

Redesign of Sexually Transmitted Disease (STD) Participating Provider Agreement (PPA)

Pennsylvania STD Program

Overview

- ▶ Through the Sexually Transmitted Disease (STD) Program's state appropriation, 26 Contractual Agreements are funded to provide STD clinical services in the state.
- ▶ Through these 26 contracts, a network of approximately 75 STD clinics operate throughout the state.
- ▶ These 75 STD clinics provide STD clinical services to approximately 26,000 clients annually.



Rationale for rethinking STD Prevention

Federal

CY 2005 to CY 2011

23% Cut in Funding

State

SFY 2005 to SFY 2011

25% Cut in Funding



Total STD Funding Reduction Over the Last Six Years

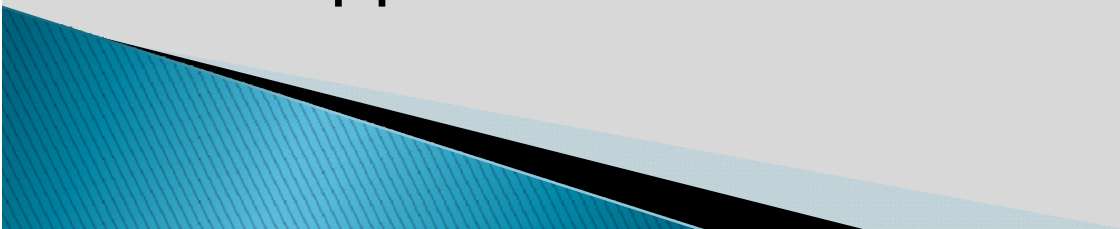
~\$1.2 Million

Pennsylvania is not Unique...

□ Recent NCSD Survey of STD Programs Indicated the Following:

- In 2008–2009, majority (69%) of state and local STD Programs experienced funding cuts
- In 2008–2009, state and local governments enacted:
 - Salary freezes and/or reductions (45/65) 69%
 - Furlough and/or shutdown days (32/65) 50%
 - Layoffs 17/65 (28%)

Rationale for rethinking STD Prevention

- ❑ Anticipated changes in health systems
 - ❑ Opportunities for leveraging our prevention efforts
 - ❑ Declining public health infrastructure and competing priorities
 - ❑ Need to prioritize efforts based on the most cost-effective and feasible approaches
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Drivers of Change: The Affordable Care Act (ACA)

- Increased proportion of people with insurance coverage
 - Availability of preventive services provided without cost sharing
- The expansion of community health centers and their likely role as primary care providers for priority STD populations
- Expansion of Medicaid
- Investment in health information technology

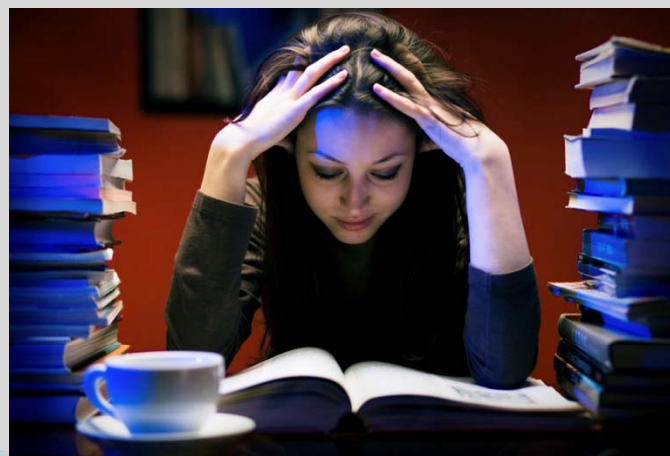


In redesigning the STD Clinical Services Contract, the STD Program is hoping to accomplish the following goals:

1. In the current environment of shrinking state and federal dollars, retain as much of the existing STD PPA Clinic Network as possible.
2. Reduce the overall operating costs of the STD PPAs.
3. Realign the reimbursement structure of the STD PPAs to assure that the majority of PPA services are directed on interrupting disease transmission in at-risk individuals.
4. Redirect the costs associated with the STD PPA visit, where applicable, to other publically-funded reimbursement mechanisms such as Medical Assistance or Pennsylvania SelectPlan for Women

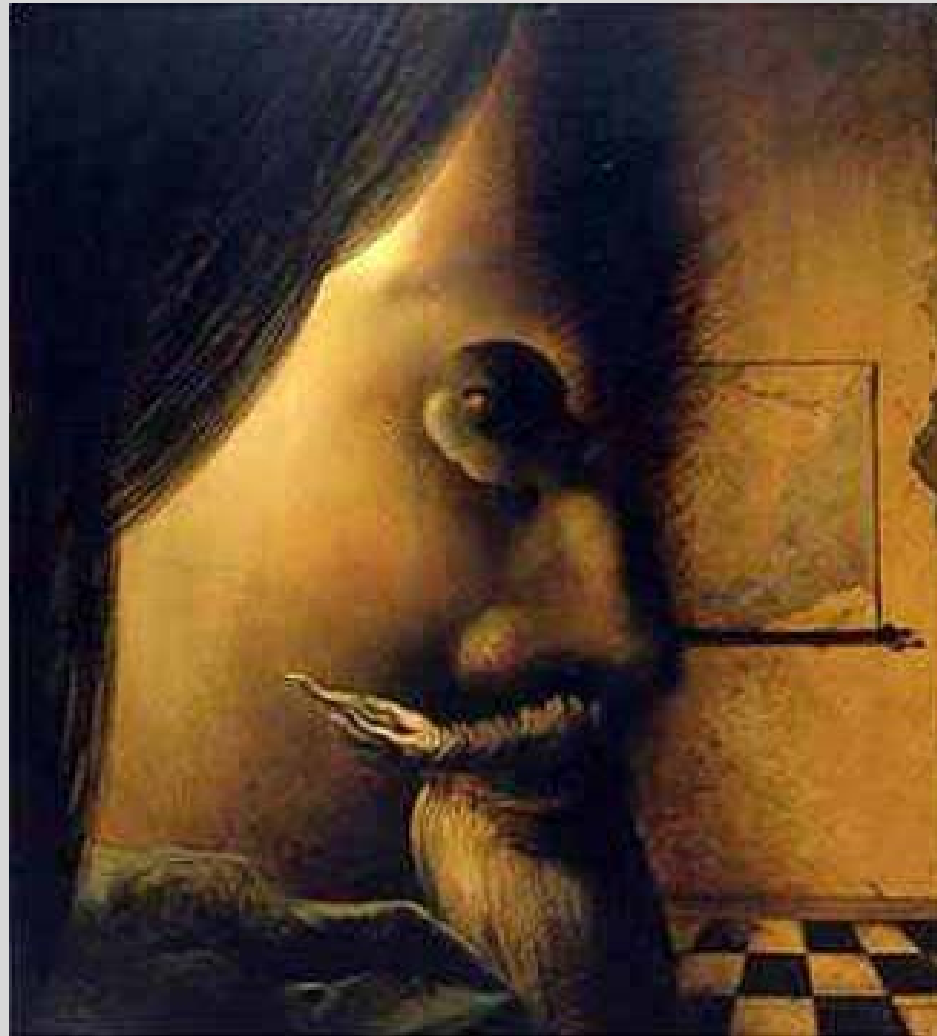
Internal Issues that Needed to be Addressed prior to Implementing Contractual Changes

- ❑ Request a legal review of the proposed STD PPA reimbursement changes especially as it relates to: Chapter 27.85 of the PA Code – Communicable and Non-Communicable Diseases – delineates that “the Department shall provide or designate adequate facilities for the free diagnosis and, where necessary and for the preservation of public health, free treatment of persons infected with sexually transmitted diseases.”



Internal Issues that Needed to be Addressed prior to Implementing Contractual Changes

- ❑ Essentially, the STD Program successfully argued that the provisions for “free care” in Chapter 27 did not preclude the STD Program from seeking reimbursement from Third Party Payers (TPP), as long as the client was not charged.



Other Infrastructure Issues Needed to Implement Contractual Changes (State)

- ❑ In addition to the “re-interpretation” of Chapter 27, the STD Program leveraged the daily Electronic Laboratory Report File to facilitate data matching.
- ❑ Electronic matching with MA and other TPPs is essential; without electronic matching the new contract would not be practical.

The ELR File Contains all key demographic data necessary for matching including Name, DOB, Gender, Race, Address, Telephone Number, SS (where applicable), Provider, Dates of Service, Test Results, Risk Behaviors.

Sample ELR File:

9999999123Joan Doe 06/01/197221400 MOCKINGBIRD AVE APT BLANCASTER
PA17602717-572-0001999-99-999912505DR. LEONARD MCCOY - LA012505032419
12/30/201001/05/2011(INP/NA) 45D0660475CDD01/05/2011URIN CTNEGATIVE0
9999912321NYNNNNNNNNNNNN202DL0206N440

Other Infrastructure Issues Needed to Implement Contractual Changes (Provider Level)

- ❑ Robust internal management information systems (MIS)
- ❑ Skilled and experienced data managers
- ❑ A “can-do” attitude sprinkled with a general positive outlook and a willingness to accept change.
- ❑ A revision of the patient consent form to include language that allows patients to “opt in” to TPP.

Results of Pilot

- ❑ The majority clients had no issues “opting in” for TPP.
- ❑ Approximately 26% of STD Clients were eligible for TPP reimbursement (MA, Select Plan, and Private Insurance).
- ❑ Average STD reimbursements from TPP ranged from \$62.50 to \$121.00 per visit.



Conclusions



- ❑ New contract was developed and is in final stages of approval (cleared legal, contracts, and comptroller).
- ❑ Implementation will be phased in three waves
- ❑ Based on conservative estimates from pilot, the STD Program is estimating a cost savings of approximately \$220,000 annually.
- ❑ Translates to approximately 6,000 additional client visits annually.

**APPENDIX B
FEE SCHEDULE
PPA #**

PPA Service Definition: For the purposes of this Agreement, a reimbursable STD patient visit shall be defined as the following:

A. Initial STD Patient Visit: \$42.00

1. An initial STD Patient visit shall include the following services:
 - a. The performance of a serologic test for syphilis and testing for chlamydia and gonorrhea;
 - b. Physical examination including genital and lymph node examination.
 - c. Pre-test counseling and education with regard to HIV infection and the scheduling of a post-test counseling session for individuals testing positive for HIV;
 - d. The offering of a test for HIV infection and its performance if accepted.
2. A patient is not eligible for an initial STD patient visit unless:
 - a. The individual has tested positive for a sexually transmitted disease;
 - b. The individual has been exposed to a sexually transmitted disease; or
 - c. The individual is suspected of having a sexually transmitted disease

B. Follow-Up Patient Visit: \$15.00.

The return of a patient meeting one or more of the following criteria:

- a. Additional medication relating to the diagnosis of Late Syphilis;
- b. The offering of appropriate STD rescreening tests as deemed medically necessary by the medical provider or the Department in order to assure the successful treatment of an STD.

C. Electronic Reconciliation

The Department shall provide an administrative fee of \$6.00 per patient for those patients identified on the initial STD invoice who are later determined by the medical provider to be covered under and billed to an alternative third party payer (e.g., Medicaid or Medicare or any other payer with whom the Contractor has such an agreement).

D. Denial of Payment by Third Party Payers

The Department shall provide a reimbursement of \$36.00 per patient for those patients identified on the initial STD invoice as covered under and billed to an alternative third party payer but were later found not to be covered by the third party payer. These requests for reimbursement shall be documented on Appendix A, Attachment 3. The Provider shall submit all requests for reimbursements no later than 180 days after the date of the initial STD service. The Department shall have the discretion to refuse payment for any request for reimbursements submitted after the 180 day period.


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"Coming together is a beginning, staying together is progress, and working together is success." Henry Ford



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