

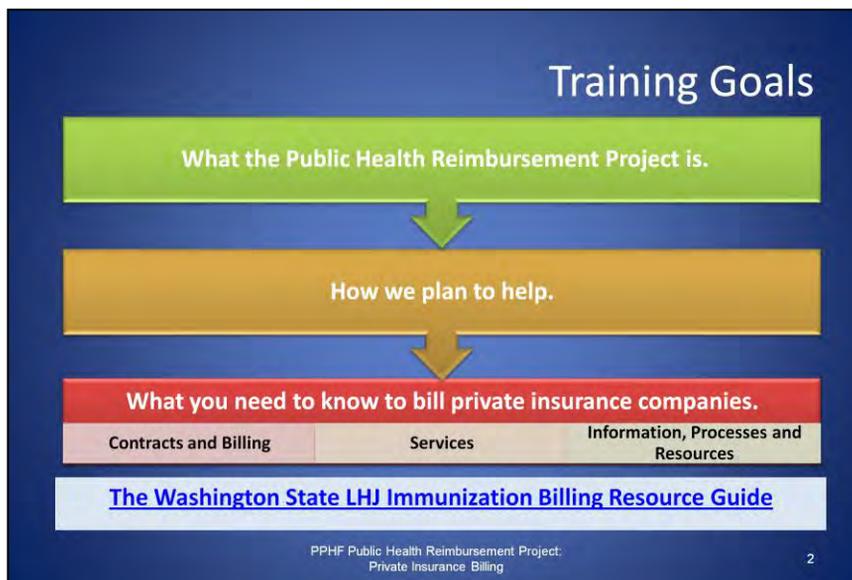


We'd like to thank you for joining us for this training on Billing Private Insurance for Washington State Local Health Jurisdictions. This training will help you learn more about what it takes to bill private insurances.

Parts of this training will be interactive. You will be asked to provide feedback and responses during and following the training. We will check-in periodically throughout the training. This will allow time for questions and comments. In order to complete the training, some questions may be held until the end.

There will also be time for questions and comments as we wrap up the training. We will summarize the questions and answers and send them out with the training slides to anyone who registered for the training.

This information was current as of the training dates.



Today, I will be facilitating as your mentors conduct the training.

By the end of this training you will:

- Understand what the project is and why we are doing this.
- How we plan to help.
- Identify what you need to know to bill. Your mentors will share how they interact with private insurers, discuss services, information, processes and resources you may need.

We will refer to the Washington State LHJ Immunization Billing Resource Guide throughout this training. You should have received the link to the guide and additional reference materials prior to the training.

Download your copy here.

http://www.jeffersoncountypublichealth.org/pdf/LHJ_Billing_Resource_Guide.pdf

Public Health Reimbursement Project

A CDC-funded project to improve **reimbursement** and **reinvestment** in immunization programs.

When

- Effective 7/1/12-8/31/14

What

- Implement billing for immunization services in health department clinics.

How

- Offer training, mentoring, and funding.

Billing private insurances may help bring in revenue.
These trainings provide information, resources and strategies to help make decisions about billing.

What is the Public Health Reimbursement Project?

It is a Center of Disease Control and Prevention (CDC) funded project to improve reimbursement and reinvestment in immunization programs. .

When: This project is effective July 1, 2012 – August 31, 2014.

What: We will use these funds to help you implement or improve billing practices for immunizations.

How: We will offer training, mentoring, and funding to support billing implementation.

These trainings provide information, resources and strategies to help make decisions about billing. Our funding environment is changing and budget decisions and sacrifices are harder to make. We want you to have as much information as possible when making decisions that affect access to care for those in our communities.

Reasons to Consider Billing Private Insurance Companies

Your relationship with the insurance company may affect your decision to bill them.

Affordable Care Act mandates that ACIP recommended vaccines are provided at no out-of-pocket costs for insured clients.

Free up resources.

Ensure access to services.

Prepare for Healthcare Reform

Payments are typically higher than Medicaid.

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Private Insurance Billing

4

Why you should consider billing private insurance companies.

First of all, your relationship with the company may affect your decision to bill them. You may have to enter into an agreement with a company to get paid for services you provide to their members.

Here are some things to consider:

- Affordable Care Act mandates that Advisory Committee on Immunization Practices (ACIP) recommended vaccines are provided at no out-of-pocket costs for insured clients. That's because insurance companies will pay at their full allowed amount for vaccines and many other essential health services.
- Billing private health insurance may
 - Free up resources - Offset the cost of providing free services to patients without health insurance.
 - Ensure access to services –Use revenue from billing as other funding sources shrink.
 - Help you prepare for healthcare reform - more of your clients may be insured as reform unfolds.
 - Payments are typically higher than Medicaid – private insurance companies typically reimburse at a much higher rate than Medicaid.

We Are In This Together

Your mentors are billing private insurances, so can you. Let them help.

Benton-Franklin
Negotiated contracts and MOUs.

Grays Harbor
Contracted with their first insurance company last year.

Jefferson
Converting to a new EMR and billing system.

Spokane Regional
Achieved National Accreditation.

Walla Walla
Used the online tool, ProviderSource for provider credentialing.

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5

I want to remind you that we're in this together.

Like you, our mentors have limited staff, resources and funds.

They are billing private insurances, so can you.

Let them help.

Here are some examples of changes and transitions affecting our mentors:

Benton-Franklin – Negotiated contracts and MOUs with a variety of insurers which provides a service to their clients and community.

Grays Harbor – Contracted with their first insurance company last year and have been tracking their revenue to guide additional relationships and contracts with insurers.

Jefferson – Currently converting to a new EMR and billing system.

Spokane Regional – One of the first of 11 Health Departments in the country to Achieved National Accreditation.

Walla Walla – Recently used the online tool, ProviderSource for provider credentialing.

Most Common LHJ Services

Immunizations

- Child
- Adult
- Travel

STDs

- Gonorrhea
- Chlamydia

TB

- Testing
- Treatment
- Counseling

HIV

- Testing
- Counseling

Oral Health

- Children
- Adults

Family Planning

- Take Charge
- First Steps

Here are some of the most common services provided by local health.

You can bill for all of these services.

The process of billing private insurance is the same.



Today's training plan

Credentialing - We'll start off with credentialing.

Discuss the WA Practitioners Application and the online credentialing tool, ProviderSource.

Contracting - Then we'll discuss the process of contracting with insurance plans, share contracting options to help you decide if you will benefit from contracting with insurance plans

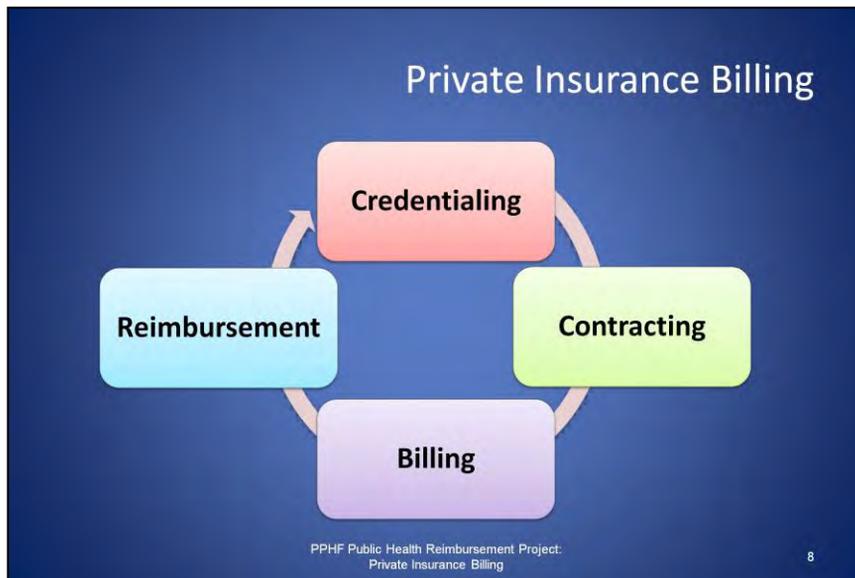
Billing - We will walk you through the billing process.

From collecting the data you need to bill to submitting a claim.

Reimbursement – We'll discuss how to process reimbursements from insurance companies.

How you get paid, how to read the remittance advice, payment policies and how to coordinate benefits if your client has more than one type of coverage.

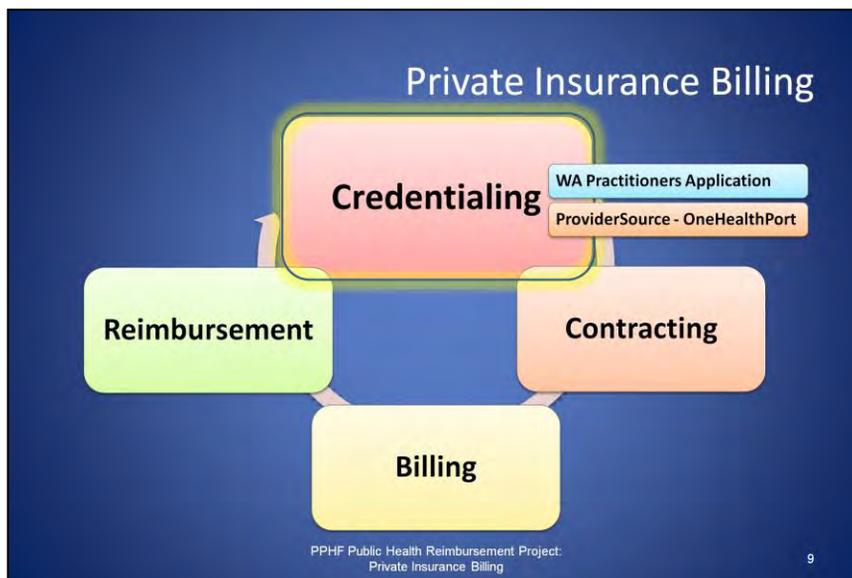
Billing Resources – We'll demonstrate one way to use an online billing clearinghouse. that may help you bill more efficiently. They are free and right at your fingertips.



In our last training we told you about the four parts in the billing process.

1. **Credentialing:** The process insurance companies use to make sure that the provider is qualified to provide care and treatment to their members.
2. **Contracting:** Providers enter into an agreement with a health plan to accept members and a contracted or negotiated payment rate.
3. **Billing:** The process of turning the services you provide into a bill called a claim. (based on codes and charges)
4. **Reimbursement:** Getting paid for the services you provide.

Now we'll help you figure out how to apply this process to private insurance. Let's start with Credentialing. Nancy from Walla Walla is going to walk you through this process.



Credentialing: The process insurance plans use to make sure that the provider is qualified to provide care and treatment to their members. A provider can be credentialed but not contracted with the health plan. Generally, only credentialed providers will be paid. Your provider may have to be credentialed to bill electronically.

WA Practitioners Application: Use this completed application as a guide for completing online credentialing.

Standardized process accepted by most health insurance companies.

Most insurance companies in Washington state require you to credential online utilizing ProviderSource.

ProviderSource: ProviderSource is the result of State Senate Bill 5346 – Administrative Simplification

Statewide data collection process for all credentialing data.

Free for providers.

Details about credentialing with private insurance companies can also be found in the LHJ Immunization Billing Resource Guide. pp 32-33,37-40

Who to Credential

Health Officer

- Physicians
 - MD
 - DO

Healthcare Professionals

- ARNP
- Dietician

Credentialing Process

Gather Provider Information

State Professional License

DEA Certificate (If applicable)

ECFMG –Educational Commission for Foreign Medical Graduates (if applicable)

Fact Sheet of Professional Liability Policy of Certificate

Curriculum Vitae

Wa Practitioner Application

[Link to WA Practitioners Application](#)

Complete WA Practitioners Application

Washington Practitioner Application

To use the Washington Practitioner Application (WPA), follow these instructions:

- Keep an **annotated and updated** copy of the application on file for future requests. When a request is received, send a copy of the completed application, making sure that all information is complete, current and accurate.
- Please sign and date pages 11 and 13.
- Please document any YES responses on the Attestation Question page.
- Identify the health care related organization(s) to which this application is being submitted in the space provided below.
- Attach copies of requested documents each time the application is submitted.
- If changes must be made to the completed application, strike out the information and write in the modification, initial and date.
- If a section does not apply to you, please check the provided box at the top of the section.
- Expect addendums from the requesting organizations for information not included on the WPA.

This application is submitted to:

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1. INSTRUCTIONS

This form should be typed or legibly printed in black or blue ink. If more space is needed than provided on original, attach additional sheets and reference the question being answered. Photos (ID) and case addendums. **Current copies of the following documents must be submitted with this application:** (all are required for MDs, DOs; as applicable for other health practitioners)

- State Professional License(s)
- DCA Certificate
- ECFMG (if applicable)
- Face Sheet of Professional Liability Policy or Certificate
- Curriculum Vitae (that is acceptable substitute for completing the application.)

**** All sections must be completed in their entirety. ****

2. PRACTITIONER INFORMATION - Legal Name Required

Last Name (include suffix, Jr., Sr., III)	First	Middle	Degree(s)

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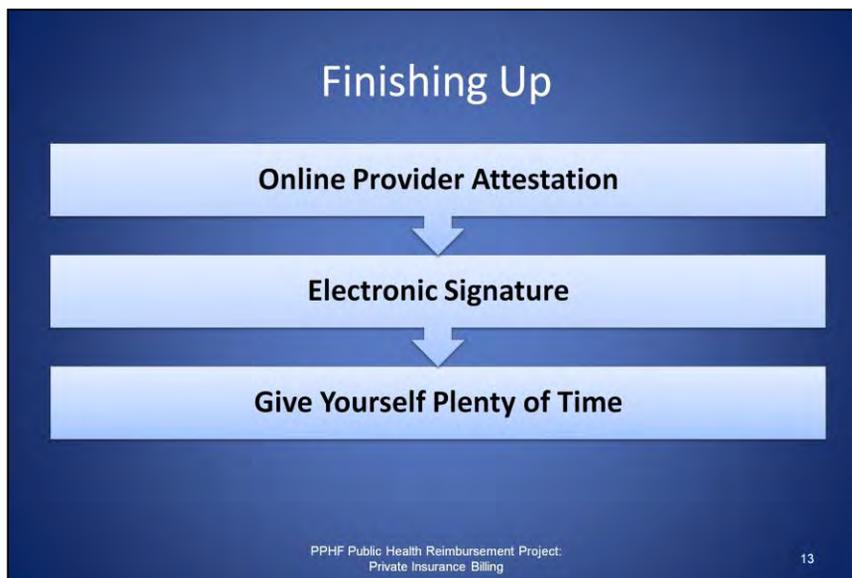
12

The Washington Practitioner Application is available online at many sites. One site, is at OneHealthPort.com

We suggest you print out this form and have each provider complete in its entirety. You will use this form to complete the online process. Become familiar with this application as it is the heart of credentialing. The application covers practitioners private information such as home address, ss#, professional licenses, school, internships, work history, clinic hours, handicapped accessible, etc.

This application covers hospitals, clinics, etc. There may be questions that do not relate exactly to public health, but just answer as best you can or leave a n/a. The various insurance companies will pull your data, review and call you with any clarification needed. Please call your mentor if you have any questions.

If your practitioner prefers to complete the online process themselves that is an acceptable alternative.



Online Provider Attestation: Once the practitioner information is in ProviderSource the provider will need to Attest that the data is correct. If you completed online application, you might want to print and have practitioner review or have them review online with you.

Electronic Signature: The practitioner will need to follow the online instructions to sign. Signing is done electronically with your computer mouse.

Give Yourself Plenty of Time: Many plans take up to 6 months to complete credentialing to allow third party contracts.

Credentialing Databases

ProviderSource - OneHealthPort (OHP)

- Working with multiple Insurance plans
- Streamline process
- Stores information
- Makes your information available to other plans
- Shorter application processing time

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Private Insurance Billing

14

As a result of ACA's Administrative Simplification requirements, there are online databases you can use to credential your providers.

These database stores information and shares it with the insurance companies you choose.

In most cases, applications are processed faster.

Most insurers will only accept online credentialing applications.

Use the paper application to guide you through the online process.

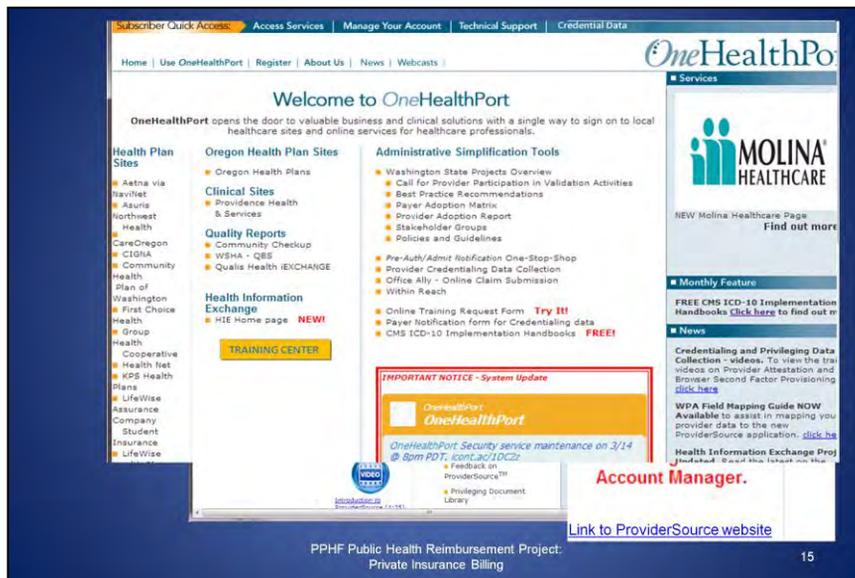
WA online System: ProviderSource accessed through OneHealthPort

Some of you may have used other online credentialing sites like Council for Affordable Quality Healthcare (CAQH)

Information stored in CAQH cannot be transferred or uploaded into ProviderSource.

WA is transitioning all providers, that bill electronically, to ProviderSource exclusively.

You should plan to re-credential and update information regularly.



Access the credentialing database ProviderSource through the OneHealthPort website.
OneHealthPort

Portal to many WA health plans with one login and password

Portal to ProviderSource

There are training videos on their site to help you get started with online credentialing.

ProviderSource

[Link to ProviderSource website](#)

- Training Opportunity from ProviderSource
 - May 14th 10am -11:00am
 - May 15th 3:00pm-4:00pm
- Register here <http://www.formstack.com/forms/?1132317-TZFwZ3ynD>

The ProviderSource training is optional and not a part of the Public Health Reimbursement Grant.

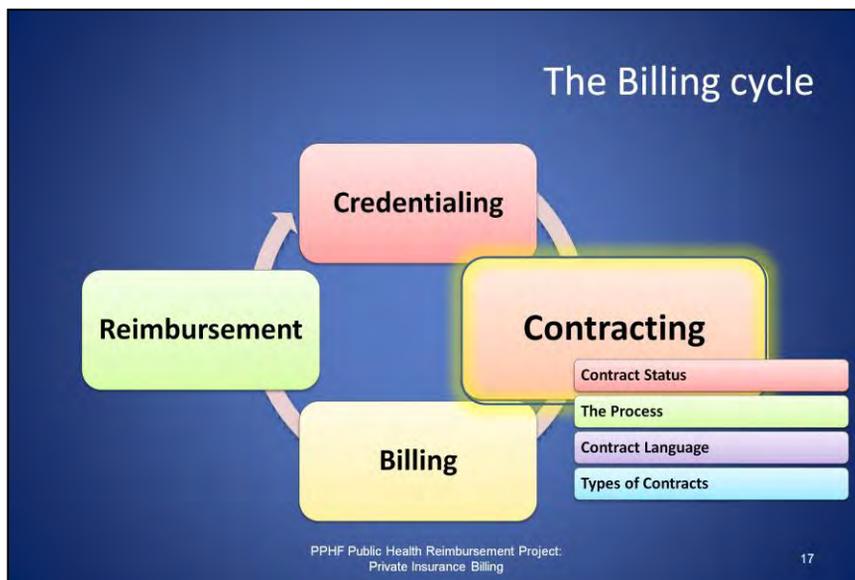
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Private Insurance Billing

16

You can visit the ProviderSource website for more information.

If you are interested in learning more about using ProviderSource, you can participate in one of their webinars. They have reserved these dates and times for LHJs. The link to this training will be sent out with the slides.

The ProviderSource training is optional and not a part of the Public Health Reimbursement Grant deliverables.



Contracting with health plans.

Contract Status
The Process
Contract Language
Types of Contracts

We will discuss several different contracting models and how they might fit your needs.

Additional information about contracting with private insurance companies may be found in the LHJ Immunization Billing Resource Guide. Pp 32-43

Why Contract?

Preparation for healthcare reform. More of your clients will become insured as healthcare reform goes into effect and the insurance exchange opens up.

Preventative health services are covered in most plans.

More reliable revenue source than private pay clients.

So why should you consider seeking out a contract with a private insurance plan?

As we move along with healthcare reform, more of your population will have insurance. At Benton-Franklin Health District we have seen babies who are behind in their shots because the parents didn't think they could afford the immunizations, adults who would like to have vaccinations, but don't get them due to the cost. As more of the population becomes insured we want to position ourselves to better service the clientele we have by offering insurance billing. Not only is this a welcome service to our community but it is a much more reliable source of income for our health district. Now is the perfect time to contract. Many insurance companies are actively seeking new providers to meet the anticipated increase in demand.

Contract Status

Contracted Provider

- Agree to:
 - Accept their members for the services your clinic provides. This is also referred to as “Participating” or being an “In-Network Provider”
 - Accept the payment structure the insurance company has established.

Non-Contracted Provider

- A provider that does not have an agreement with a client’s insurance company.

So what does it mean to have contract status with a health plan?

It means you agree to:

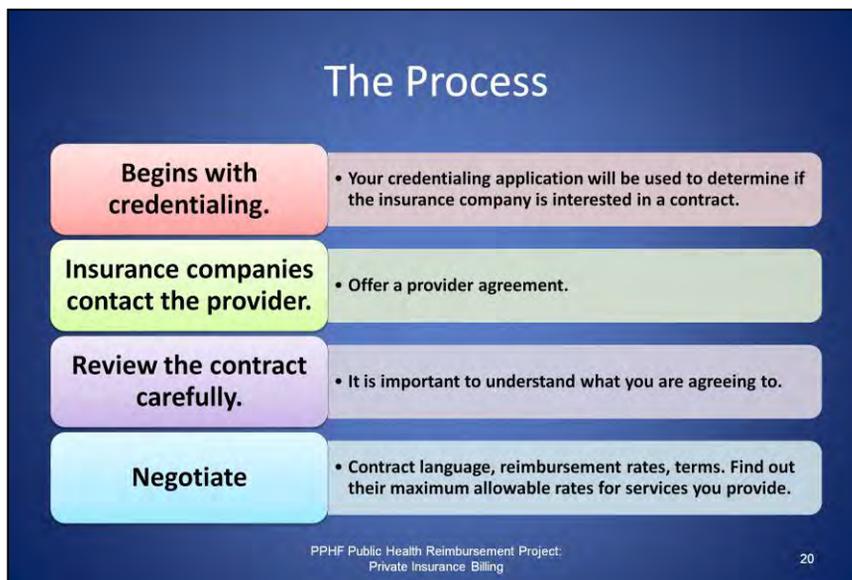
Accept their members for the services your clinic provides. This is also referred to as Participating or being an In-Network Provider.

Accept the payment structure the insurance company has established. It is important to understand their fees and negotiate as needed during the contracting process.

Agree to bill for their members for all services you provide unless otherwise identified in the contract.

Non-Contracted Provider: A provider that does not have an agreement with a client’s insurance company.

Additional information may be found in the LHI Immunization Billing Resource Guide. Pp 32



The first step begins with credentialing. You will submit your credentialing application to the insurance company you are interested in contracting with. I often start this process with a phone call to the insurance company to introduce myself, and let them know of our interest in contracting and to discuss the services we provide. Some insurance plans may not contract with all specialties. Share your roll in the community and how you serve their members. This initial informal discussion can be very useful in learning about their level of interest and give you an overview of their contracting process and timeline. I use this introductory discussion to talk about the limited services we provide. In doing this it sets the stage for the expectation that we will may need to customize our contract. This can be very useful later in the contracting negotiating process.

Insurance companies contact the provider. Next the insurance company will make formal contact with you. Often times we receive an email alerting us that a contract is being sent in the mail. At this point, you should be in contact with the contract negotiator that you will be working with through the contracting process. This is an important contact to develop. A good working relationship with this person can serve you well later on. We have re-negotiated contract language, billing term limits and increased reimbursement over the years that have been very beneficial to our health district through these relationships.

Review the contract language carefully. Usually you will start with a boiler plate contract. Some of this language is required by law and non-negotiable, and some of it can be negotiated. It is important to read through the entire agreement and outline all areas that are of concern. Understand if your contract requires you to bill them for all medical services you provide or not. If for example your intention is to only contract for immunizations, but not family planning then you need to insure that your contract allows for that.

Negotiate. Most rates and terms can be negotiated to some degree with private insurance companies. If the plan you are negotiating with happens to be a Medicaid managed care plan, like CHPW you will not be able to negotiate rates as they will follow the Medicaid rates. Other health plans generally have some leeway. This is the time to review their reimbursement rates for all your billable services. I have a spreadsheet I use to submit with the CPT codes and descriptions and ask them to fill in their maximum allowable rates. Remember most rates and terms of the contract are negotiable with private plans so don't be discouraged if the rates are lower than you expect.

Billing With a Contract

Reimbursement

- Accept Maximum allowable fees.
- Pay Providers Directly.
- Abide by claims processing policies and requirements.
- Usually Paid at a higher rate.

Customer Service

- Bill for clients.
- Clients pay less.

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Private Insurance Billing

21

Once you have contracted with a private insurance, lets discuss how this will impact your LHJ.

1. Your clients typically pay less or nothing at all for preventative services when you are contracted with their insurance plan.
2. You have already agreed to their fee schedule so you know you will get paid for the services you provide. This allows you to provide the services in situations where you may not currently be doing so. For example, if your policy is to require that adults with a non-contracted insurance pay for their vaccinations at the time of service this may be a barrier for adults who cannot afford to pay up front and seek reimbursement.
3. When billing a contracted insurance plan you have already agreed to abide by the claims processing policies and requirements so you know what to expect. In network providers are usually paid at a higher rate than out of network providers.
4. Although a non-contract provider can bill an insurance plan, many plans will not pay you directly unless you are contracted.

The customer service you provide by billing private insurance removes one more roadblock for those seeking your services. Clients pay less and will be more likely to get the services they need.

Additional information about contracting with private insurance companies may be found in the LHJ Immunization Billing Resource Guide. Pp 43

Billing Without a Contract

Can be more expensive for the client

- Insurance companies that do pay non-contracted providers may require the client to pay a cost-share for going out of their network.

Balance Billing

- You may be able to bill the client.

Payment

- Payment amounts vary
- Payments often made to the client
- Payments and denials can be inconsistent.

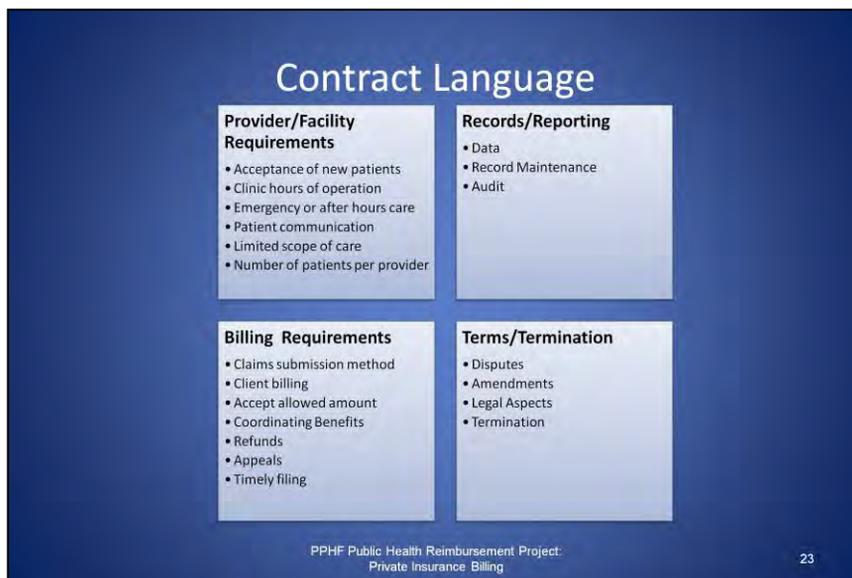
While many plans do not pay non-contracted providers, some do. Here are some things to consider:

- Insurance companies that do pay non-contracted providers may require the client to pay a cost-share for going out of their network that they would not have to pay if you were an in-network provider.

Balance Billing: If you received a partial payment from the insurance plan, you can charge the patient for the balance. This differs from contracted providers since the contract may require you to accept the agreed upon amount as payment in full.

Payment made by non-contracted insurances often vary, and we have found that it is getting more common place for the check to be issued to both the client and the health department requiring us to endorse the check over to the client if they paid in advance or for the client to bring the check into us for endorsement.

Additional information about contracting with private insurance companies may be found in the LHJ Immunization Billing Resource Guide. Pp 41



Here are some examples of terms and requirements that you should be aware of:

Provider/Facility Requirements: There is typically a section on provider requirements that addresses your responsibilities related to accepting new patients, number of patients seen, and how patient communication is to be conducted. In this area look for language that may not fit your facility such as required hospital privileges, on-call coverage and number of patients seen. You may need to request this language be reworded to fit your limited scope of practice.

Records/Reporting: Contracts can also include reporting requirements so be sure to review it carefully and make sure that your clinic and practice management and billing systems can get the required information.

Billing Requirements: Most insurances have similar billing requirements which complies with billing claims and payment standards. This section will outline the claims submission methods that are acceptable, when you can bill the client, and will require you to accept their allowable amount as payment in full. Look for language that addresses how and when you can collect from patients. For example do you need to have the client sign a waiver in advance when providing a non-covered service in order to collect from the client? Another important point to understand of this section is the claim filing time limit. Most insurances will allow one year from the date of service, however I have seen a 6 month time limit written into a contract that we were able to negotiate out to 1 year. In the event of a public health emergency like the H1N1 event, you may be glad you had the extra time to re-bill any outstanding claims.

Terms/Termination: It is important to understand how to handle disputes and contract amendments or termination. This is not an area you want to be surprised at should a dispute arise. This section generally used standard language that requires mediation or arbitration for dispute resolution.

Legal Aspects: Public health services and operations are usually different than those in a private practice or large facility. Identify the differences and discuss it with each plan. All contracts should be review closely before agreeing to the terms. We recommend having all contracts and agreements reviewed and approved by a contract specialists or legal representative.

Types of Contracts

- Provider Service Agreement
- Memorandum of Understanding (MOU)
- Immunization and Medical Service Agreements

Health departments can play an important role in increasing member immunizations, primary care services to children and adolescents, and oral health.

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Private Insurance Billing

24

Here are the **most common types of contracts** you will see. Some insurance plans may have several options, others may offer only one. Determining up front what services you want to contract for, and then having that initial conversation with the insurance plan will help identify what your options will be.

Health plans are graded on the health rating of their members and may have a renewed interest in contracting with Health departments. Their “report card” is published and used by consumers to help select a health plan. Health departments can play an important role in increasing member immunizations and preventative care services to children and adolescents.

Additional information about contracting with private insurance companies may be found in the LHJ Immunization Billing Resource Guide. Pp 34-37

Types of Contracts

Provider Service Agreement

- Most formal type of agreement/contract
- Most commonly used between medical providers and payers.

MOU (Memorandum of Understanding)

- A less formal agreement between a provider and a payer.
- In place of or in addition to a contract

Immunization Services Contract

- Immunizations only

A Provider Service agreement is the most formal and detailed type of contract. It is the most common one used between medical providers and payers. It generally covers all the items we discussed earlier.

A Memorandum of Understanding or MOU is a less formal agreement and allows either party to terminate easier. It is generally used for a limited scope of service, but can also be used as an addition to a existing contract.

A Immunization Service Agreement is similar to a MOU but for a very specific and limited scope of services. Many plans offer contracts or agreements specific to immunizations to increase health outcomes for their members.

Setting Fees

Set fees to receive maximum reimbursement and your policies to serve your clients.

- Your policies will ensure that you do not overcharge clients that qualify for state/federal programs and fees for your uninsured or self-pay clients can still slide.

Fee setting is a clinic decision.

- Refer to the reimbursement tab in the CBA tool to see how your fees compare to the average reimbursement amounts from private insurers.

You must bill everyone the same amount for the service every time.

- Document and report services exactly the same for each client regardless of how the service is paid.

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Private Insurance Billing

26

Set fees to receive maximum reimbursement and policies to serve your clients.

Your policies will ensure that you do not overcharge clients that qualify for state/federal programs and fees for your uninsured or self-pay clients can still slide.

For example, VFC clients cannot be charged more than \$23.44 for the administration of vaccines. That does not mean that your fee cannot be \$35. It means that VFC eligible clients cannot be billed more than \$23.44. Your policies allow you to set your fee at \$35 and bill clients less, \$23.44 in this case.

If you only bill the minimum amount you get paid, such as \$5.96 from Medicaid, you won't be able to benefit from the higher rates paid by private insurers.

Fee setting is a clinic decision.

Review your current fees, policies and priorities to see if your fees are preventing you from increasing your revenue.

Take a look at the reimbursement tab in the CBA tool to see how your fees compare to the reimbursement amounts from private insurers.

When setting your fees and billing, you must bill everyone the same amount for the service every time.

Document and report services exactly the same for each client regardless of how the service is paid.

For example, if you are going to charge an office visit and administration for vaccines, you must charge everyone for those services at the same rate.

Additional information may be found in the LHJ Immunization Billing Resource Guide. Pp V-01-03

Vaccine Services

Children

- Office Visits
- Administration - 90460-90461 or 90471-90474

Adults

- Office Visits
- Administration – 90471-90474
- Vaccine

	CPT Codes 90460-90461	CPT Codes 90471-90474
Reported per	Vaccine component	Vaccine (single or combination)
Age Restriction	18 years and younger	No age restriction
Counseling	Required	Not Required
Routes of Administration	Use for all routes of administration	Codes differ based on route of administration (injectable vs intranasal)

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Private Insurance Billing

27

Billing private insurance for vaccine services really can increase your revenue. Here are some examples of how others are making it cost effective:

- Every vaccine related service includes an office visit and vaccine administration charge.
 - Charging for the office visit is great way to increase revenue. All of our mentors that provide vaccines charge for the office visit.
- Each time a vaccine is administered to a child, face to face education and counseling is provided.
- For adults office visits, vaccines and administration are always documented and charged for every client.

This table can help you see the difference between each coding type and when to use them. Let me show you why this is so important.

Why You Need to Know

MMR -90707	Education and Counseling 90460-90461 <small>*Ages 18 and under</small>	No Education and Counseling 90471-90474
Administration Charges per Vaccine	3	1
Administration Codes	90460 AND 90461 x 2	90471
Potential Reimbursement	\$69.00*	\$22.50*

THE SAME VACCINE!

*Reimbursement amounts are estimates from 5 WA LHJs and can be found in the Cost Benefit Assessment Tool.

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Private Insurance Billing

28

Providing education and counseling when administering vaccines to children makes a big difference when it comes to reimbursement. Most of you are already doing it.

Insurance companies will reimburse you based on the number of components in a vaccine when education and counseling is provided during the administration.

Here's what that looks like for a vaccine like MMR which has three components.

So, using data from the cost benefit assessment tool, that means for no education and counseling you may get \$22.50 compared to \$69.00 for the same vaccine! When we're talking about reimbursement and revenue that's a big difference.

LHJs and Vaccine Administration

Vaccine administration with face to face education and counseling can bring in additional revenue when billing insurance.

For many of you, RNs and LPNs administer vaccines, education and counseling based on standing orders.

Determining if you will bill for these services under standing orders from your qualified provider is a clinic decision.

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Private Insurance Billing

29

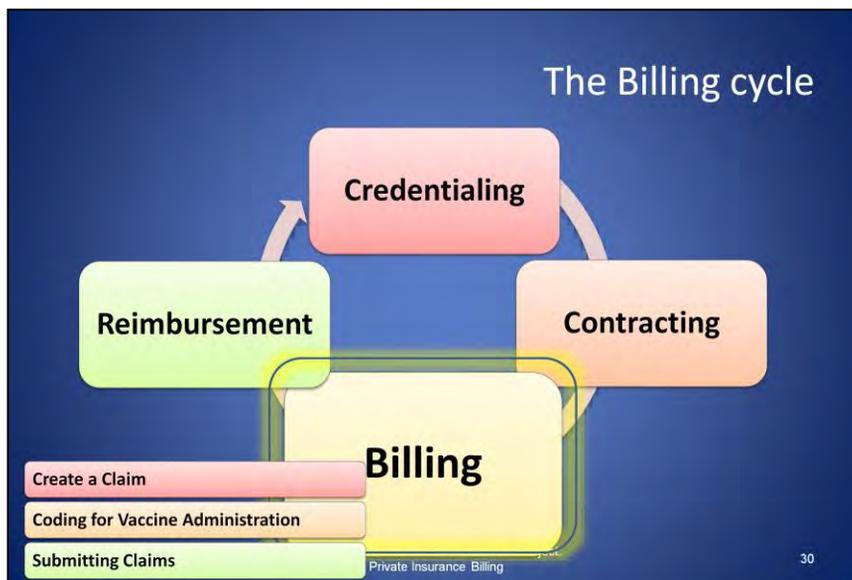
Vaccines require a prescription to be administered in WA state. Typically, health departments that administer vaccines operate under standing orders from their health officer.

Vaccine administration with face to face education and counseling can bring in additional revenue when billing insurance.

For many of you, RNs and LPNs administer vaccines and provide education and counseling based on standing orders. Standing orders and the role of nurses and clinical staff vary at each LHJ. In Washington State, providing education and counseling when administering vaccines is within the scope of license for RNs, LPNs, MAs and HCAs.

Determining if you will bill for these services under standing orders from your qualified provider is a clinic decision.

Here's how some LHJs are doing it.



Billing health plans can seem overwhelming. Billing is the process of turning the services you provide into a bill called a claim. A claim includes all the necessary information like codes, charges and information about your provider so insurance companies can process the claim for payment.

We will break it out into a few steps to get you started.

Create a claim: Collect the information you need to create a claim.

Coding for Vaccine Administration: We'll show you how to select the proper codes for immunization billing.

Submitting Claims: How and where to send claims.

Additional information may be found in the LHI Immunization Billing Resource Guide. Pp 41-44

Creating a Claim

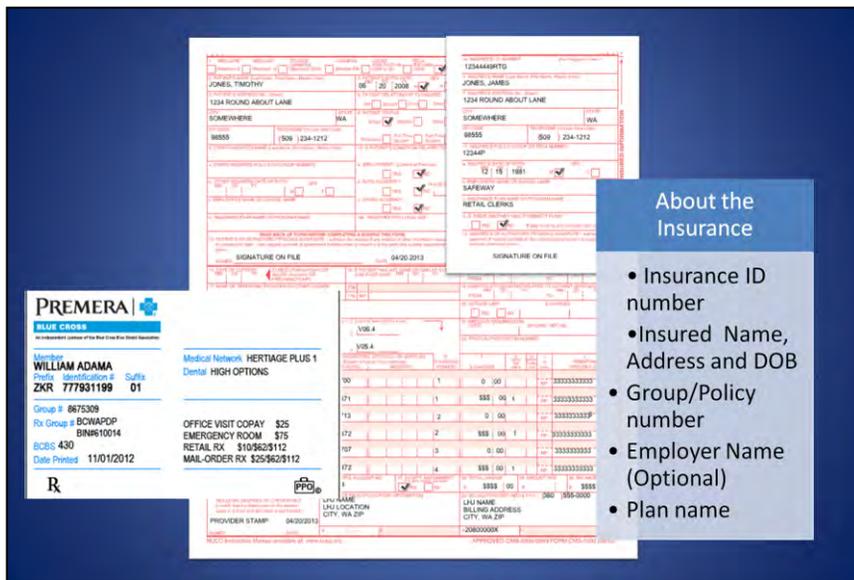
Claim Information You May Already Have

Client	Provider/Facility	Service
<ul style="list-style-type: none">• Full name• DOB• Address (street/city, state, zip)• Phone number• Marital status• Insured name• Gender	<ul style="list-style-type: none">• Tax ID number• Facility Address• Billing Address• NPI	<ul style="list-style-type: none">• Date• Charges, prior payments/balances

Many of you are already collecting most of the information you need to bill private insurance. The information comes from the client, their insurance card and the provider.

Intake forms often collect the information you need from the client. Consider asking for this information if you don't have it. You must obtain consent from the client to bill his/her insurance. – This is often included on the intake form.

The provider reports the service. Billing staff may need to translate them into CPT and diagnosis codes. You use an encounter form or develop one by identifying the CPT codes for the services you provide and most common diagnosis codes to streamline your billing process.



Insurance companies will need specific information about your clinic and providers. Encounter forms often include this information. This information should be captured and reported to billing staff for each visit.

While not all insurance cards look alike, they generally include the same information. It's important to get the information you need from the client and his/her insurance card to report on the claim. Information may be found on the front or back of the card.

Here's where to enter insurance information

If you are billing electronically, you will need to record and report the Payer ID number often found on the back of the card.

About Provider/Facility

- Provider/Facility
- Tax ID number
- Facility Address
- Billing Address
- NPI

The provider has to report the service so enter the provider information. This may be the LHJ or provider depending on how you credentialed and or contracted with the insurance company.

Provider/Facility - You can use a stamp or electronic provider signature.

Vaccine Administration Coding

Client 18 or Under <u>With</u> Education and Counseling	Client 18 or Under <u>Without</u> Education and Counseling	Adult
<ul style="list-style-type: none">• MMR• Office Visit – 99211-25• Diagnosis Code – v06.4• Vaccine Administration - 90460-90461<ul style="list-style-type: none">• 90460 x1 -first component• 90461 x2 – each additional component	<ul style="list-style-type: none">• MMR• Office Visit – 99211-25• Diagnosis Code – v06.4• Vaccine Administration – 90471-90474<ul style="list-style-type: none">• 90471 x1• NOTE: If you do not use a combination vaccine, bill for each dose.	<ul style="list-style-type: none">• MMR• Office Visit – 99211-25• Vaccine – CPT Code 90707• Diagnosis Code – v06.4• Vaccine Administration – 90471-90474<ul style="list-style-type: none">• 90471 x1• NOTE: If you do not use a combination vaccine, bill for each dose.

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Private Insurance Billing

35

The process may be different depending on two things:

1. The client's age.
2. If you are using state supplied vaccine or privately purchased vaccine

Billing for clients 18 and under: Many vaccines for clients 18 and under have been purchased by the state as part of the universal vaccine program. While you may not bill private insurance for publicly purchased vaccines, you can bill for administering them.

If you administer privately purchased vaccines you can bill private insurance for the vaccine itself and the administration.

It is your clinic's decision how you choose to bill for vaccine education and counseling when vaccines are administered to clients 18 and under.

Private insurers allow you to bill for each vaccine component when education and counseling is provided with a combination vaccine such as MMR vaccine which includes mumps, measles and rubella.

Here's how you could bill for MMR. For demonstration purposes, we will use MMR combination vaccine and charge the client for an office visit when vaccines are administered.

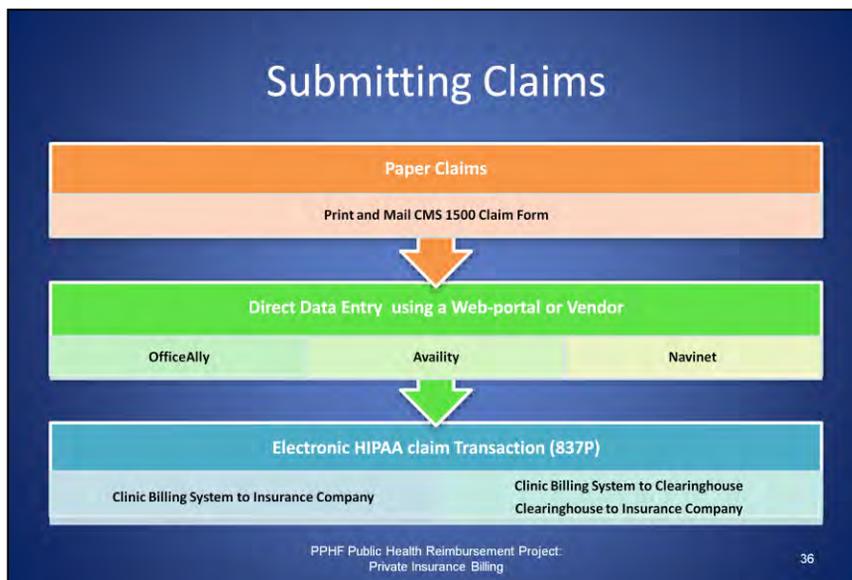
Starting with a client 18 or Under with Education and Counseling for MMR We will bill and document the Office Visit – 99211-25 Diagnosis - Code V06.4, Vaccine Administration codes - 90460-90461 which is 90460 x 1 for the first component and 90461 x 2 for each additional component.

To bill for vaccine administration without education and counseling for a client 18 or under you would use the administration code 90471 for first vaccine (not per component). So for example for MMR you would bill 90471 x1. If additional vaccines were given during the same visit you could bill 90472 for each additional vaccine given.

For either scenario (with education and counseling or without) if you administer privately purchased vaccine to a client 18 and under you can also bill the vaccine itself – so for example if the client was given privately purchased MMR you would also bill CPT code 90707 in addition to any other codes used.

You cannot use codes 90460 and 90461 to bill for education and counseling for administration of adult (over age 18) vaccine. You can bill for the office visit 99211-25, administration 90471 for first vaccine, 90472 for each additional vaccine given and the vaccine code itself if privately purchased (if MMR) 90707.

These are examples of how you can bill – each insurance company has its own policy on how it will reimburse for vaccine administration.



There are three different ways that you can submit your claims.

Paper Claims: Claims are printed from your billing system and mailed to individual health plans. This typically takes longer for turnaround of claims processing and payment. Very few insurance companies accept paper claims anymore.

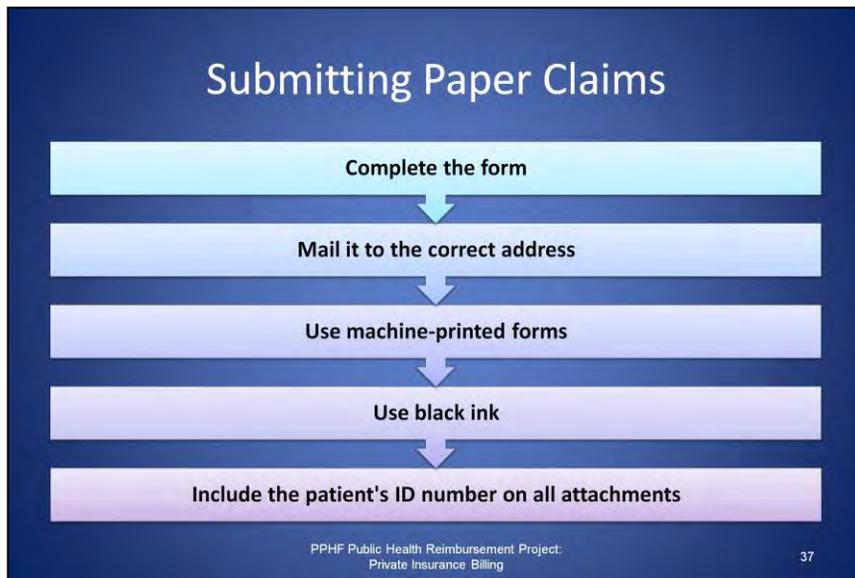
Direct Data Entry (DDE): Clinic staff go to the insurance company website or a clearinghouse website and can enter the claim information directly into a claim processing portal.

Direct Data Entry: You can enter claims online using a direct data entry tool. The tool allows you to manually enter claim data and submit the claim electronically, typically one claim at a time. This might be a good option if you only bill a few private insurance claims and your current billing or software system does not have electronic billing functions.

Electronic Claims: Claims are transmitted electronically. You upload a batch of claims, typically in an 837P file format directly to the insurance company website or to the clearinghouse house website which then forwards them onto the appropriate insurance company.

Additional information may be found in the LHJ Immunization Billing Resource Guide. Pp 21

Submitting Paper Claims



If you chose to submit Paper Claims there are two ways that you can get the information onto the claim form.

If you have a billing system the information can be printed directly onto the paper claim and mailed directly to the individual health plans. This typically takes longer for claims processing and payment turnaround and anymore very few insurance companies accept paper claims.

You can also handwrite the paper claim forms by filling in the blanks appropriately with a black ink pen. You then would mail it to the address shown on the back of the patient's insurance ID card.

Use machine printed forms whenever possible.

Make sure you include the patient's ID number on all claim attachments and correspondence that you may send with the claim form.

Submitting Claims Electronically

Electronic HIPAA claim Transaction (837P)

From Your Billing System

Insurance Company

Clearinghouse to Insurance Company

Benefits

Streamlined
billing

Reduce
paperwork

Faster claim
delivery

Improved
feedback/
correction

One address
for all claims

Online
confirmation

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Private Insurance Billing

38

Some of the benefits you will receive by submitting your claims electronically from your system or through a third party include:

streamlined billing;

reduced paperwork;

faster claim delivery, payment and turnaround time than traditional mail;

improved feedback/correction capability for claims with missing or invalid data;

one address for all claims;

online confirmation that your claims were received.

Assisting clients with billing insurance plans

How to help if a client needs a receipt or claim form

Claim form

- Download current form from carrier website

Receipt should include:

- Agency TIN
- NPI
- Coding Information
- Itemized list of services, fees and service dates

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Private Insurance Billing

39

For those insurance plans that you are not billing, you can assist your clients in seeking reimbursement from their insurance company by providing the necessary information on your receipt or on a claim form. This still allows you to collect from your clients at the time of service, but also assists them in the reimbursement process.

You can download the patient reimbursement claim form that is accepted by each insurance carrier from their website.

Receipt should include:

Agency TIN

NPI

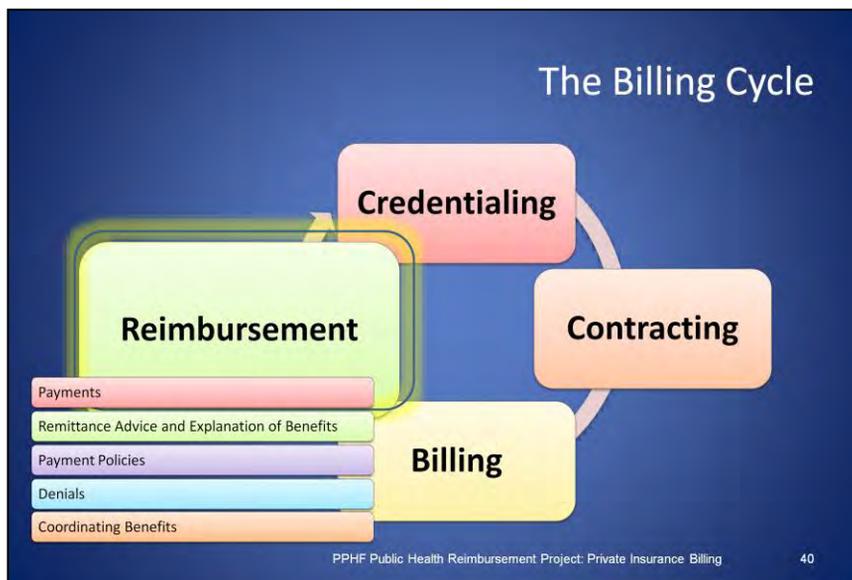
Coding Information

Itemized list of services

Fees/Payment Made by Client

Dates of Service

Additional information may be found in the LHJ Immunization Billing Resource Guide. Pp 42-43



Payment can come from a variety of sources (clients, Medicaid, Medicare, private plans to name a few).

Most private insurance companies use the same process for claim processing and reimbursement but you should understand the process and requirements for each plan you bill.

Payers will send you a payment and denial report called a Remittance Advice (RA) or explanation of benefits (EOB) to help you apply payments correctly, bill clients appropriately and resubmit services if needed.

All of this information will help you decide if you have received the correct payment amount, you need to make corrections to your claim or you need to work with your client to collect payment.

We'll discuss

How payments are received

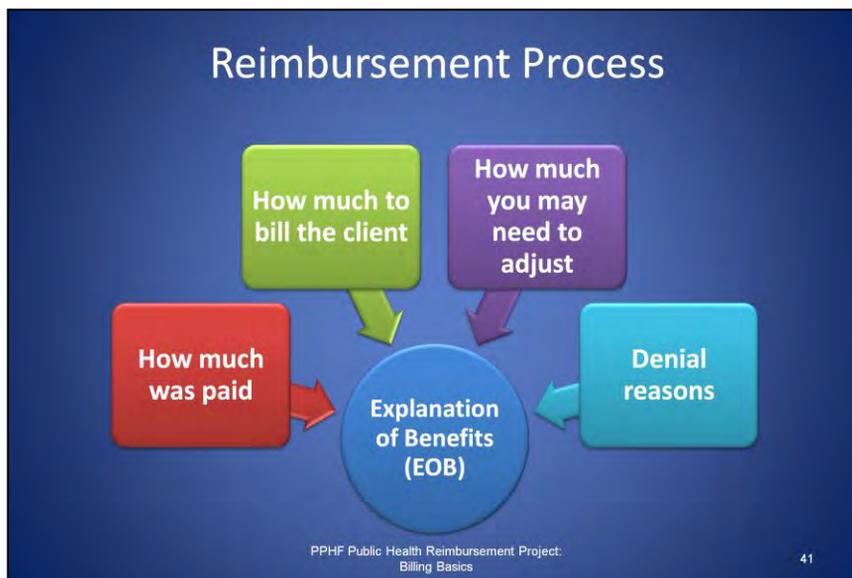
How to read the remittance advice– what it means

Payment Policies

Denials

Coordinating Benefits

Additional information may be found in the LHJ Immunization Billing Resource Guide. Pp 23-24, 41-43



Once your claim is submitted it is processed by the payer they send you a report called an explanation of benefits.

It tells you

How much was paid.

How much to bill the client.

How much you may need to adjust.

Denial reasons.

In our last training we shared how you can receive payments via paper, electronically or as an auto-remittance.

Additional information may be found in the LHJ Immunization Billing Resource Guide. Pp 23

Reason Codes

Describes why services were paid or denied.

Each payer is different.

There may be more than one code per service.

[Link to Administrative Simplification](#)

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43

Reason Codes describe why services were paid or denied.
Each payer is different.
There may be more than one code per service.
Be sure to understand the reason codes so you can re-bill denials whenever possible.
And so you can collect the correct amount from the client.

Generally there is a legend or message codes at the back of the document that lists the claims processing and denial codes that are used through out the document. This is where you will look for the denials reasons to determine if a rebilling is appropriate.

The Administrative Simplification Law will require insurance companies to use the same message coding system.
Some work has already begun in developing a standardized code list. You can find out more at the administrative simplification website:

http://www.onehealthport.com/admin_simp/admin_simp_overview.php

Additional information may be found in the LHJ Immunization Billing Resource Guide. Pp 24

Processing the Remittance Advice

Balance Billing

- Billing the client will depend on your contractual relationship with the insurance company.

Re-bill

- Review each denial, make corrections and resend the claim to collect payment.

Get the remittance advice in the right hands.

- Ask insurance companies to send the remittance advice to the person/address in your clinic that will process them.

Have the message codes handy.

- Download and save copies of the message codes from each insurance company that you bill.

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Private Insurance Billing

44

Processing the Remittance Advice

It's important to mention that insurance companies will not send you the remittance advice if you are not credentialed with them. That means that you will have to call them to get the information.

Denials: Balance Billing refers to the practice of billing the client for the remainder of the charges once the insurance has made their payment. When you are contracted with a insurance plan, there may be restrictions on how much balance billing is allowed. You will need to refer to the EOB for the allowed amounts before billing the client.

Rebilling: When you are in the business of insurance billing it is important to review your EOB's and rebill those claims that have been denied, based on the reason for denial. There are many reasons why a claim may be denied, that can be corrected, re-billed and payment collected. Some of those reasons can be as simple as having a wrong date of birth or a missing diagnosis code. It is important to review the denial reasons and re-bill as appropriate in a timely manner.

Get the remittance advice in the right hands: Ask insurance companies to send the remittance advice to the person/address in your clinic that will process them.

Have the reason codes handy: Download and save copies of the reason codes from each insurance company that you bill.

Additional information may be found in the LHJ Immunization Billing Resource Guide. Pp 24-25, 44

Payment Policies

Contractual Write-Offs/Adjustments

Client Bills

Sliding Scale

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45

Contractual write offs are determined based on your written contract or agreement and what specific service was provided. These will generally be defined in the EOB and should be posted to the account once the payment is received.

Client bills: Once your payment or denial has been received from the insurance company, the RA or EOB will state if there is any co-pay or cost sharing obligation for your patients. This is the amount you are permitted to bill the client for the services provided. Be sure you have policies in place to support your decision to bill or not bill clients.

Sliding Fee Scale: Most LHJ's have a sliding fee scale. If you don't already have one in place, it would be good to consider implementing one as you consider insurance billing. If you do have one in place, it is a good time to review that policy and update as needed to incorporate your insurance billing process.

For example, if your Sliding fee policy states that it is only allowed for those clients without any insurance or third-party payers you may want to consider how you will handle it when a clients insurance applied the entire amount to their deductible. Do you want to allow a sliding fee discount in this situation? Another option to consider is how you will apply your policy when a client has an insurance that you are not contracted with or do not bill.

Some of your funding and contracts may require you to bill the insurance company but restrict you from billing the client if it is denied. Be sure to follow the terms and guidelines you have agreed to.

VFC clients are not required to pay for the administration of ACIP recommended immunizations. Other programs like Title X have similar requirements for billing clients with insurance. Again, your fees can be greater than the amount allowed by these programs and you will be expected to "write them off" if the client cannot pay.

Clients With More Than One Coverage

Coordination of Benefits

- The process of identifying which payer is first, which is second and how those two plans will work together to pay the claim.
- Determine which one to bill first.
- Process the response from the insurance company.
- Bill second insurance company and include a copy of the remittance advice (payment/denial information) from the primary insurance company.
 - Remittance information is confidential so redact information about other clients.

NOTE: The denial reason from the primary insurance must be a coverage or plan related denial. Most insurance companies will not pay due to incorrect billing, client, provider, service and/or diagnosis information.

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Private Insurance Billing

46

Coordination of Benefits: Coordination of Benefits is the process of identifying which payer is first, which is second and how those two plans will work together to pay the claim. In most contracts and agreements there is a section that states that coordination of benefits will occur to insure that no claim is paid more than the insurance companies maximum allowable rates.

When a client has two insurances there are couple of ways to determine which plan is primary.

1. If a client has insurance through their employment and their spouses employment, the insurance through their own employment is generally primary.
2. Some clients may have 2 insurances but neither of them through their own employment. For example a child could be covered under both parents. In this case, the birthday rule apples which states that whichever of the subscribers (in this case the parents) birthday falls first in the calendar year, that becomes the primary insurance plan for the child. If the mother's birthday is January 5 and the father is May 10th, the mothers plan will be primary for the child. This is a universally accepted method used by insurances. Age and year do not matter.

Medicaid coverage: Whenever Medicaid is one of the coverage's they are always the last payer.

Bill the primary insurance company first (using birthday rule).

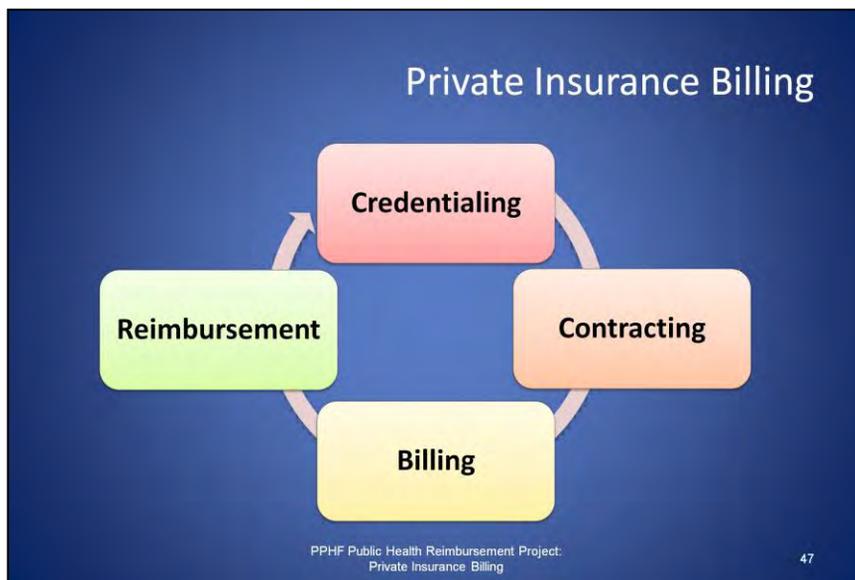
Process the response from the insurance company - payments and/or denials.

Bill second insurance company and include a copy of the remittance advice (payment/denial information) from the primary insurance company.

You can bill the full fee or the amount left after the other insurance paid.

Remittance information is confidential so redact information about other clients.

NOTE: The denial reason from the primary insurance must be a coverage or plan related denial. Most insurance companies will not pay due to incorrect billing, client, provider, service and/or diagnosis information.



We have completed the overview of the billing cycle for private insurance.

CREDENTIALING: We took you through the options and steps of credentialing.

CONTRACTING: We told you what to expect from the contracting process and shared some pros/cons to contracting with insurance companies.

BILLING: We showed you examples of how to create a claim, information about coding and services and ways to submit claims.

REIMBURSEMENT: We described how to read a remittance advice, payment policies, denials and tips.

Public Health Reimbursement Project and Clearinghouses

Working with a third party to:

- Determine if IIS can be used for billing purposes.
- Identify and analyze at least three clearinghouses to assist with billing.

Share information with LHJs.

- If and how to use the IIS for billing for vaccines.
- Clearinghouse functions and options for billing.

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Private Insurance Billing

48

Public Health Reimbursement Project

Working with a third party to:

Determine if IIS can be used for billing purposes.

Identify and analyze at least three clearinghouses to assist with billing.

Share analysis information with LHJs.

If and how to use the IIS for billing for vaccines.

Clearinghouse functions and options for billing.

What they do.

Many are free or low cost.

Clearinghouse functions and options vary but most will provide the following services:

Sends confirmation when claims are received.

Sends a summary report with details about rejected claims.

Automatically re-bills claims weekly.

Manually checks claims rejected due to eligibility.

Sends your claims to each private insurance company

Claim Submission Options

Upload claims

From your data/billing system.

Online claim entry tools

Enter billing information into a form online.

Additional information may be found in the LHJ Immunization Billing Resource Guide. Pp 25-27

Office Ally

<http://www.officeally.com>

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Private Insurance Billing

49

We want to give you information to help you bill private insurance as efficiently as possible. Today we will demonstrate how to use a clearinghouse. We do not endorse this clearinghouse. Most clearinghouses operate the same way so this is just one example of many.

Today's presentation is for demonstration purposes only so you can see what it takes to work with one, what you may need to start working with one and some functions and options offered by clearinghouse.

<http://www.officeally.com>

Additional information may be found in the LHJ Immunization Billing Resource Guide. Pp 26

What You Can Do Now

Identify which insurance companies to bill.

Contact them to find out what benefits they offer for the services you provide.

Start with one insurance company to try it out.

Review your cost benefit assessment.

Identify your insured clients.

Collect insurance information from your clients to help you decide who to bill.

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Private Insurance Billing

50

Identify which insurance companies to bill.

You can bill anyone but you can start by asking your clients what insurance coverage they have in order to identify the most common carriers in your area. This can be done by a simple survey.

Once you have identified the most common insurance carriers for your population, contact them to find out what insurance benefits they offer for the services you provide.

Start with one insurance company to try it out.

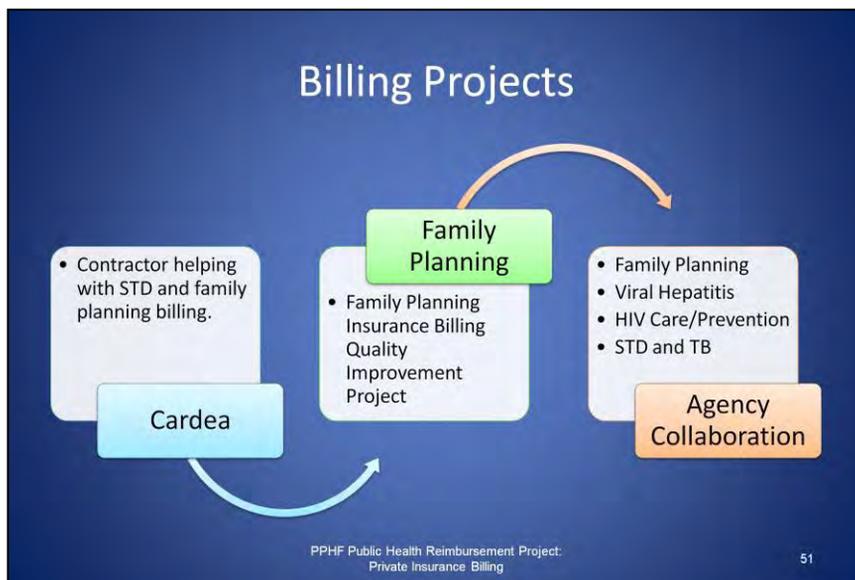
You don't have to start big and bill everyone. Try billing first. If you need a contract, choose one insurance company to start with and see how it goes.

Review your cost benefit assessment to see how billing can bring in revenue from private insurance plans.

Identify your insured clients. Many of your clients have some type of coverage.

Collect insurance information from your clients to help you decide who to bill and to get the data you need to start your billing process.

With the recent changes in the Affordable Care Act, many preventative services like immunizations are now covered without a patient co-pay.



Here are some billing projects that are underway. Some of you are already involved in these activities. You may get information, invitations and announcements that look similar so we are working together to send clear messages about each opportunity.

Cardea: Contractor helping with STD and family planning billing.

Family Planning: Family Planning Insurance Billing Quality Improvement Project

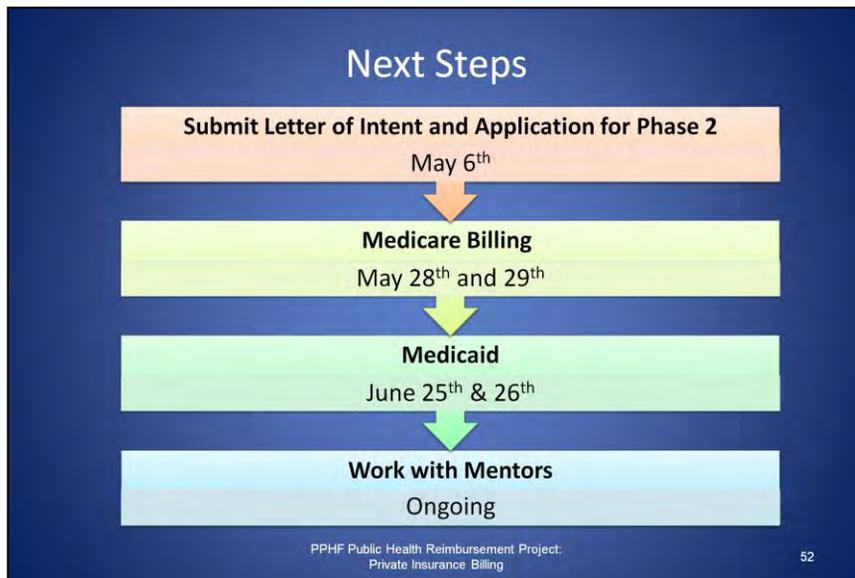
Agency Collaboration:

Family Planning

Viral Hepatitis

HIV Care/Prevention

STD and TB

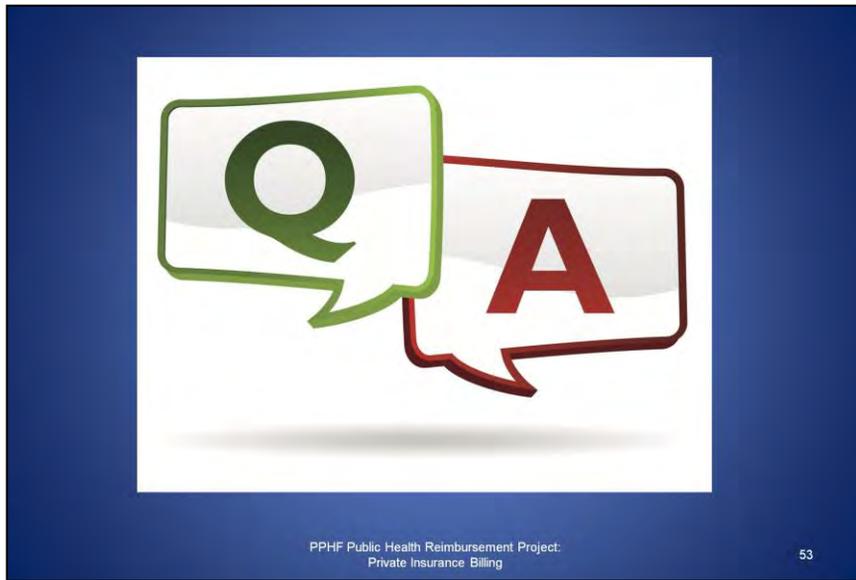


Next Steps

Submit your letter of intent and application for phase 2 funding by May 6th.

Our next training will be on billing Medicare. The trainings will be helpful whether you are just getting started or need help trouble-shooting specific billing problems.

Please submit your Letter of Intent and application worksheet for phase two funding by May 6th. You will have the tools and information needed to develop an implementation plan. You will work with billing mentors to help you whether you are just getting started or improving on your current billing practices.



Thank you for joining me today for this training on billing private insurance. Now I will open the floor for questions. Questions and answers from this training will be documented and sent out after the call.

Carri Comer

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Office of Immunization and Child Profile
Prevention and Public Health Funds
Reimbursement Grant Coordinator

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Email: carri.comer@doh.wa.gov



Thank You!
😊

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Private Insurance Billing

54

Please contact me if you have questions about this presentation or would like more information.

Thank You.

Clearinghouse Disclaimer

- We will share information about three clearinghouses to help you learn more about what clearinghouse do, don't do and how you can work with them.
- We shared this demonstration for informational purposes only. We do not endorse OfficeAlly or any other clearinghouse or billing product.

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56