

Ready for ACA?

Assessment of third-party billing practices for Texas HIV, STD, TB, viral hepatitis, and reproductive health services

November 17, 2014
American Public Health Association Annual Meeting

THE UNIVERSITY OF TEXAS AT AUSTIN
HEALTH PROMOTION TEAM
TARA RAY
JENNIFER SETH
ROBIN ATWOOD
MATTHEW FLYNN
JARED HALL
KAROL KAYE HARRIS

Presenter Disclosures

Tara Ray

(1) THE FOLLOWING PERSONAL FINANCIAL RELATIONSHIPS WITH COMMERCIAL INTERESTS RELEVANT TO THIS PRESENTATION EXISTED DURING THE PAST 12 MONTHS:

No relationships to disclose.

Background

ROLE OF PUBLIC HEALTH IN HIV AND STD PREVENTION AND CARE

- Treatment as prevention
- Clinical services and wrap-around services

AFFORDABLE CARE ACT (ACA) IMPLEMENTATION (2013)

- Access to insurance
- Long-term public funding for HIV and STD services unclear
- Texas = non-Medicaid expansion state

TEXAS DEPARTMENT OF STATE HEALTH SERVICES HIV & STD PROGRAM GOAL

- Ensure continued and consistent access to prevention and care services

Purpose of Survey

WHAT IS THE POTENTIAL IMPACT OF ACA ON SAFETY-NET PROVIDERS?

- Client income and insurance
- Funding sources
- Billing capacity

WHAT ASSISTANCE WOULD HELP PROVIDERS PREPARE FOR ACA IMPLEMENTATION?

- Billing
- Transitioning to insurance
- Other?

Methods

2013 ONLINE SURVEY

- Environmental scan
- 107 respondents from state-funded organization
- Focused on billing capacity, funding sources, and client financial and insurance profile

TA DEVELOPMENT

- Informed by survey data, key informant interviews, literature and policy reviews

2014 ONLINE SURVEY

- 67 respondents from state-funded organizations
- Questions focused on organizational preparation for ACA implementation, changes made anticipated impacts

2013 Online Survey Results

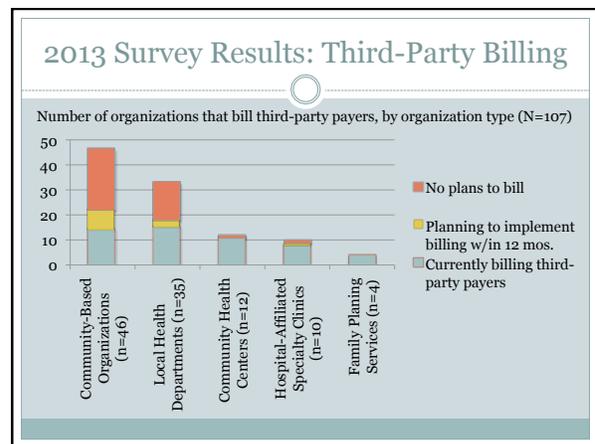
2013 Survey Results: Client Financial & Insurance Status

74% OF ORGANIZATIONS COLLECT INCOME INFORMATION FROM CLIENTS

- More than half of clients earned < 100% Federal Poverty Level (FPL)
- Less than 25% of clients earned 100%-400% of FPL

77% OF ORGANIZATIONS COLLECT INSURANCE INFORMATION FROM CLIENTS

- 35% of clients uninsured
- 27% of clients on Medicaid



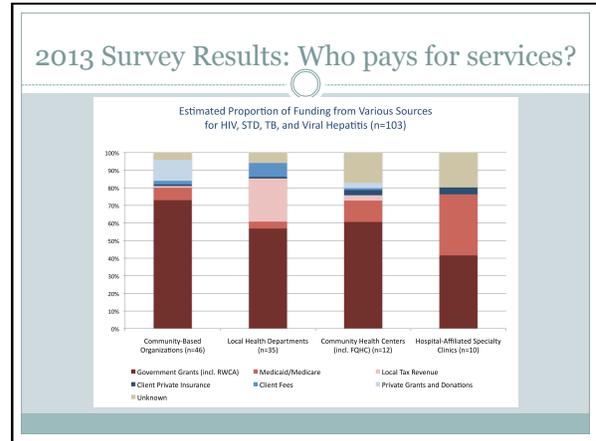
2013 Survey Results: Services Offered

CLINICAL SERVICES

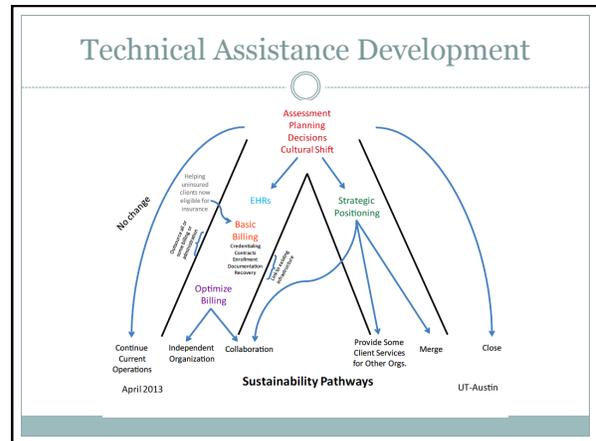
- In-clinic testing of HIV, STDs, TB and/or Hepatitis*
- Clinical examination*
- STD clinical treatment*
- Vaccinations and immunizations*
- Laboratory processing*
- Pharmaceutical services*
- TB clinical treatment*
- HIV clinical treatment*
- Eye and/or dental care*
- Viral hepatitis clinical treatment*
- Home health care*

NON-CLINICAL SERVICES

- Risk reduction and/or prevention counseling
- Non-medical case management
- Medical case management
- Field testing and educational outreach (not in-clinic)
- Patient navigation
- Partner services
- Mental health counseling*
- Nutritional and dietary assistance
- Family planning services*
- Substance abuse services*
- Hospice care*



Ongoing Technical Assistance



2014 Online Survey Results

2014 Survey Results: Reported Organizational Changes since January 2013

- 25% EXPANDED SERVICES OR REACH
- 22% MADE NO CHANGES
- 18% EXPANDED THIRD-PARTY BILLING
- 9% BECAME MEDICAID PROVIDERS
- 7% INCREASED ENGAGEMENT WITH PRIVATE INSURANCE

2014 Survey Results: Anticipated Impacts of ACA

- 25% EXPECTED IMPACTS ON SERVICES AND REACH
 - Opportunity to expand reach
 - Need to cut services
 - Loss of client base
- 25% EXPECTED IMPACTS ON FUNDING
 - Changes in grant funding
 - Billing opportunities
 - Lack of billing capacity
- 21% EXPECTED IMPACTS ON CLIENTS
 - Clients who don't qualify for resources
 - Expand access
- 7% EXPECTED IMPACTS ON PRIVACY

2014 Survey Results: Maintaining services if grant funding is reduced

- 27% WOULD NEED TO IMPLEMENT THIRD PARTY BILLING
- 21% WOULD REDUCE SERVICES
- 21% WOULD DIVERSIFY FUNDING
- 9% ARE UNSURE
- 4% WOULD MAKE NO CHANGES

Implications

- Funding changes could impact organizations who provide prevention, clinical care, and wrap-around services.
- As a public health community, we need to ensure that new cases continue to be identified and that clients can access and be maintained in care.
- There is not a “one-size-fits-all” solution. For some organizations, billing third payers is a feasible option. Others need to consider partnering, restructuring, or expanding services.
- More research into the role of wrap-around services in supporting medical adherence is warranted.

Thank you!