

# **CHALLENGES TO ENHANCED RELIANCE ON THIRD PARTY REIMBURSEMENT FOR HIV TESTING IN THE DISTRICT OF COLUMBIA**

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# Barriers Related to Receipt of Third Party Reimbursement (TPR)

Testing technology	Rapid testing resulted in more challenges to TPR than conventional testing as part of clinical standard of care
Categorical funding	Inability of clinics to bill for free rapid test kits from DC DOH (double dipping)
Limited reimbursement	Testing resulted in reimbursement between \$0.00 - \$16.80 and did not cover staffing and counseling
Staffing model	TPR typically did not cover testing conducted by non-credentialed providers
TPR plans	Flat encounter rate, bundled rates, no coverage determination, variance in private plans and limited ability to negotiate

# Additional Barriers to Stronger Reliance on TPR

Resource constraints	<ul style="list-style-type: none"><li>○ Decline in categorical support</li><li>○ Variation in diversity of revenue streams</li><li>○ Short history of TPR, few plans accepted, limited billing staff</li></ul>
Organizational support	<ul style="list-style-type: none"><li>○ Variation in awareness and importance of testing program by leadership</li><li>○ Variation in commitment for identifying alternative resources to support testing</li></ul>
Communication	<ul style="list-style-type: none"><li>○ Opportunity for stronger communication between DOH, Department of Health Care Finance (DHCF), Clinics, and Managed Care Organizations (MCO)</li></ul>

# Recommendations

Local review of DC Federally Qualified Health Centers (FQHC) to assess encounter rate	<ul style="list-style-type: none"><li>○ Develop process for requesting a Change in Scope to increase encounter rate</li><li>○ Explore adoption of Alternative Payment Methodology</li></ul>
Enhance requirements for DC Medicaid MCOs	<ul style="list-style-type: none"><li>○ Increase underlying primary care visit rate for bundled plans</li><li>○ Improve transparency of plans</li></ul>
Adopt CMS policy for Medicaid fee-for-service coverage by non-credentialed providers	<ul style="list-style-type: none"><li>○ Develop State Plan Amendment</li><li>○ Require Medicaid MCOs to align policies to SPA</li></ul>
Strengthen communication	<ul style="list-style-type: none"><li>○ Between DOH, DHCF, Clinics and MCOs</li><li>○ DOH and DHCF to partner on policy changes</li></ul>