Alexia: This is part of our CBA@JSI project. CBA@JSI is a CDC project that provides capacity-building assistance to community-based organizations throughout the U.S. We're funded, through the CDC, to provide this free assistance. We provide capacity-building assistance with organizational development and management, monitoring and evaluation, implementation of high-impact prevention intervention and a lot more. Please visit our website, the address is there, to find out other resources that we have and other information. Of course, our presentation today is going to be more specific to billing.

These are our speakers and panel of experts that we have today. Myself, then Stewart Landers, Andee Krasner and Roberta Moss. I'm going to open it up so that each of them can introduce themselves. Stewart, would you like to introduce yourself?

Stewart: Sure. My name is Stewart Landers. I'm a Senior Consultant and the Director of the Boston office, Health Services Division of JSI, based in snowy Boston. I've worked in the field of HIV/AIDS for about 30 years now, and have started up my work in the area of cost-analysis and have worked across the field in a number of different areas. I'm [00:02:00] just pleased to be able to be on the call today and, hopefully, help with some questions and give a brief presentation.

Alexia: Wonderful. Thank you so much, Stewart. Andee?

Andee: Hi. Good afternoon, everyone. My name is Andee Krasner and I'm a consultant for JSI. I'm the Director of the Region I STDTAC, which is funded by CDC's Division of STD Prevention to provide billing training and technical assistance to STD clinics and public health labs.

There are actually ten Regional STDTACs across the country and we are available to help with billing training and technical assistance. I'm going to be training with you today about the National STD Billing and Reimbursement Toolkit which JSI developed. I look forward to talking to you.

Alexia: Wonderful. Thank you so much, Andee, Roberta, would you like to introduce yourself?

Roberta: Sure. Thank you for having me. My name is Roberta Moss, and I'm a consultant. I work with public health entities as they are adapting to healthcare reform. Formerly, I was the Chief Operations Officer of a reproductive health, family-planning organization. We had STD clinics, HIV prevention education grants, as well as counselling and testing sites.

Prior to that, I have some experience in a private practice medicine in ob-gyn, internal medicine, ophthalmology and anesthesia. I've been doing billing and reimbursement for a long time, so I hope I can be of some assistance today.

Alexia: Thank you, Roberta. Just a little background about myself. I am currently the CBA@JSI Project Manager, as well as well a Senior Consultant at JSI. Prior to working with JSI, I was working for [00:04:00] Kaiser Permanente in their operations and helping them, looking at revenue cycle and how that affect the operations. I also have experience with billing and how it's ... how it influences different organizations.

For today, we're going to, as I said, give a brief presentation before we move into official Q&A. We'll be talking ... First of all, Stewart will talk a little bit about the cost effectiveness analysis. This is at a higher level, so it's looking at what is the cost effectiveness of the programs that you are thinking about or looking at. Then we're going to ... Andee is going to walk us through the Ten Steps to Billing. Specifically, we'll be sharing also some resources that are available. Then I'll be talking about some of the tools and resources that we have at, specifically, around billing in the CBA@JSI website.

As we go through our brief presentation, please submit any questions you have through the chat, and then we also open it up after that for Q&A. Before we get started with the presentation, I wanted to do a quick poll to get a sense of where you are at in your organization. There's two poll questions that are open right. Go ahead and select the answer that best fits your organization.

The one on the top says, "What billing models are you considering?" Either partnering with another CBO or clinical provider, billing Medicaid, billing third-party insurance, bill clients or none of the above. Then, the other polling question asks, "What is your organization's interests?" Are you interested in receiving reimbursement for the services [00:06:00] you provide, operating like a small medical practice, continue to provide services with grant funding, outsource billing or get more information so you can make a decision.

I'll give you another thirty seconds. This will help us get a sense of where you are at in your organization. Thank you very much for participating. I'm seeing, as far as the models that you're considering, the majority of you are considering third-party insurance. Then, with some of you looking at some of the other options or a couple of you, none of the above. Then, as far as the interests, a lot of you, or the majority of you, are either interested in getting reimbursement for the services you provide or getting more information so you'll obviously make the decision.

Let's go back to our presentation. I'm going to hand it over to Stewart to walk us through cost effectiveness analysis.

Roberta: Thanks, Alexia. As Alexia mentioned, doing what she called the higher-level presentation that looks at how you actually understand the cost effectiveness of services you offer. I know the main purpose of today's webinar is really to focus on billing, but once you are able to understand your costs, I think you can also potentially take a look at the cost effectiveness of the interventions that you are doing.

For example, [00:08:00] you would want to, in a cost effectiveness analysis, understand what the cost of a service is relative to the gain in health. In that way, you can compare alternative strategies to achieve that particular goal. We've worked on a project that has tried to do modelling of various prevention interventions to try and help organizations decide what are the most effective use of prevention resources. A cost effectiveness analysis can help with that, and obviously also help justify ongoing funding for those activities.

A typical cost effectiveness analysis would have two components of that ratio. The numerator would typically be the cost per unit of the service delivered. I think part of the other presentations will be talking about how do you actually determine those costs for the purpose of billing, but it would work for the purposes of a cost effectiveness analysis as well. The denominator of the ratio is typically the health benefit achieve through that particular unit of service.

I'm going to walk you through an example of that. Again, with the idea of just starting to land in this webinar and start to wrap your mind around what are we really trying to understand? How are we really to trying to use costs to think about what we're doing, and understand are we doing what could be most effective over the long run, to achieve HIV prevention.

In part one of this example, I'm just going to do an example. For example, [00:10:00] if you use HIV testing, and HIV testing has been found through research to reduce new infections among HIV-negative individual. I should point out that the numbers in this example are just for the example purposes. They're not based on the literature.

For example, if you found, for 500 HIV tests you administered, 1 new HIV infection was prevented, and if each HIV test costs an average of $15 to administer, you would be able to say, 15 times 500 tests is $7500, and you would be spending $7500 to prevent one incident of HIV infection. This is really, just as I said, to give a simple example of a cost effectiveness analysis where you could really try and put the price on the actual health outcome.

The second part of this example, again, is just saying someone might utilize a cost effectiveness analysis. For example, there are other methods to prevent HIV infections which your organization may be doing. There may be behavioral interventions like group or individual counselling, or some of the old [eh-bees 00:11:25] that CDC has put together for use. Medication adherence among HIV-

positive individuals is not seen as another mechanism for reducing HIV infections in the community.

An early intervention linked to care is yet another method that you may be utilizing to try and get people into care early and avoid potential spread of HIV. You could potentially, for each of these interventions, look at their cost [00:12:00] effectiveness and compare tho- routes of cost effectiveness of each method to determine what would be the most effective use of your organizational resources in terms of the interventions you choose to implement.

Again, as I said, we're landing on this webinar around billing. I wanted to just introduce some of the broader notions about why we want to understand the costs of our interventions and how that could be used in broader decision-making regarding programming and strategic allocation of resources. If people have any immediate questions, I'll be happy to answer those.

Alexia: If you have any questions, you could submit those via the chat in the bottom right, or if you raise your hand, then you could ask via audio. If you don't have any questions, we'll go ahead and move forward. As I said, if you do have any questions as we go through this, please go ahead and submit them via the chat. Andee?

Andee: Hi, everybody. I just want to let you know I'm unable to advance the screen.

Alexia: Oh, Andee, you are actually advancing them. It's just ... It might not be showing on your computer.

Andee: Okay, so can you put me on the first ... I can't see them at all, actually.

Alexia: Okay. Right now, you're on the first one, the STD Billing and Reimbursement Toolkit.

Andee: Okay, great. I'm just going to ask [00:14:00] Alexia to advance because I actually see ... It seems like I'm having a little technical difficulty. Again, my name is Andee and I'm going to be talking a little bit today about the STD Billing and Reimbursement Toolkit, which I hope you will all the chance to visit, and I'm going to be talking to you about the Ten Steps to Billing. The Ten Steps to Billing is one of the tools in our toolkit and it starts with the first step, which is acces- assess the feasibility of billing, and it goes all the way to the tenth step which is a go live plan.

Let's start with the billing toolkit. Now, initiating billing for clinical services is a little like embarking on a new workout plan. You know it's good for your organizational health but finding time to work it into your busy schedule is difficult to do. That's why CDC funded us to develop the National STD Billing and Reimbursement Toolkit. This will be equivalent to the seven-minute

workout. Whenever you have a few minutes to fit it in, it's there in short, digestible pieces.

JSI launched this STD Services Billing and Reimbursement Toolkit in July, and it includes information on billing for HIV testing and counselling. The purpose of the toolkit is to give you the resources you need to initiate billing and to improve grant billing system. As you can see, I hope you can see it because I can't see it yet, there are six modules in the toolkit, and the first one is Before You Begin, and the last one is Access More Resources.

If you've never billed before, you can focus on Before You Begin or Develop Billing Systems. There are over a hundred tools in the toolkit, but if you don't find what you're looking for, please just let us know. We're continuing to add tools to it. Next week, there will actually three new ones, including FAQs on contracting. [00:16:00]

Who is this toolkit meant for? It's really meant for busy people with a lot of responsibilities. We imagine it for CBOs providing STD and/or HIV services. For STD clinic managers and STD staff. We also imagine that the state and local health department HIV program managers and STD program managers will use it.

We imagine that the context of our target audience is that they are busy, and rushed, and they work in understaffed clinics or offices. They are admins and clinical staff that has some billing and coding experience in other setting, but need assistance to make those first steps to initiating billing at their clinics.

What did we do to tailor our toolkit to the ki- to the situation of our target audience. Well, we made everything easy to find and search. It's easy to access. There's no user name and password to remember. It's very easy to learn. Everything is in a one to two-page documents, there are modifiable tools that you can download and go, and everything is tailored, as much as possible, to STD/HIV services.

This is the seven-minute workout for billings. If you just have a few minutes, go on to our website and you should be able to find the tools that you need. Now, I'm going to go over one of the tools that's in the toolkit. It's called the Ten Steps to Billing for STD services. I say STD services a lot. I've worked in both HIV and STD, and in the STD world, HIV is an STD. Don't be dissuaded that the STD is not going to work for HIV services.

This is a five-page document that outlines the Ten Steps to Billing. It provides links to helpful resources in the toolkit. [00:18:00] It provides a suggested time frame for completing each step, and it allows you to define responsibility, make brief notes and keep track of whether the step has been completed or not. In

steps one through three, you will see that they are about all the steps that you need to take internally within your organization to prepare for billing.

You'll assess the feasibility of billing, you need to obtain Buy-in, and you'll convene a working group. The best thing about this tool is that, for each step, it recommends other tools in the toolkit that can help you. If we recommend that you know your payer mix, we also provide a survey for figuring out your payer mix. If we recommend that you do revenue projection, we also have a revenue projection tool. You can see that if you are convening a workgroup, you may have some legal and policy issues, including confidentiality issues. You will see that there is an algorithm for confidential billing in an STD clinic.

For step four, identify infrastructure change, it suggests a decision-making tool for deciding whether you want to bill in-house or use outsource billing agency. In step five, which is begin contracting, it gives you information for obtaining an NPI number and credentialing your providers. It also gives you ten tips when working with insurance companies. In step six, establish policies and protocols, there are sample policies that you can download and adapt to your setting.

Really, you just figure out how you want your policies, and really the whole document is just set up for you and you just need to change a few sentence that are specific to your [00:20:00] setting. In step seven, we have build provider coding, and this is where you want to build provider coding capacity, and there is a superbill that you can link to that's tailored to HIV and STD services. There's a webinar you can watch on coding, and evaluation and management. Along with that is cheat sheet for your clinicians for coding their evaluation and management which I hope you're seeing right now.

In step eight, there's build revenue cycle management. These are best practices for revenue cycle management and they include a clinic-flow document, fee assessment and collection tools for setting charges. In step nine, there's determine your communication plan. It's important to communicate the changes to your clients. We have not only a patient communication tool, but a medical billing frequently asked questions. In step ten is the go live plan, and that includes monthly monitoring of your revenue cycle management, as well as suggestions for quality assurance indicators and billing performance.

There is an estimated timeline for each step, and as you can see, it's about eighteen months for you to initiate billing. It's not a quick process. Some of you may be able to do it more quickly, and others, it can take a little bit of extra time. Then, the toolkit has a lot of other resources and I wanted to just point out a couple of others of them that I think will be useful to you. There is a list of ACA Preventative Services and their associated CPT codes. I don't think that this is a [00:22:00] resource that you can find in many other places and it's very helpful.

For those of you who do not have prescribing clinicians and have only RNs on site, there's a billing FAQ for you. Lastly, I'd just like to thank Roberta Moss who is a ... whose wisdom is all throughout this toolkit. She helped create a lot of the tools. I also want to recognize the other Regional STDTACs who all contributed tools to this toolkit. Like the seven-minute workout, if you have just a few extra minutes in your day, I hope that you will come and take a look at it. Thank you so much for listening.

Alexia: Thank you so much, Andee. You did a great job, not being able to see your slides. I did have a question come in, through a private chat, asking if we will have the slides posted, and we will. We actually ... At the end of the webinar, you will be able to download them directly from the screen, or we will be posting them in the next couple of weeks on our website at cba.jsi.com as well, so you will have access to all these slides. Are there any questions for Andee around the resources that she covered or the Ten Steps to Billing at this point?

Again, if you have questions, please chat them or you can raise your hands. I don't see any questions coming in, so I'm going to go ahead and move forward with just giving you a brief introduction of some of the billing resources that we do have in the CBA@JSI website.

For the last about two years, [00:24:00] we have been conducting webinars and providing tools around billing. All these are posted on our webi- on our website. What you will find there is you will find webinars on Transitioning to Billing 101. There's two webinars, there's a part-one and part-two, and they walk you through the different steps in the revenue cycle. From not currently billing, all the way to billing with managed care organizations third-party billers ... or third-party payers.

I do encourage you to listen to the recording of these webinars. In addition, there is a transcription of them. If you do need any one-on-one PA, you can always access that later on. You can request for us to give you one-on-one PA on any additional information you might need. The other webinar that is on there is how to conduct a cost analysis. That's the webinar that Stewart and I did about a year ago. Again, there's a recording of the webinar, and then there's some tools that you can use.

What's really helpful about the cost analysis is it helps you determine what are your costs for conducting the services that you are currently conducting. Then you can compare those costs with what, say for example, Medicaid reimburses, or Medicare, or some of the private insurances and see how those match up.

Then, you can make decisions depending on that on are you going to make a lot? Are you going to make a profit? How are you going to cover it if you make a loss? That webinar will walk you through the different decisions you have to

make and then through the tools that are listed here on the screen that you can use to do that cost analysis. [00:26:00]

The other resource that is on there is a Billing Partnership Building Continuum. What we've noticed with a lot of CBOs that we are working with is that they currently don't have licensed practitioners on staff to bill directly for services. They are looking more at establishing a partnership with either a community health center, or a clinical provider or another community-based organization that does do billing, and providing services for the clients or patients of that other organization and ensuring getting reimbursed from that organization directly.

There is quite a few steps involved in establishing those partnerships, and so the continuum that you see here walks you through the main steps that are required to establish a partnership around billing. Along with that, there's also resources, some tools, that support you through some of the steps. For example, the competitive advantage worksheet helps you with that first initial step in which you're trying to identify what are your internal strengths and weaknesses.

Then, for conducting the environmental scan, there's another tool that will walk you through that and help you conduct an environmental scan. Same for the other tools on here. Conducting an initial interview, a meeting guide. Some tips for conducting key informant interviews, and then we also provide a sample contract that you could establish through this partnership.

All these tools are more geared towards establishing a partnership with a clinical provider, but they can easily be tailored to establishing a partnership with another CBO that might not be a clinical provider, so [00:28:00] they're all very beneficial. Another resource that is not listed on here is, last week Roberta conducted a webinar on setting fees. The transcription and the recording of that webinar will be posted next week on our website as well.

As you can tell, a lot of these webinars and tools build on each other, and they help you through the process of establishing billing, and help you also navigate those ten steps that Andee referred to. This is a screenshot of our website, and all the resources are accessible through this website. You can just go to our billing resources in the homepage, click on that and it will take you to the resources that I mentioned.

That's as far as we come with the information that we're presenting today. As I said at the beginning, we really want to make sure that we are using this time to answer the questions that you have around billing. They can be very specific to your organization or they could be more general. I would like to open it up now to our participants, to please submit any questions that you have around billing. Any obstacles that you have, maybe encountered while you're trying to

transition towards billing. Specific questions you have about who could bill, who cannot. Please take this time to submit those questions.

We do have some questions that we have received previously through email, [00:30:00] and we will be ... We can answer those as well, but I wanted to make sure that we also give everyone that's live on the webinar today an opportunity to do that.

I have a question here from Zack. "We are an FQHC, AIDS Service Organization, and prevention provider. I'm curious how we can leverage our enhanced FQHC Medicaid reimbursement to bill for our prevention services." Thank you, Zack, for your question. I'm going to ask Roberta to answer the question.

Roberta: Yeah. Actually Zack, that's a really good question. Thinking about it, off the top of my head, I'm thinking that you're ... the prevention services you're referring to are perhaps not your typical example of FQHC services. I know some organizations that have really begun to include either doing some clinical group projects, or actually bringing the clinicians into that prevention service model. In that way, having the proper justification for that enhanced rate.

Really, it's rearranging your flow. Rearranging, perhaps, when you ... where your clinicians are, in order to have your prevention services become more clinically-based, and thus you're able to bill Medicaid.

Alexia: Thank you, Roberta. Any other of the [00:32:00] panelists? Would you like to chime in?

Stewart: Hi, this is Stewart. I think Roberta really nailed it, in that a lot of times, prevention services can be offered through what is essentially linked to some type of clinical visit. If your enhanced reimbursement is something that you feel can be legitimately put in terms of these, what have traditionally seen as, wrap-around services. I think that that would be the ... a strategy that could be pursued, probably in a number of different ways, depending on what the specific type of prevention services that you're looking to try and gain reimbursement for.

Alexia: Great. Thank you, Stewart. Zack, hopefully that answered your question. If you have any follow-up questions, please go ahead and submit those. This is one of [crosstalk 00:33:20]

Zack: Can you guys hear me?

Alexia: Yes. Hi, Zack.

Zack: Oh, cool. This is Zack. I wasn't sure if they all just ... If the phone work or not. It sounds like we need to ... If we get to bill for something, it has to be like this full-on clinical patient. We're maintaining a medical record, face-to-face visit with a clinician. I was hoping you would tell me there's a way around that.

Roberta: Zack, I will check that.

Zack: At least, what might be the lowest level. Could an RN bill for something like that potentially?

Roberta: Well, actually that's a good question, and I see Morga- and this is related to a question Morgan has ans- Morgan Anderson is asking. Can I [00:34:00] bill for services by a community health worker? Unfortunately, the way medical reimbursement is ... works, you're either in the category of a physician, an NP, or perhaps a physician's assistant, and those people can bill. Or, you're a community health worker, an LPN, a medical assistant or even an RN. Those professional staff are ... They can only bill for one code out of all the codes in the CPT Book, and that's the 99211, which is a minimal visit.

Really, in order to bill, whether it's FQHC-enhanced, or just Medicaid or any of the third-party providers, you need to have a licensed provider, who is an NP or above, have a face-to-face interaction with that client, and you do have to have a medical record. There are a lot of clinics now who are rearranging their client flow so the person will see the nurse practitioner or the physician. They will also have a very meaningful interaction with a community health worker, with a prevention worker, and that person can do that wide range of preventive counselling that occurs in HIV prevention services.

You create a partnership within your clinical office among different staff to provide that service to that client and you bill it under the highest-level provider who saw that patient, or that client, that day.

Alexia: Does that help, Zack.

Zack: Yes, and I'm writing down notes. That actually does help. I'm sitting here with my prevention manager. We're just thinking about ways we could rearrange [00:36:00] ... and rearrange the staffing too, because it doesn't necessarily take that long to have a face-to-face visit. Then, you can make that hand-off to somebody who's going to do some more intensive education, counselling, prevention-type work. Yeah, I think there's some potential there.

Roberta: Yeah.

Zack: Thank you.

Roberta: Yes. I'll also say that, also, if you have that higher-level professional staff available, that also allows you to link that client back into any clinical services they may need. It might be an easier link back in than a cold han- than a colder hand-off from the prevention worker to the clinical back-office.

Alexia: Great. Thank you both. Other questions from the participants? Again, you can submit those via the chat there or you can do it via phone. We have another question that came via email that Morgan is sending right now. It's, "Can I bill PreP to insurance?" I'm going to let Roberta answer that one first, and then Stewart or Andee, if you want to chime in?

Roberta: Sure. Yes, you can bill PreP for insurance ... to insurance, and what you would be billing would be the individual parts of the ... of PreP. You would billing a visit. That would evaluation and management. You were looking to see ... You would be having a conversation or reviewing a medical history to see if this person ... if PreP is appropriate for this person. You will be doing lab work initially, and then some ongoing lab work. Things like pregnancy test, [00:38:00] liver function test, etc., so you will be billing for those services.

Then, depending on your organization, if you are ... You would either be writing the script of PreP, or you might have those medications on-hand. In which case, you could bill for those medications if you had them on-hand. Some difficulties, I know some of my colleagues have talked to me about, is ... For example, Ryan White-funded physicians are not supposed to be seeing patients who are negative.

They can't ... PreP often doesn't occur in the ... The referrals come from the Ryan White physicians, but then get ... Actually, the patients are cared for elsewhere within the health center, so there's often a partnership between those two different areas of the health center.

Alexia: Thank you, Roberta. I actually have a follow-up question to that from Ann, that was submitted via private chat, that said, "Can you bill for the counselling for PreP?"

Roberta: You can bill for the counselling for PreP. You would probably bill that counselling visit under ... You could ... There are some counselling codes you can use, or you could bill it as evaluation and management code. If you're using an evaluation and management code in the CPT code, you're allowed to use a code for counselling assuming that 50% of the time of the visit, you we're in a fact-to-face discussion with that client. Yes, you can definitely bill for those counselling services.

Alexia: Thank you, Roberta. Stewart or Andee, do you want to add anything?

Stewart: Well, I would just add that many practitioners still aren't necessarily [00:40:00] aware that insurers, including Medicaid, will cover the cost of PreP. I think it's

just also important to raise the awareness regarding the availability of funds, of insurance coverage, for PreP so that people are willing to have those visits that Roberta described, and bill for those as well.

Alexia: Thank you, Stewart.

Andee: This is Andee. Those counselling codes are 99401 going upward, 402,403, depending on the amount of time that you are counselling, and there's a modifier. If you're doing it as a preventative counselling, then you can use a 33. You can, in the document that I presented that had the ACA Preventative Co- CPT codes going to the ACA Preventative Services, you can find that.

Alexia: Wonderful. Thank you, Andee. We did receive another question from ... previously, through email, and it's, "If I get free tests, can I bill insurance?" I think that this related ... It sounds like it's related to if you are getting grant funding to provide, say, free HIV testing, can you bill insurance for those HIV tests that you're providing? Roberta, would you like to take the first stab at that one?

Roberta: Sure. Well, you can't bill for the test itself because that would be double-dip- considered what's called double-dipping. If you're getting it for free, you cannot bill [00:42:00] the insurance companies for it. You would not want to go through an audit having done that, let me say this. What you can do is you can bill for ... Sometimes, if there is visit involved. Often, whe-in public health settings, when tests are being conducted there is a counselling component that goes along. It cou- you could also sometimes bill for an administration fee, or dra- a blood draw fee, depending on what kind of test you are doing.

There are some ancillary services that you can bill for even if you are receiving a free test. In that, I think I just might add that there are many clinical programs and medical care that's provided in this public health sphere. Insurance and Medicaid doesn't cover these very essential public health activities. They cover the clinical services but they often don't cover what I will consider very essential public health activities. I think that you need, as you're going through, when deciding what you want to bill, and what you can bill and what you can't bill.

It's really important to get this information straight for you and your organization, and be able to communicate that back to your funders. Just like you, they are hoping you're going to be able to bill for some of these services. If it's not possible because of Medicaid regulation, or third-party regulation or how you're structured, you'll need to let them know that, and then let them know how important that grant funding for you to receive now and then ongoing in the future. To be able to articulate that need, I think, is critical when ... as a safety-net provider. Alexia?

Alexia: Thank you. Andee or Stewart, anything you would like to add? I [00:44:00] guess not. I want to open it to the participants before we address another question we

got through email, see if you have any more questions. Zack and Ann, if you have any follow-up questions, or other participants that haven't asked yet? These could be very specific to your organization. Well, please go ahead and submit it. Don't feel shy. There is no silly question.

We will move forward to one other question we received via email, and so this one is, "How does cost analysis relate to Medicare/Medicaid reimbursement rates? Can you justify exceeding Medicare/Medicaid rates?" I did briefly talk about this when I went over the cost analysis resource that we have on our website. Stewart, do you want to take the first stab at answering that question?

Stewart: Sure. Well, and again, as you said, I think we've reference a couple of times that Medicaid reimbursement rates are set at the state level, at the state Health and Human Services Department, Medicare is set federally at the Department of Health and Human Services, and that it takes some work to change these rates. It doesn- it's not so simple to necessarily do that.

As Roberta will say, in response to the last question she answered, explaining what some of the challenges and building cases to show how actual costs for delivering these services may be different or greater than the current reimbursement rate. That may be helpful [00:46:00] information, not only for some advocacy around changes in rates, but also obviously to help your organization determine whether when you accept the Medicaid payment for the service, what the implication are really going to be for your organization.

I think you really want to understand how you're going to make up some of the cost differentials, whether it's billing to private insurance, if you have that option, or whether it's through, again, going through existing grant, hype-funding or other types of private resources. What's really important is that you understand your true costs and how they compare with the reimbursement that you are receiving from payers such as Medicaid and Medicare.

Alexia: Thank you very much, Stewart. Roberta or Andee, would you like to add anything else? I'm going to go ahead and ... Oh, was there another comment?

Roberta: No, I was just saying ... I was going to say that I think Stewart answered that question very nicely.

Alexia: Yeah, I think so to. Great. Thank you, Roberta. What you have now on your screen, and please, as I'm going through this, if you do have additional questions, please do submit them through the chat in the bottom right. If you could take a minute and let us know if the presentation and resources we shared today were helpful. Also, right next to that box, there on the top in the center, is the question, "What additional information around billing would be helpful?" This would be great for us [00:48:00] to know as we are developing other webinars and other tools to share with you.

We do have a link to an evaluation form for this presentation and this Q&A, so if you click on the box that says, "Evaluation Form." Click on that link, then where it say, "Browse to," it will take you to the evaluation. We do have links here for both the cba.jsi.com website and the STDTAC.org, website.

I did say that at the end of the webinar we would have a link to download the PowerPoint slides, so if you want to do that the last box on the left, bottom left, it says, Presentation PowerPoint Slides for Downloading." If you click on that actual link there that says, "Ask the Expert Billing Session," and then click on Download File, that will download the file for you.

Please take a couple of minutes now to complete this to let us know what other billing information would be helpful for you. Let us know if you have any other questions. We do want to share with upcoming CBA@JSI webinars we'll be having if you're interested. We'll have one that will be on, "Integrating HIV Patient Navigation Services: Lessons Learned," and that's going to be on March 3rd at 2 PM, Eastern Time.

I'm going to chat you the link to register in just a moment. Then we'll also have one on social network strategies on March 17th. We will be sending everyone, of course, more information on those closer to the dates. We just wanted to get them on you radar. I just chatted the link [00:50:00] to the patient navigation services webinar, if you want to register for that.

Thank you very much for participating today and for your questions. If you need any additional assistance, you can email us at cba@jsi.com. You can ask us questions. You can also submit a CRIS request which is the CDC's request system. You can submit a CRIS request for additional technical assistance on billing or other ... on other resources you need. Any of the other panelists? Any other closing thoughts or remarks?

Roberta: This is Roberta. Thank you very much for having me. I think, in all of these billing ... at all these billing activities, it's just take a deep breath, find people to help you with it, and ... It's a long process, and it's long-term project. As Andee said, 18 months is pretty much on target from ... going from not billing at all to billing for a large number of your services. Access the tools that you can and just start somewhere and you'll find yourself down the road the road in not too long. Thank you.

Stewart: Thanks, Roberta. This is Stewart. I just wanted to add that these are incredibly valuable services that people have been providing for a long period of time. It's ... I think it's really urgent that we figure how we can [00:52:00] continue to provide them. I recognize that, for many organizations, this is now seen as a necessary part of organizational viability, but I think more so than that, it's really important that these services are available, going forward, to address the issue of the HIV/AIDS epidemic.

I think ... I say that to remind people that the system does need to be able to be responsive. Get all the assistance you need to work the system as it exists, and let's continue to advocate and move the system where it has to go when we encounter roadblocks. People in this fields had been great at doing that for so many years, and I know you guys will continue to do that as well.

Alexia: Thank you, Stewart. Andee?

Andee: I think I will just echo what Stewart and Roberta said. Roberta is right. If you just take one step down the path, you're already down it, and there's plenty of help. We are here at JSI to help you. I agree, too, with Stewart that we have a lot of work to do to figure out how we can maintain our safety-net services and also the ones for the clinical services that we have as well. Finding that balance is what we're going to do over the next couple of year and we look forward to working with you to do that.