



The AIDS Institute

Coverage of HIV Testing

Lindsey Dawson
Public Policy Associate

2012 NATIONAL SUMMIT ON HIV AND VIRAL HEPATITIS
November 27, 2012



Overview

- USPSTF and its testing recommendations
- Testing coverage by each payer
 - Medicare
 - Private Insurance/Exchanges
 - Medicaid

US Preventive Services Task Force (USPSTF)

- Sponsored by Agency for Healthcare Research and Quality (AHRQ) at the HHS
- Leading independent panel of private-sector experts in prevention and primary care
- “Conducts rigorous, impartial assessments” of evidence for effectiveness of clinical preventive services, including screening, counseling, and preventive medications
- Key to coverage determinations, particularly in health reform implementation

USPSTF Grades

Grade	Definition	Suggestions for Practice
A	USPSTF recommends the service. There is a high certainty that the net benefit is substantial.	Offer or provide this service.
B	USPSTF recommends the service. There is a high certainty that the net benefit is moderate or there is a moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. <i>(Previously no recommendation for/against).</i>	Offer or provide this service only if other considerations support offering or providing the service to an individual patient.
D	USPSTF recommends against the service. There is no moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I Statement	USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations of the USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

USPSTF and HIV Screening

- Strongly recommends that clinicians screen for HIV in all adolescents and adults at increased risk and all pregnant women for HIV infection
 - Grade A Recommendation
- No recommendation for or against routinely screening for HIV in adolescents and adults who are not perceived to be at increased risk for HIV infection
 - Grade C Recommendation

USPSTF and HIV Screening

- On November 19th the USPSTF issued draft recommendations, giving an “A” grade to routine testing for:
 - Adults and adolescents 15 to 65
 - Others at increased risk (<15 & >65)
 - Pregnant women

USPSTF and HIV Screening

- Disregards perceived risk (for 15-65)
- More closely aligns with the CDC recommendations
- Huge step forward in routinizing HIV testing
- Positively impacts reimbursement across most payers
- Only draft, advocacy is critical
 - 30-Day comment period

Who is “At Risk?”

- Until finalized, current recommendation and risk based standards remain
 - A person is considered at increased risk for HIV infection (and thus should be offered HIV testing) if he or she reports 1 or more individual risk factors
- or
- Receives health care in a high-prevalence or high-risk clinical setting

More detail on clinical considerations for risk:

<http://www.uspreventiveservicestaskforce.org/uspstf05/hiv/hivrs.htm>

Persons at Higher Risk for HIV Infection

- Those seeking treatment for STDs
- Men who have had sex with men
- Past or present injection drug users
- Persons who exchange sex for money or drugs, and their sex partners
- Women and men whose past or present sex partners were HIV-infected, bisexual individuals, or injection drug users
- Persons with a history of transfusion between 1978 and 1985
- Persons who themselves or whose sex partners have had more than one sex partner since their most recent HIV test
- **Persons who request a test**

High Risk and Prevalence Settings

- High-risk settings include STD clinics, correctional facilities, homeless shelters, tuberculosis clinics, clinics serving men who have sex with men, and adolescent health clinics with a high prevalence of STDs
- High-prevalence settings are defined by the CDC as facilities known to have a 1% or greater prevalence of infection among patient population

HIV Screening Coverage by Payer

Medicare and Health Reform

- Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) & ACA
 - Medicare can cover A & B preventive services after a coverage determination
 - w/o cost sharing as a result of the ACA
 - Currently HIV screening for pregnant women and those “at risk” (Dec. 2009)
 - Could expand after new coverage determination, assuming A grade is finalized

Private Insurance and Health Reform

- Most plans follow USPSTF recommendations and cover A & B services
- Under the ACA plans must cover A & B Services, without cost-sharing (Began September 23, 2010)
 - “At risk” and pregnant women at this time, expecting grade will be finalized, coverage will expand
- Some plans currently cover routine testing

Private Insurance and Health Reform

- Women's Preventative Services
 - Beginning August 1, 2012, all new plans must cover 8 preventive services without cost-sharing for all women:
 - Includes annual HIV screening and counseling

Private Insurance, Health Reform and Essential Health Benefits (EHB)

- All non-grandfathered private individual and small group plans (inside and outside of exchanges) must cover EHB
 - 10 categories of services, including preventative
 - Proposed rule suggests As and Bs and women's preventative services will be covered as preventative services
 - Coverage based on a benchmark plan
 - Testing coverage dependent on benchmark

Medicaid (Current)

- State Medicaid programs must cover medically necessary HIV testing
- States choose whether they will cover routine testing
- According to a Kaiser Family Foundation survey (as of October 2010)
 - 23 states cover routine screening
 - 24 states cover “medically necessary” screening
 - 4 states did not respond

Source: <http://www.kff.org/hiv aids/upload/8286.pdf>

Medicaid and Health Reform

- Traditional Medicaid Beneficiaries
 - States not required but (weakly) incentivized to cover USPSTF A & B services (“at risk” and pregnant women but likely becoming routine)
 - 1% increase in federal matching for services
 - Beginning January 1, 2013

Medicaid and Health Reform

- Medicaid Expansion programs will provide health coverage to many people with HIV
- States may choose to expand their Medicaid programs to include those up to 138% FPL
 - Hope to see a phasing in of acceptance as with Medicaid and CHIP in the past

Medicaid and Health Reform

- Expanded Medicaid
 - Subject to Essential Health Benefits, as in private market
 - 10 categories of services (incl. preventative)
 - Coverage based on a benchmark plan
 - Testing coverage dependent on benchmark
- Appears A & B services and Women's Preventive Services will be covered

Summary

- ACA has improved access to reimbursable HIV testing across Medicare, Medicaid and private insurance
- USPSTF grades are critical to coverage
 - Should the A grade be finalized, will be a game changer
- Coverage varies by payer, state, gender, and perceived risk (at this time)
- Some decisions still to be made
 - Advocacy needed at state and federal levels
 - Comment on USPSTF Draft & Health Reform Implementation

Summary

- HIV Community response to USPSTF recommendations:
 - The HIV Testing Reimbursement Subcommittee of the HIV Health Care Access Working Group (a Federal AIDS Policy Partnership committee) has drafted a sign-on letter in support of the recommendation
 - The AIDS Institute issues a press release shortly after the recommendation release, in support
 - The AIDS Institute will submit organizational comments, in support

Additional Comments

- Availability of coverage does not automatically translate into usage
 - Need for education, outreach, and routinizing HIV testing
- Entities must develop tools for billing
- CDC appropriated funding remains essential for HIV testing
 - Reimbursement is for the actual test and counseling
 - Need to pay for outreach, staffing, linkage to care, partner notification services and reporting
 - Coverage is for those with health insurance

Resources

- Draft Recommendation:

<http://www.uspreventiveservicestaskforce.org/draftrec.htm>

- Deadline to submit comments: December 17, 2012, at 5:00 PM ET
- To submit comments on USPSTF recommendation:

- Online:

- [http://uspreventiveservicestaskforcecomments.org/comments.aspx?dno=dVZKMEhyZnJES1kIM2Q\\$](http://uspreventiveservicestaskforcecomments.org/comments.aspx?dno=dVZKMEhyZnJES1kIM2Q$)

- By mail:

- Dr. Robert Cosby
c/o USPSTF
540 Gaither Road
Rockville, MD 20850

Resources

- USPSTF: <http://www.ahrq.gov/clinic/uspstfix.htm>
 - A & B services: <http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm>
 - HIV Screening: <http://www.uspreventiveservicestaskforce.org/uspstf05/hiv/hivrs.htm>
- Kaiser Family Foundation Report on Medicaid coverage of HIV screening by state: <http://www.kff.org/hivaids/upload/8286.pdf>
- Medicare Preventative Services: <http://www.healthcare.gov/law/features/65-older/medicare-preventive-services/index.html>
- Women's Preventative Services: <http://www.hrsa.gov/womensguidelines/>
- Essential Health Benefits (bulletin and FAQ)
 - http://cciio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf
 - <http://cciio.cms.gov/resources/files/Files2/02172012/ehb-faq-508.pdf>



THE AIDS INSTITUTE

THANK YOU

Lindsey Dawson

ldawson@theaidsinstitute.org

202-835-8373

www.theaidsinstitute.org

The AIDS Institute

