Direct Billing within Health Services

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Learning Objective

- Discuss considerations Institutions of Higher Education (IHE) must consider when implementing direct billing
- Identify methods available for billing
- Discuss the challenges and benefits of direct billing

What We Know:

Growing financial pressures in higher education institutions have forced universities and colleges to seek additional methods in obtaining funding for campus Student Health Centers.

What We Believe:

Implementing a direct party medical billing solution for health services rendered on campus can assist with closing gaps in funding.

http://www.publicconsultinggroup.com/health/publichospital/universityhealthcenters.html

Current Challenges within Student Health Services (SHS)

Clinical Challenges

- Increased student needs
- Increase in patient utilization rates
- Higher student/family expectations

Financial Challenges

- Increasing costs to provide current services
- Deceasing financial support from the University

Institutional considerations

University Mission	Desired Outcome	Patient Utilization
• Mission statement • Core values • Community perception of this mission	• Increase revenue to increase services • Institutional directive • Decreasing operational budget	• Expect decrease in patient visits • Acuity of current patients • Provider coverage

Institutional considerations

Student Health Fees

- Do you charge a SHF?
- What is the fee used for?
- Will you eliminate the fee or redirect?
- What other services do you have a fee-for-service?

Organizational Structure

- Integrated health services & counseling services
- Will you bill for both

Institutional Populace

- Instate/outstate
- Residential/commuters
- # international students
- Financial class of families
- Current insurance coverage of students

Institutional considerations

Insurance Carriers

- What is the precedence of carriers in your region or state
- Will they credential SHS?
- Will you be the first?

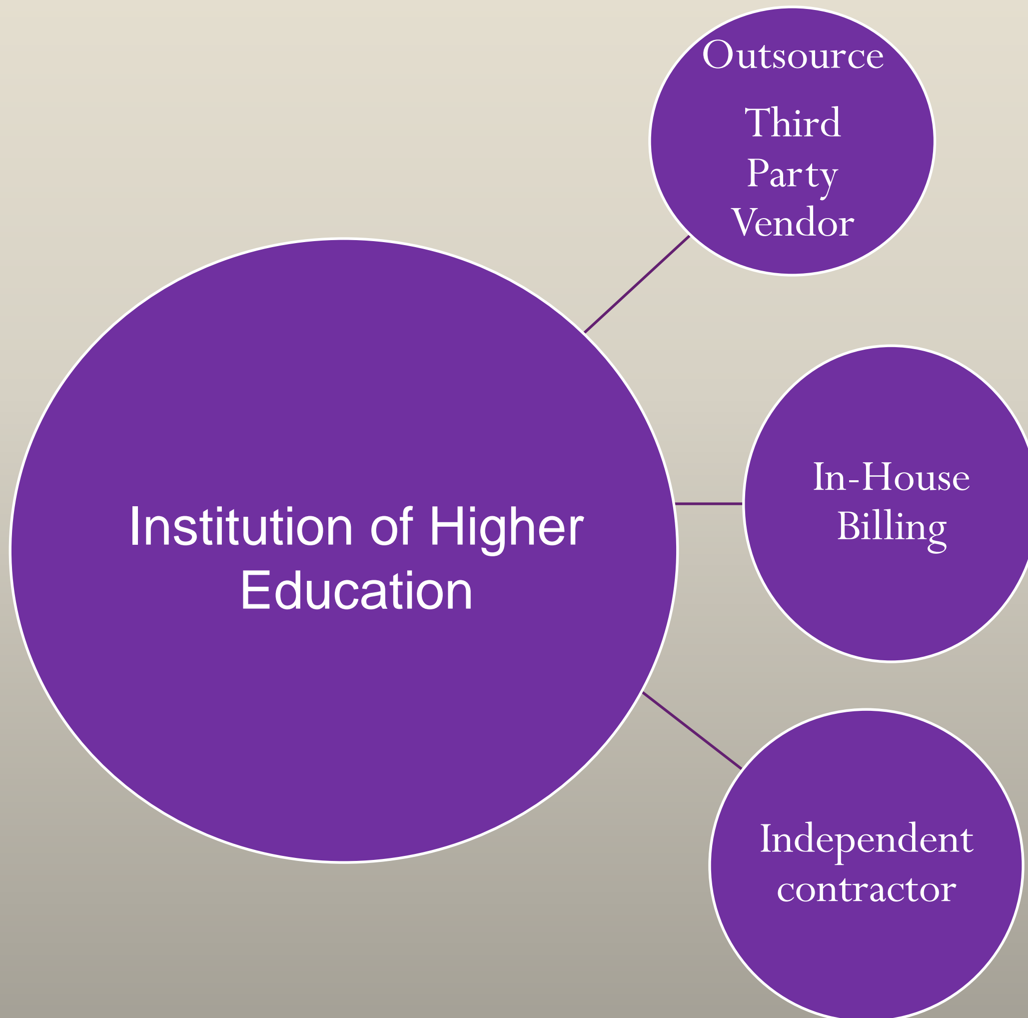
Institutional Policy

- Health insurance mandates for all students?
- How to you care for un insured/under insured?
- New regulations will affect policy

Current Resources

- Are you supported institutionally?
- Can your staff absorb additional workload?
- Is additional staff needed?
- Can you train current staff?

3 Fee for Service Models



Models of delivery for SHS

1) Outsourced/Contracted

- Long term contracts, typically 3-5 years
- High up front costs
- Yearly fees not dependent on revenue generated
- Loss control of costumer service

2) In-house billing with billing clerk in office

- Short term contract, monthly
- No to low up front costs
- Low monthly costs for use of software program
  - -Package based on monthly encounters
  - - Perform same functions of vendor (scrub claims, send thru clearing house, check insurance)
- You control costumer service

Models of delivery for SHS

3) In-house billing with independent contractor

- Small to no upfront costs
- Short term contract, monthly to yearly
- Low monthly costs for use of software program
  - -Package based on monthly encounters
  - - Perform same functions of vendor (scrub claims, send thru clearing house, check insurance)
- Receive portion of revenue collected
- Loss control of costumer service

Challenges

- Conflict with institutional mission
- Lack of community by-in
  - Institutionally, employees, students/parents
- Process change implementation increases staff workload
- Cost and expenses to implement
  - No implementation budget
- Credentialing (90-120 days)
  - Clinic as a whole: NPI,CAQH initially and quarterly
  - Providers/organization with each insurance carrier
- Institutional policy
  - Need to develop policy that supports your mission and objectives

Benefits

- Revenue generating
  - Where does the money go?
  - Will it support your initiatives?
- Keeps services in-house verse outsourcing

SWOT Analysis

Successes	**Weaknesses**

•Validates Services rendered
•Seen as "real doctors office"
•Capture revenue for current practices
•Practice optimization
  •Streamline current processes
  •Interfaces labs, student convenience with portal
•Month to month contract
•Completes strategic plan
	Loss of student focus during implementation
	Lack of staff experience
	Initial increase of staff workload
	Additional staff support
	Learning curve
	Possible increase in parent/student inquires
	Interfacing issues-no Mental health
	Not a proven model in college health

Opportunities	**Threats**

•Lead by example
•Revenue generating
•Potential to fund SHS and provide profit to NU
•Providers opportunity to expand services
•Identify working model for peers
•Regional & National recognition
•Completes last step of EHR
	•Now seen as revenue generating, loss student focus
	•Changing demographics of NU populace
	•"Hiccups with interfacing"
	•Peer viewpoints
	•Legal threat
	  •HIPAA qualifier
	  •Independent insurance audits

Lack of implementation

- Lack of strategic planning
- Failure to be innovative, utilize critical thinking skills
- Stagnate, complacent staff @ clinics
- Afraid to take a risk
- "Watch and See Mentality"
- Unwilling to suggest : changes operations, increases workload & responsibilities
- Lack of capable staff
- No resources to fund third party billing

Utilization of Comprehensive Health Fees

- Services provided by current undergraduate comprehensive fees
  - Student outreach
  - Student education
  - Student wellness programming
  - Student counseling
  - Pre-paid co-payments
    - Must be stated and disclaimed on-line in policy of coverage

*We are not waving the co-payments, we are arranging a pre-paid co-payment that is campus specific

Questions?