This webinar will begin at 11AM PT, 1PM CT, 2PM ET

Listen through your computer speakers or call in: 1-719-234-7800, pass code: 755365
BILLING, REIMBURSEMENT AND PAYMENT STRATEGIES FOR DV SERVICES AND PARTNERSHIPS

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Poll

Who is on the call?
- DV advocates
- Health providers
- Federal partners
- Other
Webinar Objectives

- Understand the importance of DV/health partnerships
- Describe new strategies for domestic violence advocates to build sustainable partnerships with health care settings
- Understand recent health policy changes that present new funding opportunities to support partnerships and improved care
1 in 4 (25%) U.S. women report ever experiencing physical and/or sexual IPV.

(Source: 2010 CDC National Intimate Partner and Sexual Violence Survey)
Having a significant impact on health...
What We’ve Learned from Research

Studies show:

- Patients support assessments
- No harm in assessing for IPV
- Interventions improve health and safety
- Missed opportunities: patients fall through the cracks when we fail to address IPV routinely and universally in our clinical practice
Support for Screening as a Prevention Strategy

The USPSTF recommends screening women of childbearing age (44 years) for IPV and conducting a follow up with any woman with a positive screen.

Strength of Recommendation - “B”
Healthcare providers can make a difference!

Women Who Talked to Their Health Care Provider About Experiencing Abuse Were 4 times more likely to use an intervention such as:

- Advocacy
- Counseling
- Protection orders
- Shelter
- or other services

McCloskey et al. (2006)
What We’ve Learned from Practice

- This works better when health systems and providers partner with local DV advocates to do the work
- Providers feel more comfortable knowing there is a community based advocate to turn to for help
- Advocates feel better knowing that there are trauma informed clinicians to address health needs
- Working together improves services to survivors and their families

The changes in the Affordable Care Act support these partnerships
Affordable Care Act

- ACA drastically reformed the delivery of health care
- Expands health insurance options and makes coverage more affordable
- Guaranteed set of benefits including screening and brief counseling for DV/IPV
What Is The Screening Benefit?

- Plans now cover screening and brief counseling for domestic and interpersonal violence (DV/IPV).
- This is not a screening requirement. It is a coverage requirement. Insurance plans must reimburse providers who deliver the service.
- Coverage may vary by plan but the benefit is available to most women.
Who Gets Screening/Brief Counseling?

As of January 2014, most women have access to the benefit including:

- Anyone enrolled in new commercial health insurance plans
- Anyone enrolled in a plan offered through the state plan (i.e. Covered California)
- Anyone enrolled in the new Medicaid Alternative Benefits Packages (Medicaid)
What does Screening/Counseling mean?

- There are no limits to what the benefit can cover
- HHS has given insurers the ability to define the benefit themselves
- There may be wide variation between plans in what plans cover
What Does Brief Counseling Cover?

- The counseling benefit is not defined and will vary from plan to plan.
- HHS has said that counseling provides basic information, referrals, tools, safety plans, and provider education tools.
- Individual plans will make choices in what to cover.
- Futures has tools and resources to help you.
Opportunity for New Payment Strategies?

Your sites may be providing these services...
DV Advocates provide screening services AND brief counseling services

...but many are not billing for it!
Who Can Bill For Providing Screening/Brief Counseling?

- A wide range of providers can get reimbursed
  - Need formal relationships with the insurers to bill
- There are no limits on who plans and the state can make eligible to bill so there is the opportunity for a wide range of providers to provide screening and brief counseling
- **DV advocates could bill for these services**
  - Health insurance reimbursement can be a sustainable source of revenue
Poll

In what ways have you engaged in partnership building with health and domestic violence organizations?

- Referral lists
- Cross training
- Established cross-referral processes
- Partner on grant funded programs together
- Formal, funded and ongoing partnerships
- Other?
Get Ready for Billing!

Key steps

- Internal assessment about partnering with health care providers
- Develop formal reimbursement/billing relationships with insurers or providers
- Provide services and bill for them
Building Partnerships

- Partnerships between advocates and health professionals are not new.
- They inform our understanding of how best to support patients impacted by IPV.
- New Resource

DV Advocates Guide to Partnering with Health Care: Models for Collaboration and Reimbursement (Futures Without Violence, 2106)
Provider/Health System Priorities

- Integrated Delivery Systems
- Coordinated Care
- Health and quality outcomes
- Care outside the doctor's office
- Social Determinants of Health
Needs and Ability Assessment

- What can your program offer?
- Services traditionally provided by DV programs and valued by health providers:
  - Training, education, TA
  - Accepting referrals
  - Confidential counseling, case management
  - Follow up for patient who disclose abuse
  - Emergency services
  - Coordinating social services
Other services Advocates can provide

Other health care services that add value to providers

- Collaborating on future policy/protocol changes
- Providing a regular supply of health education resources
- Staff a home visitor or community health worker
- Provide brief counseling as part of the insurance requirement
- Co-locating DV advocate in medical office

Many of you are providing these services and have an opportunity to bill for them
In your partnerships – work together to decide how to participate

- Become a licensed provider (e.g., with Medicaid and Managed Care)
  - Practice under scope of state law
- Partner with a licensed provider
  - Provider offers supervision and does billing
  - Reimburses the advocate
Selected Partnership Models

- Work together to develop sustainable, long-term partnerships:
  - Basic referral arrangement
  - Formal referral arrangement
  - Partner with community health center
  - Primary Care Medical Homes (PCMH)
Basic referral arrangement

What?

- Develop relationship with provider
- Establish protocol for when and how the provider contacts you

Who?

- Individual providers or medical groups
- Community Health Centers
- Hospitals
Basic referral arrangement

- **Potential benefits:**
  - Reach more survivors
  - Opportunity to educate health care providers about services available
  - No additional licensure

- **Potential Revenue**
  - Limited opportunities for revenue from referring provider that are not grant driven
  - Increased referrals to your program could result in revenue
Formal Referral Arrangement

- **What?** DV advocate on or off site:
  - Partner with health provider to deliver specific scope of health services to referred patients
  - Develop protocol for feedback loop to provider
  - Establish a supervision plan

- **Who**
  - Large or small group practices
  - FQHCs/Public health clinics
  - Hospitals
Formal Referral Agreement

- **Potential Benefits**
  - Providers may conduct more universal education/assessment, harm reduction, and warm referral
  - More survivors would receive services from trained DSV staff

- **Potential Revenue**
  - DSV provider could bill health care provider directly on FFS basis
  - Establish a flat fee or per-member-per-month fee
  - Share billing/reimbursement
Community Health Centers

- Community-based primary care clinic
- Frequently use community health works and other promotoras (could train promotoras – or fold in advocates into the promatora program)
- Willing to partner with community-based programs and advocates
- Federal and state requirements on what providers that can bill for
Primary Care Medical Homes (PCMH)

- Physician-led primary care arrangements
- Build a medical “neighborhood” and leverage nonmedical supports and services when necessary
- Primary care provider gets a per-member-per-month fee for coordinating care and can use that funding to provide additional services
- Need to demonstrate benefits in health outcomes and costs – in the long run
Weigh Privacy/Security Considerations

- To get reimbursed by health insurance companies (or providers), there may be licensing and contracting obligations.
- Insurance companies will require reporting of patient information for reimbursement.
- Providers are required to retain medical records.
- How will you address these concerns in your partnership?
How Do We Code for the Services Provided?

- There is no specific CPT code for IPV screening
- Preventive screening codes CAN be used include:
  
  - Code V82.89 (Special screening for other conditions)
  
  - Preventive Medicine Service codes 99381-99397 include age appropriate counseling/anticipatory guidance/risk factor reduction interventions. These codes could be used to record assessment and counseling for IPV.
ICD10 Diagnostic Codes

The following diagnostic codes could also be used:

- T74.11X - Adult physical abuse
- T74.31X - Adult emotional/psychological abuse
- T74.21X - Adult sexual abuse
The following information should be documented:

• Was IPV discussed with the patient or the reason that did not occur
• Patient's response to IPV education
• Health impact if any abuse disclosed
• Resources provided and discussed such as safety cards
• Referrals offered
Privacy Principles: Electronic records

- Sensitive materials should be de-identified whenever possible.
- Individuals should have notice of how information is used and disclosed.
- Individuals have the right to access and review their own health information.
- Individuals should be given choices of how they would like to communicate.
- All privacy and consents should follow the data and DV should be considered “sensitive” or protected.
- Patients & Providers should have discretion to withhold the information when disclosure could harm the patient.
- Strong enforceable penalties for violations.
Examples from the field: partner strategies

- Health center using preventive service codes to cover the cost of advocate led support groups on site at the clinic.
- Become eligible to bill for therapeutic services:
  - (e.g., medical services through VOCA,
  - Advocate working under supervision of licensed therapist, etc.)
- Hired medical students, trained them as certified family planning counselors and offered DV training = billable service.
  - “Senior Health Advocates”
  - CA’s Family Pact provides the funding
- Others???
Key Considerations

- Building relationships take time
- Consider the model that works best for you
- Demonstrate your value
- Develop materials and leave-behinds for the decision makers in your settings
- Send us your stories of what works and what doesn’t!
Tools for Advocates!

- DV Advocates Guide to Partnering with Health Care
- Integrating Health Services into Domestic Violence Programs
- A Health Care Guide for Survivors of Domestic and Sexual Violence

https://www.futureswithoutviolence.org/health/advocates/
Thank you!