

The Affordable Care Act (ACA) will expand coverage to 20 million previously uninsured individuals by 2015 through the Medicaid expansion and availability of private coverage in health insurance marketplaces. Safety net providers can work with states and health plans to play a role in providing access for these individuals, but many will need to initiate, expand, or strengthen their abilities to interact with third-party payers to continue to provide care in a new health coverage environment.

Many state Medicaid agencies have resources that can help safety net providers learn to bill or improve their billing practices. State staff or contractors may be able to provide training in person or over the phone. Most managed care organizations (MCOs) retain billing consultants to help train providers on claim submissions. State Primary Care Associations (PCAs) may also have state-specific resources to help federally qualified health centers (FQHCs) and other safety net providers improve their billing practices. For a list of state PCAs, click [here](#).

Below are some key steps that payers may be able to assist with or that safety net providers can take to prepare for third-party reimbursement.

- **Enroll in Medicaid and CHIP.** Before providers can bill Medicaid or CHIP, they will need to enroll as providers with these programs. Each state's programs may enroll providers differently; so providers should consult their state's Medicaid or CHIP website. Some states may require that a provider be [enrolled with Medicare](#) before enrolling in Medicaid, which must be done with the federal Centers for Medicare and Medicaid Services.
- **Learn Medicaid essentials.** The populations and services covered in Medicaid programs vary widely among states. The roles of state agencies, fiscal agents, and MCOs can also be very different. To bill Medicaid effectively, providers need to understand which services are allowable, which services require prior authorization, and how to obtain such prior authorization when needed.
- **Get credentialed and contract with health plans.** In order to bill health plans—including Medicaid MCOs and Qualified Health Plans (QHPs) available in marketplaces come 2014—safety net providers will have to be credentialed with these plans and negotiate payment rates. Depending on the state, there may be one uniform credentialing process for all MCOs or an individual process for each MCO. QHPs are required to contract with some safety net providers as part of the ACA's essential community provider (ECP) requirements. NASHP has more information on [being considered an ECP](#) and [contracting and negotiating with QHPs](#).
- **Ensure eligible clients are enrolled in coverage.** In some safety net settings, many clients may be eligible for but not yet enrolled in Medicaid, CHIP, or other coverage. Unless clients are enrolled, the provider cannot bill. States or others may have state-specific tools, such as [this simple screening tool from California](#), which can help providers assess who is likely to be eligible for coverage. Providers may be able to [help individuals enroll](#) directly, or provide referrals to entities that can enroll individuals in Medicaid, CHIP, or a QHP. State and federal marketplace web portals will include information on in-person application assistors, navigators, and state agencies that can help enroll eligible individuals.
- **Seek feedback from third-party payers.** If providers are new to billing, they should consider submitting initial claims in a pilot phase in order to allow time for learning. Providers should seek feedback from Medicaid and CHIP agencies and health plans when claims are denied; they may be able to resubmit corrected claims for reimbursement.
- **Ensure appropriate administrative capacity.** Providers that have not traditionally submitted claims may need to change their staffing models to ensure the capacity to submit and follow up on claims. Those providers that currently conduct some billing may find they need additional billing staff as more clients gain coverage.

- **Assess whether to develop billing capabilities in-house.** In some cases, outsourcing to another entity through a management services agreement may be more economical than conducting billing in-house.

Select organizations offering training curricula or courses about billing

Many organizations offer training programs, curricula, or other resources to assist safety net providers in building their billing capacities. The organizations below are a small sample of available resources. These organizations may provide trainings only to their own members and charge a fee for access to their resources. For more information, see the individual websites below.

- **The National Association of State and Territorial AIDS Directors (NASTAD)** has activities underway to help providers receive reimbursement for HIV screening, to improve coordination between ADAP and insurance programs, and to understand how health reform affects Ryan White programs. <http://www.nastad.org/>
- **The National Association of Community Health Centers (NACHC)** has developed a three-level training curriculum to help health centers develop billing capacity. NACHC—through local contractors who deliver the training—works with small groups of health centers to help them understand the core components of implementing a third-party billing system, identify areas where billing systems commonly function poorly, and learn techniques for improvement. A train-the-trainer model is also offered. <http://www.nachc.org/>
- **The National Council for Community Behavioral Healthcare** runs the *SAMHSA-HRSA Center for Integrated Health Solutions* (CIHS), a home for information, experts, and resources dedicated to behavioral health and primary care integration. CIHS offers technical assistance and resources, including state-specific billing worksheets that identify by CPT code the existing billing opportunities for services provided in integrated settings. <http://www.integration.samhsa.gov/>
- **The National Family Planning and Reproductive Health Association (NFPRHA)** recently launched an initiative to help family planning clinics adapt to changes related to the implementation of health care reform, which includes trainings on billing and coding. Note: participation is limited to NFPRHA members. <http://www.nationalfamilyplanning.org/>

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