

Local Health Departments/ Clinical Service Provision Interview Guide

Interviewee:

Interviewer:

Location:

Date:

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

This interview, along with other activities, will lead to helping identify and describe changes in clinical service delivery and provide other local health departments evidence to optimize their performance. The questions asked are divided into three sub-sections: Service provision, Billing Authority and Practices, and Fees 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 contact me at 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 to the extent provided by law.

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?

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

- Public health governance (centralized/decentralized)
- Medicaid Expansion/Non-expansion state
- Population
- Rate or number of uninsured
- Proportion of population covered by Medicaid
- Health Department Budget
- Full time employees (FTEs)
- Metro/Micro/Rural

Service Provision

Initially, we are going to ask 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 in general the kinds of services your LHD provides. (Primary care services? Safety net provider? ie. Vaccination, MCH, dentistry, mental health, etc.)
2. Is there sufficient access to care in your community excluding those provided by your LHD? (ie. Are there services that people need but don't have access to? Populations that need services and can't access them, etc.?) How do you assess this?
3. Are the services you provide primarily provided in the community or at the LHD?
4. Has there been any change in your client volume over the past 5 years? What services? Why has it changed?

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5. Has the implementation of the ACA or other policies (eg. Other health reform efforts, economic downturn) impacted the types of services you have provided during the past 5 years? How?
6. How do you determine which services you will provide? (state, Board of Health, local health officer?)
7. How do you fund your services? Can you provide this information by source and what proportion each funder provides (eg federal, state, local, grants, contracts, foundation, non-profit, insurance by payer (public and private)?

Billing Authority and Practices

Now, we would like to discuss billing authority and practices in your LHD.

8. Who do you bill to get reimbursed for the services you provide? (Medicaid, private insurance, Medicaid Managed Care, Self-Pay, unfunded services, etc.) Can you provide this information by source and what proportion each funder provides?
9. How do you ascertain insurance status for clients?
10. Where does your LHD's authority to bill derive from? For example, is it power granted from the state through statute or by regulation or rule-making? County jurisdiction? Does this authority or document also dictate what services are billable?
11. Who negotiates and manages the contracts your LHD has with payers? (individual, state, external contractor, etc.) What kind of training do they have? (if internal)
12. Are there any state mandates in place regarding reimbursement? (ie: Mandates that Medicaid reimburse LHDs for services provided)?

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13. Have there been changes in recent years to payers with whom you contract? (ie: Shift to Medicaid Managed Care?)
14. Can you describe how you manage billing for services? Do you use a database or a billing system for billing purposes?
15. Have there been any prominent challenges faced by your LHD in the area of billing for services? (Hard to retain providers, politics in the provision of services from state/county, lack of/ low reimbursement amount, negotiation, staff training, cost of systems, etc).
16. Do your billing practices vary by service?

Fees and Reimbursement

Next we are going to ask you a few questions about fees and reimbursement for the services you provide.

17. Where does the revenue generated from reimbursable services go? (Do they fund any LHD programs, state general fund, mixed, etc.) Has this changed during the past 5 years? How? Why?
18. How does your LHD keep up to date with billing practice information? (Is there a specific person on staff responsible for contracts, best practices, state and local opportunities, etc)
19. What, if any, challenges have you faced over the past 5 years in providing clinical services and billing and reimbursement? How have you managed these challenges? What recommendations would you offer similar LHDs that are facing similar challenges in terms of billing and reimbursement for services?

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