Form Approved

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Local Health Departments/Maternal Child Health Clinical Service Provision Interview Protocol

Interviewee:

Interviewer: Tamar Klaiman, PhD

Location:

Date:

Thank you for agreeing to speak with me today regarding the practices of your local health department in the area of clinical billing practices. This interview is part of a grant project focusing on public health services and capacity research funded by the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services. Our interest is in your local health department’s activities as a clinical service provider and how you receive reimbursement for those services.

This interview, along with other activities, will lead to helping identify and describe billing practices that may lead to improved health outcomes so that other local health departments can have the evidence they need to optimize their performance and improve population health. The questions asked are divided into four sub-sections: Service provision, funding sources, interactions with payers, and challenges to service provision and reimbursement.

The Co-Principal Investigator for this project is Dr. Tamar Klaiman (University of the Sciences in Philadelphia). If you have any questions please me at [t.klaiman@usciences.edu](file:///C:\Users\chainani\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.IE5\I6HQHFUA\t.klaiman@usciences.edu) or 215-596-7031.

I will treat everything you tell me as confidential in the sense that I will not share it with anyone in a way that identifies you or the organization you represent.

This interview will take approximately one hour. Your participation in this interview is strictly voluntary, and you may end this interview at any time. May we proceed?

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0421. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

**\*\* Contextual information will be collected for each state and confirmed with each interviewee including:**

* Public health governance (centralized/decentralized)
* Expansion/Non-expansion state
* Rate or number of uninsured
* Proportion of population covered by Medicaid
* Other information?

**Service Provision**

Initially, we are going to as you some questions in order to get a sense of your Local Health Department and its role as a clinical service provider.

1. Please describe your LHD’s role in clinical service delivery? (ie. What services are delivered, do you receive reimbursement for certain services? From whom? etc.)
2. How long has your LHD been a clinical service provider?
3. How many patients do you see in a day?
   1. Are you actively trying to recruit new patients? If yes, how?
4. Does your LHD maintain any contracts for services? (Third party contracts or managed care organization contracts? In-network? Out-of-network?)
5. Does your LHD administer services in areas other than the LHD? (ie: school based settings?)
6. Have you experienced budget reductions or increases over the past 5 years that have impacted the services you provide? What has been the impact?
7. Has the implementation of the ACA/Obamacare impacted the services you provide? How?

**Funding Sources**

Now, we would like to discuss funding sources for your clinical local health department services.

1. How are services funded in your LHD? (formula, block grants, federal-state-local mix, apply for funding? etc.)
2. Does your LHD contract with any payers? (private, public, state, etc.)
3. What services does your LHD bill for currently?
   1. Has this changed at all in the past 5 years?
4. Can you describe the kinds of payers that your LHD interacts with and how often?
   1. Have there been changes in recent years to payers with whom you contract? (ie: Shift to Medicaid Managed Care?)

**Challenges with Service Provision and Reimbursement**

Next we are going to ask you a few questions about the challenges your LHD may face concerning service provision and reimbursement.

1. What kinds of challenges has your LHD faced in regards to service provision?
2. What kinds of challenges has your LHD faced in regards to billing and reimbursement?