

Enhancing Collaborations between Public Health and Medicaid to Advance Innovative Approaches for Provision and Payment of STD Services



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Background

As public health and healthcare evolve within the context of Affordable Care Act (ACA) implementation, alignment between these two sectors is critical for ensuring targeted delivery of and sustainable payment for sexually transmitted disease (STD) services.

2013

The Centers for Disease Control (CDC), with the Association of State and Territorial Health Officials (ASTHO) and other national partners **examined the status of public health and healthcare integration for STD services**. State/local jurisdictions reported that small grants would be helpful in advancing efforts to integrate and collaborate with healthcare partners.

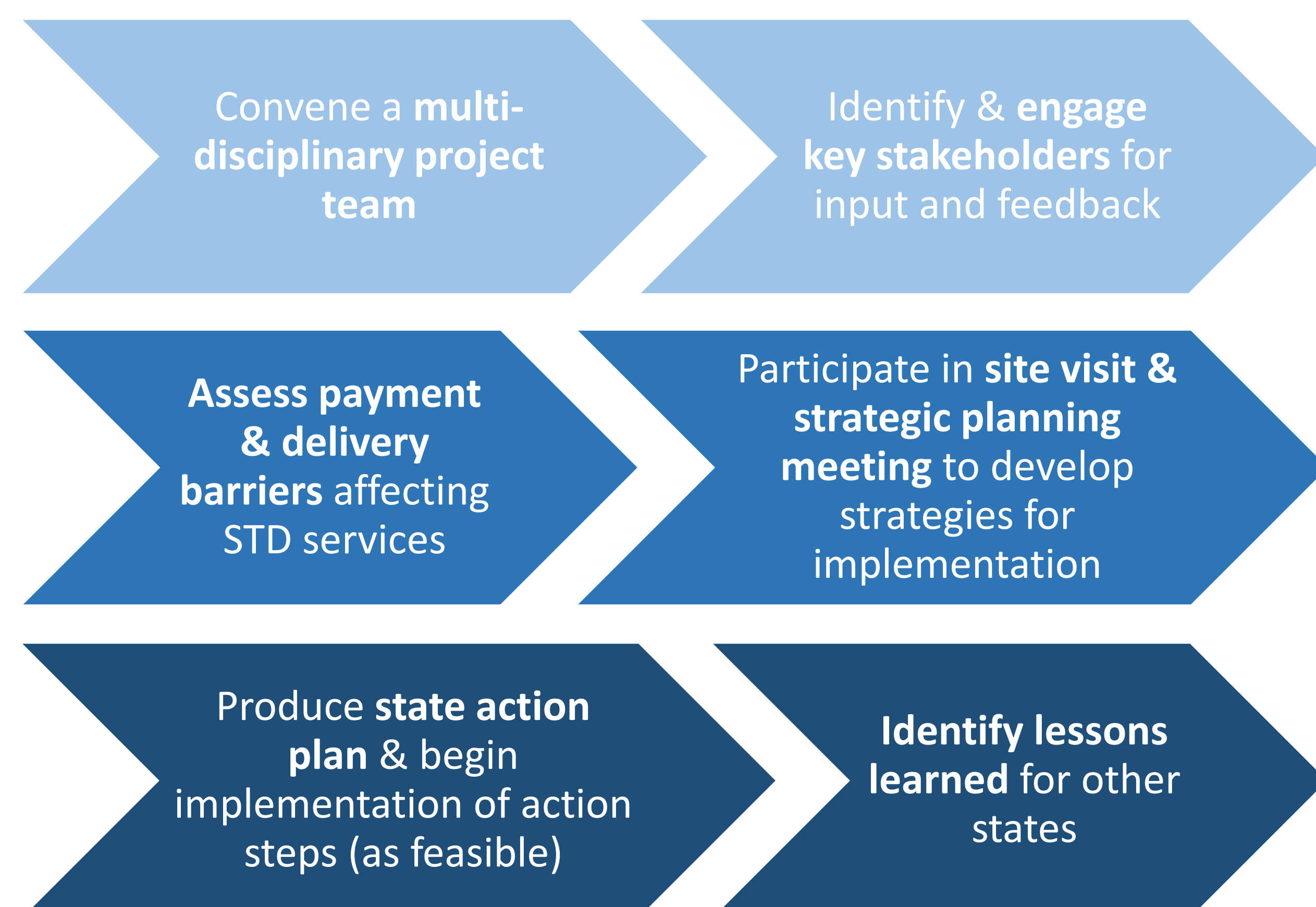
2015

In 2015, ASTHO and CDC **funded Mississippi, Rhode Island, and Washington State health agencies to promote innovative approaches to collaborating with Medicaid for provision and payment of STD services**, using one (or a combination of approaches):

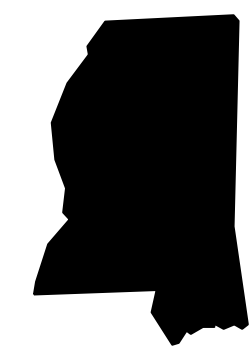
2016

- **Approach 1:** Data sharing agreements or contract language with Medicaid to evaluate screening and treatment of STDs and target services.
- **Approach 2:** Medicaid state plan amendments to allow reimbursement for non-licensed providers such as disease intervention specialists (DIS).
- **Approach 3:** Other innovative approaches for Medicaid payment and delivery systems, as prioritized by the jurisdiction.

Key Activities



State Approaches



Mississippi developed a decision model to determine the impact of fee-for-service versus encounter-based billing at a major STD clinic.

- Engaged Medicaid to discuss potential payment structures.
- Generated a revenue-based decision model using 2015 anonymized patient visit data to Crossroads Clinic in Jackson, Mississippi.



Rhode Island assessed insurance status of patients at their state STD clinic and developed a cost analysis to prioritize action steps to create a financially sustainable model.

- Reviewed patient records to assess insurance status.
- Identified clinic cost/income variables and modeled potential income generated based on various billing structures.



Washington State explored establishing a data sharing agreement with Medicaid to collect STD screening data.

- Researched existing internal and external data sharing agreements.
- Identified data elements, drafted data sharing agreement language, and shared with Medicaid for feedback.

State Assessment Findings

Mississippi

- The model demonstrated that an improved **encounter-based billing structure would generate more revenue** than fee-for-service billing.
- The encounter rate can be optimized by improving clean claims.



Improving the clean claims rate from 34% to 65% would yield \$85,000 additional revenue.

- Implementing small **copayments for self-pay patients** is another promising revenue opportunity.

Rhode Island

Insurance Assessment

- 60% patients indicated that they were insured.



Among insured patients, **concerns about anonymity** was the most commonly cited reason for not using insurance for STD care.

Cost Analysis

- Billing Medicaid alone will not generate revenue needed to cover the clinic's staff, equipment, and labs.

A sustainable billing structure involves billing both public and private insurers.

Washington State



A cross-agency workgroup was established with the goal of pursuing a standard, agency-wide template for data sharing agreements with Medicaid.

- The project team identified **data sharing with Medicaid as a common goal** across several program areas within the Department of Health.
- Review of existing data sharing agreements from other states was useful; however, **variations in state agency structures** (e.g., integrated Medicaid and public health programs vs. separate) prevented the project team from using an existing data sharing agreement as a template.

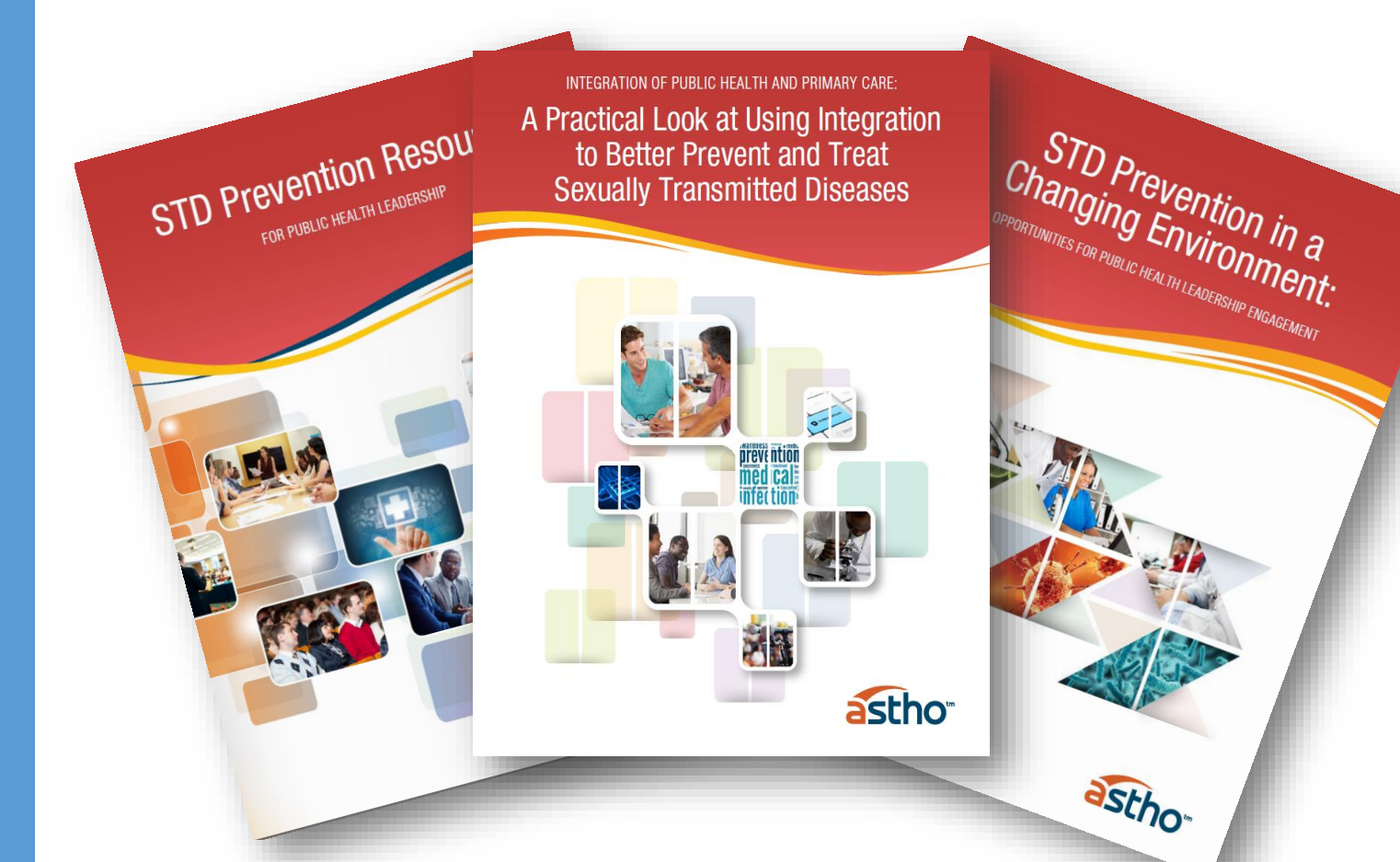
Next Steps

- **Mississippi** will review the decision model analysis with key partners and work to improve clean claims submissions from 34% to 90%. They also plan to implement a small copayment.
- **Rhode Island** will start billing for laboratory services and provider time at the STD clinic. Key steps will involve credentialing the clinic with insurers, building out the medical record system, and evaluating the impact of the new billing system.
- **Washington State** will continue conversations with Medicaid as they review the proposed language for the data sharing agreement and explore the data elements requested. Information technology staff, legal counsel, and other subject matter experts will be instrumental in addressing any questions that may arise (e.g., regarding authority, security, etc.).

Lessons Learned

- ✓ **Grant funds** were helpful in creating a space to engage Medicaid in assessing challenges and opportunities for enhanced provision of STD services.
- ✓ **Public health leadership support** was instrumental in 'opening doors' and initiating conversations with Medicaid.
- ✓ **Site visits** provided an opportunity for the STD program to share their priorities and make the case for collaboration with Medicaid.
- ✓ **Integrating** project activities with other programs and agency priorities elevated the 'ask' of the STD program.
- ✓ Public health can engage Medicaid to identify challenges and **mutually beneficial solutions**.
- ✓ **Articulating the business case** for public health/Medicaid collaborations is an ongoing effort, and essential for sustaining partnerships.
- ✓ As Medicaid offices and STD programs evolve, **model templates and strategies** for providing, billing for, and evaluating STD services are critical.

Additional ASTHO Materials



www.ASTHO.org

- **Integration of Public Health and Primary Care:** A Practical Look at Using Integration to Better Prevent & Treat Sexually Transmitted Diseases
- **STD Prevention Resources** for Public Health Leadership
- **STD Prevention in a Changing Environment:** Opportunities for Public Health Leadership Engagement

Contact Information

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