

Bright Futures Services and Sustainable Billing Practices in Public Health – Seattle & King County, Washington

Public Health – Seattle & King County (PHSKC), a local health department in Washington State, offers comprehensive pediatric primary care, in alignment with the Bright Futures Guidelines. In order to achieve sustainability and increase revenue to continue to provide these services, PHSKC applied to become a Federally Qualified Health Center under Section 330(h) of the Public Health Services Act.

The passage of the Affordable Care Act (ACA) has driven dramatic changes in the healthcare landscape, expanding insurance coverage to a large population, and placing a new emphasis on preventive and evidence-based programs. For example, Section 2713(a)(3) states new group health plans and health insurers shall cover, with no cost sharing, the preventive care and screenings outlined in the Bright Futures guidelines.¹ In addition, Section 1905(r) of the Social Security Act requires that state Medicaid programs provide the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit for all Medicaid-eligible children under age 21. The EPSDT benefit includes providing comprehensive and preventive health care services according to a periodicity schedule, usually based on the Bright Futures Guidelines.² The Bright Futures Guidelines are a set of health supervision guidelines, developed by HRSA's Maternal and Child Health Bureau and the American Academy of Pediatrics, designed to improve the health of children and families through evidence-based health promotion and preventive services. This is achieved primarily through the well-child visit, which includes health supervision, anticipatory guidance, disease prevention, and early disease detection. The 3rd Edition of the Bright Futures Guidelines expands recommendations to include health promotion and prevention at the family and community level.³

To increase the implementation of the Bright Futures Guidelines, many health departments made the guidelines the standard of care for their EPSDT programs, or advocated for the use of the guidelines in private practice (see [ASTHO Bright Futures Issue Brief](#) for state examples) Public health in the State of Washington is decentralized, as all of the local health departments (LHDs) are units of local government, generally contained within the county government.⁵ The Washington State Department of Health provides a variety of services by partnering with LHDs and the state's healthcare system, including technical assistance, quality improvement, and data collection and analysis. However, the responsibility of providing public health services falls primarily on county governments and their LHDs.⁵ While LHDs typically provide a broad range of clinical services, including preventive and disease screening services, PHSKC provides comprehensive pediatric primary care, aligning with Bright Futures Guidelines.⁶

Rather than shifting funding away from clinical services and towards population-based health initiatives, PHSKC sought novel funding streams to increase revenue. Billing third-party payers for clinical services provided by the LHD can increase the economic sustainability of these clinics, many of which help form the safety net for underserved populations.⁴ PHSKC serves as an example of a LHD that provides comprehensive pediatric primary care, including the prevention and screening recommendations outlined in the Bright Futures Guidelines, by billing Medicaid and Medicaid Managed Care Organizations (MCOs). By accessing funding from patient-generated revenue, Title V funding is not needed to support services,

- Patient-generated revenue accounts for 21 percent of PHSKC's proposed budget for

thusly PHSKC is able to direct more Title V Maternal and Child Health block grant funds to other pediatric services, such as Maternity Support Services and Infant Case Management.

Steps Taken:

- PHSKC serves over 100,000 clients in King County, Washington, the thirteenth largest county in the United States, with a population of 1.9 million.⁸ Although PHSKC serves a substantial population, there are only ten public health centers providing services.
- Within these public health centers, PHSKC has three sites that offer primary care services. Two of these clinics provide pediatric health care services. The Eastgate public health center is staffed by three part-time pediatricians, and two part-time family health practitioners, a physician and an advanced registered nurse practitioner. Pediatric primary care is provided by a family medicine physician at the Downtown public health center. Both sites have contracts with local residency programs, which increases the provider count and provides another source of revenue.
- In 1994, PHSKC became a HRSA Section 330(h) grantee, making it a Federally Qualified Health Center (FQHC) providing services to the homeless population of Seattle and King County. PHSKC initially applied for the grant in order to increase access to quality primary care, behavioral health, and other health care services for the County's homeless population.
- Becoming an FQHC provides increased reimbursement rates for services provided to Medicaid and Medicare patients and grant funding to reimburse services provided to uninsured patients.
- As an FQHC, PHSKC's governing board must include community members and patients who provide the patient perspective and advocate on behalf of the community. The Healthcare for the Homeless Council joins the County Board of Health on the governing board to fulfill this requirement.
- The public health centers have contracts with Medicaid, as well as MCOs. Medicaid and the MCOs in Washington primarily reimburses the clinics on a fee-for-service schedule. There are sliding scale fees for those patients without insurance.
- The public health centers utilize EPIC OCHIN as their electronic health record (EHRs) system. This enabled practices to embed Bright Futures visit templates within the EHR. Reminders and flags are available within the EHR to increase adherence to immunization and screening timelines. There is also the ability to upload immunization records to the state registry. Finally, audits are performed periodically to ensure visit documentation is compliant with the guidelines.
- In order to maximize patient-generated revenue, PHSKC has been very diligent about increasing patient enrollment in insurance, particularly Medicaid.
- The public health centers have been recognized by the National Committee for Quality Assurance as patient-centered medical homes.

Results:

- Patient-generated revenue has become a growing component of PHSKC's budget, now comprised of 21 percent of the projected 2015/2016 overall department revenue and 45 percent of the budget for 10 public health clinics.⁷

- PHSKC is able to provide primary care services for over 10,000 individuals, of which 58 percent were children. Of all 10,000 unduplicated patients, 90 percent were under 200 percent of the federal poverty level. Of that 90 percent, about 50 percent were under 100 percent of the federal poverty level.
- Historically, about 50 percent of the patients who visited the public health centers were uninsured. Due to efforts by PHS&KC to increase patient enrollment in insurance, this number has declined since the passage of the ACA. In 2015, 20 percent of the patients at the Downtown public health center were uninsured, and 30 percent of the patients at the Eastgate public health center were uninsured.

Lessons Learned:

- Applying for HRSA's section 330(h) grant, and achieving FQHC status, increased patient-generated revenue, supporting the economic sustainability of the public health centers.
- Utilizing the existing Healthcare for the Homeless Council enabled PHSKC to utilize existing mechanisms to provide a patient and community perspective to its FQHC governing board.
- Due to the ever-changing healthcare and federal funding landscape, operating a public FQHC requires constant analysis of program sustainability and feasibility.
- With the passage of the ACA and Medicaid expansion, increasing patient enrollment ensured enhanced reimbursement for patient services. However, this can also pose a potential financial problem, as patients may transition to other local providers.⁷
- Utilizing an EHR to implement Bright Futures can be a benefit, as well as a challenge, as templates may not function as desired, and system updates may lead to workflow challenges. PHSKC providers created a work-around and created their own templates. These were validated by periodic audits to ensure Bright Futures adherence.

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¹ 111th Congress. Public Law 111-148. "Patient Protection and Affordable Care Act." March 23, 2010. Available at <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>. Accessed 7-21-16.

² Centers for Medicare & Medicaid Services. "EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents." Available at https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/epsdt_coverage_guide.pdf. Accessed 7-21-16

³ Hagan JF, Shaw JS, Duncan PM, eds. 2008. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Third Edition. Elk Grove Village, IL: American Academy of Pediatrics.

⁴ NACCHO. "Billing for Clinical Services: Health Department Strategies for Overcoming Barriers." Available at http://archived.naccho.org/topics/HPDP/billing/upload/issuebrief_billing_jan2014.pdf. Accessed 7-21-2016

⁵ Washington State Department of Health. "Public Health System Resources and Services." Available at <http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices>. Accessed 7-21-2016

⁶ National Health Policy Forum. "Governmental Public Health: An Overview of State and Local Public Health Agencies." Available at https://www.nhpf.org/library/background-papers/BP77_GovPublicHealth_08-18-2010.pdf. Accessed 7-19-2016

⁷ King County. "2015/2016 King County Proposed Biennial Budget." Available at <http://www.kingcounty.gov/depts/executive/performance-strategy-budget/budget/2015-2016/2015-2016-ProposedBudget.aspx>. Accessed 7-22-2016

⁸ United States Census Bureau. "Quick Facts" Available at <http://www.census.gov/quickfacts/table/PST045215/53033>. Accessed 7-20-2016