



KEY QUESTIONS FROM NCSD CASE STUDIES

The following questions are excerpted from the NCSD Case Studies* though all questions are key, if faced with limited time or resources answering the starred questions is essential for clinics prior to beginning billing.

1. **What will your role, as a safety net provider be after the full implementation of ACA in 2014?***
2. **What are the payment options available in your clinic?***
3. What does your budget look like?
4. What is the funding forecast?
5. **What would be the desired impact on your budget from billing third-party payers?***
6. **What are three critical reasons for your clinic to bill third-party payers for STD-related services?***
7. **Who would be a likely champion in your city or county?***
8. **How might you cultivate his or her support?***
9. **Who would be a likely to present roadblock and how might you address this challenge?***
10. **What infrastructure, resources, or other support might be available to you through partnerships?***
11. Have you considered billing third-party payers in the past?
12. What advantages and disadvantages were identified?
13. **Who would you assemble into a planning team?***
14. **What resources or expertise do you have internally that might fuel such a planning process?***
15. Of the population you serve, what percentage has Medicaid or is likely to have Medicaid as ACA moves forward?
16. What percentage has commercial insurance?
17. What percentage is uninsured and is likely to remain uninsured as ACA moves forward?
18. **If you are part of a larger agency, is there another clinic or department that already has a relationship with a third-party payer?***
19. What would be helpful to learn from them?
20. How many clients do you see with symptoms?
21. How many clients are asymptomatic but in a high-risk group?
22. How many are asymptomatic, but are seeking testing?



23. How might the ability to pay impact service delivery to any of the above clients?
24. What steps might you take to cultivate a partnership to support the development and/or implementation of your own third-party billing practice?
25. Who will you seek advice from on billing, coding, and documentation in medical records?
26. If you work in the Health Department, but are not directly connected with the STD clinic or outreach program, how might you be able to offer support in implementing a third-party billing practice?
- 27. What might be some areas of resistance from staff or providers at your clinic?***
- 28. What approaches have been helpful in resolving past conflicts of opinion? Would it apply in this context as well?***
29. What role does your clinic play as a safety net provider?
- 30. What considerations emerge as you think about implementing a third-party billing practice while still upholding your mission as a safety net provider?***
- 31. What would be the rationale for implementing a third-party billing practice in your clinic or in the STD clinic in your county?***
32. What are the payment options currently available to your clients?
- 33. How might implementing third-party billing practices ensure greater affordability for your clients?***
34. What are the Medicaid managed care organizations serving your area?
35. What would be the value of having a contract with the third-party payer?
36. What kind of modifications would you make to the way you move patients through your clinic?
37. Would you opt for a paper based or electronic billing system?
38. What would be the advantages/disadvantages of either option in your clinic?
- 39. What resources are available within your own health department that might be able to support a third-party billing practice?***
40. What kind of capacity building would be useful in order to initiate a third-party billing practice?
41. What are the ways that you currently communicate with clients?
42. How could you use those existing channels to inform your clients about the opportunities and responsibilities of billing third-party payers for STD related services?
- 43. Do any of the healthcare providers in your STD clinic already have experience with credentialing?***



44. How do you maintain patient records?
45. What steps need to be taken to ensure that your intake procedures would support a third party billing practice?
46. How might the role of the clinic providers change with the implementation of a third Party billing practice?
47. Would a paper based or electronic billing system be a good fit for your STD clinic?
48. How might you leverage existing resources among community partners or within your local or state health department to support a third-party billing practice?*
49. Would it suit your clinic best to manage the third-party billing practice entirely in-house and or would it work best to work with an external consultant?*
50. What would be the most important information to convey to your clients about third-party billing?*
51. What are three methods of delivery that would reinforce that message?

* **This resource was excerpted from:** *Shifting to Third-Party Billing Practices for Public Health STD Services: Policy Context and Case Studies*. National Coalition of STD Director (NCSD), 2012. www.ncsddc.org/third-party-billing-practices.