

OPPORTUNITIES AND CHALLENGES FOR HEALTH DEPARTMENTS AROUND HIV IN THE ERA OF THE AFFORDABLE CARE ACT



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

CENTER FOR LEARNING & INNOVATION

December 15, 2014

WELCOME!



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- ü Q&A – Raise your hand – I will call on folks individually.

TWEET!

- i "Hashtags"

 - § #ACATalkSF

- i Twitter handles:

 - § @getSFcba

 - § @SFAIDSFound

 - § @HealthCareGov

WHAT IS HIGH IMPACT HIV PREVENTION (HIP)?

Elements of High Impact Prevention

- *Evidence-based*
- *Scalable / Sustainable*
- *Cost-Effective*
- *Aligned with the National HIV/AIDS Strategy*

Implemented by several key actors:

- Health departments
- Community Based Organizations
- Health Care Organizations

WHAT IS CAPACITY BUILDING ASSISTANCE (CBA)?

CBA attempts to provide information, training, and technical assistance to the HIV prevention workforce in order to increase the adoption and implementation of high impact prevention strategies

High-Impact HIV Prevention

CDC's Approach to
Reducing HIV Infections
in the United States

Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

WHAT TYPES OF CBA ARE AVAILABLE?

CBA is available in:

- HIV testing,
- Prevention for Positives,
- Prevention for High-Risk Negatives,
- Condom Distribution,
- Organizational Development, and
- Policy/Planning

WHO PROVIDES CBA?

Health Department CBA Providers (Category A)

- | AIDS Project Los Angeles (APLA)
- | Asian and Pacific Islander American Health Forum (APIAHF)
- | City and County of San Francisco
- | National Alliance of State and Territorial AIDS Directors (NASTAD)
- | New York City Department of Health and Mental Hygiene
- | Public Health Foundation Enterprises Inc. (CA PTC)
- | University of Rochester
- | University of Washington

Community Based Organization CBA Providers (Category B)

- | AIDS United
- | Asian and Pacific Islander American Health Forum (APIAHF)
- | Asian and Pacific Islander Wellness Center

ETR Associates

- | JSI Research & Training Institute, Inc.
- | Latino Commission on AIDS (LCOA)
- | National Community Health Partners (NCHP)
- | National Minority AIDS Council
- | New York City Department of Health and Mental Hygiene
- | PROCEED, Inc.: National Center for Training, Support and Technical Assistance
- | The Regents of the University of California San Francisco Center for AIDS Prevention Studies (CAPS)

Health Care Organization CBA Providers (Category C)

- | Cicatelli Associates Inc. (CAI)
- | Denver Health and Hospital Authority
- | Primary Care Development Corporation (PCDC)

WHAT ARE CBA ACTIVITIES?

Information Dissemination

- Templates & protocols
- Toolkits
- Public Health Innovation & Leadership (PHIL) Talks
- Blog posts

Training

- Webinars
- eLearning courses
- Boot camps
- Health summits

Technical Assistance

- Brief and in-depth TA in response to CRIS requests
- Online CBA portal discussions and live chat “office hours”
- Facilitation of peer-to-peer mentoring
- Assistance with implementing online and mHealth tools

SAN FRANCISCO PRIORITY AREAS

- | HIV Testing
- | Prevention for High Risk Negative Persons
- | Policy/Planning





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Jeannie Balido, BA

Project Manager, Population Health Division (PHD) and CBA Program, SFDPH

HIV TESTING

- | **Community-based testing** – Thomas Knoble
- | **Testing in clinical settings** – Oliver Bacon, Stephanie Cohen
- | **Home testing-** Hyman Scott, Oliver Bacon
- | **Novel HIV testing technologies:** Severin Gose
- | **Linkage/partner services-** Charles Fann
- | **Internet Partner Services–** Frank Strona
- | **Perinatal HIV and testing** – Shannon Weber, Deb Cohan
- | **Billing-** Denise Smith, Athina Kinsley

PREVENTION FOR HIGH RISK NEGATIVE PERSONS

- | **PrEP/PEP-** Oliver Bacon, Stephanie Cohen, Jonathan Fuchs, Albert Liu, Shannon Weber, Deb Cohan, Judy Auerbach
- | **Personalized Cognitive Counseling-** Tim Matheson/Ed Wolf

POLICY/PLANNING

- ‡ **Use of data to support HIV continuum efforts- Data to Care:** Susan Scheer, Charles Fann, Erin Antunez, Darpun Sachdev
- ‡ **Support of National HIV Behavioral Surveillance:** Henry Raymond Fisher
- ‡ **Social media to support outreach–** Frank Strona, Megan Canon (SFAF), Sapna Mysoor (AP&I WC)
- ‡ **Working with cross-sector partners:** Eileen Loughran
- ‡ **Harm Reduction Strategies with IDU:** Eileen Loughran
- ‡ **Jurisdictional Planning:** Dara Geckeler, Eileen Loughran



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“Our Capacity Building support is tailored to your needs”



POPULATION HEALTH DIVISION
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CENTER FOR LEARNING & INNOVATION

The Center for Learning and Innovation at the San Francisco Department of Public Health is bringing Capacity Building Assistance (CBA) to your health department!

Our nationally-recognized experts provide customized support and training in **HIV Testing, Prevention and Policy.**

Our CBA Leadership Team will work directly with you to assess your needs and help you decide if CBA is right for you. Check out our areas of expertise below and **e-mail us** today!



HIV TESTING

Guiding efforts to target and expand HIV testing and linkage to care in clinical/community settings



HIV PREVENTION

Helping HIV negative individuals stay negative using strategies that work, like PrEP



POLICY

Using data and community wisdom to guide HIV prevention planning efforts

THANK YOU!!





Courtney Mulhern-Pearson

Director of State and Local
Affairs



Athina Kinsley

Kern County
Department of Public
Health

California Billables
Project

California Public Health
Billing Project

THANK YOU!!



QUESTIONS?



GETSFCBA!



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A dark orange silhouette of the San Francisco skyline and the Golden Gate Bridge is positioned at the top of the slide, set against a lighter orange background.

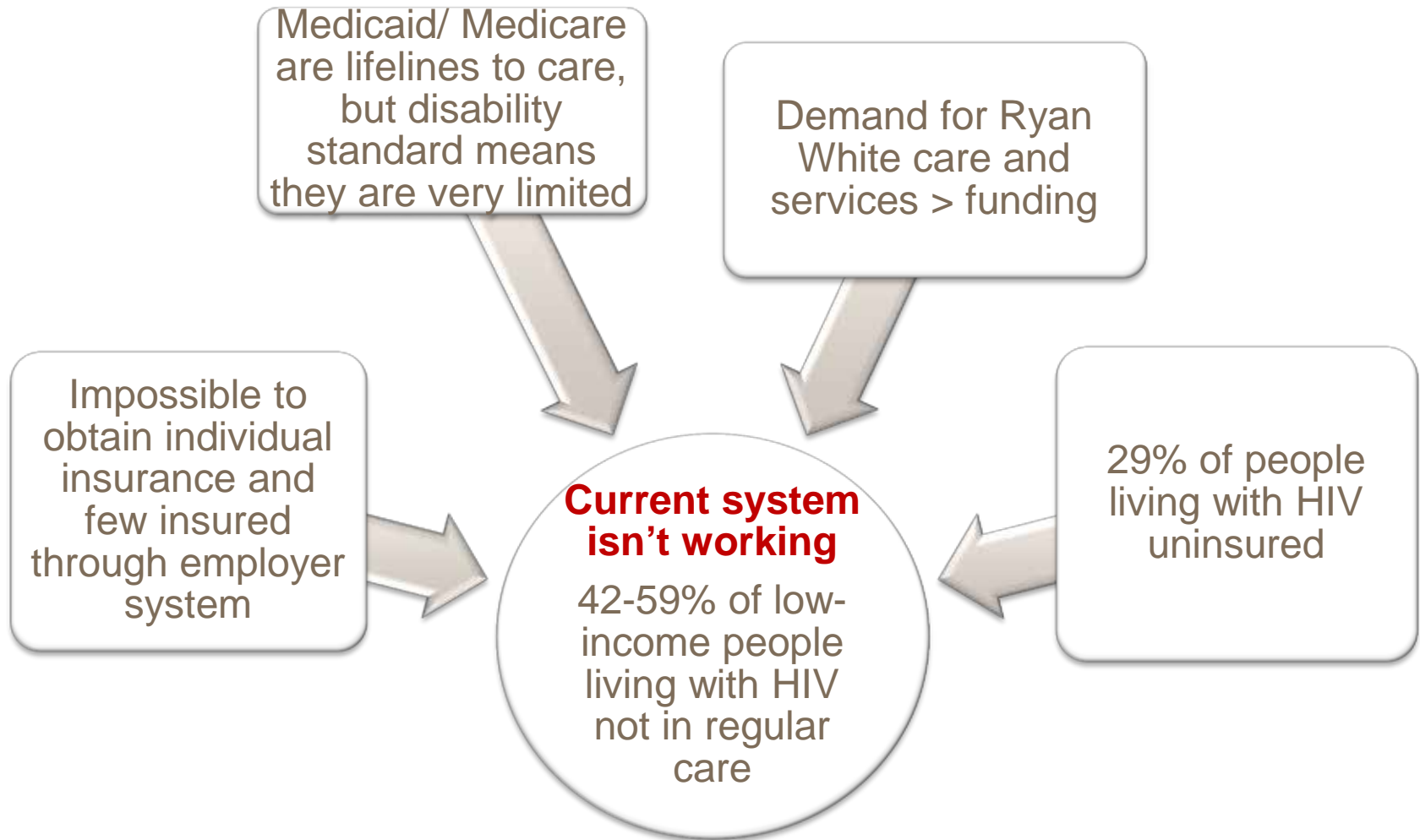
Health Care Reform and People with HIV

Courtney Mulhern-Pearson, MPH
Director of State and Local Affairs
December 15, 2014

What does health care reform do?

Component	Federally
Requires most individuals to have insurance coverage	U.S. citizens and legal residents must maintain health coverage or face a tax penalty (some exemptions)
Expands coverage: Focus on the uninsured	<ul style="list-style-type: none">• State option to expand Medicaid• Federal or state-run Insurance Marketplace in all states
Increases access to no-cost preventive care	Examples: <ul style="list-style-type: none">• HIV screening (everyone age 15 - 65)• Hepatitis C screening (for high risk adults)
Helps with costs	<ul style="list-style-type: none">• Subsidies out of pocket and premium expenses for lower income people - in marketplace.• Out of pocket caps on coverage - for all
Reforms private insurance: Creates new protections	Examples: Eliminates denials and increased premiums for pre-existing conditions; no annual or lifetime limits on coverage

Health care reform is vital for people with HIV/AIDS



New insurance options

- **Improves Medicaid (~ 60% of currently uninsured people with HIV):**
 - expands eligibility to everyone below 138% FPL regardless of disability status in states that choose to expand Medicaid
 - provides essential health benefits (EHB); same package as traditional Medi-Cal in CA
 - free preventive services
- **Creates Private Insurance Marketplaces (~ 30% of current uninsured people with HIV):**
 - federal subsidies for people with income up to 400% FPL
 - eliminates denial of coverage and higher premiums based on health/gender
 - standardizes coverage – essential health benefits (EHB)
 - supports outreach, navigation and enrollment

Essential health benefits

- Ambulatory services
- Emergency services
- Hospitalization
- Maternity/newborn care
- Mental health and substance use disorder services to parity with physical health services
- Prescription drugs
- Rehabilitative and habilitative services
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services

Who is not covered?

Undocumented immigrants

- Ineligible for Exchange plans
- Ineligible for non-emergency Medicaid;
 - Eligible for restricted “emergency” Medicaid in states that choose to offer that program
- Eligible for services through community health centers and/or safety-net providers and Ryan White

Legally present immigrants

- Federally imposed 5-year waiting period for Medicaid services continues
- California will cover people under Medi-Cal with state funding for first year ending Dec. 31 2014
- Can purchase with subsidies in marketplace

Challenges for people with HIV and their providers

- Ryan White program (RW) – patient centered comprehensive HIV care
- Payer of last resort : RW can't pay for services that can be provided under other coverage
- HCR expanded coverage means transitions
 - Transitions to new plans, providers, pharmacies
 - Once in new coverage, may need continued access to some RW services:
 - Those not offered by other coverage: specific types of case management, adherence, linkage to housing
 - Help with costs: out of pocket and premium costs for care and medications

HRSA requirements around RW and ACA

- Grantees must attempt to enroll consumers in new coverage. These efforts must be documented, particularly when coverage is refused;
 - HRSA guidance says that grantees and contractors must, “vigorously pursue enrollment into health care coverage”
- Funds cannot be used for items/services “for which payment has been made or can reasonably be expected to be made” by another source. (Public Health Service Act)
- HRSA enforces the requirement through audits; grantee could be liable to repay HRSA for care provided under RW that could have been paid for by a different program.

Additional considerations

- Ryan White programs will and must continue to serve clients who are not enrolled in other coverage;
- The priority is ensuring clients don't drop out of care and that they continue have access to appropriate high-quality care;
- Transitions can also be tricky – RW should continue to cover people as they transition care, providers must be diligent to ensure no treatment interruptions;
- Challenge overly aggressive enforcement of payer of last resort and denials of care.

Ryan White core services vs. EHB

Ryan White Core Services

- ü **Ambulatory and outpatient care**
- ü **AIDS pharmaceutical assistance**
- ü **Mental health services**
- ü **Substance abuse outpatient care**
 - Home health care
 - Medical nutrition therapy
 - Hospice services
 - Home and community-based health services
- ü **Medical case management, including treatment adherence services**
 - Oral health care (not an EHB)

ACA “Essential Health Benefits”*

- ü **Ambulatory patient services**
 - Emergency services
 - Hospitalization
 - Maternity and newborn care
- ü **Mental health and substance use disorder services, including behavioral health treatment**
- ü **Prescription drugs**
 - Rehabilitative and habilitative services and devices
- ü **Laboratory services**
- ü **Preventive and wellness services and chronic disease management**
 - Pediatric services, including oral and vision care

within categories may not be the same

State administered HIV programs

The California State Office of AIDS Administers:

- OA-Health Insurance Premium Payment Program (OA-HIPP)
- AIDS Drug Assistance Program (ADAP)
 - Covers the full cost of drugs for eligible clients but also pays co-pays and co-insurance for drugs on the ADAP formulary
- Local jurisdictions, clinics, and programs

ADAP and OA-HIPP

- AIDS Drug Assistance Program (ADAP):
 - Pays for 100% of the cost of ADAP formulary for eligible individuals who have no other coverage
 - Pays co-pays, deductibles & co-insurance for individuals with private insurance or Medicare Part D
- Health Insurance Premium Payment Program (OA-HIPP)
 - Will pay premiums for dental and vision plans for eligible clients and their family members.
 - Vision benefits must be included with the medical or dental benefits.
 - If dental carrier is different than medical, a separate OA-HIPP application must be submitted along with the billing statement.

Additional help with costs

- Pharmaceutical Patient Assistance (PAP) & Co-Pay Assistance Programs (Co-PAP)
 - PAPs provides free medication for those with no other coverage
 - Co-PAPs pay for copayments and coinsurance for those who have insurance coverage and for medications not covered by the insurance product with proper documentation (usually a denial letter)
 - Both in question for use in the marketplaces
 - HIV drug manufacturers have said they will keep co-pay assistance in place



sfaf.org

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Public Health Billing

Athina Kinsley, CMBS, CMBS-I

Disclaimer

- u I have tried to include accurate and detailed information in this presentation and it is not intended to be legal advice.
- u Every effort was made to ensure that this presentation was current and accurate as of the date of this publication. The presentation was prepared as a tool to assist the Local Health Departments and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to ensure accuracy of the information within this presentation, it is the ultimate responsibility of the staff at local health departments for correct submission of claims and response to remittance advice. The information should not be construed as legal, tax or accounting advice.

Historically

Many public health services have provided free of charge.



FREE Vaccines and FREE HIV Testing
(20 minute results)

**Free & Anonymous
Rapid HIV &
STD Testing**

Currently

Health Care Resources

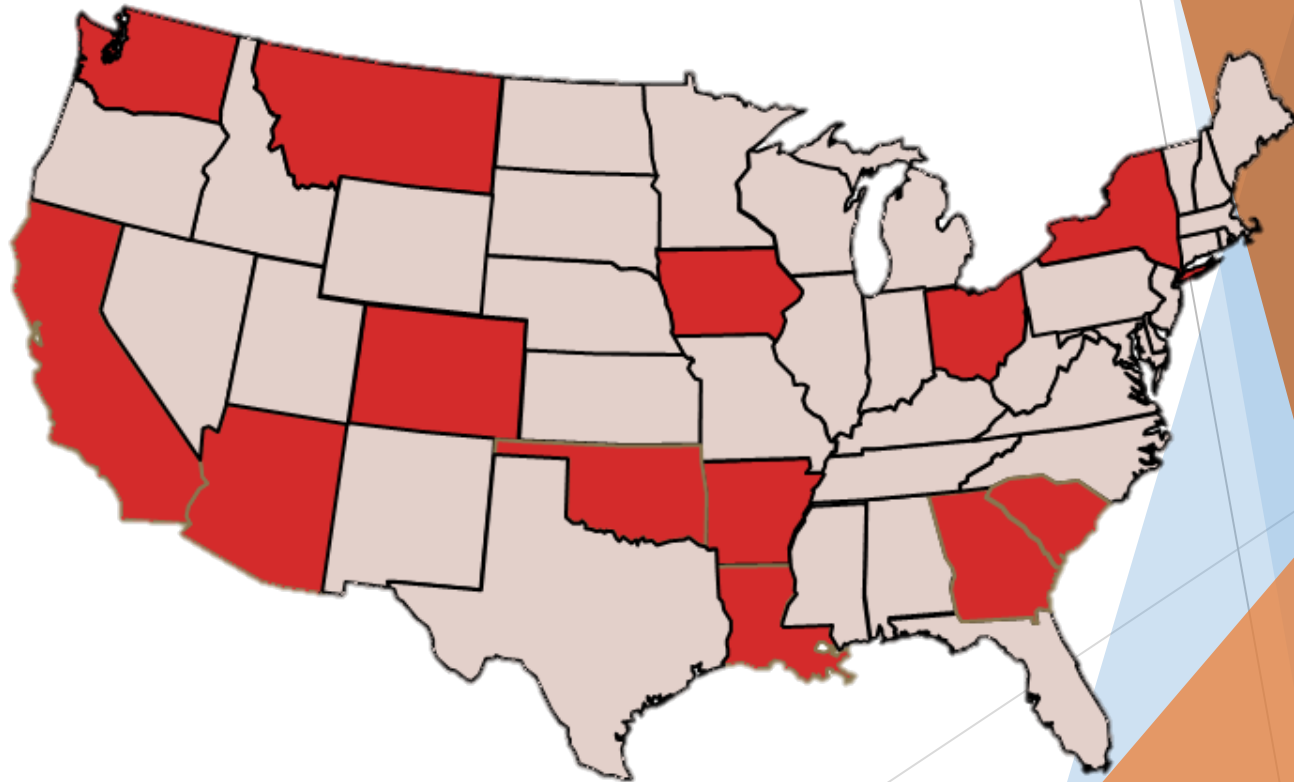
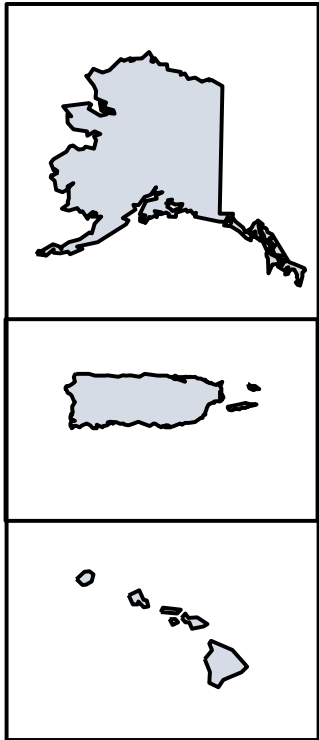


Reasons to Bill Private Insurance

- § Affordable Care Act
- § Changes to funding sources
- § Existing funding source
- § Increase revenue
- § Improve customer service



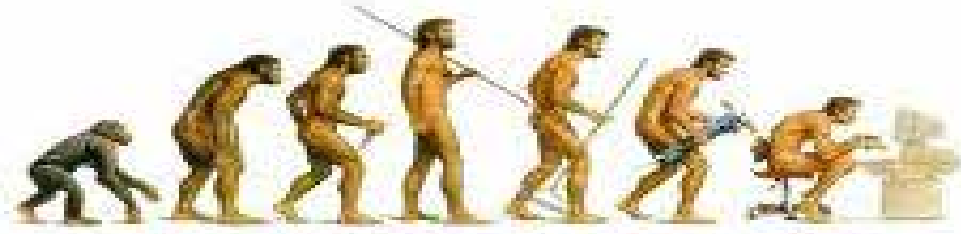
CDC- Funded Immunization Billing Planning Grants



39

*First projects funded 09/10 FY

Several State Projects Process



- § Updated fee schedule
- § Initiated private insurance contracts
- § Provider credentialing
- § Enhanced insurance verification
- § Improved coding & medical documentation
- § Developed better clinic flow and staff placement

Updating Fee Schedules

- § Assess costs of service
- § Utilize available tools
 - § Medicaid & Medicare rates
(cms.gov)
 - § Optum Fee Analyzer
(1-800-464-3649)
- § Sell the idea to Governing Board



Sliding Fee Scale

§ The Sliding Rules

§ Determine which services need a sliding fee schedule

§ Determine Methodology

§ US Federal Poverty Guidelines



Compliance

- § Can't bill Medicaid for a service that is provided free to a non-Medicaid patient
- § Funded program requirements
- § Must ask all patients about insurance
- § Must make an effort to bill other 3rd party insurance



**KEEP
CALM
AND
STAY
COMPLIANT**

* In California: Title 22 Division 3 Subdivision 1 Chapter 3 Article 7 # 51501

Initiate Private Insurance Contracts

- § Establish mutual benefits
 - § Numbers of subscribers
 - § Why they come
 - § Why service is crucial, and therefore reimbursable

- § Build a rapport
 - § Document who you talk to and date you phoned
 - § Pay attention

Provider Credentialing

§ Council for Affordable Quality Healthcare (CAQH)

<https://upd.caqh.org/oas/>

§ Nationally recognized

§ Gov't insurance and many private carriers use CAQH

§ Maintain regularly

§ Some payers maintain credentialing



Enhance Insurance Verification

- § Registration properly trained to ask for cards
- § Contact the carrier prior to services to verify benefits
- § Accurately record tracking # and name of rep
- § Relay coverage benefits to patient



Improving Coding and Documenting

- u If it isn't documented, it didn't happen!
- u Errors occur when documenting is inconsistent, incomplete or illegible.
- u Assure providers are familiar with current coding requirements



We're All in This Together



Registration Staff

+



Clinic Staff

+



Billing/Contract/
Credentialing
Staff

=



California Public Health Billing Project Background



- u Prior to the billing planning grant:
 - u 28% of LHD's were billing Medi-Cal only;
 - u 8% were billing Medicare only;
 - u 30% billed both Medi-Cal and Medicare;
 - u 3% billed Medicare, Medi-Cal and Private
- u LHD's billed a wide range of services including: immunizations, STD Services, Family Planning and TB.

Initial Kern County Public Health Results

- u After hiring a Health Insurance Specialist:
 - u Total Revenue increased from \$310,886 (7/09 -12/09) to \$839,913 (1/10 - 6/10)
 - u Private Ins. Revenue increased from \$5,265 (7/09-12/09) to \$8,836 (1/10-6/10).



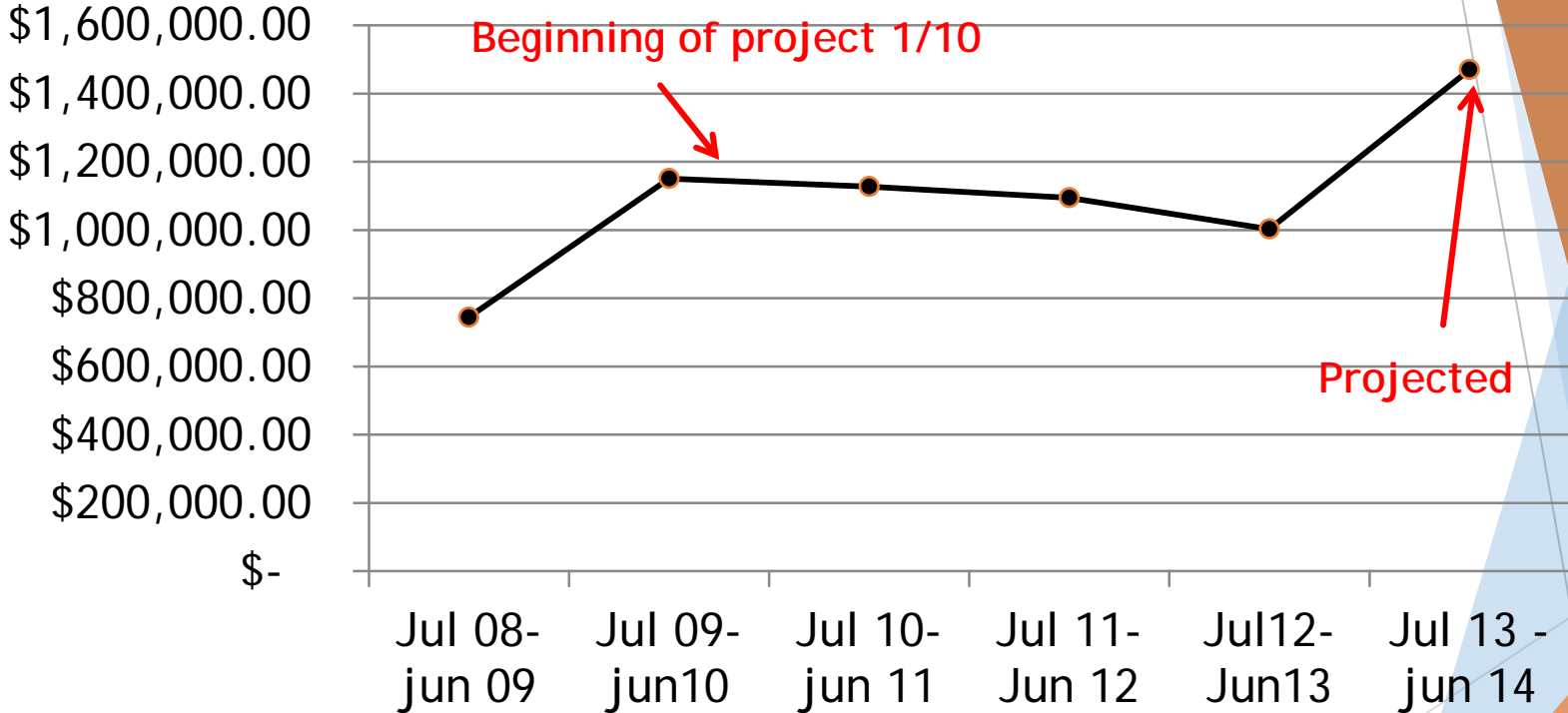
Ongoing Success in Kern County



- u Changed the way they approach their fee schedule
 - u Updated quarterly without going to their Board
- u Multiple contracts are attracting more clients
- u Improved billing process resulting in consistently increased revenue

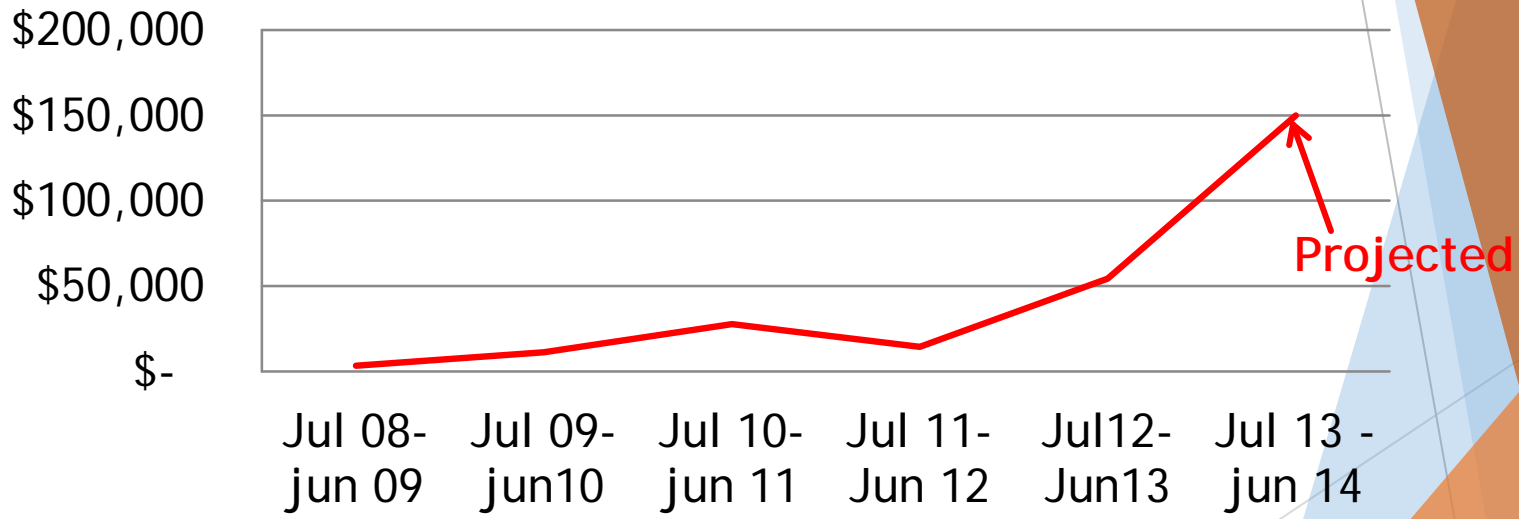
Ongoing Success in Kern (cont.)

Kern County Clinic Revenue by Fiscal Year



KCDPH: Private Insurance Reimbursement

Private Insurance Reimbursement by Fiscal Year



Kern County Public Health- Range of Annual Reimbursement Fiscal Years 09/10 – 13/14

Revenue Type	Range of Annual Reimbursement
Medi-Cal (full scope and Managed Care Programs)	\$179k to \$297k
Family Pact (California <u>Medi-Cal</u> waiver program)	\$340k to \$784k
CHDP PM 160s	\$67k to \$170k
Private Insurance	\$11k to \$150k
Cash Pay	\$216k to \$280k

KCDPH: Typical Reimbursement

Routine STD Visit for New Patient

Medicaid	Medicare	Private Insurance
\$128.55	\$251.29	\$217.41

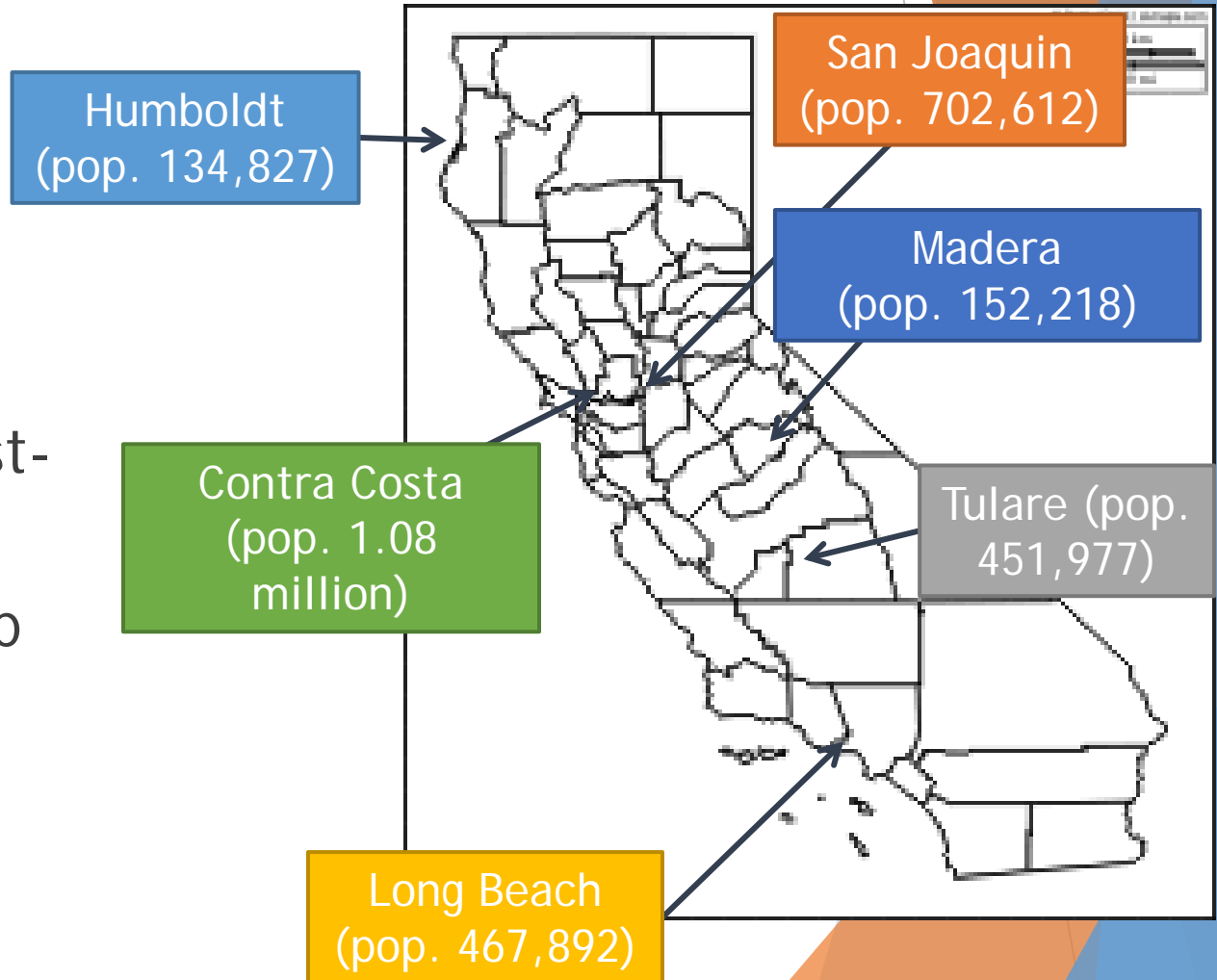
** Includes exam with RNP, PA, or MD; wet mount, GC, Chlamydia, Syphilis screen, HIV

More Complex Procedures

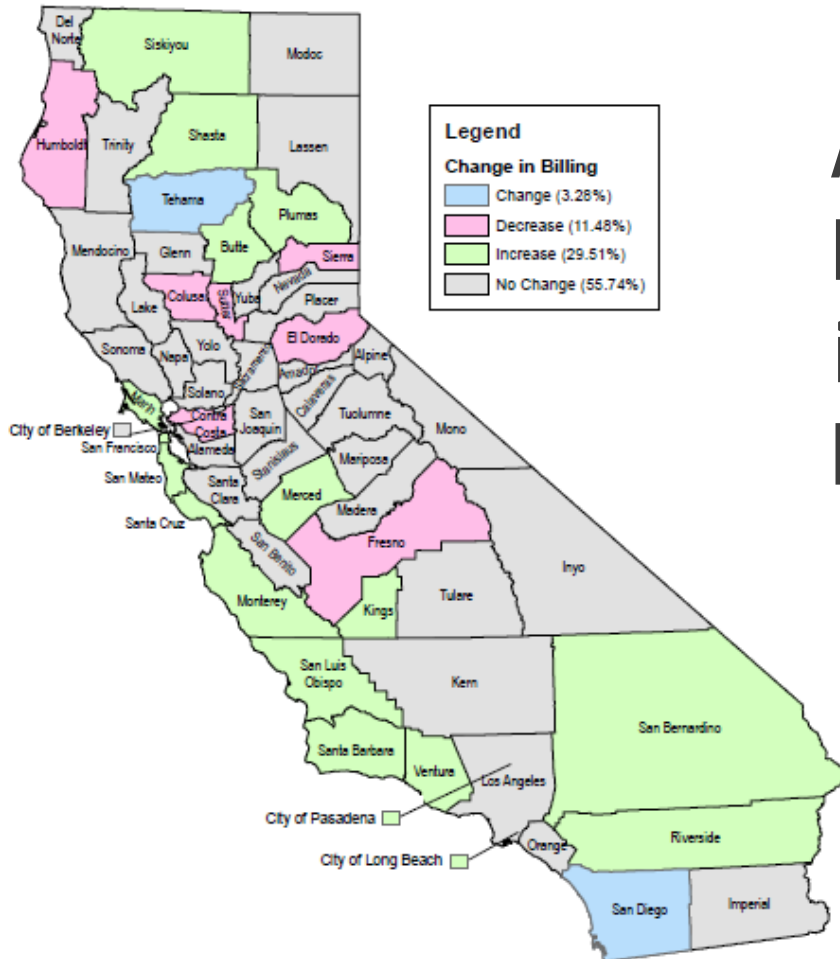
Services	Medicaid	Medicare	Private Insurance
BC Implant insertion + device	\$158.97 + \$595.61	\$142.78 + no set fee (bill with invoice)	\$123.42 + \$609.96
BC Implant Removal	\$112.43	\$161.35	\$145.11

Implementation in CA Counties

- u Six CA counties selected to participate
- u On-site training with each site
- u Help-line for post-training consults
- u Billing workgroup for the counties
- u Webinar training



Change in CA LHD's Billing 2011 - 2013



As a result of the Project, 17 counties increased their billing by 30%

Components of a Successful Billing System

- u Use a team approach
- u Training: Make sure everyone knows the policies, procedures, and resources
- u Acknowledge success and work together to correct errors

Leadership

- u Ensure leaders will support the effort
- u Choose a “Champion”
 - u A project leader to motivate the staff and keep the work on task



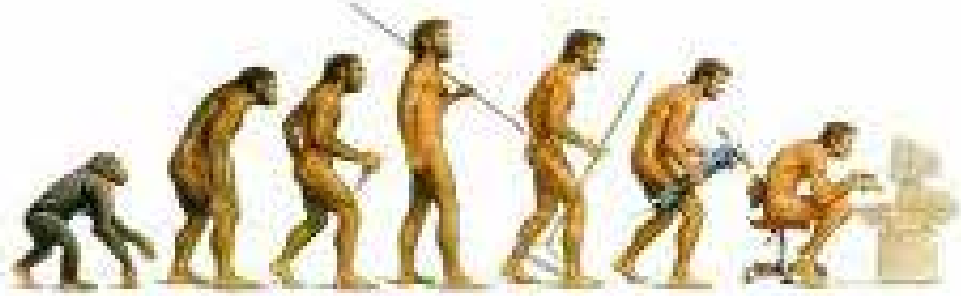
Know the Landscape

- u What services do we want to provide?
- u What does our community need?
- u What is the insurance mix in our community?
- u What are the major private insurances?

Who are the people in *your* neighborhood?



Work the steps



- § Update fee schedule
- § Initiate private insurance contracts
- § Complete Provider credentialing
- § Enhance insurance verification
- § Improve coding & medical documentation
- § Develop clinic flow and staff placement



340B Drug Pricing Program

340B Drug Pricing Program Background

- **Established in 1992 statute, section 340B of the Public Health Service Act.**
- **Requires manufacturers to sell covered outpatient drugs to “covered entities” at significantly reduced prices**

340B Qualified Covered Entities Examples

- u Ryan White HIV/AIDS Program Grantees
- u Title X Family Planning Clinics
- u Sexually Transmitted Disease Clinics authorized by Section 318 (42 USCS §247c)
- u Tuberculosis Clinics authorized by Section 317(j)(2) (42 USCS§247b(j)(2))
- u Federal Qualified Health Care Centers

340B Program Registration Timeline

- u January 1 - 15
- u April 1 - 15
- u July 1 - 15
- u October 1 - 15



Registration Website

- u HRSA/Office of Pharmacy Affairs Website to register

- u <http://opanet.hrsa.gov/opa/Default.aspx>



HRSA Office of Pharmacy Affairs

Home Covered Entities ▾ Contract Pharmacies ▾ Manufacturers ▾ Reports

Useful Links

- » Help
- » Reports
- » User Guides
- » Forms
- » Termination Codes
- » Archived Medicaid Exclusion Files
- » Covered Entity Acronyms
- » Notes
- » Contacts

Covered Entities

- » Search Covered Entities
- » Download Medicaid Exclusion File
- » Download Orphan Drug Selection File
- » Submit a Change/Termination Request

Contract Pharmacies

- » Search Contract Pharmacies
- » Request Contract Terminations
- » View Contract Pharmacy Carve-Ins

Manufacturers

- » Search Manufacturers

Resources

NACCHO Toolkit



The National Connection for Local Public Health

Search NACCHO >

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- Toolbox**
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Toolbox

Welcome to NACCHO's Toolbox—a free, online collection of local public health tools produced by members of the public health community. Tools within the Toolbox are materials and resources public health professionals and other external stakeholders can use to inform and improve their work in the promotion and advancement of public health objectives. Current examples of tools include, but are not limited to case examples, presentations, fact sheets, drills, evaluations, protocols, templates, reports, and training materials.

How to Use the Toolbox

Browse for tools by scrolling in the grid below, or search for tools using one search option (e.g., keyword) or any combination of search options in the floating window (e.g., toolkit and state). As you enter your search options, the results grid will automatically update. Click on a tool to preview its contents.

While anyone can search for tools, users must [log in](#) to access, bookmark, or [rate](#) tools. Logins are free, available to all, and only take a few minutes to create.

Search for Tools - 318 matches

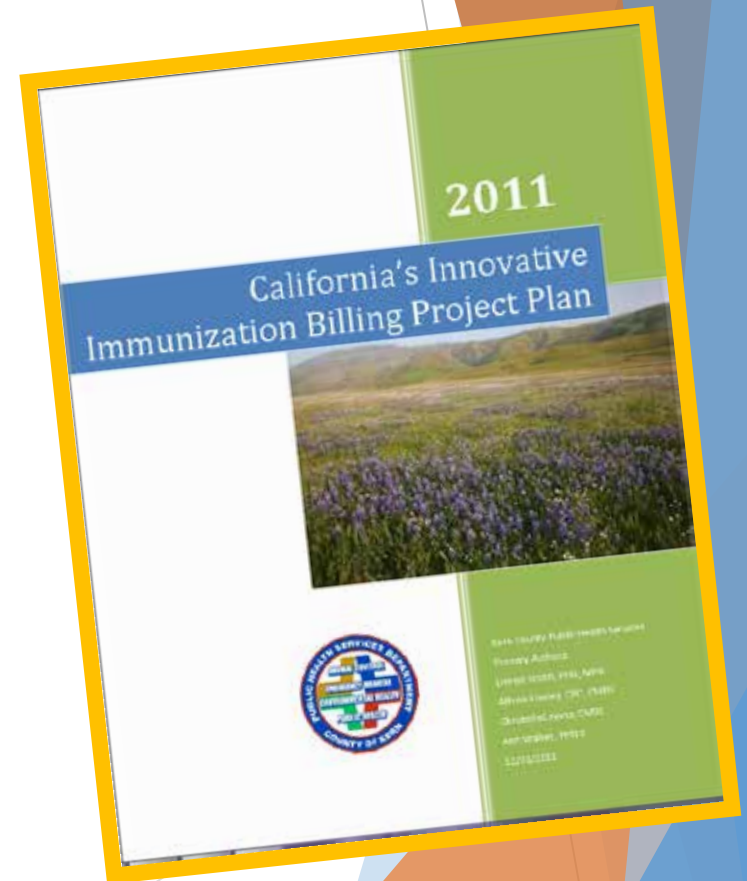
#	Date ↓	Tool	Toolkit	State	Keywords
1	08/13/2014	(22) Other Clinical...	Billing for Clinical S...		Billing,Billing,Codin...
2	07/24/2014	(20) STI Tools - RN	Billing for Clinical S...		Billing,Billing,HIV/A...
3	Search Tools				
4	Search Collection: <input checked="" type="radio"/> All Tools <input type="radio"/> Most Popular				
5	Toolkits: Billing for Clinical Services				
6	Search Title/Description:				
7	States:				
8	Keywords: <input type="text" value="Select ..."/>				
Tool Descri		Search By Date:			

Kern's Billing Toolkit

- § User friendly
- § Step-by-step tips
- § Get your copy at:

www.kernpublichealth.com

- § Click on "Hot Topic"



Washington Local Health Jurisdiction: Billing Toolkit

- § User friendly
- § Multiple LHJ references
- § Get your copy at:

http://www.jeffersoncountypublichealth.org/pdf/LHJ_Billing_Resource_Guide.pdf



Georgia Department of Public Health: Billing Toolkit

§ Get your copy at:

<http://dph.georgia.gov/immunization-publications>

The screenshot shows the Georgia Department of Public Health website. At the top left is the DPH logo and the text "Georgia Department of Public Health". To the right is a search bar with the text "Search within this site". Below the logo is the tagline "We Protect Lives". A navigation bar contains links for "About DPH", "Programs", "I Want To...", "A-Z Index", "Contact DPH", and "PHWEEK Blog". On the left side, there is a "Programs" menu with sub-items: "District and County Operations", "Health Promotion", "Health Protection" (which is expanded to show "Healthcare Associated Infections"), and "Health Protection". The main content area shows the breadcrumb "Home » Programs » Health Protection » Immunization Section » Immunization Publications" followed by the heading "Immunization Publications". Under "Manual", there is a link for "Georgia Immunization Program Complete Manual 2012" and a link for "Georgia Immunization Program July 2012 Manual Update Georgia DPH Billing Resource Manual December 2013". A red arrow points to this second link. To the right of the main content is a "Stay Connected" box with icons for RSS, Facebook, Twitter, and YouTube.

Questions?

