

# CASE STUDY: HARTFORD STD CLINIC

*This case study is a summary of interviews with Carol Steinke, Public Health Nursing Supervisor, at Hartford STD Clinic.*

*The study demonstrates how the Hartford STD Clinic reduced its dependence on diminishing federal and state funding by establishing third-party billing. By diversifying its revenue stream, this urban community clinic achieved financial stability and expanded service capabilities for the community it serves.*

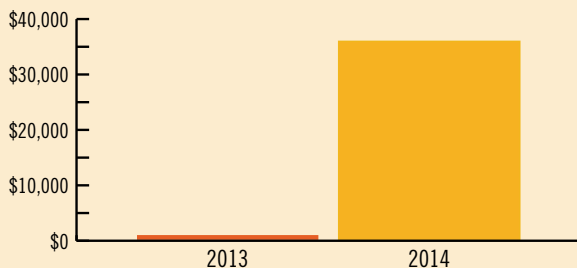
## BACKGROUND

Traditional funding sources for “safety net providers” like STD clinics are currently in decline. In 2013, the Association of State and Territorial Health Officials reported that 50 percent of state programs received cuts to their HIV and STD programs.<sup>1</sup> At the 2013 National Coalition of STD Directors Annual Meeting, Dr. Gail Bolan, Director of the Centers for Disease Control and Prevention’s (CDC) Division of STD Prevention (DSTDP) pointed out that funding for STD clinical services decreased by 32 percent (adjusting for inflation) between 2003 and 2012.<sup>2</sup> In addition, a recent analysis done by CDC’s DSTDP found that the number of uninsured and underinsured people qualifying for free chlamydia screening in the United States far exceeds the agency’s funding to provide those services.<sup>3</sup> Despite declines in public funding for STD testing and treatment services, only 45 percent of STD-certified 340B clinics bill to Medicaid and other third-party payers, and 25 percent do not bill third-party payers at all.<sup>4</sup>

## CLINIC PROFILE

The Hartford STD Clinic, part of the City of Hartford Health and Human Services Department, is the state’s largest

**FIGURE 1. GROSS INCOME FROM THIRD-PARTY BILLING**



**TABLE 1. HARTFORD STD CLINIC OPERATIONS**

<b>First year gross income:</b>	\$36,000
<b>Reimbursement rate:</b>	20–35%
<i>Percent of all charges paid to the clinic by thirdparties and self-pay individuals</i>	
<b>Client volume (annual):</b>	~1300
<b>Third-party payer mix</b>	
Medicaid:	48%
Medicare:	3%
Private insurance:	13%
Self-pay or uninsured:	36%
<b>Staff:</b> 2 RNs, 1 APRN, Phlebotomist, Receptionist	
<b>Standard services:</b> Urine sample, PCR, gonorrhea, chlamydia, syphilis, HIV, hepatitis C, and throat or rectal cultures	
<b>Hours of operation:</b> Monday - Friday, 8 a.m. to 5 p.m.	

STD clinic. Led by Carol Steinke, Public Health Nursing Supervisor, the clinic adopted standard third-party payer billing practices resulting in \$36,000 additional income in the first year. Ms. Steinke recognized that with declining national STD funding, it was only a matter of time before STD clinics would need to start billing third-party payers. At the beginning of 2013, the clinic did not have a system in place to bill third-party payers, and, therefore, relied 100 percent on state, federal, and general city funding. See Table 1 for a summary of the clinic services and payer mix.

## IMPACT OF BILLING

- **Revenue generation:** In its first year of billing to third-party payers, the clinic generated \$36,000 in annual gross income. As pointed out by Ms. Steinke, this revenue generation was especially impactful because set-up costs were negligible. No major equipment or software purchases were required, and all educational and training resources utilized, such as the STD TAC site ([www.stdtac.org](http://www.stdtac.org)) were free and publicly available. Therefore, the primary investment was Ms. Steinke’s time, spent on integrating billing into the clinic’s workflow. While revenue from billing does not cover all operational costs, this significant increase has led the clinic to remain financially stable and provide consistent services to the community.

- **Diversified health services:** With additional revenue from billing Medicaid, Medicare, and private insurance the clinic plans to begin offering more services such as pap smears and birth control. Ms. Steinke has plans for the clinic to administer more vaccines, in addition to the hepatitis and Gardasil vaccines they currently offer. She also plans to hire a second provider, likely a nurse practitioner, thus expanding the clinic's capacity to serve more patients.
- **Streamlined operations:** As a result of implementing billing procedures, the clinic's overall operations have become more structured. For example, Ms. Steinke strengthened the clinic's Health Insurance Portability and Accountability Act (HIPAA) policy.
- **Expanded medical supplies:** Currently, medications and vaccines are provided free-of-charge by the Connecticut Department of Health. As a result of generating revenue from billing, the clinic plans to purchase extra vaccines for those covered under insurance, so that it can use the state's free supplies for those that don't have insurance. Separating vaccine coverage will allow both uninsured and insured individuals to receive vaccines at one clinical site.
- **Staff development:** In addition to learning how to bill third-party payers, clinic staff gained other valuable skills related to billing. For example, some are now equipped to verify insurance eligibility and to make referrals for insurance enrollment.

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Before initiating billing in December 2013, all Hartford STD Clinic services were free. While Ms. Steinke expected patients to drop off after they began billing, she was pleasantly surprised. “They continue to come and we just made sure to assure them that we are here for them. Now, more than a year and half after we started billing, we have shown the city that we are more than just a free clinic.”

Prior to billing, many patients were not signing up for Medicaid or insurance plans on the health insurance exchange in Connecticut because they were uninformed about the process. Even though the clinic did not receive additional resources for its ACA enrollment outreach, it incorporated enrollment referral services into overall service offerings. While her primary goal was to get the clinic ready to bill, Ms. Steinke and staff are proud of their enrollment outreach too. By having health insurance, patients not only have access to STD services but also to primary care and other specialty services.

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## WHY BILL?

As supervisor of the Hartford STD Clinic, the local health department's onsite clinic, Ms. Steinke learned that since 2008, national and state funding cuts have been threatening the stability of local health clinics. “I was concerned that if we were not billing, we would eventually close, which may lead to increased STD rates in the community.” As the only clinic in Connecticut open five days a week that specializes in STD prevention and treatment, she expressed concern that clinic closure would force patients to seek services elsewhere, if at all. Emergency rooms are expensive and other non-specialized clinics may not be equipped to treat STDs with the same sensitivity about sexual health.

## SETTING UP THE BILLING PROCESS

With no billing experience, Ms. Steinke took advantage of both free resources and technical assistance. She explains that the city of Hartford initially gave her a budget for training on coding and for administrative time to start billing, but because of budget cuts the funding was retracted. At that time, Ms. Steinke began to work with the CDC-funded STD Prevention Reproductive Health-related Training and Technical Assistance Center (STD TAC). The STD TAC houses multiple billing resources and was able to provide much-needed technical assistance to Ms. Steinke. “A lot of it is really the fear factor. It's not that bad. Mainly, it takes practice. I admit there was a lot of trial and error, but with support from STD TAC and my staff we have been able to develop a sustainable process.”

Ms. Steinke found the six modules with links to resources to be readable and easy-to-understand. In June 2013, STD TAC staff provided Hartford STD Clinic with a one-day training (and follow-up) about coding. In addition, on several occasions a trainer from STD TAC visited the clinic to check coding, conduct a cost/benefit analysis, and develop a customized superbill. As the clinic was planning for its move from ICD-9 to ICD-10 codes, STD TAC provided a superbill with ICD-10 codes. Ms. Steinke's go-to resource was the [Billing Toolkit](#), starting with the [10 Steps to Billing](#).

The clinic implemented the following systems to initiate billing:

- [Payer mix analysis](#): By asking patients what kind of insurance they had, the clinic was able to identify which types of insurance patients had and which contracts to pursue. This question was added to the patient intake form so the clinic could track insurance coverage.
- [Privacy and consent forms](#)
- [Super bill \(encounter form\)](#)
- [Ledger](#): By using an existing STD TAC template and listening to webinars, Ms. Steinke's staff created a customized billing ledger that tracks charges, payments, and write-off amounts.
- [Credentialing](#): The clinic used the CAQH website. "It just walks you right through the process and is free," said Ms. Steinke.
- [Contracts with third-party payers](#)
- Cash register and credit card machine to expedite billing and generate receipts onsite

## IMPLEMENTATION OF BILLING

As the clinic prepared to bill, the biggest change Ms. Steinke experienced was spending more of her time on billing and management than on clinical issues. With low set-up costs, setting up policies and procedures to institute the clinic's billing practice took the most time and thought. By partnering with other organizations in the area, the Hartford STD Clinic needed to formalize consent and privacy forms, and update its patient intake forms. For electronic health records (EHR), the clinic uses a [free EHR](#) to create and customize templates that are also matched to the variable requirements for state reporting. Here too, the main cost to using an EHR was staff time for training.

The clinic's largest third-party payers are Medicaid and Medicare, for which claims can be entered directly into their respective databases for a bimonthly remittance.

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All payments are electronic, via a single tax ID. According to Ms. Steinke, this is a simple process and makes the clinic's billing process quite manageable. She stressed, however, that billing private third-party payers is more challenging as each has its own reimbursement system, website, unique forms, and receipt timelines.

## WHAT'S NEXT?

Ms. Steinke is encouraged by the clinic's establishment of third-party payer billing. "At a time when public funding dollars are flat-funded or decreasing, you can set yourself up to succeed. When we started billing, we generated a steady income flow that we never had! This flow of funds created opportunities for our clinic to expand services and also make our limited resources go further," she summarized. To build upon the clinic's successful billing practice, Ms. Steinke aims to improve the clinic's billing collection rate, increasing revenue further. By availing herself of opportunities facilitated by the ACA and by being proactive about billing, she is confident that her clinic will continue to be an asset in the community. "Those that work in the STD clinic setting are compassionate and passionate about public health. They work every day to ensure access to high-quality services to uninsured and underinsured populations. Integrating billing into our workflow has led us to serve the community better by continuing to provide low-cost specialized sexual health services."

- 1 The Association of State and Territorial Health Officials, Budget Cuts Continue to Affect the Health of Americans, <http://www.astho.org/Research/State-Health-Agency-Budget-Cuts/>, Update October 2013.
- 2 Bolan, Gail. (November 2013) Update from the CDC Division of STD Prevention National Coalition of STD Directors Annual Meeting
- 3 2014 STD Prevention Conference. Estimating the Size and Cost of Services of the Safety Net Population for STD Prevention. Laura Haderxhanaj, MPH, MSI, Thomas Gift, PhD2, Elizabeth Torrone, MSPH, PhD2, Ajay Behl, PhD3, Raul Romaguera, MPH, DMD4 and Jami Leichliter, PhD1, 1Division of STD Prevention, CDC, Atlanta, GA, 2Division of STD Prevention, Centers for Disease Control and Prevention, Atlanta, GA, 3Health Partners Institute for Education and Research, 4Centers for Disease Control and Prevention
- 4 JSI, Third-Party Billing for Public Health STD Services: A Summary of Coordinated Needs Assessment Results, 2014. <http://stdtac.org/wp-content/uploads/2016/05/National-Billing-Needs-Assessment-for-PH-STD-Services-Final-March-2014.pdf>