

Administrative and Claims Data Collection Protocol

Introduction

The *Confidential & Covered* project team conducted a study to investigate whether an intervention involving health insurance screening processes and staff training increased insurance billing at Title X provider sites. The secondary objective was determining whether the intervention was associated with change in staff knowledge and skills related to screening for health insurance and the need for payment privacy. In addition, results were used to estimate the change in total health center revenue associated with the intervention, as well as the percent of patients who chose not to use their insurance because of confidentiality concerns.

General instructions

The data extracted should include all family planning encounters. Determine whether the health center would like to use the definition of a family planning encounter as the annual submission of the Family Planning Annual Report (FPAR): *"A family planning encounter is a documented, face-to-face contact between an individual and a family planning provider that takes place in a Title X service site. The purpose of a family planning encounter is to provide family planning and related preventive health services to female and male clients who want to avoid unintended pregnancies or achieve intended pregnancies. To be counted for purposes of the FPAR, a written record of the services provided during the family planning encounter must be documented in the client record."*

The Excel Template is structured at the family planning encounter level. Each row should represent a unique family planning encounter. Each column should contain a unique data element pertaining to that encounter. Patients who have multiple family planning encounters during the study period should have one row per encounter. Each encounter record for the same patient should have the same Patient ID number but unique Encounter ID numbers.

Data elements

The data collected will allow health centers to study characteristics of the patients, services rendered, whether insurance was billed, and patient responses to the intervention insurance screening questions. More details about each data element are provided below. Each data element corresponds to one or more columns in the Excel Template; the column header appears in parentheses.

- **Encounter ID (VISIT_ID):** Insert a unique ID number for each encounter or visit.
- **Patient ID (PATIENT_ID):** Insert each patient ID number. Patients with multiple encounters should have the same Patient StudyID for each encounter.

Screening for Patients' Health Insurance and Confidentiality Needs

- **Encounter month (MONTH):** Enter the month of the visit—"1" for January, "2" for February, etc.
- **Encounter day (DAY):** Enter the day of the visit (range: 1-31).

¹ U.S. Department of Health and Human Services. (October 2013). *Title X Family Planning Annual Report: Forms and Instructions*. Retrieved October 27, 2016 from <http://www.hhs.gov/opa/pdfs/fpar-reissued-oct13.pdf>.

- **Patient age (AGE):** Enter the age of the patient in years on the date of the visit.
- **Patient sex (SEX):** Enter the sex of patient—"1" for Male, or "2" for Female.
- **Procedure codes (PROC_1-PROC_10):** Enter the CPT, HCPCS, and E&M codes for all family planning services utilized at the visit, regardless of whether insurance was billed. There are ten separate columns for up to ten codes utilized. Each column should contain only one code. If fewer than ten codes were utilized, leave the cells blank. If more than ten codes were utilized for the visit, add additional columns to the Excel Template, starting with PROC_11, PROC_12, etc.
- **Whether the encounter was billed to insurance (BILLED):** Report whether any of the services at the visit were billed to the patient's public or private health insurance plan. If any services were billed to insurance, enter "1." If none of the services were billed to insurance, enter "0." Determine whether services billed to a state's Medicaid family planning expansion program (i.e., waiver demonstration project or State Plan Amendment [SPA]), will be considered billed to insurance.
- **Combined response to intervention insurance screening questions (SCREEN_1-SCREEN_5):** It is recommended to add seven CPT codes that will enable health centers to enter the patient's responses to the intervention screening questions. See Table 1 for a description of each code and the corresponding responses to the intervention screening questions. The specific CPT codes (i.e., numeric or alphanumeric characters) will vary from site to site, as represented by "XXXXX" in the first column in Table 1. Sites will need to fill in the "XXXXX" in the first column. Column 2 includes a suggested descriptor for each CPT code. Columns 3-5 include the responses to each intervention screening question associated with each code.

If the patient reports that they do not have insurance or they are using their insurance, only one CPT code should be entered ("no insurance" or "billing insurance," respectively). If the patient does not want to use their insurance, up to five CPT codes can be entered corresponding to potentially multiple reasons for not using their insurance. Determine whether the health center will capture the descriptions that patients write in the blank provided.

Enter the temporary CPT codes into the system at the time of billing, when service CPT codes are entered.

Table 1: Temporary CPT codes to capture combined responses to intervention screening questions

CPT code*	Suggested CPT description	Corresponding responses to intervention screening questions on intake form		
		Do you have insurance today?	Are you using your insurance today?	Why are you not using your insurance today?
XXXXX	No insurance	No	Not applicable—do not have insurance	Not applicable—do not have insurance or using insurance
XXXXX	Billing insurance	Yes	Yes	Not applicable—do not have insurance or using insurance
XXXXX	Not billing—confidentiality	Yes	No	Concerned about confidentiality
XXXXX	Not billing—cost	Yes	No	Too expensive
XXXXX	Not billing—services not covered	Yes	No	Insurance does not cover services
XXXXX	Not billing—insurance not accepted	Yes	No	Health center does not accept my insurance
XXXXX	Not billing—other	Yes	No	Other (please specify)

*In the first column, sites should replace the “XXXXX” with their own unique temporary CPT codes.