

STD TAC Toolkit Launch CDC Learning Hour Webinar

Questions and Answers

Q: Do you have anything in your toolkit about addressing a patient being willing to use their insurance related to the stigma of the services?

A: There are tools like a FAQ with a script on how to ask patients if they would like to use their insurance, and in a confidential manner. The patient intake form asks if they would *like* to use their insurance today, asking in a confidential manner. The anecdotal experience we have heard from the field from clinics that have started billing, is that a lot more of their patients are willing to use their insurance than they thought would be before they started.

Q: How many people have visited the STD services billing toolkit?

A: We have looked at the Google analytics and about 1,000 people nationwide have visited the site and about half have returned a second time. That's why we need all of you to help us get the word out and drive people to the toolkit.

Q: In regard to talking to patients about confidentiality, consider including scripts for how staff can let patients know and when they can request confidential communications form with their with their private insurance company. Each company has a confidential services request form they can submit if they believe that their safety may be jeopardized if the EOB is sent home to the policy holder. The patients have a right to ask for alternative communications, if they believe their safety may be jeopardized.

A: Great point, thanks.

Q: Are there any tools around co-pays - There is fear that initiating payment could delay people finding care, and especially for the particularly risky people that you want to come. People brought in by DIS don't want to pay copay. Are there any decision tools so that if the person isn't willing to pay a co-pay, maybe circumstances of how to waive or how to explain how to deal with this situation to balance a public health obligation and the revenue obligation versus?

A: Check out the [confidentially algorithm](#) in the toolkit. Providers may waive a co-pay or a balance at their discretion, based on a hardship. These waivers are on an individual patient basis.. Some state departments say that you can use state funds to cover the visit if they are a partner contact. The main thing is you don't want to turn a patient away for inability to pay. There should be many paths to cover the cost of that visit, but that should be the main idea, not turning patients away. There is also no co-pay for preventative services so you can look at the list of those in the toolkit.

Q: Where we can get a copy of the PowerPoint presentation?

A: It will be posted on the CDC website as well as the toolkit website under [additional resources](#).

Q: Does STD TAC consider HIPAA, since HIPAA regulations are going to need to be implemented once providers start billing? I have found some that are really helpful.

A: Yes, absolutely. HIPAA regulations are covered by a couple of tools on stdtac.org at <http://stdtac.org/module-1-before-you-begin/> but we could use more: Please feel free to send the ones you have found helpful to: [submit a resource](#).

Q: Have you been successful in identifying procedure codes that will allow for billing for high intensity behavioral counseling, as noted in the USPSTF guidelines - since such sessions that are at least 30 minutes or more and few codes that are geared toward that level of counseling. Could those codes be used to bill for partner services?

A: At a clinic setting, if it is an established patient, there may be a mechanism for that to be done. But see our ['coding tools'](#) resource page on stdtac.org.