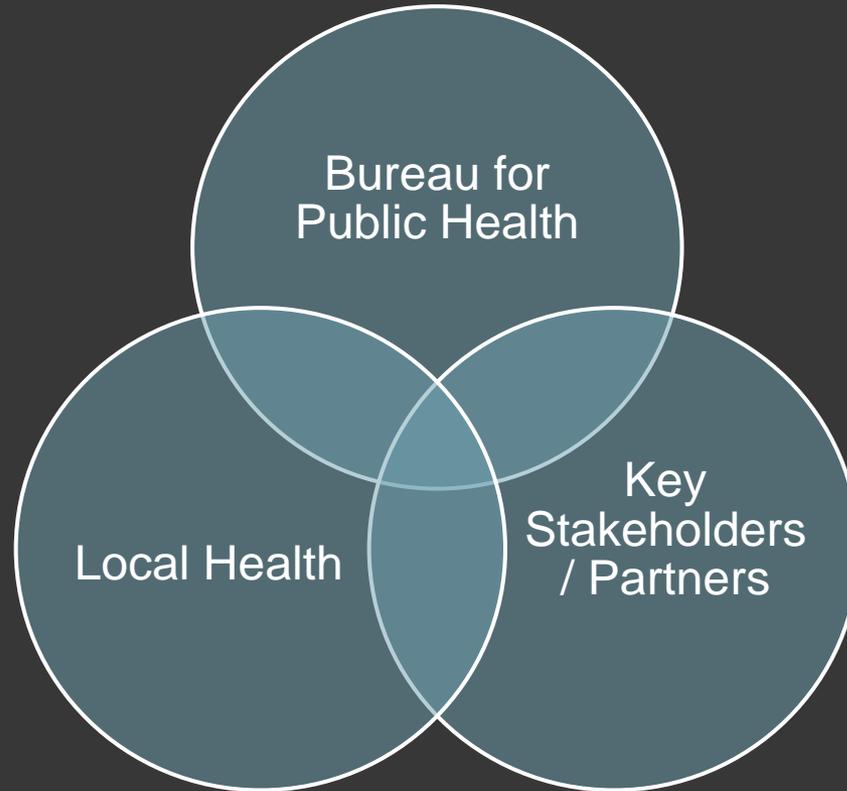


November 2013

# WEST VIRGINIA LOCAL HEALTH IMMUNIZATION BILLING

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West Virginia Local Health, Inc.

# WV Billables Project



## WV Public Health System

# The CDC Billables Project (2009)

- Enabled state and local health departments to bill insurance companies
- Goal: Use money raised through billing to further expand and improve state and local immunization services for both children/adults.
- Since 2009, more than \$27.5 million awarded to 38 project grantees to assist them in developing plans that will enable them to begin billing for vaccine services

# West Virginia Process

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LHD Billing Capabilities and Capacity Study  
Review of Laws/Regulations  
Expertise/Readiness Survey  
Billing and Collections Survey



Development of Strategic Plan



2-Day Training on Billing for LHD Staff/Administrators  
Statewide Stakeholder Symposium

**\*\*Implementation of Strategic Plan**

# LHD BILLING CAPABILITIES AND CAPACITY STUDY

*To assess the individual and collective readiness of LHDs to effectively and efficiently capture third party payor reimbursement*

# Survey Methodology

- ❑ LHD Survey questionnaire designed by WVMI with LHD stakeholder input.
- ❑ Web-based survey tool was used for administration (42 questions).
- ❑ Survey response rate... 90% of all LHDs in the state
- ❑ Follow up contacts made with LHDs to address data anomalies.
- ❑ Analysis conducted based on LHD responses to the questionnaire.

# Survey Results

## General:

- # of LHDs surveyed ....49
- % of LHDs completing the survey ... 90%
- # of LHDs that did not respond....3

# Survey Results

- LHDs currently billing.....78%
  - # of LHDs reporting they currently bill ... 36
  - # of LHD's reporting they do not currently bill....10
- % of LHDs utilizing Healthstat as a practice management system....68%
- HealthStat functions utilized by LHDs
  - Billing: 70%
  - Clinical Reporting: 90%
  - Month-End Summary: 77%
  - Patient Account Management: 80%

# Survey Results (cont.)

- # of LHDs currently billing that would like to improve/expand their billing capability.... 27 or (62% of the bill group)
- # of LHDs that do not currently billing (n=10) that would like to implement a billing program .... 3 or (33% of non-bill group)

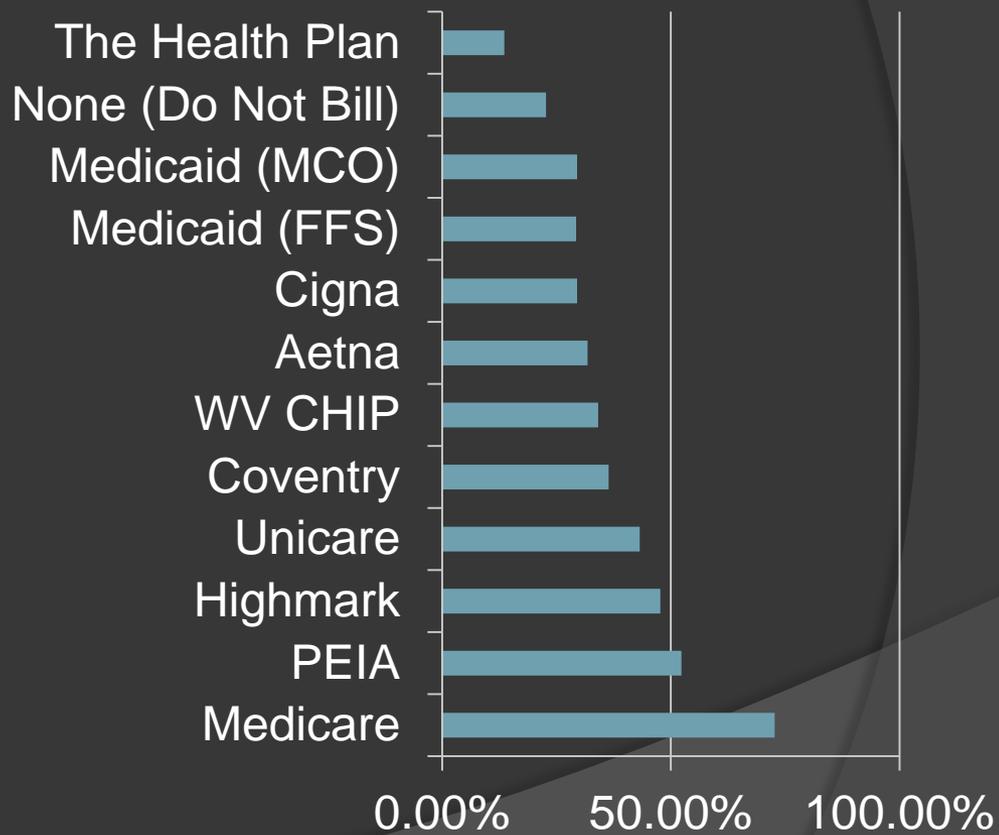
# Description of Payors / Insurance Plans and Percent LHDs Billing Each (of the 78% of LHDs billing)

## □ Private Sector Payors

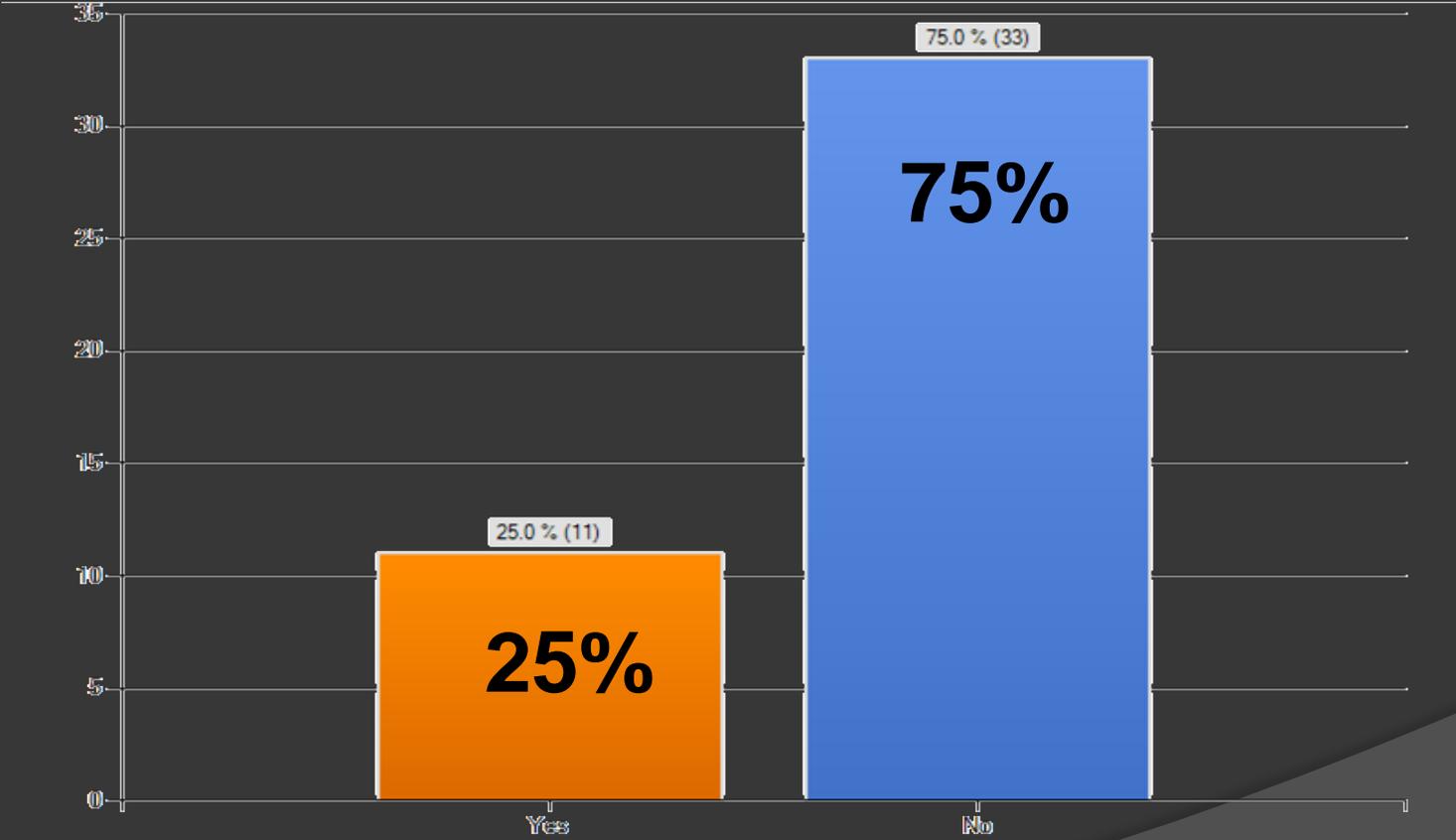
- Highmark: 48%
- Unicare: 43%
- Coventry: 36%
- Aetna: 32%
- Cigna: 30%
- Health Plan: 14%

## □ Public Sector Payors

- Medicare: 73%
- PEIA: 52%
- CHIP: 34%
- Medicaid FFS: 30%



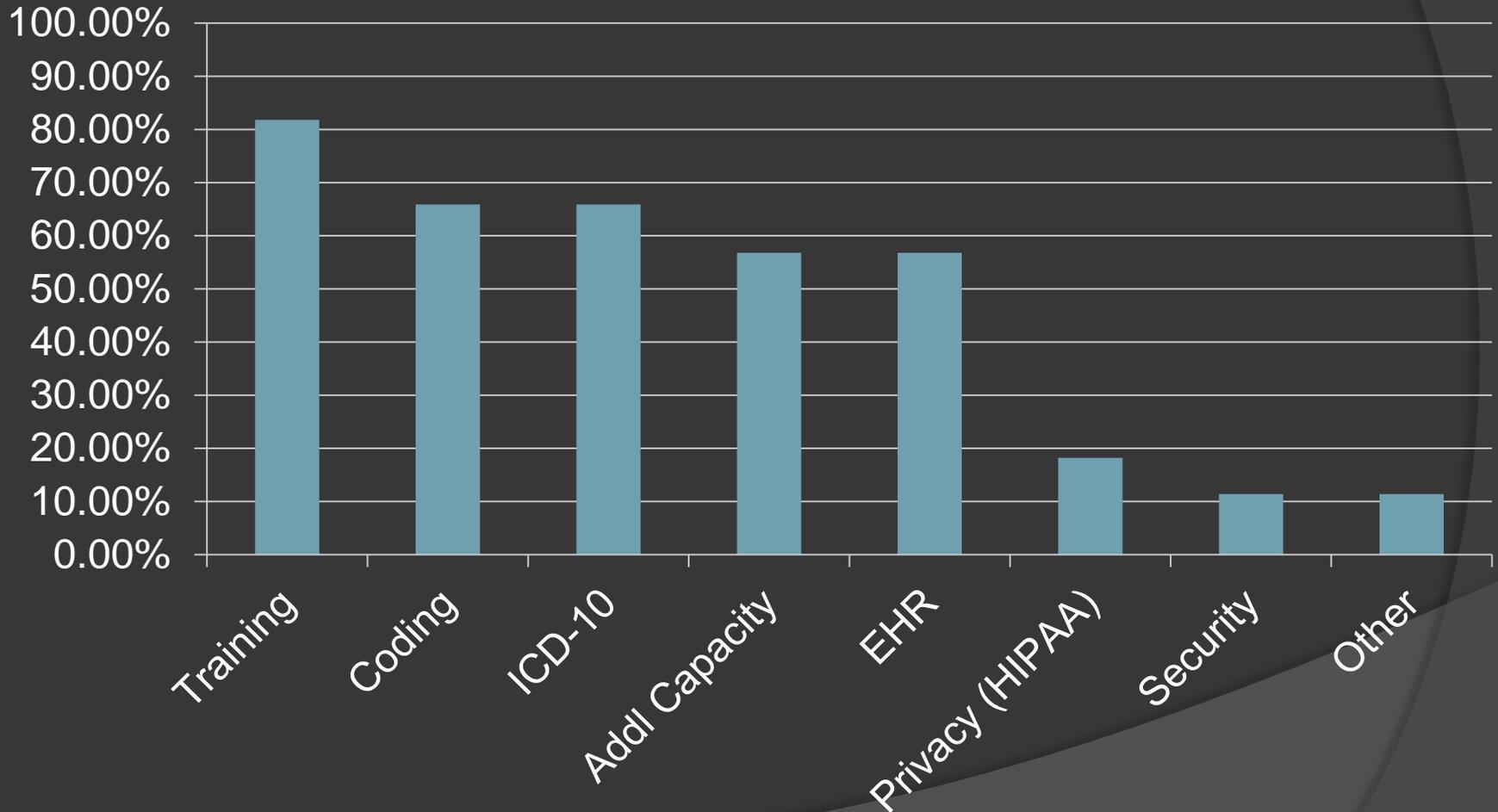
# Unique Circumstances Affecting Ability to Bill



# Examples of Unique Circumstances....

- ◉ *Due to a county levy we are cautious about charging for services rendered (3).*
- ◉ *Our BOH has elected not to establish fee for service (2).*
- ◉ *Lack of a trained and experienced staff to do the work.*
- ◉ *Charging for our services may be seen as competing with our established providers (2).*
- ◉ *Charging for services we render may to deter patients from accessing the department.*
- ◉ *We are a low volume provider. It may not be worth the effort/expense to establish and sustain a billing program.*

# Fundamental Capabilities WV LHDs Lack and Are Needed For Billing (as reported by LHDs)



# LHD Capability Study Findings / Observations

1. Most LHDs are interested in either expanding or implementing billing programs.
2. LHD billing experience and expertise covers a broad spectrum
  - LHDs have experience billing both public & private sector payors
  - Contracts are in place with most major payors in WV by some LHDs – however this is variable
  - Only 30% of those that bill report billing Medicaid

# LHD Capability Study Findings / Observations

3. Most LHDs are requesting training/TA. Topics include:
  - Basic billing
  - Coding
  - ICD-10 Conversion
  - Use/application of an EHR.
  - (Additional staffing a “universal” need)
  
4. “Range of Readiness” to move forward among LHDs is extensive.

# LHD Capability Study Findings / Observations

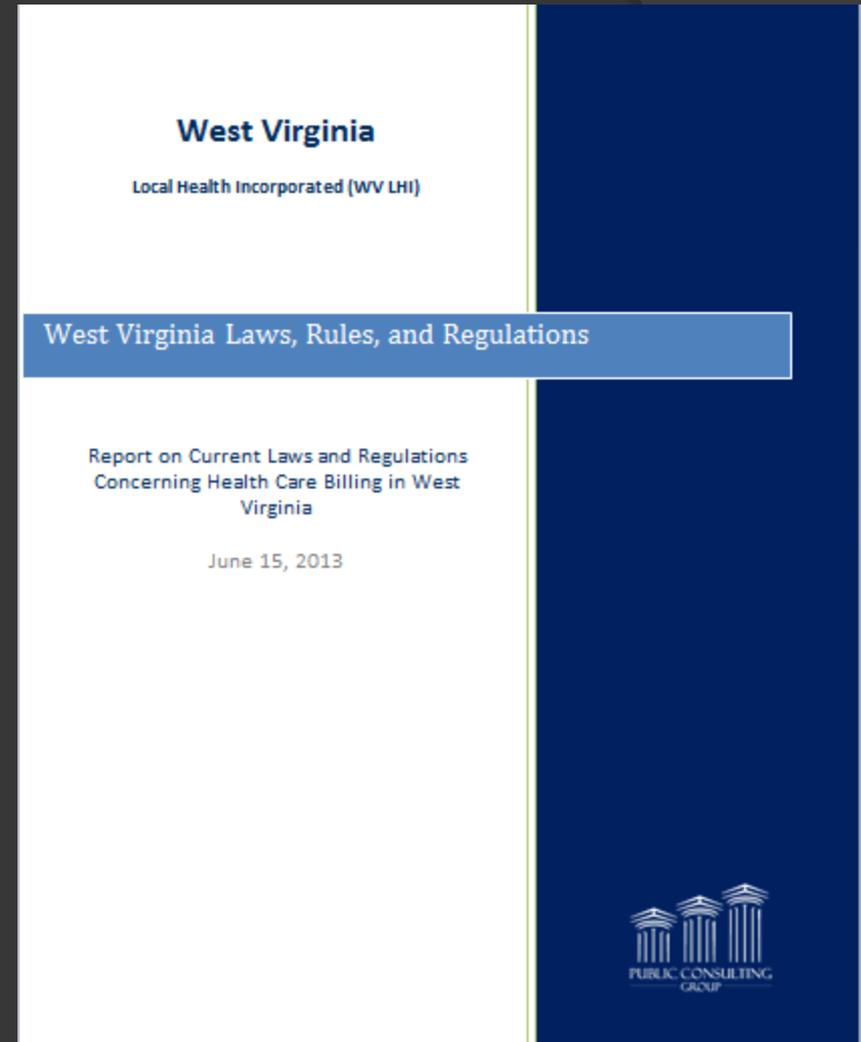
5. Developing a standard set of billing oriented policies and procedures would be of benefit - framed as “best practice” standards.
6. Investigate opportunities to leverage Healthstat to develop greater functionality/service as a practice management system.
7. Engage/communicate with Boards of Health as their buy in/decision making is critical.

# REVIEW OF LAWS/REGULATIONS

*To outline the state and federal laws and policies that impact immunization billing practices in Local Health Departments operating within the State of West Virginia.*

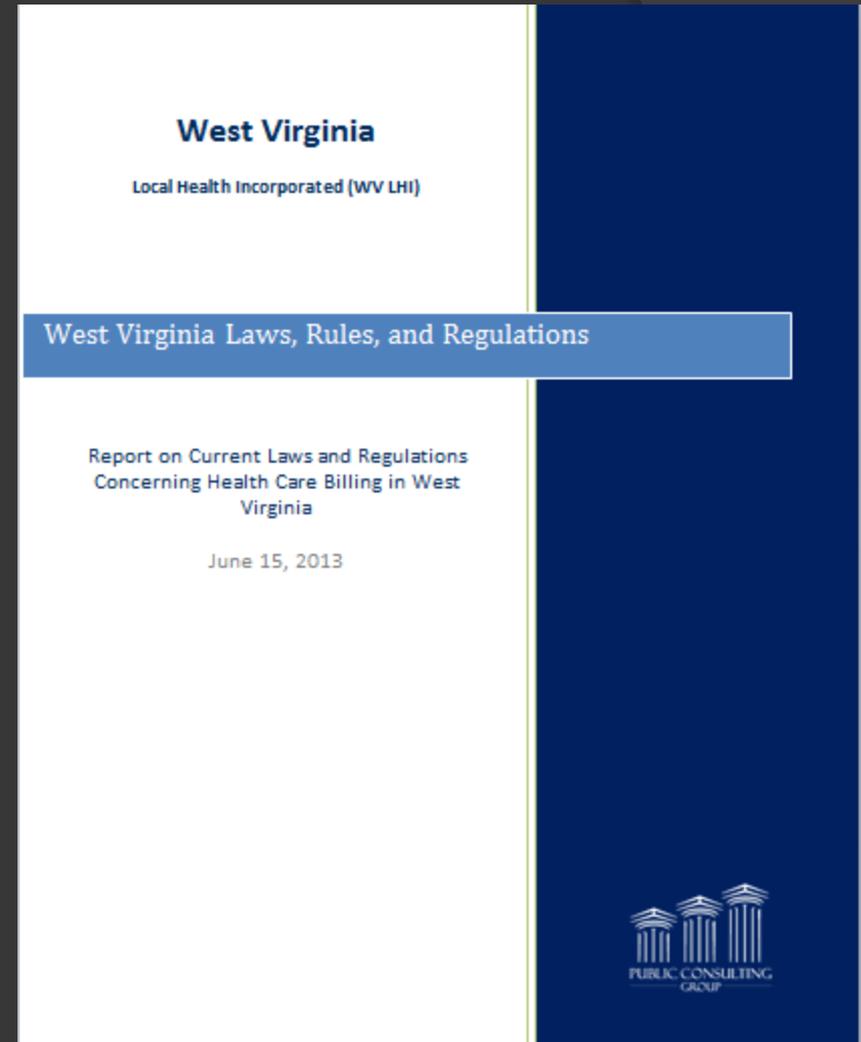
# Review of WV Laws and Regulations

- Because the W.Va. Code provisions specifically grant LHDs authority to collect fees (which must be approved by the Commissioner) for services performed, and Section 16-1-11 references the ability to submit a request through the administrator for third party reimbursement, **there appears to be sufficient authority for LHDs to bill for services performed.**



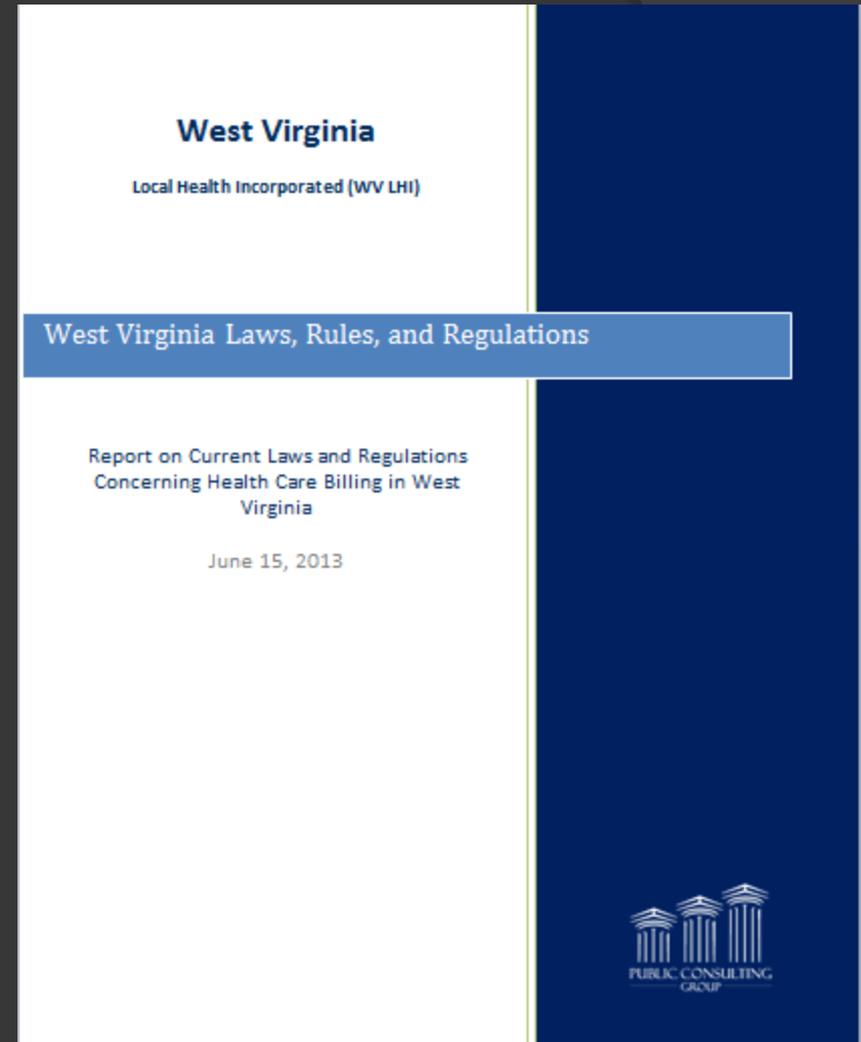
# Review of WV Laws and Regulations

- The provisions of the Code dealing specifically with LHDs require LHDs to provide communicable and reportable disease prevention and control, which includes preventing and controlling “vaccine preventable diseases.”
- 



# Review of WV Laws and Regulations

- The Code further permits LHDs to provide primary care services and to assess, charge, and collect fees for these services. LHDs must provide immunizations in accordance with the CDC Standards for Pediatric Immunization  
<http://www.cdc.gov/vaccines/schedules/hcp/index.html>.



# Readiness/Expertise Survey

*To assess immunization billing 'readiness' and 'expertise' from the perspective of the local health departments.*

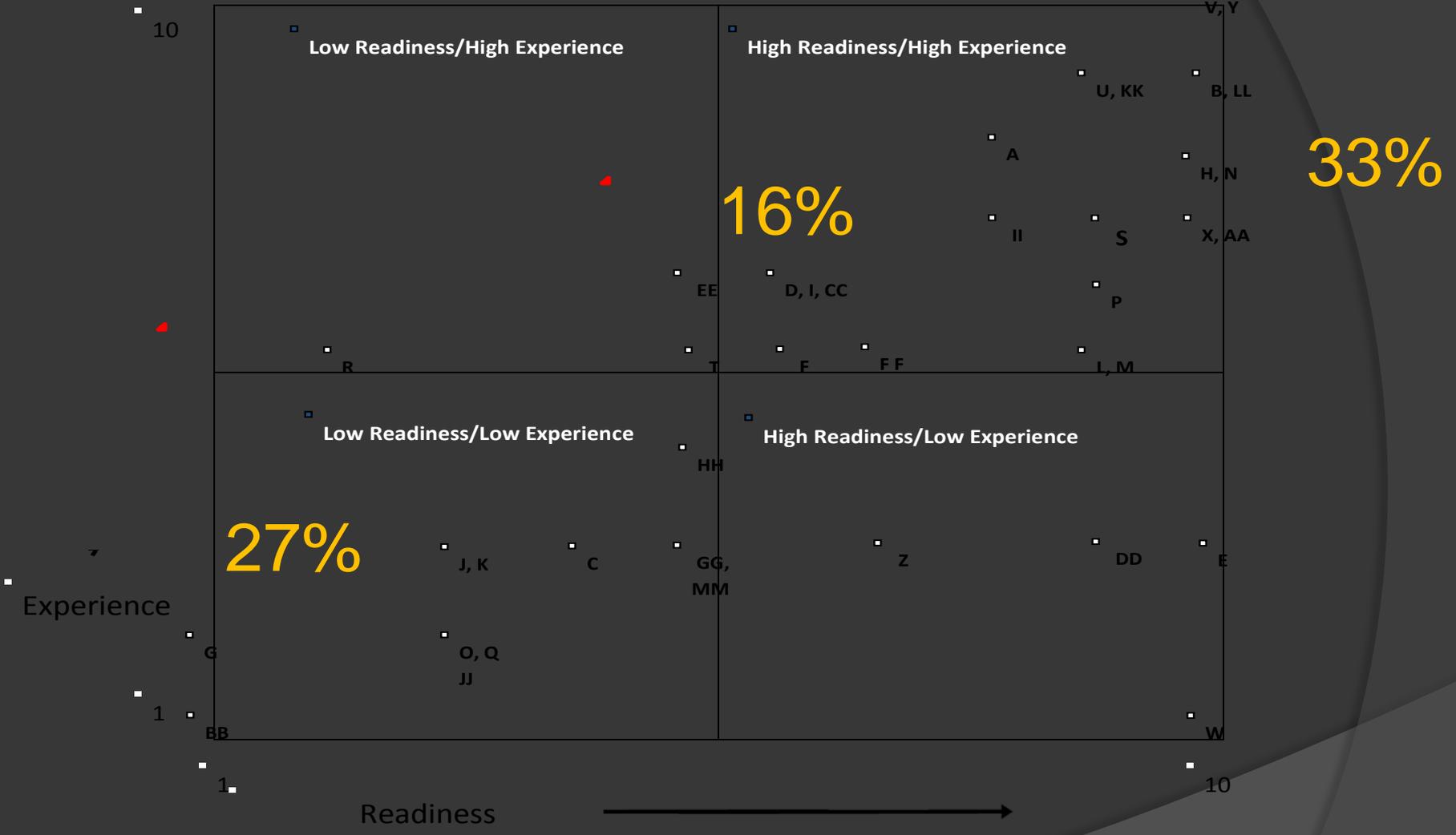
# Readiness/Expertise Self-Assessment Survey

- To further evaluate LHD self-assessed readiness and expertise related to immunization billing, a three question electronic survey was developed.
  
- Respondents were asked to:
  - 1) rate their own expertise related to immunization billing using a scale of 1 to 10 (1 lowest and 10 highest);
  
  - 2) rate their own readiness to engage in immunization billing using a scale of 1 to 10 (1 lowest and 10 highest);  
and
  
  - 3) select from a list what public health preparedness region their health department is located in.

# Readiness/Expertise Self-Assessment Survey

- A 2 x 2 matrix was designed
  - x axis represented the responses for expertise on a scale of 1 to 10
  - y axis represented readiness on a scale of 1 to 10. No responses were identifiable.
  
- Two-by-two matrices were developed for the entire group and for each preparedness region.
  
- LHDs plotted in the upper right quadrant represent those having the greatest expertise and readiness; those plotted in the left lower quadrant represent those having least expertise/readiness as self-assessed.

# Immunization Billing



# Billing and Collections Performance Survey

*To assess LHD past billing and collection performance and determine how their performance compares to other LHDs and an estimate of the potential revenue that they could collect if their billing and collection practices were improved.*

# WV Billing and Collection Performance Survey Cost Analysis Tool

- ❑ A worksheet tool was created in Excel to collect data reflecting the number of procedures performed, billed, paid and/or denied for a specified period.
- ❑ From this we developed a reasonable estimate of revenue a health department may have collected and revenue “lost” because a claim was either denied or not billed.
- ❑ This information assists each health department to assess opportunities of implementing billing, including the investment of resources to do so.

# WV Billing and Collection Survey Cost Analysis Tool

Code Description	CPT Code	Average Allowable Rate	LHD Fee Charged	Number of Procedures Performed	Claims Billed	Claims Billed and Paid
DT	90702		\$ -	0	0	0
DTaP	90700	\$ 25.02	\$ -	15	15	15
Hep A - Pediatric	90633	\$ 34.33	\$ -	29	29	29
Hep B - Pediatric	90744	\$ 23.37	\$ -	6	6	6
Hib - ActHib, Hiberix	90648	\$ 24.60	\$ -	19	19	19
Hib - Pedvax	90647	\$ 30.10	\$ -	0	0	0
HPV - Gardasil	90649	\$ 153.96	\$ -	37	37	36
HPV - Cervarix	90650		\$ -	19	19	18
Influenza (Flu Mist)	90660	\$ 23.14	\$ -	0	0	0
Influenza	90658	\$ 14.84	\$ 10.23	245	245	240

# WV Billing and Collection Survey Cost Analysis Tool

Claims Billed and NOT Paid (DENIED)	Claims NOT Billed	Full Potential Revenue (All Procedures Performed Billed at LHD Rate)	Billed Revenue	Paid Revenue	Lost Revenue (Claims Not Paid or Denied)	Lost Revenue (Claims Not Billed)	TOTAL Opportunity Revenue (Lost Revenue Claims Not Paid or Denied Plus Claims Not Billed)
0	0	\$ -	\$ -	\$ -	\$ -	\$ -	
0	0	\$ -	\$ -	\$ -	\$ -	\$ -	
0	0	\$ -	\$ -	\$ -	\$ -	\$ -	
0	0	\$ -	\$ -	\$ -	\$ -	\$ -	
0	0	\$ -	\$ -	\$ -	\$ -	\$ -	
0	0	\$ -	\$ -	\$ -	\$ -	\$ -	
0	0	\$ -	\$ -	\$ -	\$ -	\$ -	
1	0	\$ -	\$ -	\$ -	\$ -	\$ -	
1	0	\$ -	\$ -	\$ -	\$ -	\$ -	
0	0	\$ -	\$ -	\$ -	\$ -	\$ -	
5	0	\$ 2,506	\$ 2,506	\$ 2,455	\$ 51	\$ -	



# West Virginia Strategic Plan

# Development of Strategic Plan

- ❑ Used a very open and engaging process.
- ❑ Established a Strategic Plan Work Group, including representatives from WV BPH, WVLHI and LHDs
- ❑ Conducted SWOT analysis
- ❑ The Strategic Plan details five key billing improvement goals.
- ❑ Suggested goals address diversity of billing experience, interest and readiness reported by LHDs

# SWOT Analysis

## □ Strengths of LHDs

- **Viable, accessible and reliable providers of immunization** and related clinical services within their respective jurisdictions.
- **Recognized for their work in improving vaccine delivery** and immunization rates for their respective communities. They are valuable assets for a community's health care delivery system.
- LHDs with a history of insurance billing have **demonstrated success and** are **interested** in expanding their billing capabilities.
- WV's LHDs demonstrate a **willingness to work together** and to support one another in developing their respective billing capabilities.

# SWOT Analysis

- Opportunities for Improvement (systems oriented)
  - Adopting a **regional/multi-jurisdictional billing** arrangement among LHDs could provide operational efficiencies and enhanced effectiveness.
  - **Standardization** of billing and related administrative policies and procedures among all LHDs.
  - Public and private sector payors have indicated a willingness to include LHDs in their respective **provider networks**. Payors are willing to compensate LHDs for services rendered.

# SWOT Analysis

## □ Opportunities for Improvement

- Efforts have already been initiated to improve LHD's billing capabilities and capacity. These **efforts need to be sustained**.
- Acquire and **integrate EHRs and practice management systems** to code and bill.
- Charting that could pass a Medicare/Medicaid audit.
- Connection to the **HIE** to query health records.
- LHDs have the ability to serve as a **clearinghouse** for assessing, researching, compiling and organizing educational materials on state and federal policy and financing matters that impact the delivery of public health services including, but not necessarily limited to, immunization services.

# SWOT Analysis

## □ Threats to Improvement

- The continued implementation/roll out of the **Accountable Care Act** may further impact LHD operations.
- Further **reductions in public financing** for traditional LHD services.
- **Failure to generate new or expanded revenue sources** will jeopardize the provision of basic public health services including the provision of immunization services.
- Some LHD's **service volume** may not support cost-effective billing solutions.

# SWOT Analysis

## □ Threats to Improvement

- Failure to act now will exacerbate the problem LHDs will encounter in trying to **replace lost revenues** in the future.
- **Credentialing** – Some insurance providers insist that the Health Officers must be an active medical provider with hospital admitting privileges.
- **Staff turnover** due to the inability or lack of commitment to change.
- The ability or method for improving billing operations will not be a final result – it will be a **process** requiring ongoing efforts.

Priority	Goals
1	Provide <b>BoHs</b> with clear, concise and current information related to federal/state policy initiatives that have the potential to affect the organization, delivery and financing of health care services.
2	Develop opportunities for <b>training and technical assistance</b> to LHDs related to billing of PH services, that will serve as the basis for developing continuing to build capacity and acknowledges the diversity of billing experience among WV LHDs.
3	Identify and evaluate measures designed to enhance the <b>efficiency and cost effectiveness</b> of billing operations, including an evaluation of alternative and/or innovative practices.
4	Produce a set of “ <b>best billing practices</b> ” that could be adopted and replicated by LHDs across West Virginia.
5	Communicate the unique role of LHDs to key <b>stakeholders</b>

## Ongoing Evaluation

# Goal 2: Training/Technical Assistance

- Quarterly webinars
- Website with resources
- Annual training – multiple tracks

# Goal 3: Efficiency/Effectiveness

- Assess viability of:
  - 1) a single multi-jurisdictional admin service entity
  - 2) a shared service/collaborative approach for securing various services to support billing
- Establish workgroup to collaborate with BPH to explore expediting FFS review and approval
- Evaluation of Healthstat 6.0 over the next year

**West Virginia  
Immunization Billalbes  
Training Curriculum**

# West Virginia Process

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LHD Billing Capabilities and Capacity Study  
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2-Day Training on Billing for LHD Staff/Administrators  
Statewide Stakeholder Symposium

**\*\*Implementation of Strategic Plan**

# Immunization Billables Training

- ❑ A two-day training was offered in two locations in the State
- ❑ 78 staff members and administrators from 44 LHDs attended the training
- ❑ The training was delivered by Public Consulting Group (PCG)
- ❑ Training consisted of 9 modules and an interactive group activity
- ❑ Pre/post tests were conducted for each module

# Training Curriculum

<b>Module 1</b>	<b>Healthcare Billing Basics 101</b>
<b>Module 2</b>	<b>Insurance 101: Insurance Billing Policies, Enrollment and Reimbursement</b>
<b>Module 3 / 4</b>	<b>Revenue Cycle Management</b>
<b>Module 5</b>	<b>Health Information Systems</b>
<b>Module 6</b>	<b>Documentation and Coding</b>
<b>Module 7</b>	<b>Payor Claiming Rules</b>
<b>Module 8</b>	<b>Contracting and Provider Credentialing with Third Party Payers</b>
<b>Module 9</b>	<b>Staffing Requirements, Education and Training</b>

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West Virginia  
Immunization  
Billables  
Training Plan

July 10

2013

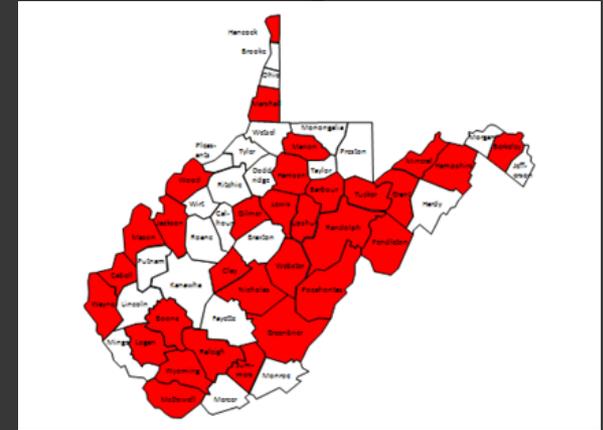


# Statewide Stakeholder Symposium: Charting a Course For Collaboration

*To bring multiple perspectives together and initiate partnerships with the major health plans in West Virginia, including one to one networking, and offer a training session on 'Revenue Cycle Management for Administrators'*

# Stakeholder Symposium

- ❑ 34 autonomous LHDs / over 50 LHD participants
- ❑ 10 individuals from the Bureau for Public Health
- ❑ 15 individuals from seven health plans attended
- ❑ Private Payers (Aetna, Cigna, Coventry, Health Plan, Highmark, and Unicare)
- ❑ Public Payers (PEIA, Medicaid, Medicare)
- ❑ The overall responsiveness of stakeholders to the concept of an immunization billing program has been overwhelmingly positive.



# Stakeholder Symposium

## Agenda

- National, state and local perspectives on immunization billing
- Results of Capability and Capacity Study
- Vignettes of Billing Successes (LHD and Payers presented together)
- Payer Q & A with Networking Lunch
- Revenue Cycle Management Training for Administrators

**West Virginia Public Health:  
Immunization Billables Symposium**

**AGENDA**

**August 12, 2013  
10:00 AM to 3:00 PM  
Marriott Town Center  
Charleston, WV**

West Virginia Bureau for Public Health  
350 Capitol Street  
Charleston, WV 25301

This product was produced by funds through a cooperative agreement with the Centers for Disease Control and Prevention.

- 10:00 am - 10:10 am Welcome and Purpose - Trida Kingery
- 10:10 am - 10:40 am National, State and Local Perspectives
  - Duane Kilgus, CDC
  - Dr. Marion Swinkles, WVBPH
  - Chad Bundy, President - WALHD
- 10:40 am - 10:55 am Feasibility Study Results - John Maris, WVM
- 11:00 am - 12:00 pm LHD/Payer Presentations
- 12:00 pm - 1:15 pm Networking Lunch/Payer Q&A
- 1:30 pm - 3:00 pm Revenue Cycle Management for Administrators (PCG)
- 3:00 pm Adjourn

# Feedback From Symposium Participants

## □ **Payers**

- *Symposium was informative and beneficial to us. We will be able to more effectively work with local health departments because we understand them better.*
- *From the plenary didn't realize how billing was handled with LHDs, that they were new and that they were different from an FQHC or RHC.*
- *Very beneficial meeting – was exactly what both LHDs and payers needed*

## □ **LHDs**

- *We can now contract with additional payors. Overall, feel more knowledgeable on the insurance billing subject & will be more likely to be successful with billing opportunities.*
- *We can now start the process to get contracts with payers, look at fee schedules, adjust & get approval as necessary, meet with staff to train & educate, set up billing procedures to keep track of billings & reimbursements*

# WEST VIRGINIA ACCOMPLISHMENTS

- ❑ **LHD Capability and Capacity Billing Study** completed to define and understand the billing landscape in the state.
- ❑ A **Review of Laws / Regulations** was conducted pertaining to billing to identify any barriers LHDs might encounter
- ❑ **Billing and Collections Survey - Cost Analysis Tool** (Excel) developed for individual LHDs, (also applicable to LHDs interested in sharing resources)
- ❑ **Expertise/Readiness Survey** was completed to assess where LHDs perceived readiness and expertise to be related to immunization billing.
- ❑ **Training Curriculum** established for West Virginia and delivered to 78 staff/administrators from 44 LHDs
- ❑ **Statewide Stakeholder Symposium**
- ❑ **Strategic Plan** having 5 goals was established, with ownership by the West Virginia Association of Local Health Department (WVALHD) to move immunization billing forward in West Virginia.

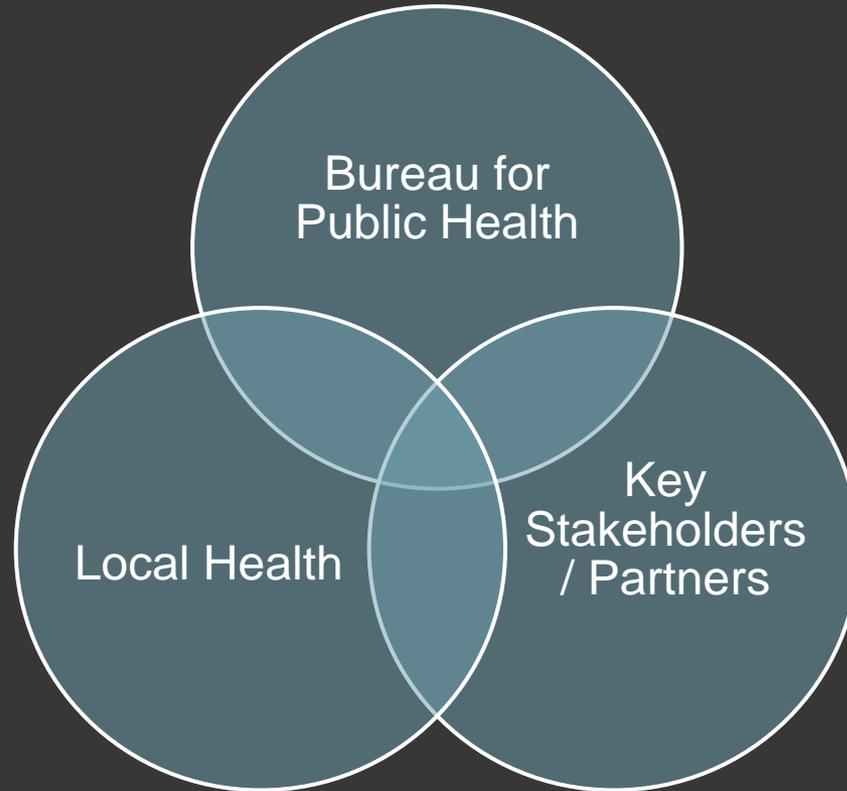
# ALHD SUPPORTING ACTIVITIES

- Webinars and Upgrade to Healthstat 6.0
- Plan for Conversion to ICD-10
- Highmark Marketplace Plans
- Family Planning Program
- Hosting Spring Training – Accounting 101

# ENGAGEMENT: ENROLL WEST VIRGINIA

- May - 'Enroll West Virginia' Symposium
- July - Bi-weekly OIC meetings
- August – 4 LHDs awarded IPA funding
- October - Distribution of OIC materials to every LHD
- October – Update by Perry Bryant
- Ongoing - Regular email updates

# WV Billables Project



## WV Public Health System

Thank You