1. Question for Dr. Hsieh: What was the IRB approval for the chart review part of the study? The Johns Hopkins University School of Medicine Institutional Review Board approved the identity-unlinked seroprevalence study.

2. For Dr. White: Did the grant cover the costs of the lab tests? Otherwise, payors may not cover it in an ED visit. Do you have suggestions for billing? The grant did not cover the costs of the lab tests (screening or viral load) or reimburse the lab staff for their effort. When we set up the program the lab director set up a billing code and charges as she would for any new test added to her system. This creates a charge for each lab test performed. We do not, however, add a specific ICD-10 diagnostic “screening” code for every test that is performed. We are currently evaluating whether we have received payment from any insurance companies with this process.

3. For all: Have you published this together in an effort to get CMS to modify their guidance? We are drafting a paper looking at the outcomes of universal screening.

4. What are typical hiring criteria/professional training for linkage coordinator? (nurse, social worker, etc) The linkage coordinator does not need special requirements -- just great interpersonal, phone, and communication skills. Computer skills and database management are a must, however. They will need oversight and training and basic Hep C instruction and education.

5. Dr. White, What percentage of patients show up in your ED that are undocumented/and uninsured that should be tested? Approximately 9%. 80% of our patients receive Medicaid.

6. We are in HIV opt-out state and it would be very helpful to know how other institutions initiate the screening without consent. Opt-out does not equate to no consent -- in California the opt-out testing laws still require notification to the patient that testing will be performed, patients are to be given the opportunity to answer questions and provided information, and lastly, patients must be given the opportunity to decline.