

Billing for STD and Other Sexual Health Services: An Example from the Field

February 23, 2021
3:00PM – 4:00PM ET

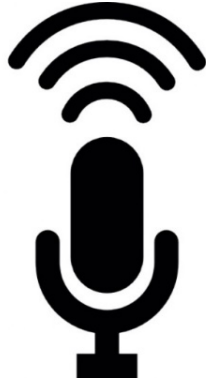
This webinar is being recorded and will be shared



NCS D

National Coalition
of STD Directors

Logistics



This webinar is being recorded. The recording and presentation slides will be emailed to those that registered. These materials will also be placed on the NCSD website.

Objectives

This webinar aims to highlight:

- Updates to the STD TAC Billing Toolkit.
- The process of setting up billing infrastructure for an STD clinic.
- Successes, challenges, and lessons learned in billing for services at an STD clinic.



Wendy Nakatsukasa-Ono, MPH
President/CEO, Cardea

STD TAC Billing Toolkit

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Cardea



NCSD

National Coalition
of STD Directors

Background—STD TAC Billing Toolkit

- Funded by a cooperative agreement between CDC and OPA to improve the sustainability of state STD programs and clinics and of public health labs providing STI testing services
- Developed by JSI Research & Training Institute, with support from the regional STD Related Reproductive Health Training and Technical Assistance Centers (STD TAC)

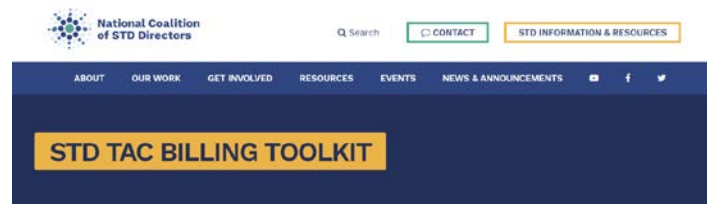
Background—STD TAC Billing Toolkit

- Designed to build stakeholder capacity to: 1) assess the feasibility of billing and reimbursement for STD services; and 2) scale up billing and reimbursement systems

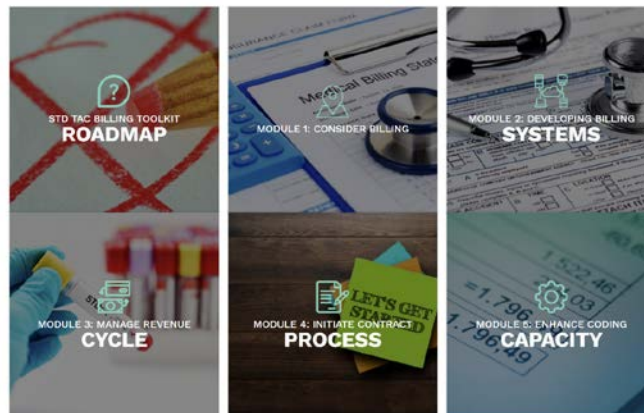
Updates—STD TAC Billing Toolkit

- Process for updates
 - Reviewed each section of the toolkit
 - Determined if links were active
 - Found new links, if available, for resources where current links were broken
 - Identified new billing resources
- Updated the toolkit, based on considerations provided


STD TAC Billing Toolkit



STD TAC Billing Toolkit



STD TAC Billing Toolkit



STD TAC BILLING TOOLKIT
ROADMAP

More information about
how to navigate this
toolkit and definitions of
commonly used terms.

[LEARN MORE](#)

STD TAC Billing Toolkit



MODULE 1: CONSIDER BILLING

This module outlines reasons to consider initiating third-party billing and provides the necessary resources to help you decide if billing is right for your clinic/lab.

[LEARN MORE](#)

STD TAC Billing Toolkit



MODULE 2: DEVELOPING BILLING **SYSTEMS**

This module covers all aspects related to developing a billing system.

[LEARN MORE](#)

STD TAC Billing Toolkit



MODULE 3: MANAGE REVENUE **CYCLE**

This module offers e-learning resources to build your clinic/lab's capacity in revenue cycle management (RCM).

[LEARN MORE](#)

STD TAC Billing Toolkit

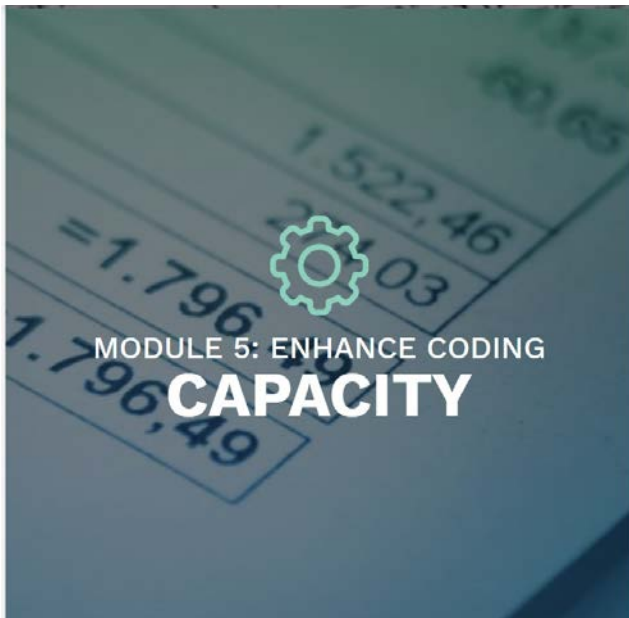


MODULE 4: INITIATE CONTRACT **PROCESS**

This module provides lessons learned, tips, and FAQs about contracting with third-party payers.

[LEARN MORE](#)

STD TAC Billing Toolkit



MODULE 5: ENHANCE CODING

CAPACITY

This module features introductory e-learning resources on coding for reproductive/sexual health services.

[LEARN MORE](#)



Philip A. Chan, MD, MS
Associate Professor, Brown University
Consultant Medical Director, Rhode Island Department of Health

Billing for STD and Other Sexual Health Services

BROWN UNIVERSITY



Billing for STD and Other Sexual Health Services: An Example from the Field
Tuesday, February 23, 2021, 3:00PM – 4:00PM EST

Philip A. Chan, MD, MS

Associate Professor, Department of Medicine, Brown University
Director, Center for HIV and STI Prevention (CHASP) at The Miriam Hospital
Director of Research and Population Health, Open Door Health
Consultant Medical Director, Rhode Island Department of Health

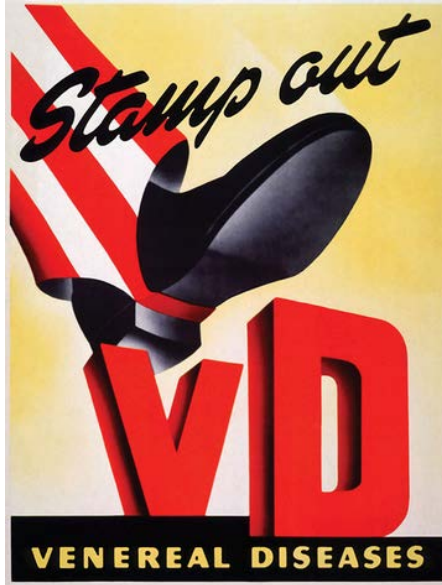


Disclosures

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No commercial conflicts of interest.





Introduction

Overview

1. In the United States, limited public health funding exists for STI clinics.
2. STI clinics are critical for providing safety-net services to underserved populations.
3. Leveraging diverse funding options is important to provide comprehensive STI services.



Hospital-Based STI Clinic

The Miriam Hospital Immunology Center

DO IT RIGHT
GET TESTED FOR HIV & STDs

1. Based on the need for increased STI services among gay, bisexual, and other men who have sex with men.
2. Opened January 2012 in a “borrowed” room at the main HIV clinic.
3. Advertised STI services online.
4. All STI services were initially anonymous and free.
5. Over time, implemented a sustainable financial model.





Executive Director: Amy Nunn, ScD

Community STI Clinic

Open Door Health/Rhode Island Public Health Institute (RIPHI)

1. Built from the ground up.
2. Opened March 2, 2020 (First state COVID-19 case diagnosed on February 29, 2020).
3. Focus on LGBTQ+ primary care, sexual health, and STI testing.
4. Focus on telemedicine-based encounters during COVID-19.
5. Funded initially by grant support (Rhode Island EOHHS and other private grants).



STI Clinic Costs

Overview of Categories

Infrastructure	Labs	Staff	Medications	Other
Rent Utilities Furniture Supplies	Phlebotomist Processing Transport Extragenital	Administrator Assistant Nurse Provider	Azithromycin Ceftriaxone Benzathine Penicillin	Vaccines Waste/Sharps Emergency (AED, Narcan, Epi)
EMR Phones IT Support Billing				
Liability				



Generating Revenue

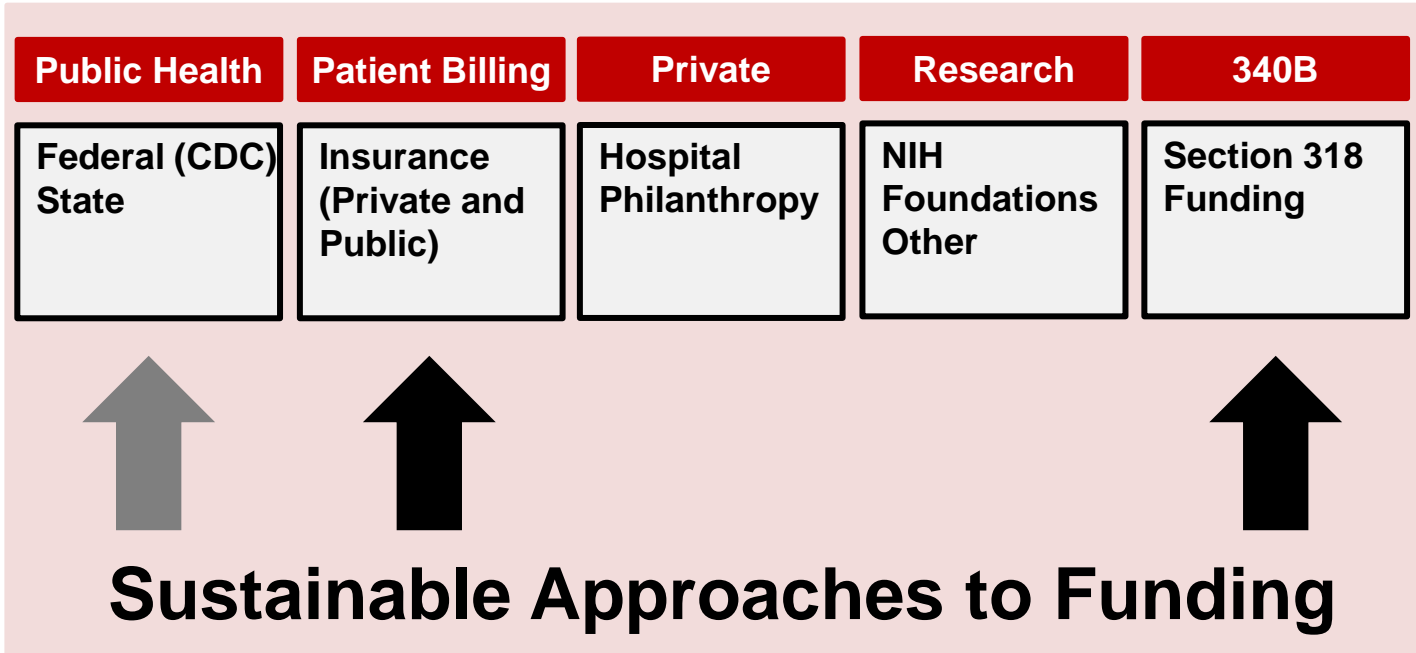
Overview of Categories

Public Health	Patient Billing	Private	Research	340B
Federal (CDC) State	Insurance (Private and Public)	Hospital Philanthropy	NIH Foundations Other	Section 318 Funding



Generating Revenue

Overview of Categories





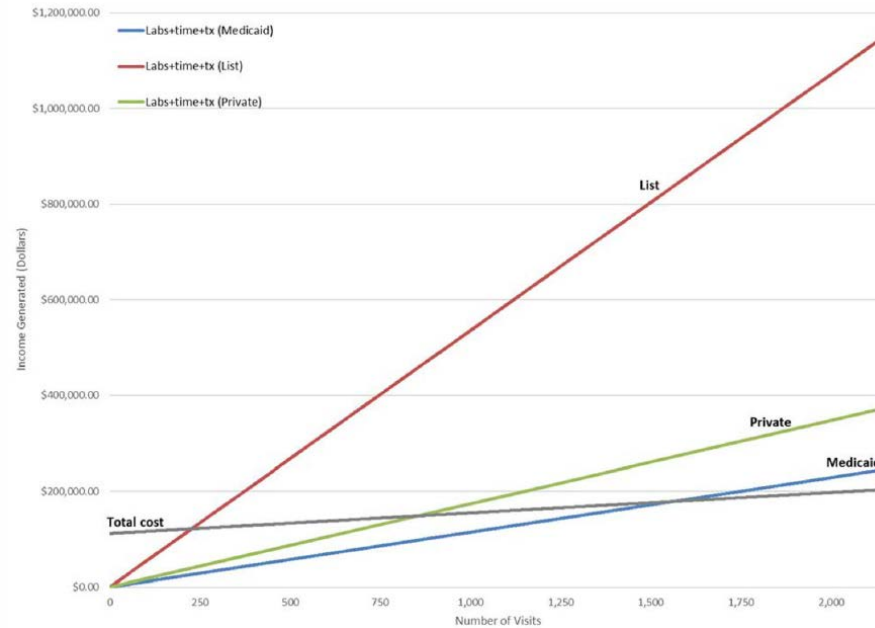
Clinical Billing Implementation

1. **Electronic medical record (EMR)** needed for clinical billing
2. Set-up: **2-3 months** (many different options such as a patient portal, communications, set up provider accounts, etc.)
3. **Customization** (clinical templates, intake forms, fax numbers, inboxes, schedule building, etc.)
4. **Credentialing** with insurers (separate process), need to set up each insurer in EMR
5. **Billing** through the EMR (7% cost)- “simple”
6. Ongoing process

Patient Billing and Provider Time

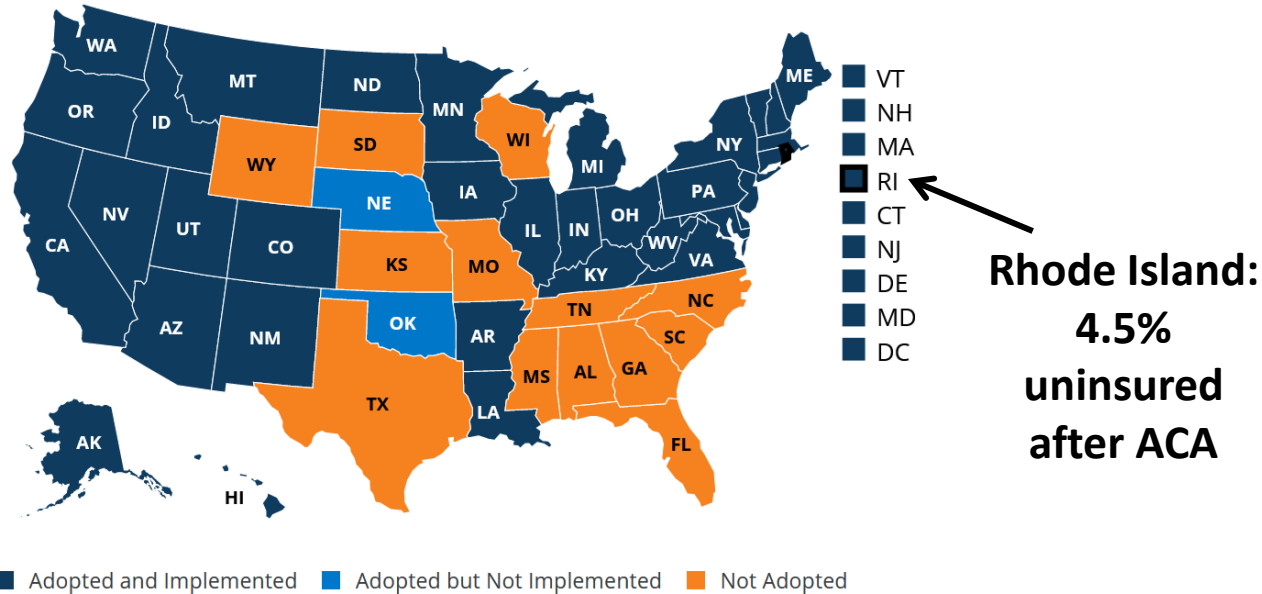
	CPT Code	Level	Time (min)	List Cost	Medicaid
New	99201	Level 1	10	\$83.00	N/A
	99202	Level 2	20	\$135.00	\$27.24
	99203	Level 3	30	\$207.00	\$29.00
	99204	Level 4	45	\$350.00	\$45.00
	99205	Level 5	60	\$449.00	\$46.00
Follow-up	99211	Level 1	5	\$76.00	\$8.05
	99212	Level 2	10	\$123.00	\$20.64
	99213	Level 3	15	\$188.00	\$20.64
	99214	Level 4	25	\$318.00	\$27.00
	99215	Level 5	40	\$408.00	\$32.00

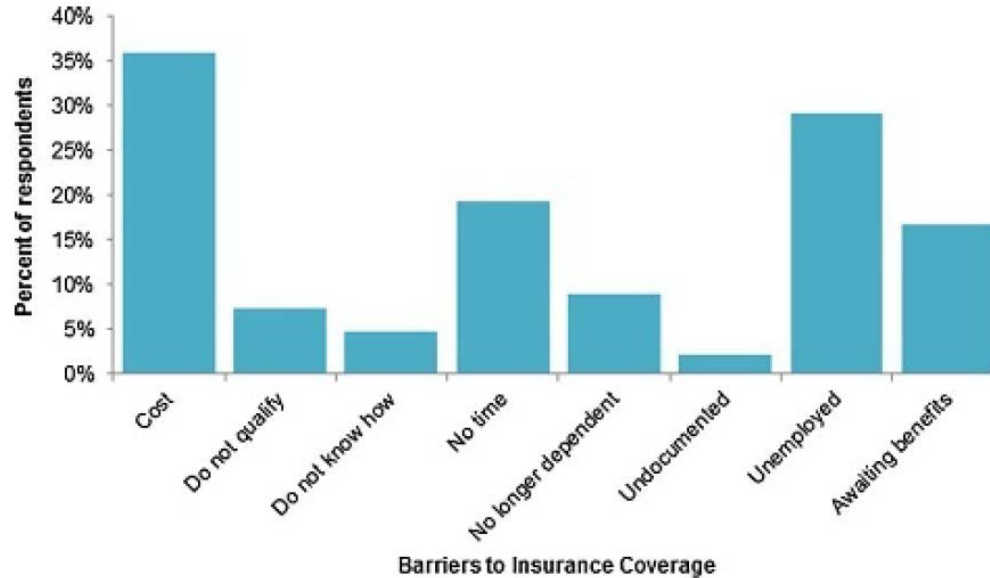




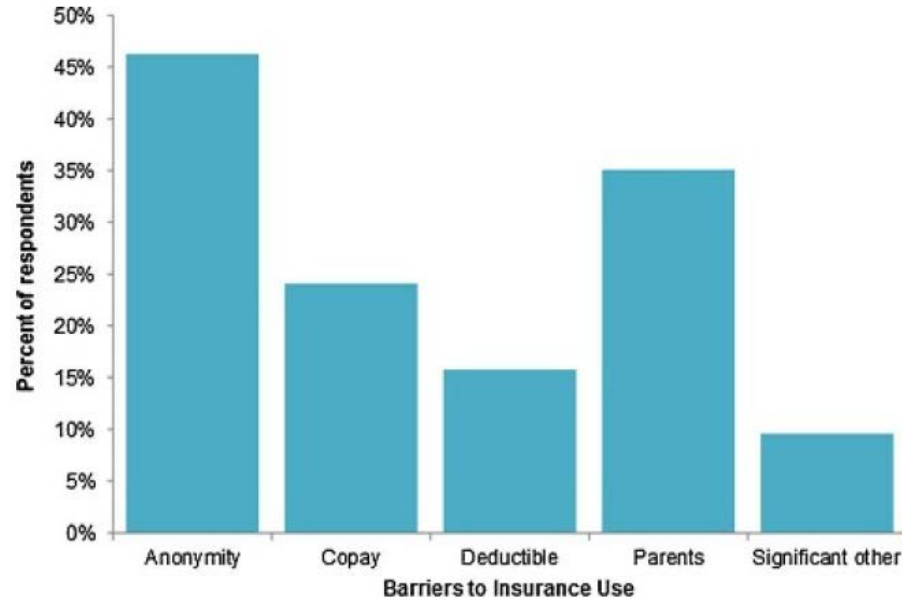
For a standard clinic offering a basic set of STI services to break even, a projected 73% of visits need to be covered at the Medicaid rate, 38% at private rate, or 11% at institutional rate.

Current Status of State Medicaid Expansion





A significant number of people presenting to STI Clinics are uninsured (40% in Rhode Island). Barriers to obtaining insurance include out-of-pocket costs and time.



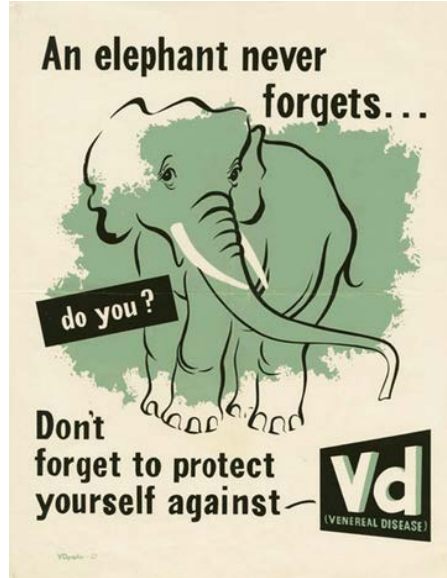
Even among those who do have insurance, many do not want to use their insurance (>50% in Rhode Island). Reasons for not wanting to use insurance include out-of-pocket costs and the desire to remain anonymous.



What is 340B?

A path to sustainability

1. A **federal law** that requires drug manufacturers to offer discounts on medications sold to **specific outpatient safety-net providers**.
2. Administered by the **Health Resources and Services Administration (HRSA)**
3. **340(b)** refers to the section of the Public Health Service Act which describes the program



What is 340B?

A path to sustainability

1. Requires manufacturers that participate in Medicaid to sell outpatient drugs to “covered entities” at a reduced price.
2. Covered entities include:
 - FQHCs/FQHC Look-Alikes
 - Ryan White HIV/AIDS Programs
 - **STD Clinics**
 - Family Planning Clinics
 - Other Safety-Net Categories

340B Drug Pricing Program Example

Without 340B Drug Pricing

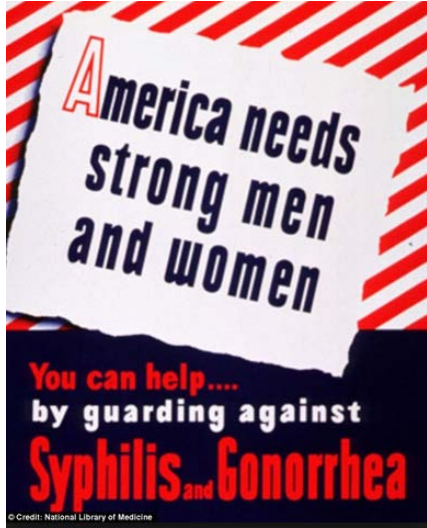
- Provider write a prescription for a medication
- Patient goes to the pharmacy
- Pharmacy buys medication from a wholesaler at a **typical price of \$900** and bills patient insurance
- Insurance company reimburses pharmacy **\$1,000**
- Pharmacy earns \$100

***This is for a single 30-day prescription for a single patient!**

With 340B Drug Pricing

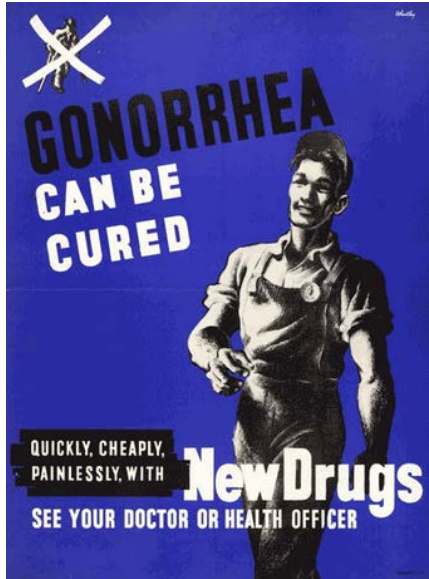
- Provider write a prescription for a medication
- Patient goes to the pharmacy
- Pharmacy buys medication from a 340B wholesaler at **340B price of \$400** and bills patient insurance
- Insurance company reimburses pharmacy **\$1,000**
- Pharmacy deducts a “dispensing fee” (i.e. \$100), the medication itself cost \$400, and the other **\$500 goes to the clinic***.





340B Drug Pricing Programs Considerations

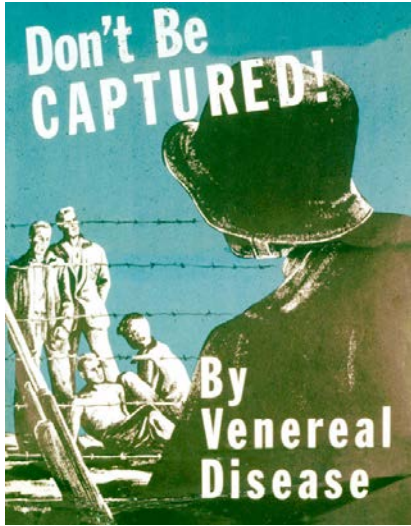
1. Need strict oversight, policies, and reporting structures for audits and to comply with program requirements
2. Register in the 340B database and complete annual recertification
3. Need a “contract pharmacy” to purchase 340B medications (i.e. most major pharmacies have programs)
4. Need to be a covered entity



340B Drug Pricing Programs

How do STI Clinics Qualify?

1. Must receive either direct or in-kind support through the federal STD PCHD grant (section 317 or 318)
 - In-kind contributions include property, equipment, supplies, or other goods/services.
2. A patient needs to receive a sexual health history and discussion of STI risk factors at every visit (and testing if indicated)
3. If the 340B definition is met, 340B can cover **any** outpatient medication including PrEP, HIV, or HCV medications.



340B Drug Pricing Programs

Example: PrEP

1. Integration of PrEP for HIV prevention is important not just for patient care but offers a path to financial sustainability.
2. HIV care at an STD Clinic also offers a potential path to financial sustainability
3. Brand Name versus Generic



STI Clinics and Sustainability Conclusions

1. Multiple sources of revenue should be considered to optimize program sustainability
2. To provide services to underserved populations, clinical billing alone is unlikely to achieve sustainability
3. 340B offers one potential solution to achieve sustainability of services

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Questions

Submit your question in the chat box!

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