Q&A Summary for Nuts and Bolts of Billing (5/19/16)

#	Questions	Answers
1.	How and when can I get a copy of the PowerPoint used in this presentation?	The archive of the webinar, including slides with speaker notes and recording is available at: https://careacttarget.org/library/nuts-and-bolts-billing-key-considerations-revenue-enhancement-cbosasos
2.	How do we know we are capturing everything we can bill for?	There are several approaches to address this question. First, CRE can provide TA to assess your agency's services and determine if there are additional services covered by health insurers that are not being billed. Second, a coding and billing consultant can review your coding to ensure that coding assigned is optimal. For example, are there procedures rendered but claims not submitted for the maximum allowable amount?
3.	How long does it take to launch a billing service?	The period needed to launch a billing service is likely to vary considerably due to several factors: 1. The time required to gain buy-in from your agency's board and staff; 2. Assessing feasibility of billing; 3. Selecting your billing system model; 4. Identifying and contracting with a billing system or hiring and training in-house staff; 5. Finding resources to pay for the billing service and the infrastructure needed; and 6. Design and implementation of billing policies and procedures. Some of these activities can be fast-tracked based on your agency's resources.

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4.	How can Ryan White Program grantees best support small ASOs we fund to get up-to-speed on billing?	Grantees can undertake several activities to promote billing among ASOs. First, grantees can stress the importance of billing insurers for covered services. Second, they can support the cost of assessment of billing feasibility at each ASO, identify TA and capacity development needs, help to locate funds to support billing infrastructure, and promote efforts to share the cost of a billing service that would be offered multiple subcontracts at a discounted payment.
5.	Can you suggest ways to penetrate confusing, fragmented state Medicaid systems? How can we reach actual people who can help us figure out what services we can bill and what credentialing we need?	There are several ways to make sense out of a confusing Medicaid program: (1) Review the Medicaid provider website for provider enrollment requirements, fee schedule, provider manual, model managed care organization (MCO) contract, and list of Medicaid MCOs operating in your state, The American Academy of HIV Medicine (AAHIVM) maintains state-specific resources on their website at: http://www.aahivm.org/chapter/exec/healthreformbystate (2) If you have additional information about specific Medicaid coverage and payment policies, call the State Medicaid Director's office and ask for the staff person who deals specifically with these issues. (3) Sign up for updates of the Medicaid provider manual. (4) Review Medicaid MCO member handbooks and provider website for more MCO-specific information. (5) Check out the websites of state healthcare associations for policy briefs and new alerts about your Medicaid program. Such

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		associations might include the state medical society, hospital association, primary care association and other groups. (6) Listen to archived CRE Medicaid-related webinars posted on the TARGET Center website at: https://careacttarget.org/cre/webinars