

Local Health Department Immunization Billing Survey

KDHE has contracted with KFMC to develop a statewide strategic plan to support local health department billing of immunization services for privately insured clients.

KFMC is conducting this survey to assess each local health department's billing program interest, capabilities and barriers. The survey was distributed to the Administrator at every Kansas health department. However, we anticipate Administrators may need to coordinate with other health department staff to gather details needed to respond to the survey questions.

Once you have gathered the relevant information from your staff, please complete the electronic survey. We anticipate the electronic survey will take approximately 20 minutes to complete. Please contact Stephanie Lambert-Barth at (785) 271-4137 if you have questions or need assistance. Thanks in advance for your participation.

1. Please indicate the county in which your health department is located.

County Name: _____

2. Which staff assisted you in collecting information needed to respond to this survey? (check all that apply)

- Administrator completed the survey with no staff assistance
- Nurse
- Receptionist
- Medical Director
- Medical Records
- Billing Clerk
- Other (please specify)

3. Who is the primary point of contact for administrative issues related to immunization delivery?

Name _____

Title _____

Email _____

Phone _____

4. Who is the primary point of contact for immunization billing issues?

Name _____

Title _____

Email _____

Phone _____

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5. Is this health department part of a multi-county conglomerate?

Note: A multi-county conglomerate is a business structure where management of several county health departments is centralized or combined.

Yes

No → If No, go to Question 8

6. Does this multi-county conglomerate use centralized billing processes?

Note: A centralized billing process is standardized for all counties in the organization, and uses the same staff to complete billing functions for all counties in the organization.

Yes

No → If No, go to Question 8

7. Please describe what billing activities are centralized.

8. Does this health department currently participate in a regional billing group?

Yes

No → If No, go to Question 10

9. Does the regional billing group offer any centralized billing services?

Yes

No

Unknown

10. Does this health department purchase any private stock vaccines?

Yes

No → If No, go to Question 12

11. Please specify what private vaccines are purchased.

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12. Is this health department the sole source for immunizations in this county?

	Yes	No	Unknown
For children:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For adults:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. What percentage of this county's immunizations are currently administered by providers outside this health department?

	0-25%	26-50%	51-75%	76-100%	Unknown
Ages 0 - 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages 7 - 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages 19 - 64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages 65+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					

14. Does this health department verify insurance coverage at the time of service?

Yes

No. Please specify why this health department does not currently verify coverage.

15. What percentage of individuals served by this health department, in each of the following age groups, are covered by some type of insurance (including Medicare, Medicaid, and private insurance)?

	0-25%	26-50%	51-75%	76-100%	Unknown
Ages 0 - 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages 7 - 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages 19 - 64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages 65+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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16. What percentage of individuals served by this health department, in each of the following age groups, are covered by PRIVATE health insurance?

Note: For LHDs using KIPHS software, one possible source of data for this question is the report titled "VFC Eligibility Report for State and for Private." Please use the best available source of information to formulate your response.

Ages 0 - 6 _____%

Ages 7 - 18 _____%

Ages 19 - 64 _____%

Ages 65+ _____%

Comments

17. What companies provide **PRIVATE** insurance coverage to **CHILDREN AND ADOLESCENTS** served by this health department? (check all that apply)

- American Medical Security
 - Aetna Health Inc.
 - Blue Cross Blue Shield of Kansas
 - Blue Cross Blue Shield of Kansas City
 - Century Health
 - Cigna Healthcare
 - Coventry
 - Humana
 - Kaiser Permanente
 - Preferred Health Professionals
 - United Healthcare
 - Other (please specify)
-
-

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18. What companies provide **PRIVATE** insurance coverage to **ADULTS** served by this health department? (check all that apply)

- American Medical Security
- Aetna Health Inc.
- Blue Cross Blue Shield of Kansas
- Blue Cross Blue Shield of Kansas City
- Century Health
- Cigna Healthcare
- Coventry
- Humana
- Kaiser Permanente
- Preferred Health Professionals
- United Healthcare
- Other (please specify)

19. **IN THE LAST YEAR**, has this health department attempted to **CONTRACT** with any private insurers in order to bill its services?

Note: Contracting refers to entering a business agreement with the insurance company for the purpose of being able to bill services.

- Yes
- No

20. Please describe any barriers this health department encountered **IN THE LAST YEAR** regarding **CONTRACTING**.

21. Has this health department **EVER** unsuccessfully attempted to **CONTRACT** with a private insurer in order to bill its services?

- Yes
- No → If No, go to Question 23

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22. Please describe when this experience occurred and the specific problems that prevented **CONTRACTING**.

23. **IN THE LAST YEAR**, has this health department attempted to **CREDENTIAL** with any private insurers in order to bill its services?

Note: Credentialing refers to meeting the standards set by the insurance company to enroll as an in-network provider.

- Yes
 No

24. Please describe any barriers this health department encountered **IN THE LAST YEAR** regarding **CREDENTIALING**.

25. Has this health department **EVER** unsuccessfully attempted to **CREDENTIAL** with a private insurer in order to bill its services?

- Yes
 No → If No, go to Question 27

26. Please describe when this experience occurred and the specific problems that prevented **CREDENTIALING**.

Base your responses to the next 4 questions on experience billing Medicaid and/or private insurance.

27. On average, how many minutes of staff time does it take for this health department to process and submit an insurance claim for immunization services?

Enter minutes as a whole number _____

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28. What percentage of immunization claims that this health department submits are initially denied?

Note: Denied claims are claims you submitted that were not paid for reasons specified by the insurance company.

Enter percent as a whole number 0 - 100 _____

29. Are denied immunization claims rebilled?

Yes

No

30. Please describe any barriers this health department encountered when billing for immunization services.

31. Does this health department currently bill immunization services to the following programs?

	Yes	No
Medicare Part B	<input type="checkbox"/>	<input type="checkbox"/>
TRICARE	<input type="checkbox"/>	<input type="checkbox"/>

32. Does this health department currently bill **ANY** private insurers?

Yes

No, but has in the past → Go to Question 39

No, has never billed → Go to Question 41

33. Does this health department bill **ALL** private insurers?

Yes

No. Please specify which insurers are not billed and the reasons.

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34. Which of these private insurers do you currently bill? (check all that apply)

- American Medical Security
- Aetna Health Inc.
- Blue Cross Blue Shield of Kansas
- Blue Cross Blue Shield of Kansas City
- Century Health
- Cigna Healthcare
- Coventry
- Humana
- Kaiser Permanente
- Preferred Health Professionals
- United Healthcare
- Other. Please list other insurers billed.

35. Which of the following services do you bill to private insurers? (check all that apply)

- Immunizations
- Maternal and infant health
- Sexually transmitted disease screening
- Well child visits
- Other preventive care services

36. Are private insurance claims submitted electronically or on paper?

- 100% electronically
- 100% on paper
- Both methods. Please specify what type of claims are submitted on paper.

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37. Are private insurance claims submitted by the provider, or through an intermediary?

Note: Intermediaries are organizations which translate provider data into payor-required formats.

- All by the provider
- All through an intermediary
- Some of both

38. Are private insurance claims submitted by roster or as single episodes?

- 100% roster
- 100% single episode
- Both methods. Please specify what types of claims are submitted by roster.

After completion of Question 38, proceed to Question 43.

39. Please specify when and the reasons why this health department stopped billing private insurers.

40. Is this health department interested in reimplementing a billing program?

- Yes
- No
- Maybe

After completion of Question 40, proceed to Question 43.

41. Please specify the reasons this health department does not bill private insurers.

42. Is this health department interested in implementing a billing program?

- Yes
- No
- Maybe

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43. Does this health department use billing software?
 Yes
 No
44. Please specify the name of the billing software product and the vendor.

45. Does this health department contract with a billing service?
 Yes
 No
46. Please specify the name of the billing service.

47. How many billing staff work at this health department?
 None → End of survey. Thank you for your input.
 1
 2
 3 or more

If this health department has more than three billing staff members, please respond for the staff members with the **MOST** experience. If less than three billing staff members, leave the extra lines blank.

48. For each billing staff, how much billing experience?
- | | 0-6 Months | 7-12 Months | 1-2 Years | 3-5 Years | 6+ Years |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Staff Member #1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff Member #2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff Member #3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

49. For each billing staff, how much formal training?
- | | None | 1-7 Hours | 1-4 Days | 1-2 Weeks | > 2 Weeks |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Staff Member #1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff Member #2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff Member #3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

50. For each billing staff, is this a certified coder?
- | | Yes | No |
|-----------------|--------------------------|--------------------------|
| Staff Member #1 | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff Member #2 | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff Member #3 | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for your input.