

# Proposing a Billing Model for a Mobile Clinic Services

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## Problem Statement

- Mobile health clinics were established to increase healthcare access to underserved, underinsured, and uninsured populations in rural and underserved areas.
- All the patients visiting this metropolitan mobile health clinic lack insurance coverage and do not qualify for health insurance.
  - Currently, the clinic relies on annual state funding, which is subject to variations and does not generate its own revenue.
  - This poses a significant sustainability risk for the mobile clinic.

## Purpose & Goals

- **Purpose:** This policy project aims to propose a billing model that not only supports the financial viability of the clinic but also benefits the local population.
- Additionally, the data collected on care delivery will be utilized to advocate for the value of nurse practitioners in terms of
  - Cost and health outcomes to legislators, insurance companies, and health organizations.

## Development

- **Setting:** A metropolitan mobile health clinic in Baltimore, Maryland
- The policy project proposed **four policy options**
  - **Maintain the current billing process**
  - **Implement a fee-for-service model based on a sliding scale fee aligned with HRSA poverty guidelines**
  - **Adopt a capitation billing model**
  - **Introduce a novel payment approach**

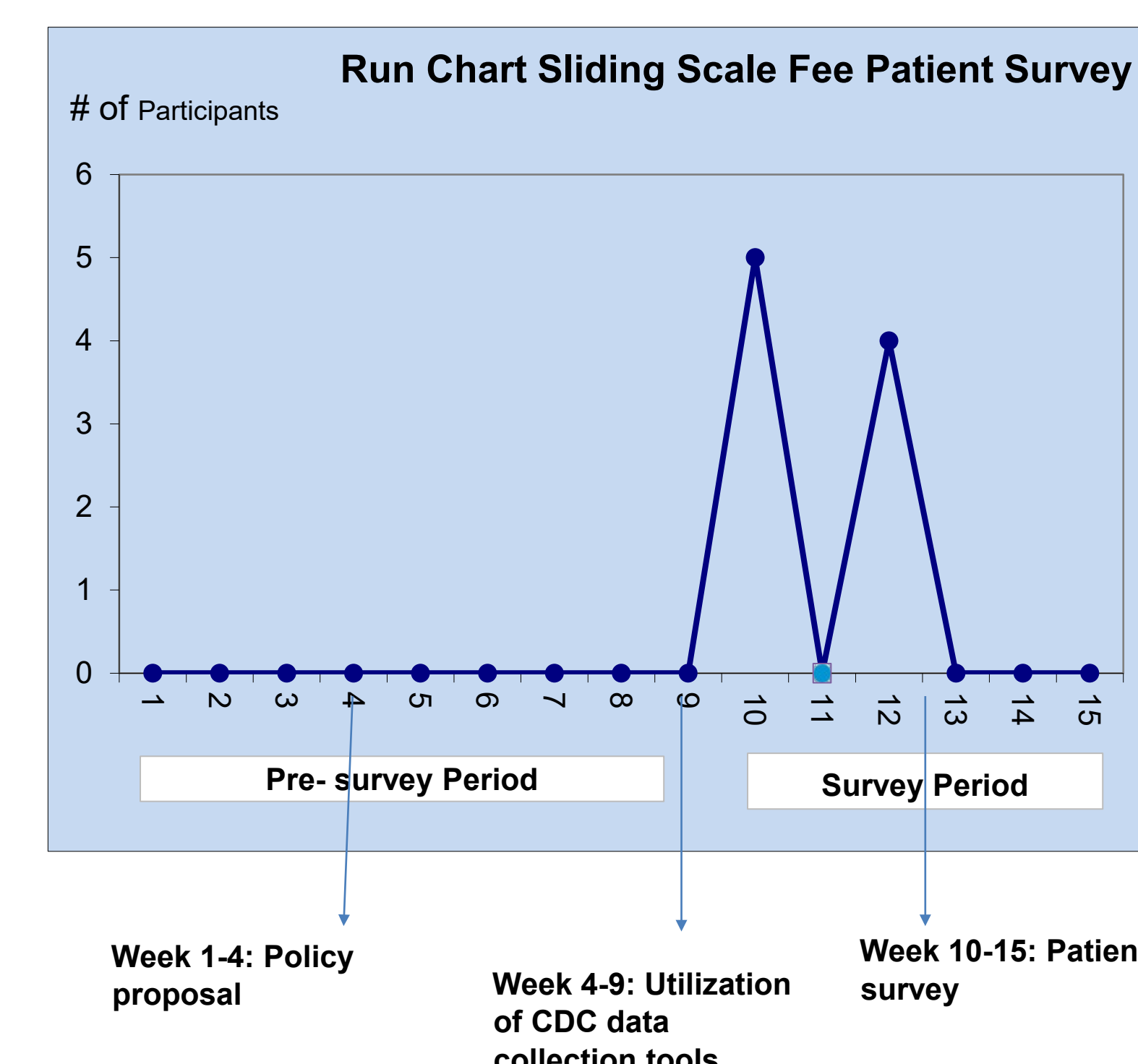
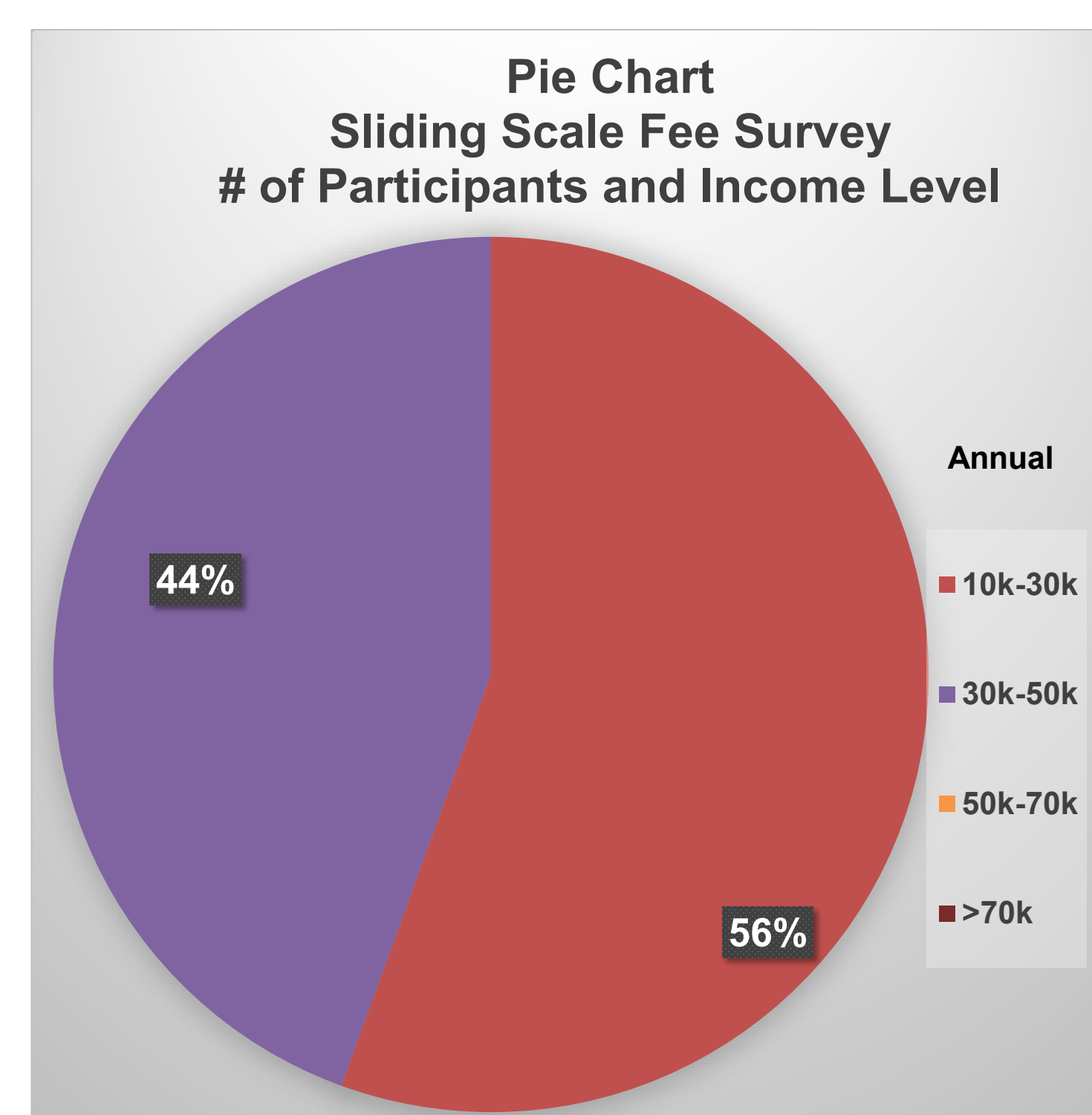
## Methods

- **Setting:** This policy project was conducted on a mobile clinic located in a metropolitan area in Baltimore Maryland.
- **Participants:** The participants of this project are underserved, underinsured and uninsured population due to ineligibility for Medicare and Medicaid, immigration status or employment situation.
- The evaluation of these policies was conducted using the following tools

- **The CDC Policy Analysis Key Questions**
- **The CDC Policy Analysis Table**

- Ranked from the most to the least feasible option, considering impact level, feasibility, and economic and budgetary impact
  - The climate and culture of the project site were taken into consideration when selecting the policy option.

## Results



## Discussion

- After the utilization of the CDC policy analysis key questions and table, the **fee-for-service sliding scale fee payment model** stood out as the most feasible policy option.
- **A survey** was administered to patients to evaluate how many could comfortably afford the predetermined fee, set at \$40 per individual in accordance with **HRSA poverty income guidelines**.
  - According to the survey findings, most of the patients will be able to afford the predetermined fee.
- **Impact:** This data will be presented to and shared with legislators and mobile clinic stakeholders, leading to a proposal for the adoption of the sliding scale fee structure as a method of generating revenue.
- **Limitation:** Includes lack of consideration for patient demographics such as age. Additionally, the fee determination did not account for the full extent of primary care services required per patient visit

## Conclusions

- **ROI:** The project findings supported the implementation of the sliding fee-for-service policy as the most feasible option for generating revenue for the mobile clinic.
- **Contribution to profession:** This approach holds promise for ensuring the sustainability and continued accessibility of healthcare services for the underserved population in this metropolitan area.
- **Practice Implication:** There is no intended negative consequence, as patient who are unable to pay will still receive treatment

## Policy Tools

- **The CDC Policy Analysis Key Questions**
- **The CDC Policy Analysis Table**
- **Sliding Scale Fee Schedule Based on HRSA Poverty Guideline**



## References & Acknowledgement

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