



10 STEPS TO BILLING FOR STD SERVICES: IMPLEMENTATION CHECKLIST

STEPS	TASKS	RESPONSIBILITY	TIME FRAME	NOTES	DONE
Step 1: Assess Feasibility of Billing	a. Explore the possibility of billing [See: Initial Decisions Tools]		Month 1		
	b. Determine payer mix (survey your current clients for insurance coverage) [See: Sample Payer Mix Survey for Clinics with Limited Billing or Sample Payer Mix Survey for Clinics with No Billing]		Month 1-3		
	c. Conduct Cost Analysis or Revenue Projection [See: Clinic Revenue Projections Tool or Lab Revenue Projections Tool]		Month 1-4		
	d. Determine feasibility of billing [See: Stages of Change Billing Continuum]		Month 1-4		
Step 2: Obtain Buy-In	a. Establish support in leadership [See: Developing Leadership/ Securing Staff Buy-In Tool]		Month 2-5		
	b. Determine who has contracting authority [See: Steps & Tips for Contracting with Insurance Companies]		Month 3-5		
	c. Explore how billing for STD services fits into current financial department systems [See: RCM Module]		Month 3-5		
Step 3: Convene Billing Workgroup	a. Convene a billing workgroup (E.g. leadership/ administration; STD Clinic Manager, Clinician(s), Finance Staff Person and Front Desk/Administrative Support Staff Person, etc.)		Month 3-18		
	b. Set monthly meetings		Month 3-18		
	c. Identify and address concerns with billing, e.g. confidentiality, maintaining access for low income patients and time constraints [See: Legal / Policy Issues Tools]		Month 3-18		
	d. Familiarize staff with medical billing (For example, identify on-line training, invite someone with billing experience on site, or take a field trip to another site, which is already billing) [See: RCM Module]		Month 3-9		

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STEPS	TASKS	RESPONSIBILITY	TIME FRAME	NOTES	DONE
Step 4: Identify Infrastructure Changes	a. Determine which billing tasks will be done in-house v. outsourced [See: In-House or Outsource Billing Functions Decision-Making Tool]		Month 4-6		
	b. Establish partnerships as needed [See: Engaging Your Community - Partnerships Toolkit]		Month 4-6		
	c. Identify software and key staffing needs [See: RCM Module]		Month 4-6		
Step 5: Begin Contracting Process	a. Obtain NPI # [See: Obtaining a National Provider ID Number Factsheet]		Month 6-9		
	b. Credential providers [See: Provider Credentialing Overview]		Month 6-9		
	c. Obtain Medicare number if needed		Month 6-9		
	d. Contact insurance providers		Month 6-15		
	e. Begin contracting process [See: Steps & Tips for Contracting with Insurance Companies]		Month 6-15		
Step 6: Establish Billing Policies and Protocols	a. Develop a billing policy and protocol [See: Sample Policy and Procedures and Sample Co-Pay Policy]		Month 7-9		
	b. Develop a policy and protocol for forms of payment accepted [See: Sample Policy and Procedures , Sample Co-Pay Policy and Sample Cash Policy and Protocol]		Month 7-9		
	c. Develop a policy and protocol for bookkeeping [See: Sample Billing Ledger]		Month 7-9		
	d. Develop a policy and protocol for ensuring confidentiality / HIPAA compliance [See: Legal / Policy Issues Tools]		Month 7-9		
	e. Develop a policy and protocol for billing for lab services		Month 7-9		
	f. Develop intake form [See: Sample Intake Form]		Month 7-9		
	g. Make changes to clinic flow		Month 7-9		

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STEPS	TASKS	RESPONSIBILITY	TIME FRAME	NOTES	DONE
Step 7: Build Provider Coding Capacity	a. Develop superbill / encounter form [See: Sample Superbill / Encounter Form]		Month 9-12		
	b. Have clinicians take coding training / online course [See: Coding Module]		Month 9-12		
	c. Have clinicians shadow other clinicians if needed		Month 9-12		
	d. Build documentation templates and support as needed [See: Coding Module]		Month 9-12		
	e. Clinicians practice filling out the superbill/encounter form one month prior to go-live date.		Month 9-12		
Step 8: Build Revenue Cycle Management Capacity	a. Develop written roles and responsibilities [See: RCM Module]		Month 10-13		
	b. Implement billing software [See: Health Information Technology Tools]		Month 10-13		
	c. Establish a check-in / check-out process [See: Best Practices for Clinic Flow]		Month 10-13		
	d. Set charges [See: Fee Assessment and Collection Tool]		Month 10-13		
	e. Establish a protocol for charge entry [See: RCM Module]		Month 10-13		
	f. Develop system for posting payments [See: RCM Module]		Month 10-13		
	g. Develop system for generating patient statements [See: RCM Module]		Month 10-13		
	h. Monitor accounts receivable [See: RCM Module]		Month 10-13		
	i. Follow up on unpaid claims [See: RCM Module]		Month 10-13		
	j. Develop communication between fiscal and clinical staff to ensure accurate billing and clean claims [See: RCM Module]		Month 10-13		

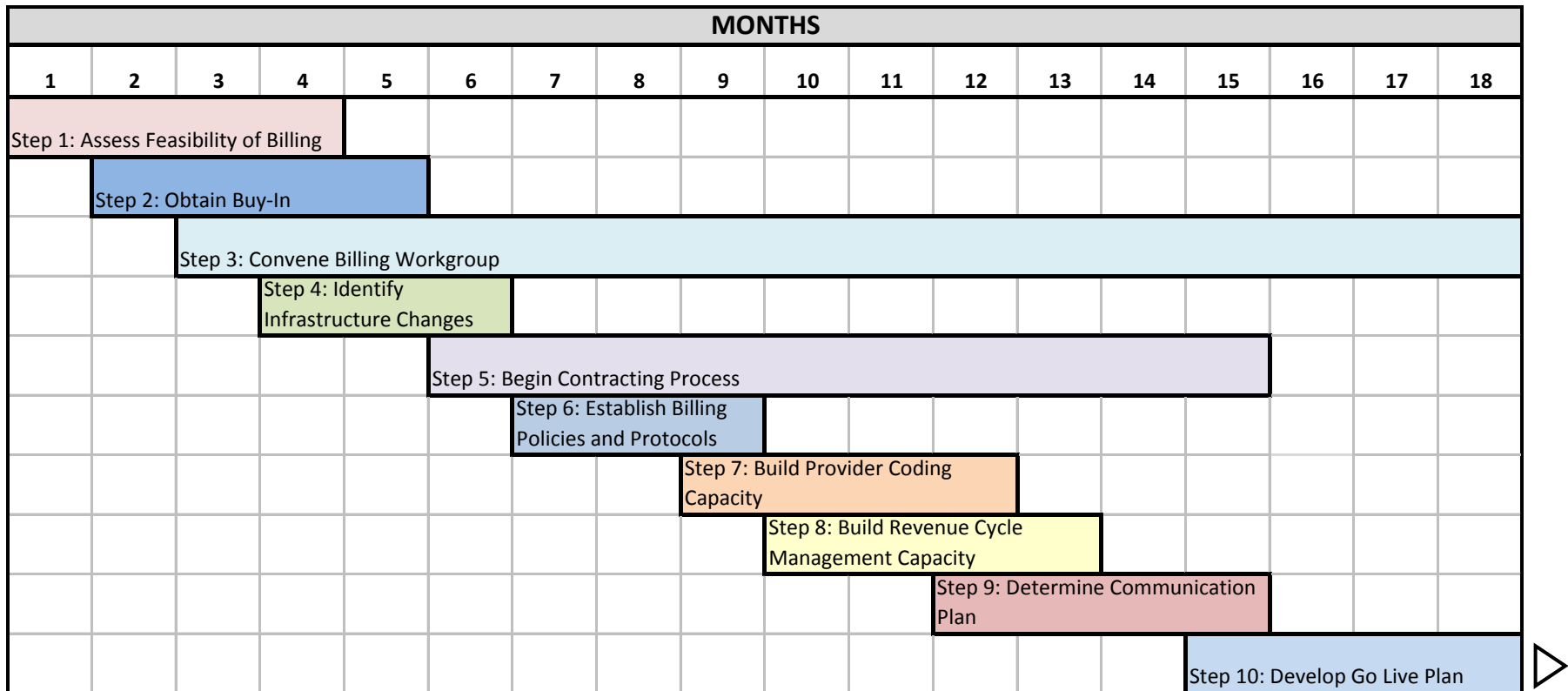
STEPS	TASKS	RESPONSIBILITY	TIME FRAME	NOTES	DONE
Step 9: Determine Communication Plan	a. Update information on website		Month 12		
	b. Change / develop signs and handouts announcing changes and informing patients [See: Patient Communication Tools]		Month 12-15		
	c. Develop script/talking points to explain new system and answer FAQs to patients [See: Medical Billing FAQs]		Month 12-15		
	d. Inform and communicate changes to community partners in referral networks as needed [See: Engaging Your Community - Partnerships Toolkit]		Month 12-15		
Step 10: Develop Go Live Plan	a. Communicate with patients about changes to the clinic [See: Medical Billing FAQs]		Month 15-ongoing		
	b. Generate and use reports to manage productivity, revenue cycle management and income [See: Sample Billing Ledger]		Month 15-ongoing		
	c. Develop systems of QA/QI for patient satisfaction and billing accuracy [See: QA Indicators / Billing Performance Measures]		Month 15-ongoing		

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10 STEPS TO BILLING FOR STD SERVICES: TIMELINE



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