not pay VaxCare), at this point, it will take a phone call or two to VaxCare to find out the reason for the insurance denial. VaxCare to date has been open to suggestions and willing to work with us on problems and expect this process to get easier over time.*
- *If the HD is only entering vaccine into ShowMeVax and billing with a different system, this model would be easy to use and flexible for them as long as they have a way to keep the VaxCare vaccine separate from the VFC program. We did run into problems with inventory, but I think that could have been ironed out if we would have used the program for a longer period of time. Most of our issues came from using an EMR that did not 'talk' to the VaxCare system.*
- *For us, if we can work out the small kinks, yes we believe we will continue this program.*
- *Since we were already established with VaxCare for flu shots, we did not have to make any changes. However, we did develop some items to assist in client education. Developed brochure to provide community education regarding changes with VFC. Developed price list to provide client with education regarding the cost of vaccines today. Developed "questions to ask your insurance" for clients when they call their insurance to verify benefits and eligibility. Developed flow chart for local schools for use with kindergarten and back to school immunizations so that parents know where they can get their child's immunizations. Monitor vaccine inventory twice a week.*

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Pilot Phase – Billing Model Contact Information

Availity

PO Box 550857
Jacksonville, FL 32255-0857
Contact: Customer Service
1.800.AVAILITY (282.4548)
www.availity.com

HeW (formerly Health-e-Web)

PO Box 1540
2525 Colonial Drive 59601, Suite A
Helena, MT 59624
Contact: Claire Ramoie, Manager, Sales and Marketing
877.565.5457 option 3
sales@hewedu.com
www.hewedi.com

TransactRx

5146 W. Whispering Wind Drive
Phoenix, AZ 85310
Contact: Fabi Carmona, Customer Care Supervisor
866.522.3386
623.806.8829 (direct line)
fcarmona@transactrx.com
www.transactrx.com

Upp Technology

3075 Highland Parkway #730
Downers Grove, IL 60515
Contact: Nar Ramkissoon, Director, SMART Health Claims
630.493.7863
nramkissoon@upp.com
www.upp.com

VaxCare

4401 S. Orange Avenue, Suite 117
Orlando, FL 32806
Contact: Brian Oestreich, Regional Marketing Director
314.960.0112
boestreich@vaxcare.com
www.vaxcare.com

Missouri Private Health Insurance Company Contacts

Please note this directory is a culmination of contacts received from multiple sources. The individuals listed have been contacted by the BIAA, LPHAs or billing models to obtain contracts for private / commercial insurance billing.

Insurance Company	Contact Name and Title	Contact Information
Aetna	Brandy Koenig, Network Account Manager	636.527.3964 860.975.1558 koenigb@aetna.com
	Laurie Burroughs, Network Account Manager (Contracting)	636.462.0095 burroughsl@aetna.com
Anthem Blue Cross Blue Shield	Sonya Patterson, Network Relations Manager	314.412.6252 Sonya.Patterson@anthem.com
	Kris Golden, Network Consultant	314.330.7016 Kristin.Golden@anthem.com
	Sandra Volner, Provider Contract Specialist for Public Health Departments	314.923.4599 Sandra.Volner@wellpoint.com
	Cheryl Prince Thomas, Contract Manager for Public Health Departments	314.923.6751 cthomas@healthlink.com
	Cathie Jones, Network Analyst	314.923.8965 cathie.jones@anthem.com
	Credentialing	800.516.7587 credentialing@wellpoint.com
	Dawn Beasley, Network Consultant (*Metro St. Louis – Zip codes: 63031, 63032, 63033, 63034, 63130, 63044, 63045, 63074, 63114, 63120, 63121, 63132, 63133, 63134, 63135, 63136, 63137, 63138, 63140, 63145, 63146, 63147, 63167, 63105 and 63124*)	314.706.7766 Dawn.Beasley@anthem.com
	Pam Ingram-Townsend, Network Consultant (*Metro St. Louis – Zip codes: 63101, 63102, 63106, 63110, 63115, 63160, 63164, 63177, 63180, 63188, 63190, 63195, 63197, 63198, 63199, 63157, 63166, 63171, 63178, 63179, 63103, 63104, 63107, 63108, 63109, 63111, 63116, 63154, 63155, 63156, 63113, and 63108*)	314.882.7970 Pamela.Ingram-Townsend@anthem.com

Missouri Private Health Insurance Company Contacts *continued*

Insurance Company	Contact Name and Title	Contact Information
Anthem Blue Cross Blue Shield *continued*	Lynn Schleper, Network Consultant (*Metro St. Louis – South – Zip codes: 63006, 63139, 63025, 63026, 63088, 63099, 63119, 63122, 63123, 63125, 63126, 63127, 63128, 63129, 63151, 63158 and 63163*)	314.873.3284 Lynn.Schleper@anthem.com
	Trina Falls, Network Consultant (*Metro St. Louis – West: Ballwin, Chesterfield, Creve Coeur, Des Peres, Ellisville, Frontenac, Grove, Manchester, Town & Country and Wildwood*)	314.956.0625 Trina.Falls@anthem.com
	Shantel Hollins, Network Consultant (*Metro St. Louis – St. Charles: Lake St. Louis, Lincoln, O'Fallon, St. Charles, St. Peters, Troy and Warren*)	314.882.7999 Shantel.Hollins@anthem.com
	Karen Harris, Network Consultant (*Central Missouri – Crawford, Franklin, Gasconade, Jefferson and Washington counties*)	636.212.4461 Karen.Harris@anthem.com
	Kathryn Labuary, Network Consultant (*North Central Missouri – Adair, Audrain, Boone, Callaway, Camden, Chariton, Clark, Cole, Cooper, Howard, Knox, Lewis, Linn, Macon, Maries, Marion, Miller, Moniteau, Monroe, Montgomery, Morgan, Osage, Pike, Putnam, Ralls, Randolph, Schuyler, Scotland, Shelby and Sullivan counties*)	573.469.2676 Kathryn.Labuary@anthem.com
	Caren Weibrecht, Network Consultant (*Southeast Missouri – Bollinger, Cape Girardeau, Dent, Iron, Madison, Perry, Reynolds, St. Francois and St. Genevieve counties*)	573.352.0184 Caren.Weibrecht@anthem.com
	Laura Finger, Network Consultant (*Southeast Missouri – Butler, Carter, Mississippi, New Madrid, Ripley, Scott, Shannon, Stoddard, Wayne, Pemiscot and Dunklin counties*)	573-979-7226 Laura.Finger@anthem.com

Missouri Private Health Insurance Company Contacts *continued*

Insurance Company	Contact Name and Title	Contact Information
Anthem Blue Cross Blue Shield *continued*	Edna Lawson, Network Consultant (*Southwest Missouri – Barry, Barton, Cedar, Christian, Dade, Dallas, Douglas, Greene, Hickory, Howell, Jasper, Laclede, Lawrence, McDonald, Newton, Oregon, Ozarks, Phelps, Polk, Pulaski, Stone, Taney, Texas, Webster and Wright counties*)	417.612.0483 Edna.Lawson@anthem.com
	Diane Shipley, Network Consultant (*Benton, Carroll, Grundy, Livingston, Mercer, Pettis, Saline, St. Clair and Vernon*)	314.882.8057 Diane.Shipley@anthem.com
Assurant Health	Pam Entringer, Compliance Director	414.299.7756 Pam.entringer@assurant.com
Blue Cross / Blue Shield of Kansas City	Deb Armenta, Provider Relations Representative (*Bates, Benton, Henry, Pettis, Saline, St. Clair and Vernon counties*)	816.395.3963 deb.armenta@bluekc.com
	Dena Clemens, Provider Relations Representative (*Andrew, Atchison, Buchanan, Caldwell, Daviess, DeKalb, Gentry, Harrison, Holt, Mercer, Nodaway and Worth counties*)	816.395.3210 dena.clemens@bluekc.com
	Eric Crumble, Provider Relations Representative (*Jackson county*)	816.395.3189 eric.crumble@bluekc.com
	Nancy Gilbert, Provider Relations Representative (*Carroll, Clay, Platte and Ray counties*)	816.395.2506 nancy.gilbert@bluekc.com
	Cathy Parmentier, Provider Relations Representative (*Cass and Clinton counties*)	816.395.3616 cathy.parmentier@bluekc.com
	Jennifer Smith, Provider Relations Representative (*Jackson county*)	816.395.3902 jennifer.smith@bluekc.com
	Katrina Taggart, Provider Relations Representative (*Lafayette and Johnson counties*)	816.395.3946 katrina.taggart@bluekc.com
Blue Cross / Blue Shield of Missouri (WellPoint / Anthem)	Donna Barry, Provider Contracting	314.923.8670 Donna.barry@bcbsmo.com

Missouri Private Health Insurance Company Contacts *continued*

Insurance Company	Contact Name and Title	Contact Information
Choice Care / Humana	Quinlynn Warrick-Brown	913.217.3348 Qwarrick-brown@humana.com
Cigna	Donna Dojan, Director, Network Strategy	860.226.5725 Donna.dojan@cigna.com
	Dan Brawley	Daniel.brawley@cigna.com
	Jennifer Crader, Network Manager	913-323-2676 Jennifer.crader@cigna.com
Coventry Health Care	Jered Wilson, VP, Network Development	217.366.5704 jjwilson@aetna.com
	Richard P. Grow, Sr. Provider Contracting Specialist	550 Maryville Centre Drive Suite 300 St. Louis, MO 63141 314.506.1628 rpgrow@aetna.com
	Georgia Krebs	314.506.1815 gakrebs@aetna.com
	Jud Walker	913.202.5524 jswalker@aetna.com
	Greg Killinger, Network Development	913.202.5227 gxkillinger@aetna.com
Group Health Plan	Contracting Department	314.506.1700
Harmony/WellCare	Join the Network Information Line	800.504.2766, option 4 followed by option 7
Healthcare USA	Provider Relations	800.625.7602 / Central MO 800.213.7792 / Eastern MO 866.613.5001 / Western MO
HealthLink	Jamie Huether, VP, Provider Network Management	314.923.6756 Jamie.huether@wellpoint.com
	Credentialing / Contracting	800.624.2356
Missouri Care	Provider Services	800.322.6027
TriCare	Provider Certification	608.301.3307

Missouri Private Health Insurance Company Contacts *continued*

Insurance Company	Contact Name and Title	Contact Information
United Healthcare	Missouri Network Management	314.592.7163 Missouri_PR_Team@uhc.com
	Missouri Network Management – Kansas City / Western and Northwestern Missouri	913.663.6500 Kansas_PR_Team@uhc.com
	Credentialing	877.842.3210, select professional services followed by credentialing (a Tax ID number is needed when calling this number)
	Director of Regulatory Affairs, Associate General Counsel	10 Cadillac Drive Suite 200 Brentwood, TN 37027 615.372.3614
United Healthcare / TriCare	Patty Snider	913.317.7239 Patty_Snider@uhc.com
United Healthcare of the Midwest	Jimmie Gaddis, Director, Network Management	573.634.8356 Jimmie_k_gaddis@uhc.com
	Leonard Karpowich	312.453.7005 Leonard_karpowich@uhc.com

Pilot Phase – LPHA Identified Barriers and Solutions

Through monthly conference calls and/or routine communication with the pilot agencies, the BIAA collected barriers (along with available solutions) that were encountered during the project. Below is a summary of the primary barriers and the recommended solutions identified through the LPHA Billing Plan Pilot Project.

Barrier: Many of the pilot agencies without a physician on staff encountered difficulties when setting up contracts with private insurance companies.
Solution: An Insurance Summit was held in July 2013, through which the BIAA and the LPHAs were able to network with Missouri insurance companies. Some of the insurance companies have modified their contracts in order to better serve the LPHAs who do not have a physician on staff. In an effort to avoid wasted LPHA staff time and frustration, the BIAA provided the pilot LPHAs with a listing of insurance company contacts so that they may begin contract discussions with the proper insurance company staff. This Missouri insurance company contact listing is included in the Appendices of this toolkit. Some of the pilot agencies who were having trouble getting contracts in place also contacted other LPHAs who already had established contracts. The agencies with contracts in place were able to provide those without contracts with contact information and tips on how to successfully obtain contracts. Many of the pilot agencies who needed insurance company contracts were able to get them in place prior to the end of the pilot project.

Barrier: Under certain billing models, some of the LPHAs were unable to bill all local insurance companies.
Solution: Research the various billing models that are available to determine which one will work the most effectively for your agency. Some of the pilots were able to contact the billing model and encourage them to add certain carriers that were not available through their system.

Barrier: Some of the LPHAs reported that they lack funds for the up-front cost of vaccines.
Solution: Research various funding opportunities available in your specific area. Conduct a cost analysis to ensure that billing third-party payers will result in a profit for the agency. Research what options are available through the individual vaccine companies, as some companies have a payment schedule that is public health agency friendly. Explore the possibility of sharing vaccine with a neighboring county to help offset the vaccine cost.

Barrier: Privacy for clients when explaining possible charges to health insurance.
Solution: Pilot agencies found that working in a separate clinic room is the best solution to this barrier.

Barrier: System issues when checking patient eligibility (VaxCare).
Solution: Contact the insurance company by phone using the phone number on the individual company's web site, which will direct the call to an operator who will be able to check eligibility. Do not use the 800 number on insurance cards.

Disclaimer: This section contains information that was originally submitted by pilot LPHAs and has been summarized by the BIAA for relative context.

Pilot Phase – LPHA Identified Barriers and Solutions *continued*

Barrier: Determining which insurance companies to contract with.
Solution: Conduct research within the agency's jurisdiction to determine the most popular insurance companies being used by residents. One way to collect the information is through a survey of clients.

Barrier: Time consuming city and/or county legal department review of insurance contracts.
Solution: If this is a required process, the agency should follow up with the city and/or county office frequently regarding the status of the contract. Ensure the legal department knows that the contract must be in place before billing can begin and any delays in the contract review will cause delays in the LPHA's ability to bill private / commercial health insurance.

Barrier: Agency staff's lack of knowledge of billing process.
Solution: Utilize training offered by the selected billing model. Contact other LPHAs to discuss procedures and best practices. Refer to the DHSS "Billing Plan Toolkit for Local Public Health Agencies" for general process guidance and resources.

Barrier: Additional time needed for patient intake.
Solution: Develop protocols that will assist staff in streamlining the patient intake process. Examine the possibility of collecting insurance information when appointments are scheduled.

Barrier: VaxCare does not offer a specific vaccine.
Solution: Contact VaxCare and request they begin offering the vaccine. They will review whether or not there is a sufficient need for the vaccine and may or may not add it to their list of available vaccines.

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Additional Internet Resources

There are many resources available to LPHAs who are interested in billing Medicaid, Medicare and private / commercial insurance. Below are links to various web sites and documents that may be helpful when developing and implementing a medical billing system within an LPHA.

American Academy of Pediatrics – contains information regarding immunizations for both parents and health care providers. The health care provider information includes resources on vaccine financing that may provide guidance during the development stages of a billing system.
aap.org/immunization/index.html

America's Health Insurance Plans (AHIP) – Third-party Reimbursement for Vaccines: Effective Billing Strategies for Public Health Departments 2012 webinar series provided free of charge and offering information regarding LPHA medical billing.
ahip.org/Archived-Webinars-Immunization/

Centers for Disease Control and Prevention (CDC) Immunization Billables Project – offers information regarding the CDC Billables Project and provides additional billing resources for LPHAs.
cdc.gov/vaccines/programs/billables-project/index.html

Centers for Medicare and Medicaid (CMS) – provides information regarding what immunizations are covered for Medicare clients along with additional Medicare immunization resources.
cms.gov/medicare/prevention/immunizations/

CMS Medicare Billing: 837P and Form CMS-1500 fact sheet – provides information regarding the 837P standard format for transmission of electronic claims as well as the form CMS-1500 used for paper billing.
cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/form_cms-1500_fact_sheet.pdf

CMS Quick Reference Information: Medicare Immunization Billing – provides information on Medicare immunization procedure codes and descriptions as well as FAQs.
cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/qr_immun_bill.pdf

CMS Quick Reference New Medicare Provider – provides information for new Medicare providers.
cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Quick_Reference_New_Provider.pdf

CMS Vaccine Payments under Medicare Part D fact sheet – provides information regarding what immunizations may be covered by Medicare Part D.
cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Vaccines-Part-D-Factsheet-ICN908764.pdf

MO HealthNet Local Public Health Agency Billing Book – provides information to help LPHAs submit claims correctly to MO HealthNet.
dss.mo.gov/mhd/providers/education/health/healthmanual.pdf

Additional Internet Resources *continued*

Missouri Medicaid (MO HealthNet) Provider Enrollment FAQs – provides answers to some of the most frequently asked questions regarding MO HealthNet provider enrollment.
mmac.mo.gov/providers/provider-enrollment/providersprovider-enrollmentprovider-enrollment-faqs/

MO HealthNet Provider Enrollment Guide – provides information on how to become a Missouri Medicaid (MO HealthNet) provider.
https:// peu.momed.com/peu/momed/presentation/providerenrollmentgui/Internetman121103.htm

MO HealthNet Puzzled by the Terminology? A Guide for Providers – provides a quick overview of the MO HealthNet program.
dss.mo.gov/mhd/providers/pdf/puzzledterm.pdf

National Association of County & City Health Officials' Billing for Clinical Services – provides a large amount of information and resources regarding LPHA medical billing including various billing toolkits from other states.
www.naccho.org/topics/HPDP/billing/

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Missouri Insurance Companies

Aetna
Assurant Health
Blue Cross Blue Shield of Missouri (WellPoint / Anthem)
Cigna
Cox Health Plans
Harmony / WellCare
HealthLink
Missouri Care
United Healthcare
United Healthcare/TriCare
Anthem Blue Cross Blue Shield
Blue Cross Blue Shield of Kansas City
Choice Care / Humana
Coventry Health Care
Group Health Plan
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Humana
TriCare
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WellPoint

Pilot Billing Models

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TransactRx
VaxCare
HeW (formerly Health-e-Web)
Upp Technology

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