# Texas Survey on Third-Party Billing and Reimbursement for HIV, STD, TB, Viral Hepatitis and Reproductive Health Services

**Summary of Results**
**May 8, 2013**

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# Executive Summary

**Background**
In light of the Affordable Care Act (ACA) and a shifting financial environment, the Texas Department of State Health Services (TX DSHS) and the University of Texas at Austin conducted a survey of Texas HIV, tuberculosis (TB), viral hepatitis, and sexual transmitted disease (STDs) providers' current billing practices, funding sources, anticipated barriers to third-party billing, and estimates of their clients' financial and insurance status.

The survey was sent to 140 individuals at 136 organizations that receive state and federal funds for providing HIV, TB, hepatitis, and STD treatment and services. One hundred and seven respondents from 130 organizations (76%) completed the survey between December 6, 2012 and March 15, 2013. (Six organizations were included twice: once for their HIV/STD program and once for their TB program.) Respondents represented a range of organization types and sizes from across the state of Texas. Distribution of responses by organization type is as follows:

- Community-Based Organizations (CBOs) - 46
- Local Health Departments (LHDs) – 35
- Community Health Centers (CHCs) – 12
- Hospital-Affiliated Specialty Clinics – 10
- Family Planning Services – 4

The aggregate data present a benchmark for assessing trends and highlighting the potential impact of federal and state legislative changes on providers. It should be noted, however, that a large amount of variability exists across organizations and **caution should be taken in making generalizations about specific providers or categories of providers based on summary data.**

**Key Findings**
*Client Financial Profile*
Seventy-nine of 107 responding organizations (74%) indicated that they collect income information from clients. On average, LHDs were less likely to report that they collect client income information compared to other organizations. Among those who collect income information (n=79), fifty-four organizations estimated that at least half of their clients' income is below the federal poverty level (FPL). Thirty-two organizations estimated that less than 25% of their clients' income was in the 100%-400% of FPL range.

*Insurance Coverage*
Eighty-three of 107 respondents (77%) indicated that they collect insurance information from clients. LHDs were less likely to collect insurance information than other organization types. All CHCs and family planning organizations reported that they collect insurance information. Among organizations that collect insurance information from clients (n=83), twenty-four estimated that at least half of their clients are uninsured. CHCs tended to report higher proportions of uninsured clients. Medicaid covered fewer than 50% of clients at all LHDs and most CBOs and CHCs.

*Billing*
Almost half of respondents (52 of 107) reported that they were currently billing third-party payers. Staffing issues and operational challenges were commonly reported as barriers to billing. Among those who bill third-party payers (n=52), direct billing (28 organizations) was the most commonly cited billing method, followed by using a billing agent or contractor (15 organizations). Billing systems could be complex, involving more than one contractor or system. Among organizations that

were not billing, several commented that they had billing capacity as part of their larger organization or restricted to specific programs or a specific third-party payer, such as Medicaid. Some operated as conduits to other providers who are responsible for billing for services. Several providers who are not billing noted that they did not consider billing to be feasible, or believed that their services did not qualify for reimbursement.

*Electronic Health Records (EHRs)*
Forty-three out of 107 organizations reported that they currently use EHRs. Among survey respondents there was not a common EHR system. CBOs and LHDs were the most likely to report that they have no plans to implement EHRs (20 of 46 CBOs and 14 of 35 LHDs).

*Payer Mix*
The distribution of estimated funding sources varied across organization categories. On average, government grants, including Ryan White Care Act Grants, comprised the largest proportion of funding for all organization types, except family planning services, ranging from 42% for hospital specialty clinics and 58% for LHDs to 60% for CHCs and 72% for CBOs. LHDs received almost one third of their funding (29%) from local tax revenues on average. The proportion of funds from Medicaid was notable only for hospital-affiliated specialty clinics and family planning services (36% and 48%, respectively).

**Implications**
With the full implementation of the ACA, it will be crucial to maintain services for individuals with HIV, STDs, TB, and viral hepatitis. The results from the environmental scan reveal the heterogeneity of billing and reimbursement capacity across organizations that provide services for these diseases. Hospital-affiliated specialty clinics and community health centers appear to be the best prepared to adapt to the emerging healthcare environment with regard to billing and reimbursement. Local health departments and community-based organizations, on the other hand, are at greatest risk of eliminating services if funding from Ryan White or government grants declines.

Survey results suggest various levels of technical assistance that organizations will need in order to adapt to the new financial environment. Some organizations will need strategic assessments to review options for restructuring their operations, including possible mergers and collaborations, with other service providers. Additional assistance will be needed to determine needs for implementing EHRs, training staff, enrolling with third party-payers, understanding coding procedures, and maximizing billing revenue.

Many of the clients that are currently served by these organizations will not be eligible for subsidies under the new insurance exchanges, nor will they be eligible for Medicaid if expansion is not authorized in Texas. If there is a reduction in governmental grant funding for HIV, STD, TB and viral hepatitis services, organizations will need to find alternative funding streams or mechanisms to maintain care for these clients.

From a public health perspective, maintaining services in communities where it appears organizations may close their doors will be crucial. Technical assistance and education will play key roles in guiding organizations toward optimizing their operations to ensure maintenance of essential client services and/or financial security. In locales where services appear at risk of disappearing, alternative providers will need to be mobilized and trained in the complexities of these diseases.

# Background

**Why did we do this survey?**
The Affordable Care Act's mandate that all citizens acquire health insurance, the uncertain future of the extent of Medicaid coverage in Texas, along with other key provisions of ACA, will transform the delivery and funding of services to treat people with HIV, TB, viral hepatitis, and STDs in Texas. The Texas Department of State Health Services (TX DSHS) and the University of Texas at Austin conducted the survey. The purpose is to provide an environmental scan of current billing practices, funding sources, anticipated barriers to third-party billing, and estimates of clients financial and insurance status among Texas HIV, tuberculosis (TB), viral hepatitis, and sexual transmitted disease (STDs) providers.

**Who did we survey?**
We sent the survey to one hundred and thirty-six organizations that receive state funds and federal funds for providing HIV, TB, hepatitis, and STD treatment and services. This report includes organizations that completed the survey by March 21, 2013.

**What did we ask?**
The twelve-item survey included questions about billing and client mix, reimbursement practices, and capacities and challenges related to third-party billing.

**How did we conduct the survey?**
In December 2012, a link to an online survey was sent via e-mail. A print version of the survey was attached to the e-mail so that respondents could collect the information necessary to complete the survey before filling it out online. Follow-up e-mails and phone calls were made to solicit non-responders to complete the survey.

**How to read this report:**
Taken as a whole, the data portray a picture of current billing and reimbursement practices and client demographics across the state. The aggregate data present a benchmark for assessing trends and highlighting the impact that federal and state legislative changes may have on providers. It should be noted, however, that a large amount of variability exists across organizations and **caution should be taken in making generalizations about specific providers or categories of providers based on the summary data.** Organization-level data are available to provide details of each provider's specific issues, challenges, and need for technical support.

# Organizations' Client Financial Profile

## What did we ask?

- Does your organization collect income information from clients?
- If so, what percent of clients fall within the following income brackets: below 100% of the Federal Poverty Level (FPL), from 100% to 139% of FPL, from 140% to 400% of FPL, over 400% FPL.
- Provide comments about collecting client income information.

## What did we learn?

- Seventy-nine of 107 responding organizations (74%) indicated that they collect income information from clients.
    - On average, local health departments were less likely to report that they collect income information about their clients. (Table 1)
- In the comments, organizational policies and grant conditions were most often cited as barriers to collecting client income information. Some organizations wrote that they collect client income data for use only with specific programs such as HIV care programs but not testing services.
- Among those who collect income information (n=79):
    - Fifty-four organizations estimated that at least half of their clients' were below the Federal Poverty Level (FPL) (income level that will not be eligible for insurance subsidies in the insurance marketplace or Medicaid if Medicaid is not expanded in Texas). (Figure 1)
    - Thirty-two organizations estimated that less than 25% of their clients' were in the 100%-400% of FPL range (income level that will be eligible for subsidies in the insurance marketplace) . (Figure 2)

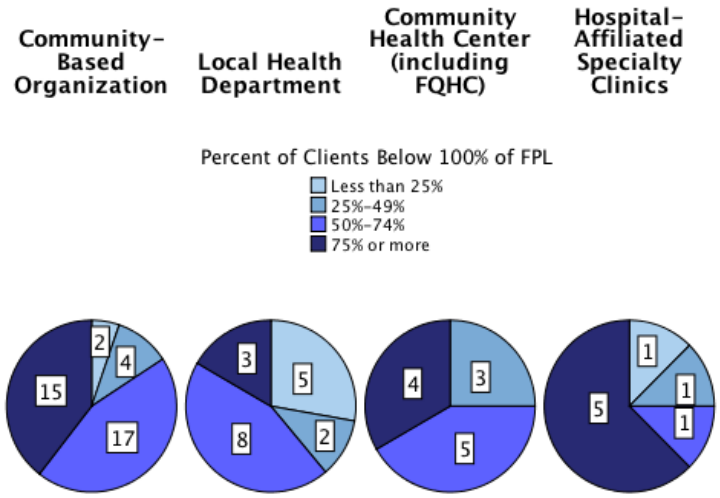
**Table 1: Percent of organizations that collect income information from clients, by organization type. (N=107)**

| Organization Type | Does your organization collect income information from clients? | |
|---|---|---|
| | Yes | No |
| Community-Based Organization (n=46) | 38 | 8 |
| Local Health Department (n=35) | 18 | 17 |
| Community Health Center (including FQHC) (n=12) | 12 | 0 |
| Hospital-Affiliated Specialty Clinics (n=10) | 8 | 2 |
| Family Planning Services (n=4) | 3 | 1 |
| Total (N=107) | 79 (74%) | 28 (26%) |

*"Although a third party funder wants our hospital to begin collecting income details, hospital policy does not allow income detail collection."*
~ Hospital Affiliated Specialty Clinic

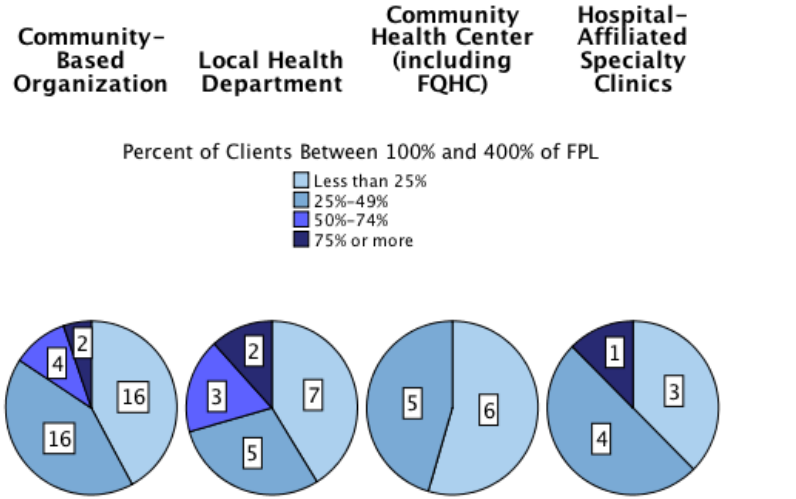
# Client Financial Profile:
# Estimated Percent of Clients with Low Income Relative to the Federal Poverty Level (FPL)

**Figure 1. Organizations' estimated proportion of clients <u>below 100% of the FPL</u>, by organization type. (n=76)**




n's by organization type: CBO (n=38), LHD (n=18), CHC (n=12), Hospital Clinic (n=8)

**Figure 2. Organizations' estimated proportion of clients <u>between 100% and 400% of the FPL</u>, by organization type. (n=76)**




n's by organization type: CBO (n=38), LHD (n=18), CHC (n=12), Hospital Clinic (n=8)

**How to read these charts:**
The charts above show the estimated proportion of **<u>organizations</u>**' clients whose income is below 100% of the FPL (Figure 1) and between 100%-400% of the FPL (Figure 2).

As examples of how to interpret the data,
- Figure 1 shows that 15 out of 38 of Community-Based Organizations (in darkest shade) estimated that 75% or more of their clients were below 100% of the FPL.
- Figure 2 shows that 7 out of 18 Local Health Departments (in lightest shade) estimated that less than 25% of their clients were between 100% and 400% of FPL.

# Billing

### What did we ask?

- Does your organization currently bill third-party payers for any services related to HIV, STDs, TB, hepatitis, and reproductive health?
- If yes, how does your organization bill third-party payers for service reimbursement?
- What are the barriers to third-party billing?
- Have you sought professional assistance to increase your organization's ability to bill for services?
- Provide additional comments about third-party billing.

### What did we learn?

- Almost half of respondents (52 out of 107) reported that they were currently billing third-party payers. (Table 2)
    - An additional 12 respondents reported that they plan to implement a billing system in the next twelve months.
    - On average, community-based organizations were more likely than other organization types to report that they have no plans to implement a billing system. They were also more likely to report that they plan to implement a system in the next 12 months compared to the other groups. (Table 2)

- Twenty-nine out of 107 organizations had sought professional assistance with third-party billing. (Table 3)
    - Some organizations wrote that they were already working with more established providers that will provide billing services. A few expressed frustration in attempting to obtain answers and technical assistance in regard to billing. Lack of funding was mentioned as an obstacle to seeking professional help.

- Among organizations that were not billing:
    - Several commented that they had billing capacity as part of their larger organization or that billing was restricted to specific programs or third-party payers, such as Medicaid.
    - Some operated as conduits to other providers who are responsible for billing for services.
    - Several did not consider billing to be feasible, or believed that their services do not qualify for reimbursement.

- Staffing issues and operational challenges were commonly reported as barriers to billing. (Table 4)

- Among those who bill third-party payers (n=52):
    - Direct billing (28 organizations, 54%) was the most commonly cited billing method, followed by using a billing agent or contractor (15 organizations, 29%).
    - Billing systems could be complex, involving more than one contractor or system.
    - A variety of billing systems and contractors were listed by respondents. No single, uniform billing system was used across organizations regardless of whether they bill in-house or use a billing agent or contractor. A complete list of billing systems and contractors reported by respondents is provided in the Appendix.

**Table 2: Number of organizations that bill third-party payers, by organization type. (N=107)**

| Organization Type | Currently billing third-party payers | | | |
|---|---|---|---|---|
| | Yes | Planning to implement w/in 12 mos. | No | Not Sure |
| Community-Based Organization (n=46) | 14 | 8 | 24 | 0 |
| Local Health Department (n=35) | 15 | 3 | 15 | 2 |
| Community Health Center (including FQHC) (n=12) | 11 | 0 | 1 | 0 |
| Hospital-Affiliated Specialty Clinic (n=10) | 8 | 1 | 1 | 0 |
| Family Planning Services (n=4) | 4 | 0 | 0 | 0 |
| Total (N=107) | 52 (49%) | 12 (11%) | 41 (38%) | 2 (2%) |

*"We use Centricity for patient management system and a number of clearinghouses. We use Availity, CyClaims and Emdeon to manage the various payers."*
~ Community-Based Organization

*"BCA practice management system bills to ClaimMD, the clearing house."*
~ Community Health Center

*"We don't bill but the medical school has a detailed system for billing."*
~ Community-Based Organization

*"We subcontract all services with providers who handle third-party payers for clients that have Medicaid, Medicare or private health insurance."*
~ Community-Based Organization

*"None of the services we provide are reimbursable by federal health programs."*
~ Community-Based Organization

**Table 3: Number of organizations that sought professional assistance with billing, by organization type. (N=107)**

| Organization Type | Sought professional assistance with billing |
|---|---|
| Community-Based Organization (n=46) | 12 (26%) |
| Local Health Department (n=35) | 5 (14%) |
| Community Health Center (including FQHC) (n=12) | 9 (75%) |
| Hospital-Affiliated Specialty Clinic (n=10) | 1 (10%) |
| Family Planning Services (n=4) | 2 (50%) |
| Total (N=107) | 29 (27%) |

**Table 5. Barriers to third-party billing (selected from a provided list) by organization type, (N=107)**

| | Community-Based Organization (n=46) | Local Health Department (n=35) | Community Health Center (n=12) | Hospital-Affiliated Specialty Clinics (n=10) | Family Planning Services (n=4) | Total (N=107) |
|---|---|---|---|---|---|---|
| **Staffing Issues** | | | | | | |
| Staff lacks knowledge about billing and coding | 17 | 18 | 5 | 2 | 3 | 45 (42%) |
| Staff is not licensed for reimbursement | 12 | 4 | 2 | 3 | 0 | 21 (20%) |
| Staff resistance against billing | 4 | 2 | -- | -- | -- | 6 (6%) |
| **Operational Challenges** | | | | | | |
| Challenges of provider credentialing with third-party payers | 15 | 14 | 3 | 1 | 2 | 35 (33%) |
| Challenges in contracting with third-party payers | 13 | 15 | 1 | 1 | -- | 30 (18%) |
| Difficulty in becoming a qualified provider with third-party payers | 12 | 12 | 1 | 1 | 1 | 27 (25%) |
| Difficulty in billing across care providers | 14 | 12 | 1 | 2 | -- | 29 (27%) |
| Difficulty in assessing client eligibility | 9 | 10 | 2 | 1 | 0 | 22 (21%) |
| **Miscellaneous** | | | | | | |
| Poor reimbursement rates | 17 | 1 | 4 | 2 | 2 | 26 (24%) |
| Privacy concerns related to HIPAA | 4 | 5 | -- | -- | -- | 9 (8%) |
| **Organization and Mission** | | | | | | |
| To bill and collect conflicts with the organization's mission statement | 5 | 3 | -- | -- | -- | 8 (7%) |
| The organization's legal status does not permit us to bill for services | 3 | 3 | -- | -- | 1 | 7 (7%) |
| The board of directors is not interested in billing and reimbursement systems | 1 | 1 | -- | -- | -- | 2 (2%) |

# In Their Own Words – Barriers to Billing

## Providers wrote about:

### Lack of staff or lack of resources to hire staff necessary for implementing and operating a billing system

*"We do bill, but now we can only hire staff with certain licensures. If someone leaves, we have to start all over again with getting a new staff person on panels, and that can take months."*
~ Community-Based Organization

### Poor reimbursement rates

*"When we attempt to bill MCOs, other than Value Options (NS), they rarely pay…We do not have enough money to hire staff to argue with care managers regarding billing."*
~ Community-Based Organization

### Difficulty enrolling in a health insurer's network of providers

*"It is difficult for local Health Departments to become providers on private insurance plans. We will not be allocated additional staff in order to accomplish this task."*
~ Local Health Department

### Their organizations' mission and culture

*"Our legal status does not permit to bill other services apart from HIV."*
~ Community-Based Organization

# Insurance Coverage

### What did we ask?

- Does your organization collect information about client health insurance coverage?
- If yes, what percent of your population is covered by various forms of insurance?
- Provide additional comments about collecting client health insurance information.

### What did we learn?

- Eighty-three of 107 respondents (77%) indicated that they collect insurance information from clients. (Table 6)
    - Local health departments were less likely to collect insurance information than other organization types.
    - All community health centers and family planning organizations reported that they collect insurance information.

- Among organizations that collect insurance information from clients (n=83):
    - Twenty-four estimated that at least half of their clients are uninsured. Community health centers tended to report higher proportions of uninsured clients. (Table 6 and Figure 3)
    - Medicaid covered fewer than 50% of clients at all local health departments and at most community-based organizations and community health centers. (Figure 4)

- A few respondents wrote that they ask whether or not clients have insurance, but do not ask for further details. Others ask whether clients are covered by Medicare or Medicaid, but not about private insurance.

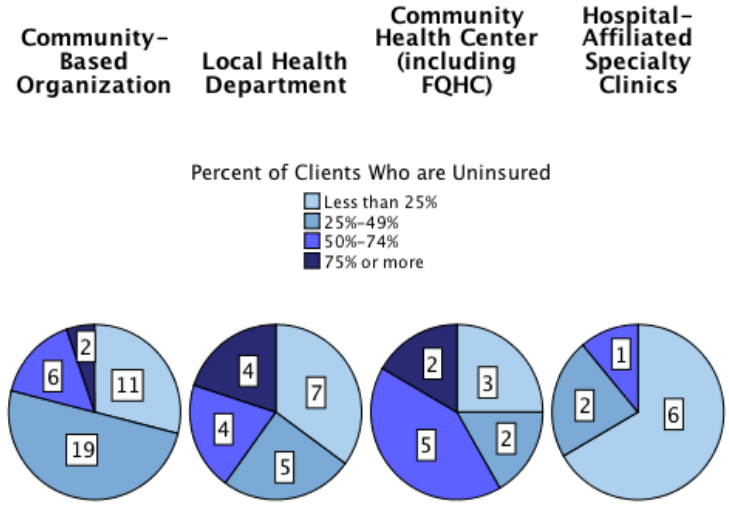
**Table 6: Number of organizations that collect client insurance information and estimated percent uninsured and on Medicaid, by organization type. (N=107)**

| Organization Type | Does your organization collect information about client health insurance coverage? | | Uninsured clients, average* estimated % | Clients on Medicaid, average* estimated % |
|---|---|---|---|---|
| | Yes | No | | |
| Community-Based Organization (n=46) | 38 | 8 | 35% | 25% |
| Local Health Department Clinic or Authority (n=35) | 20 | 15 | 39% | 15% |
| Community Health Center (including FQHC) (n=12) | 12 | 0 | 44% | 27% |
| Hospital-Affiliated Specialty Clinics (n=10) | 9 | 1 | 17% | 52% |
| Family Planning Services (n=4) | 4 | 0 | 32% | 53% |
| Total (N=107) | 83 (78%) | 24 (22%) | 35% | 27% |

* There was a large amount of variability within organization categories. Averages are used to compare trends across groups, but should not be used to draw conclusions about specific organizations.

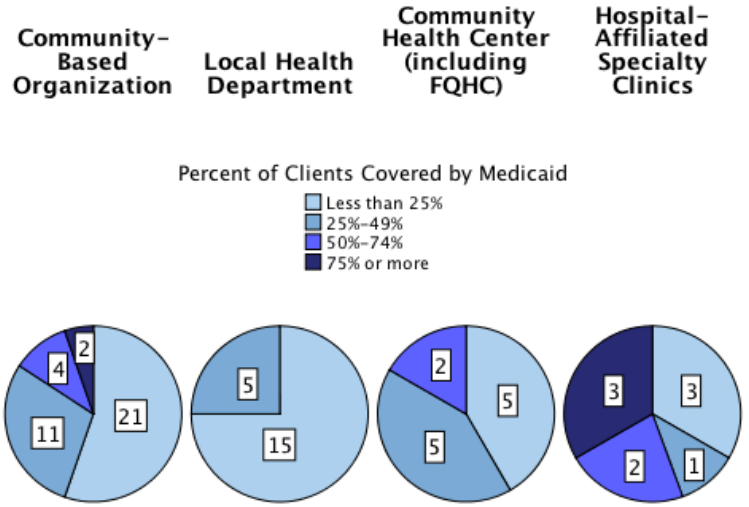
# Uninsured or on Medicaid:
# Average Estimated Percent of Clients by Organization Type

**Figure 3. Estimated percent of clients <u>who are uninsured</u>, by organization type. (n=79)**




n's by organization type: CBO (n=38), LHD (n=19), CHC (n=12), Hospital (n=9)

**Figure 4. Estimated percent of clients <u>covered by Medicaid</u>, by organization type. (n=79)**




n's by organization type: CBO (n=38), LHD (n=20), CHC (n=12), Hospital (n=9)

**How to read these charts:**
The charts above show the estimated proportion of **<u>organizations'</u>** clients whose are either uninsured (Figure 3) or on Medicaid (Figure 4).
As examples of how to interpret the data,
- Figure 3 shows that 11 out of 38 of CBO's (in lightest shade) estimated that less that 25% of their clients are uninsured.

- Figure 4 shows that 3 out of 9 hospital-affiliated specialty clinics (in darkest shade) estimated that 75% or more of their clients are covered by Medicaid.

# Services Provided

Organizations provided a variety of services for individuals living with HIV, TB, viral hepatitis, and STDs. Services included on the survey are presented in Tables 6 and 7. Organizations also reported that they offer a variety of services that were not included in the list, including transportation.

**Table 6. Number (%) of organizations that offer and bill for various clinical services. (N=107)**

| Clinical Service | Service Offered n (%) | Service Billed n (%[1]) |
|---|---|---|
| In-clinic testing of HIV, STDs, TB and/or Hepatitis* | 87 (81%) | 35 (40%) |
| Clinical examination* | 66 (62%) | 48 (72%) |
| STD clinical treatment* | 61 (57%) | 31 (51%) |
| Vaccinations and immunizations* | 60 (56%) | 38 (63%) |
| Laboratory processing* | 60 (56%) | 34 (57%) |
| Pharmaceutical services* | 51 (48%) | 21 (41%) |
| TB clinical treatment* | 44 (41%) | 22 (50%) |
| HIV clinical treatment* | 36 (34%) | 23 (64%) |
| Eye and/or dental care* | 23 (22%) | 12 (52%) |
| Viral hepatitis clinical treatment* | 18 (17%) | 15 (83%) |
| Home health care* | 11 (10%) | 4 (36%) |

[1] **Percent is among those who offer the service (based on n in previous column); * Indicates a billable service.**

**Table 7. Number (%) of organizations that offer and bill for various non-clinical services. (N=107)**

| Non-Clinical Service | Service Offered n (%) | Service Billed n (%[1]) |
|---|---|---|
| Risk reduction and/or prevention counseling | 90 (84%) | 12 (13%) |
| Non-medical case management | 73 (68%) | 4 (5%) |
| Medical case management | 73 (68%) | 9 (12%) |
| Field testing and educational outreach (not in-clinic) | 69 (65%) | 3 (4%) |
| Patient navigation | 61 (57%) | 3 (5%) |
| Partner services | 58 (54%) | 7 (12%) |
| Mental health counseling* | 46 (43%) | 17 (37%) |
| Nutritional and dietary assistance | 45 (42%) | 7 (16%) |
| Family planning services* | 40 (37%) | 28 (70%) |
| Substance abuse services* | 35 (33%) | 13 (37%) |
| Hospice care* | 6 (6%) | 1 (17%) |

[1] **Percent is among those who offer the service (based on n in previous column); * Indicates a billable service.**

*"[We offer] transportation services (monthly bus passes, van rides, taxi rides) to reach medical care, treatment, and other HIV-related psychosocial services; meals program; adult day-respite care; Spanish language interpretation and translation services; client advocacy; outreach; HIV prevention education; HIV testing; volunteer services; and faith-based services."*

~ Community-Based Organization

# Electronic Health Records

### What did we ask?

- Does your organization use electronic health records (EHRs)?
- If yes, provide the name of the system or vendor.

### What did we learn?

- Forty-three out of 107 organizations reported that they currently use EHRs. (Table 8)
    - Among survey respondents there was not a common EHR system. Respondents listed a total of 22 different systems including EPIC, Clinical Management for Behavioral Health Services, ClearHealth, and NextGen.

- All community health centers and family planning organizations reported that they either currently use EHRs or plan to implement them within the next 12 months. (Table 8)

- Community-based organizations and local health departments were the most likely to report that they have no plans to implement EHRs (20/46 CBOs and 14/35 LHDs).

- Write-in comments focused on costs and feasibility of EHRs as potential barriers to implementing EHRs.

**Table 8. Number of organizations that use electronic health records, by organization type. (N=107)**

| | Does your organization use electronic health records (EHR)? | | | |
|---|---|---|---|---|
| **Organization Type** | **Yes** | **Planning to implement w/in 12 mos.** | **No** | **Not Sure** |
| Community-Based Organization (n=46) | 14 | 12 | 20 | 0 |
| Local Health Department Clinic or Authority (n=35) | 10 | 10 | 14 | 1 |
| Community Health Center (including FQHCs) (n=12) | 11 | 1 | 0 | 0 |
| Hospital-Affiliated Specialty Clinics (n=10) | 7 | 1 | 2 | 0 |
| Family Planning Services (n=4) | 1 | 3 | 0 | 0 |
| Total (N=107) | 43 (40%) | 27 (25%) | 36 (34%) | 1 (<1%) |

*"[EHRs are] prohibitively expensive and we are barely able to operate due to low margin reimbursements"*
~ Community-Based Organization

# Payer Mix

### What did we ask?

- What proportion of your funding for services specific to HIV, STDs, TB, hepatitis, and reproductive health comes from these sources: Medicaid, Medicare, Client private health insurance, Client fees and co-payments, Government grants (including Ryan White Care Act), Grants from private foundations, Revenue from private fundraisers, Local tax revenue, and Unknown?

### What did we learn?

- On average, government grants, including Ryan White Care Act Grants, comprised the largest proportion of funding for all organization types, except family planning services. (Figure 5)

- Local health departments received almost one third of their funding (29%) from local tax revenues on average. (Figure 5)

- The proportion of funds from Medicaid was notable only for hospital-affiliated specialty clinics and family planning services (36% and 48%, respectively). (Figure 5)

- The distribution of funding proportion estimates varied within organization categories and is shown in Figures 6 and 7.

**Figure 5. Average estimated proportion of funding from various sources, by organization type. (N=103)**

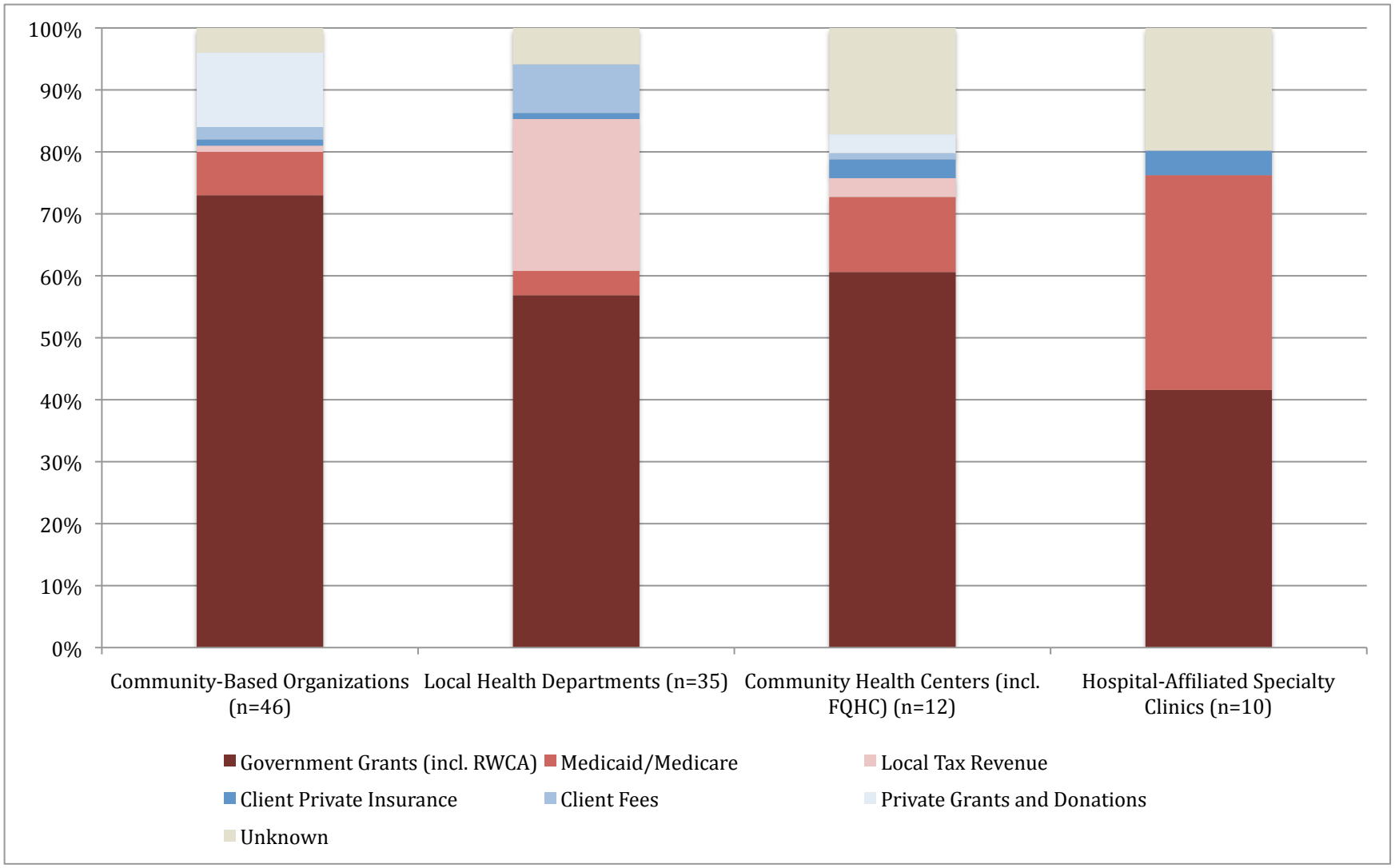


**Figure 6. Estimated proportion of funding from government grants (including RWCA Grants), distribution of responses by organization type. (N=107)**

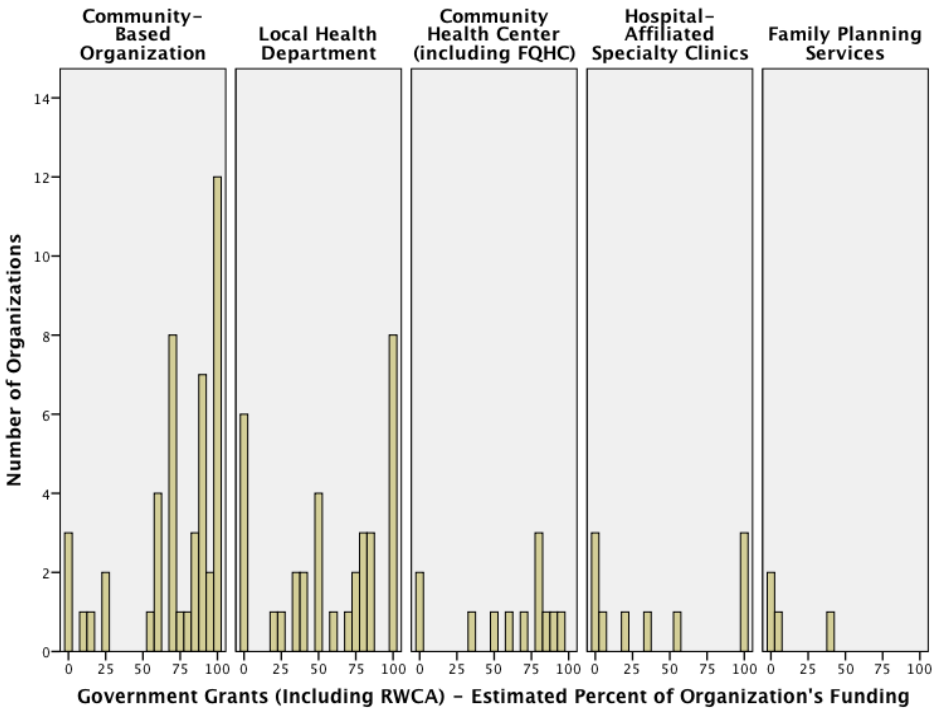
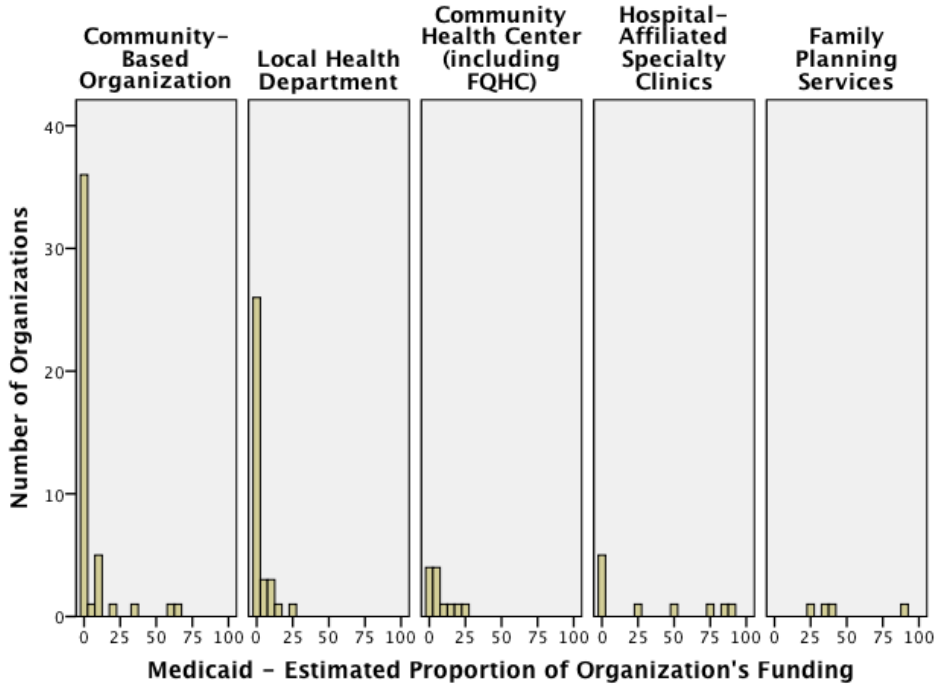



**Figure 7. Estimated proportion of funding from Medicaid, distribution of responses by organization type. (N=107)**




n's by organization type: CBO (n=46), LHD (n=35), CHC (n=12), Hospital (n=10), FP (n=4)

*Note that the scales on the two figures above are different.*

# Appendix A: Description of Survey Respondents

### What did we ask?

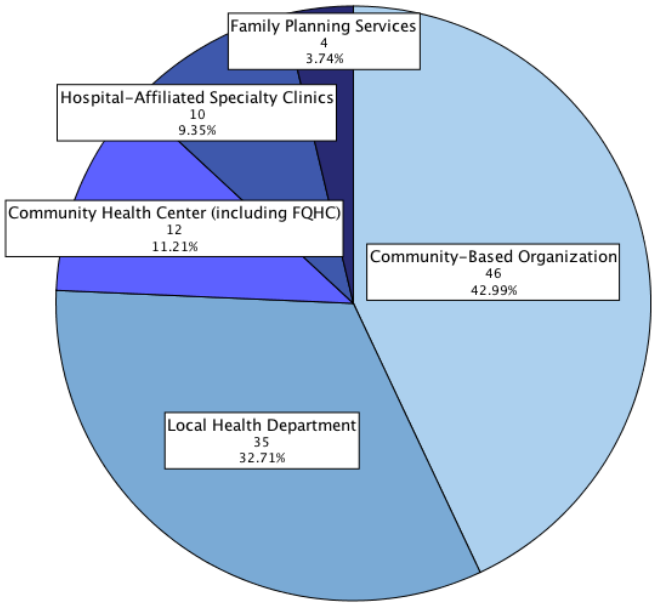
- How would you best describe your organization: Community Based Organizations, Local Health Departments, Community Health Centers (incl. FQHC), Hospital-Affiliated Specialty Clinics, or Other. Those who identified themselves as "Other" were reclassified at the discretion of TX DSHS. An additional category of Family Planning Services was also created after receiving responses.
- Organizations were classified into one of eight geographic areas at the discretion of TX DSHS and also into TX Public Health Regions.
- On average, how many clients specific to HIV, STDs, TB, hepatitis, and reproductive health does your organization serve per month?
- Indicate whether or not you offer and bill for various clinical and non-clinical services (selected from a list).

### What did we learn?

- The survey was sent to 140 individuals at 136 organizations. One hundred and seven respondents from 130 organizations (76%) completed the survey between December 6, 2012 and March 15, 2013. (Six organizations are included twice: once for their HIV/STD program and once for their TB program.).

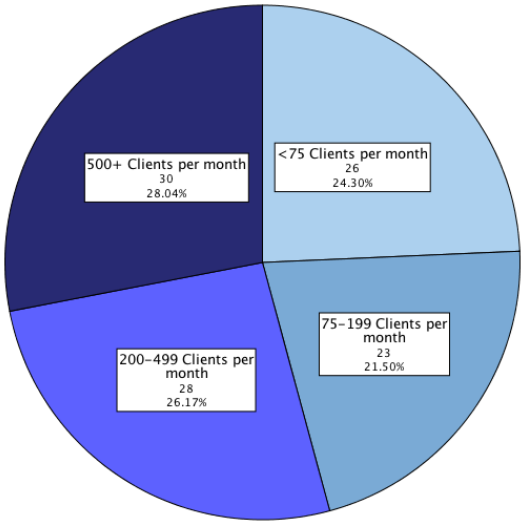
- Response rates for each organization type are as follows (Figure 8):
    - Community-Based Organizations - 46/58 (78%)
    - Local Health Departments – 35/47 (74%)
    - Community Health Centers – 12/13 (92%)
    - Hospital-Affiliated Specialty Clinics – 10/17 (59%)
    - Family Planning Services – 4/5 (80%)

**Figure 8. Distribution of responses by organization type. (N=107)**



- Estimated size of caseload varied across organizations, from a minimum response of two clients per month to a maximum of 6,535 clients per month.
    - Half of organizations estimated that they serve between 73 and 500 clients per month. Organizations were grouped into four categories based on their estimated caseload. The distribution for the sample is presented in Figure 9.
    - The number of clients enrolled in care and those contacted though prevention services could differ greatly. The survey sought to capture all clients serviced by organizations, though there could be a discrepancy in how organizations answered this question.

**Figure 9. Distribution of responses by estimated monthly caseload. (N=107)**




*"[We] serve about 12,000 individuals annually. About 1,600 of these are "care" clients that are living with HIV. Care clients may come more than once a month, once a month, or a few times a year. Prevention clients may only access the agency once or twice a year for testing, may access a short-term program where they come once a week for six weeks, or may just attend one outreach event each year."*

~ Community-Based Organization

- Organizations represented the following geographic areas and public health regions. The distribution of responses by area and organization type area presented in Figure 10 and 11.

| DSHS Specified Areas | TX Public Health Regions (PHR) | |
|---|---|---|
| ○ Austin – 9 | ○ PHR 1 - 5 | ○ PHR 7 – 13 |
| ○ Border – 11 | ○ PHR 2 – 4 | ○ PHR 8 – 9 |
| ○ Dallas – 18 | ○ PHR 3 – 27 | ○ PHR 9 – 6 |
| ○ East – 11 | ○ PHR 4 – 6 | ○ PHR 10 – 4 |
| ○ Fort Worth – 9 | ○ PHR 5 – 3 | ○ PHR 11 – 12 |
| ○ Houston – 15 | ○ PHR 6 – 16 | |
| ○ San Antonio – 9 | | |
| ○ Other – 25 | | |

**Figure 10. Distribution of respondents by organization type within DSHS specified geographic area. (N=107)**

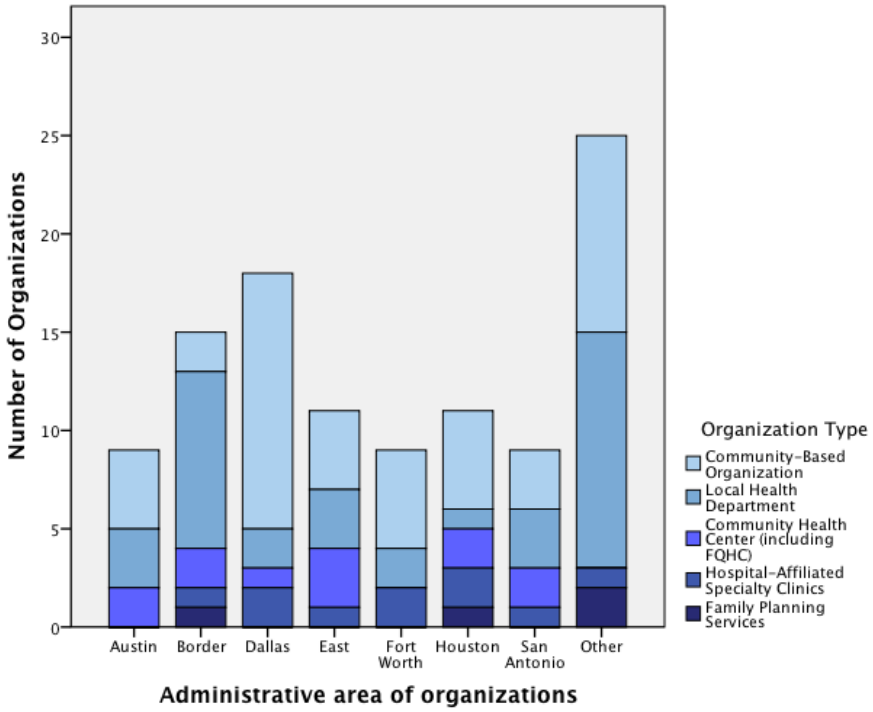
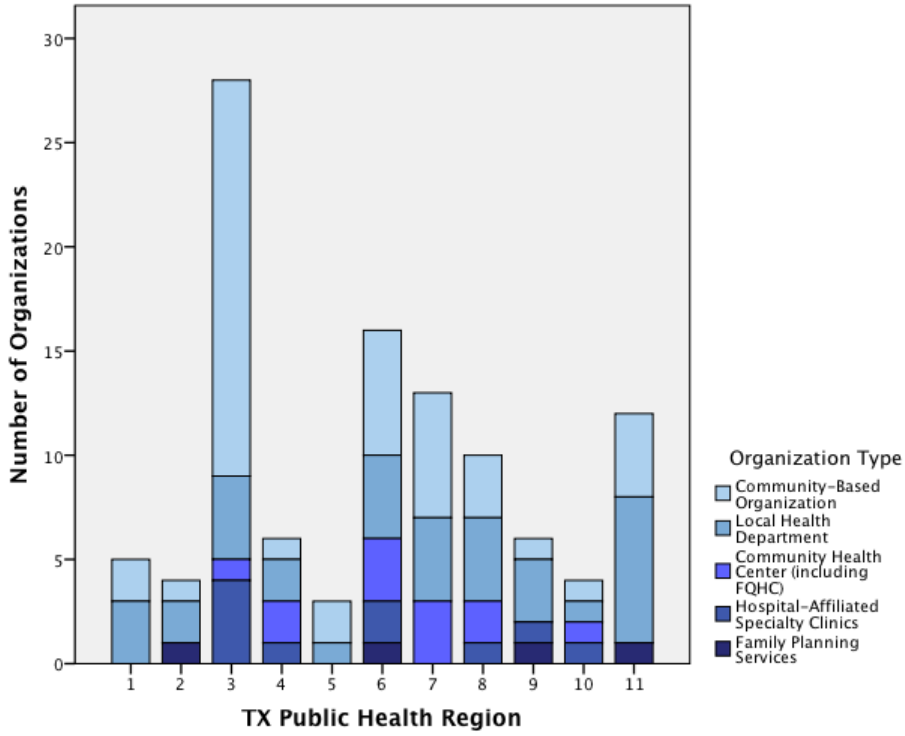



**Figure 11. Distribution of respondents by organization type within TX Public Health Region. (N=107)**



# Appendix B: Billing Systems: Agents and Contractors

Thirty organizations provided the names of a direct billing system used by their organization. (Table 9)

**Table 9: Names of direct-billing systems from organizations that do direct billing, by organizational type:**

| Named direct-billing systems | CBOs | LHDs | CHCs & Hospital Clinics | Family Planning | Total |
|---|---|---|---|---|---|
| Availity | 2 | 1 | 1 | | 4 |
| Texas Medicaid & Healthcare Partnership (TMHP) | | 3 | | | 3 |
| PC-Ace Pro32 | | 2 | | | 2 |
| TexMed Connect | | 2 | | | 2 |
| ABS | | 1 | | | 1 |
| Anasazi | | | 1 | | 1 |
| BCA practice management system | | | 1 | | 1 |
| Billing done in house | | 1 | | | 1 |
| Centricity | | | 1 | | 1 |
| ClaimMD | | | 1 | | 1 |
| CyClaims | | | 1 | | 1 |
| Dentirx Billing Software | 1 | | | | 1 |
| Emdeon | | | 1 | | 1 |
| EZClaims | | 1 | | | 1 |
| freeclaims.com | 1 | | | | 1 |
| MacPractice | | | 1 | | 1 |
| MD On-Line | 1 | | | | 1 |
| Medical Manager | | | | 1 | 1 |
| Novitas | 1 | | | | 1 |
| PCACE | 1 | | | | 1 |
| Relay Health | | | | 1 | 1 |
| Superior HealthPlan | 1 | | | | 1 |
| United | 1 | | | | 1 |
| Total | 9 | 11 | 8 | 2 | 30 |

Twelve organizations provided the names of a billing agent or contractor used by their organization. (Table 10)

**Table 10: Names of agents or contractors or comments from organizations that use a billing agent or contractor, by organizational type:**

| BIlling agent or contractor | CBOs | LHDs | CHCs & Hospital Clinics | Family Planning | Total |
|---|---|---|---|---|---|
| Ahlers and Associates | 1 | | | 1 | 2 |
| M5 Companies | 2 | | | | 2 |
| ACP | 1 | | | | 1 |
| Athena | | | 1 | | 1 |
| Billing done in house | 1 | | | | 1 |
| Gateway | 1 | | | | 1 |
| Medical Billing Unlimited | | | 1 | | 1 |
| Medworxs Evolution Version 5.5 | | 1 | | | 1 |
| NextGen | | 1 | | | 1 |
| Physicians Management Services | 1 | | | | 1 |
| Total | 7 | 2 | 2 | 1 | 12 |

# Appendix C: Electronic Health Record Systems

Thirty-eight organizations provided the names of the EHR system used by their organization. (Table 11)

**Table 11: Count of Named Electronic Health Records, by organization type.**

| Electronic Health Record Systems | CBOs | LHDs | CHCs | Hospital Clinics | Family Planning | Total |
|---|---|---|---|---|---|---|
| EPIC | 1 | 1 | | 5 | | 7 |
| CMBHS | 3 | | 1 | | | 4 |
| ClearHealth | 1 | 2 | | | | 3 |
| NextGen | | 1 | 2 | | | 3 |
| Anasazi | | 1 | 1 | | | 2 |
| ARIES | 2 | | | | | 2 |
| EClinical Works | | 1 | | | 1 | 2 |
| ABS | | 1 | | | | 1 |
| Amazing Charts | 1 | | | | | 1 |
| Athena | | | | 1 | | 1 |
| Centricity | | | 1 | | | 1 |
| Cerner | 1 | | | | | 1 |
| CONTINUUM (home grown system developed under a SAMHSA grant) | 1 | | | | | 1 |
| EHS | | | 1 | | | 1 |
| EMD's | 1 | | | | | 1 |
| Insight- by NetSmart | | 1 | | | | 1 |
| Medical Office Online | 1 | | | | | 1 |
| Medworxs Evolution Version 5.5 | | | 1 | | | 1 |
| Methware | | | 1 | | | 1 |
| Sevocity | | | 1 | | | 1 |
| SpringCharts | | | 1 | | | 1 |
| SuccessEHS | | | 1 | | | 1 |
| Sunrise | | | | 1 | | 1 |
| Total | 12 | 8 | 11 | 7 | 1 | 39* |

*Note: One organization listed more than one EHR system.

# Appendix D: Technical Assistance Needs

### What did we ask?

- In your view, what type of technical assistance would help your organization with third-party billing and reimbursement?

### What did we learn?

- Seventy-six of 107 respondents wrote specific requests for technical assistance.
  - The most common requests were for general billing assistance (n=29), including coding and Medicaid billing. (Table 12)
- Requests for technical assistance ranged from evaluating cost-benefits of implementing a billing system to how to bill and code specifically for HIV.

*"Once Texas agrees to the Extended Medicaid and Insurance Exchange, we will need TA in coding (especially HIV specific) essential services and how to combine 3rd party payers and Ryan White covered services to ensure payer of last resort."*
~Community Health Center

*"The ability to know what has been attempted in the past and not worked for local health departments. This would allow for better assessment of current systems and understanding of problems that may occur with the process."*
~ Local Health Department

*"Very specific coding and guidance in filling our billing forms for multiple 3rd parties - those that cover SUD Medicaid services in Texas. If we can bill for HIV services, we need to know more about that. We are not aware of qualifications to bill HIV services and how to get credentialed and contracted. All we know about is billing for substance use disorder services. We have done great with NorthSTAR - Value Options. .... We have a 98% payment rate form VO, so we know it can be done. We would love to learn how to get paid for HIV services."*
~Community-Based Organization

- Some respondents suggested statewide solutions to the challenges they are facing.

*"A statewide insurance verification system for contractors. Most systems are cost prohibitive for smaller contractors. It would also be helpful to have a state sponsored EHR/billing system available to contractors."*
~ Community-Based Organization

*"Standardization in requirements with carriers in regards to credentialing providers as well as claims requirements would be a great step in improving third party reimbursement. Currently, private insurance requirements are similar. But the Medicaid / Medicaid HMOs have such varied guidelines that it increases the need for assistance. Online access is not available with all carriers, specifically specialty carriers such as behavioral health and vision. Electronic access to verify coverage and track billing should be a standard carrier requirement."*
~ Community-Based Organization

**Table 12: Counts of coded write-in responses requesting specific technical assistance, by organizational type.**

| | Total | Community-Based Organizations | Local Health Departments | Community Health Centers | Hospital-Affiliated Specialty Clinics | Family Planning Clinics |
|---|---|---|---|---|---|---|
| **General Billing Needs** | | | | | | |
| Overall Billing | 12 | 7 | 5 | | | |
| Coding | 10 | 4 | 2 | 2 | 1 | 1 |
| Medicaid Billing | 7 | 6 | 1 | | | |
| **Implementation Support** | | | | | | |
| Qualifying for /Enrolling in Health Plans | 8 | 4 | 2 | 2 | | |
| Policies and Procedures | 6 | 2 | 3 | | 1 | |
| Credentialing of Providers | 4 | 1 | 3 | | | |
| **Strategic Decision Making** | | | | | | |
| Cost Benefit Analysis | 7 | 5 | 1 | 1 | | |
| Identifying which Services are Billable | 4 | 3 | | 1 | | |
| Balancing Grants with Billing | 3 | 1 | | 2 | | |
| **Office Support** | | | | | | |
| Information Technology Needs | 7 | 2 | 3 | 2 | | |
| Staff Training | 5 | 3 | 1 | 1 | | |
| Electronic Health Records | 3 | 2 | 1 | | | |