Opportunities and Barriers for Title X in the Post-Affordable Care Act Insurance Environment

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Background

Altarum and Urban Institutes are conducting the *Addressing the Impact of the Affordable Care Act (ACA) on Title X Family Planning Services* study to gain an understanding of Title X providers' abilities to contract with and bill Medicaid and other health plans for services rendered while maintaining patient confidentiality. This study seeks to describe promising practices for contracting with health plans (commercial and Medicaid) in a post-ACA environment and considerations for how health centers can ensure their clients are able to access vital family planning services.

Methods

In-person and virtual site visits were conducted with a sample of 10 states (California, Colorado, Illinois, Maryland, Minnesota, New York, Utah, Virginia, Vermont and Washington*) to collect data related to the provision of services at Title X-funded health centers following the implementation of the ACA. Site visits included interviews with a range of key informants involved with Title X including grantees and health centers, Medicaid officials, and health plans. To date, interviews were conducted with a total of 151 key informants. The interviews were transcribed and analyzed for themes using NVivo 10.0.

** Data collection and analysis in VA and VT will be finalized in November 2016.*

Conclusion

Today's health insurance environment means that Title X health centers must become more business-savvy. Successfully contracting with third party payers, completing the credentialing process, and billing for services rendered while maintaining client confidentiality is vital to the sustainability of Title X health centers.

DISCLAIMER

The findings and conclusions of this study are those of the authors and do not necessarily represent the views of the Office of Population Affairs or the U.S. Department of Health and Human Services.

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Contracting and Credentialing

More and more Title X clients are covered by **third party payers** due to Medicaid expansions, a shift towards Medicaid managed care (MMC), and growing private insurance coverage through the Affordable Care Act. To be able to bill to third party insurers, health centers and providers **must have contracts in place with the insurers and go through the process of credentialing providers**.

BARRIERS

- Limited staff experience with, and capacity for, contracting with health plans makes health centers reluctant to join networks : "**Just being willing isn't enough, [health centers] have to be willing and have the capacity to deal with huge administrative burden**, and a lot of health care providers just don't especially if they're only set up to handle Medicaid fee for service." (Reproductive health stakeholder)
- Difficulty completing the often varying and burdensome credentialing process keeps providers and health centers out of networks: "The follow up credentialing piece is hard. **Once you accept that contract and you are going to credential your providers with that insurance, it's a very long process**." (Health center administrator)
- In some cases, there is limited willingness from third party insurers to contract with family planning providers.

EMERGING PRACTICES

HEALTH CENTER

- Having dedicated and trained staff tasked with building relationships and securing contracts with health plans can ensure both network adequacy and timely, appropriate reimbursements: "We had no contracts before and no knowledge of that world. **We hired a consultant… He gave us new language and knowledge base**." (Grantee)
- Developing internal expertise can speed up the credentialing process for health centers.

HEALTH PLANS

- Conducting outreach to family planning and other essential community providers can ensure that clients have access to quality family planning services: "We **seek out community providers to contract with and have good relationships with those in underserved areas**.... our members feel most comfortable with them, and they are located where our members are." (Health plan)

TITLE X GRANTEE AND MEDICAID

- Supporting network adequacy policy or legislation can encourage health plans to seek out contracts with family planning providers: "**We do have a network adequacy plan that's specifically looks at different provider types and monitors changes**." (Medicaid)
- Providing training and technical assistance (TA) for health centers on business practices can help them develop contracts and relationships with health plans: "[We] **have supported through mini RFPs [request for proposals], giving our network opportunity to get a health reform readiness grant to work with a consultant**." (Grantee)

Billing and Revenue

Even if contracts are obtained and providers are credentialed, many health centers face administrative barriers to billing successfully.

Title X health centers are **largely absorbing the cost of providing confidential services** to clients with third party insurance. The ability to bill for confidential services would provide needed revenue and sustainability to Title X-funded health centers.

BARRIERS

- Confusion due to varying coverage limits, authorizations, and workflows between carriers hinders health centers' ability to bill: "I've worked in healthcare for 18 years and insurance is very confusing. For Medicaid, we feel free to run all the tests and send labs. **For private insurance, we don't know what their coverage is.**" (Health center provider)
- Confidentiality concerns with third party billing makes health centers reluctant to bill: "Once you bill commercial insurance, **you have no control over the insurance company sending EOB [explanation of benefits] to the patient.**" (Health center administrator)
- There are prohibitive costs to upgrading the electronic medical record/health record systems needed to bill.
- Lean staffing models can limit the ability to bill as dedicated staff time is needed to complete paperwork and pursue rejections.

EMERGING PRACTICES

HEALTH CENTER

- Developing staff expertise with billing third party insurance can ensure that health centers are being reimbursed appropriately for services: "Our billing person is **very proactive about following the correct process and following up when claims are rejected**. It requires someone with a lot of patience." (Health center administrator)
- Implementing a billing tool or process for the front desk staff can help protect client confidentiality and determine when it is or is not appropriate to bill.

HEALTH PLANS

- Providing clear ways for clients to request that EOBs, bills, and other communications be redirected can support billing for sensitive services. "**We grant confidential communications and that information regarding that individual would go only to them at the address they request**… There is a form that [we] adopted as a result of a law that was passed in Maryland and it is found on our website." (Health plan)

TITLE X GRANTEE AND MEDICAID

- Providing training and TA for health centers on business practices can help them develop administrative workflow and competency to bill: "We sent folks to conferences to prepare for ACA. **We did clinic assessments hiring folks to travel the state spending a day and a half with our folks and talk about anything from HIPPA to clinic flow to billing and coding**." (Grantee)
- Providing technical assistance and regular communication with health plans helps health plans work with family planning providers.

LEGISLATION

- Supporting confidentiality protection legislation can give health centers confidence that billing for sensitive services won't compromise client confidentiality: "Medicaid has never sent EOBs, **with Medicaid managed care we didn't want to take the chance so last year we passed legislation which prohibits the sending of EOBs for sensitive services to ensure that Medicaid managed care companies won't start doing it**." (Family planning stakeholder)