



Setting the Stage: Policy and Funding Landscape Impacting Third-Party Billing for STD-related Services

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The imperative for STD programs and clinics operated by state and local health departments to bill third-party payers and generate revenue is unmistakable. Shrinking budgets at state and local health departments mean smaller and fewer public funding streams for STD service delivery, while the passage and implementation of the Patient Protection and Affordable Care Act (ACA) means that more clients will have health insurance coverage through Medicaid expansion and state-based exchanges. In addition, the ACA also means expanded opportunities for insurance coverage of sexual health services and an expanded role in insurance networks for entities that work with medically underserved populations. This means increased opportunities for state and local health departments and adds an extra incentive for TD programs to move toward billing third-party payers.

Billing commercial and public third-party payers for STD-related services can help close budget gaps, offset the cost of providing free services to patients without health insurance, and free up resources to fund efforts not covered by other funding streams, such as outreach activities. It can mean the difference between a clinic closing its doors and gaining long-term sustainability. There are, however, statutory and regulatory obstacles in some jurisdictions which prohibit charging fees for the delivery of STD-related services, regardless of whether the payment is out-of-pocket from the client or from a third-party payer.

A copy of the NCS D Billing Guide is included in this Manual and can also be found on their website (*above link*).

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