

HIV Testing Reimbursement Subcommittee

of the HIV Health Care Access Working Group
(Affiliated with the Federal AIDS Policy Partnership)

Dr. Grant Colfax
Director
Office of National AIDS Policy
The White House
Washington, DC 20502

Dr. Howard Koh
Assistant Secretary for Health
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

September 25, 2013

Re: The HIV Care Continuum Initiative and Coverage and Reimbursement of HIV Testing

Dear Dr. Colfax and Dr. Koh:

In recognizing new scientific and policy developments that further our understating of and response to the domestic epidemic, the HIV Care Continuum Initiative is a critical step towards advancing the National HIV/AIDS Strategy. The HIV Testing Reimbursement Access Working Group, subcommittee of the Federal AIDS Policy Partnership, urges you to consider the role of HIV testing as the Initiative is further delineated.

As the Executive Order that announces the Initiative acknowledges, the U.S. Preventative Services Task Force (USPSTF) now recommends all those between 15 and 65 years of age be screened for HIV. As a result of this revised recommendation and due to provisions in the Affordable Care Act (ACA), all major payers will be either required to or incentivized to cover HIV testing. As millions of people gain health insurance coverage through Medicaid expansion, the marketplaces, and as a result of insurance market reforms, these individuals will gain access to a range of preventive services, including HIV testing.

This body wrote a letter (attached) to Secretary Sebelius in June of this year following the recommendation, urging HHS to take specific action steps to ensure that federally funded health care providers and payers are aware of the grade change and the reimbursement potential under the ACA. The letter also encouraged that technical assistance be provided to agency grantees. We were grateful that HRSA sent a Program Assistance Letter (PAL) on the new USPSTF recommendation for routine HIV testing in July. However, there is still more that can be done.

We believe that this issue and the action steps raised in our letter to the Secretary should be taken up by the HIV Care Continuum Workgroup. Addressing the issue of routine testing is central to meeting the goals of the National HIV/AIDS strategy and helping the nearly 20 percent of individuals with HIV in the US who are unaware of their infection, know their status.

We thank you for your continued leadership and would be pleased to offer any assistance we can regarding this matter.

If you have any questions or comments, please feel free to contact subcommittee co-chairs Carl Schmid at cschmid@theaidsinstitute.org or Holly Kilness at holly@aaahivm.org.

Sincerely,



Carl Schmid, Deputy Executive Director
The AIDS Institute
Co-chair, HIV Testing Reimbursement
Subcommittee



Holly Kilness Packett, Director of Public Policy
American Academy of HIV Medicine
Co-chair, HIV Testing Reimbursement
Subcommittee

cc: Dr. Ronald Valdiserri, Director, Office of HIV/AIDS and Infectious Disease Policy, HHS
Dr. Deborah Parham-Hopson, Senior Advisor for HIV/AIDS Policy, HRSA

Attachment

HIV Testing Reimbursement Subcommittee

of the HIV Health Care Access Working Group
(Affiliated with the Federal AIDS Policy Partnership)

The Honorable Kathleen Sebelius
Secretary
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

June 7, 2013

Re: Implementing the USPSTF Grade Change for Routine HIV Screening

Dear Secretary Sebelius:

We are writing on behalf of the HIV Testing Reimbursement Subcommittee of the Federal AIDS Policy Partnership's (FAPP) HIV Health Care Access Working Group. Recently, the United States Preventative Services Task Force (USPSTF) revised the grade for routine HIV screening for those between the ages of 15 and 65 from a "C" to an "A" and reaffirmed the "A" grade for screening among pregnant women. Not only will this strong recommendation in support of routine HIV testing encourage medical providers to offer HIV testing but it will have a profound impact on coverage and reimbursement of HIV screening, especially as the Affordable Care Act (ACA) is implemented.

We write to you today because there are several steps the Department can take to ensure that federally funded health care providers and payers, such as Medicare and Medicaid, cover routine HIV testing now that the USPSTF has changed its grade. It would send a strong message if some of these actions could occur in conjunction with National HIV Testing Day which is on June 27th.

Medicare Coverage Determination: Ensuring that Medicare beneficiaries, including the nearly 8 million individuals who qualify due to a disability, have access to routine HIV screening without cost-sharing will require a coverage determination by CMS. Now that routine HIV screening has earned an "A" grade by the USPSTF, we ask that the Department initiate a coverage determination process.

Medicaid Coverage: In June 2009, the Center for Medicaid Services and State Operations issued a "Dear State Health Official" [letter](#) to promote National HIV Testing Day and to explain Medicaid and CHIP coverage of HIV testing. Now that the USPSTF has issued an "A" grade for routine HIV screening, we encourage Medicaid Services to issue a similar letter to review coverage changes that will occur as a result of the grade change and to encourage states to cover routine HIV testing through their traditional Medicaid program. According to a Kaiser Family Foundation brief, "State Medicaid Coverage of Routine HIV Screening", as of 2010 only about half of the state Medicaid programs cover routine HIV testing. As part of the updated letter, it will be useful to remind states that the ACA incentivizes states to cover USPSTF "A" and "B" grade preventive services with a 1 percent increase in their state FMAP.

For the expanded Medicaid population, we are highly supportive that the proposed rule on Medicaid coverage of Essential Health Benefits in Alternative Benefit Plans clarifies that all plans must cover "A" or "B" rated services. We look forward to the finalized rule and trust this requirement will remain. However, in the final rule we urge you not to impose cost sharing, as is the case in the private insurance

market, to ensure that low income individuals have access to important preventive services. Assuming that the final rule will occur soon, this coverage requirement should be included in the updated Medicaid State Health Officer Letter on HIV testing.

HRSA-funded Health Centers: In 2010, HRSA sent a [Program Assistance Letter \(PAL\)](#) to Health Center Program grantees detailing the importance of HIV testing and explaining CDC's revised recommendations for HIV testing in health care settings. As the letter notes, "the HIV/AIDS epidemic has profoundly and disproportionately affected [the] communities and the populations served by health centers"...and many of those unaware of their positive HIV status seek other health care services at these centers.

A [report](#) released earlier this year by the Office of the Inspector General (OIG) found that while 90 percent of HRSA funded health centers offer onsite testing, only 20 percent test all patients 13-64 while 1 percent tested all adults, but not teens; and 55 percent targeted testing to high-risk patients. One of the barriers grantees identified to testing was a lack of financial resources. The OIG found that 32 percent of health center sites reported that they can offer only a limited number of free or reduced-cost tests, and 24 percent reported that patients often could not afford to pay for testing themselves.

Now with the new USPSTF grade for routine HIV testing, we urge HRSA to send a new PAL letter to all grantees describing the strong recommendation that all patients age 15-65 be screened for HIV and that reimbursement may be available depending on the insurance status of the patient.

In addition to the three recommendations made above, we recommend the Department undertake a review of all possible avenues within the federal government financed healthcare system where updates to HIV testing recommendations should be made, including SAMSHA, VA, and other HRSA programs.

This group recently sent a [letter](#) to the CDC urging them to provide its grantees and others with technical assistance related to billing and reimbursement for covered preventive services, such as HIV testing. We were pleased the President's FY2014 Budget acknowledges this need by proposing \$10 million to assist public health agencies and others to develop the infrastructure to seek reimbursement for infectious disease testing, including HIV testing, covered under the Affordable Care Act.

CDC has responded to our letter and indicated that it is undertaking numerous efforts to ensure that its grantees receive guidance and technical assistance to develop reimbursement and billing systems and that a toolkit on billing will be developed. We look forward to those materials and offer our assistance in any way possible.

Thank you for your consideration of these issues. We look forward to working with you and the Department on implementation of the positive USPSTF grade change for routine HIV screening. Please do not hesitate to contact subcommittee co-chairs Carl Schmid at cschmid@theaidsinstitute.org or Holly Kilness at holly@aahivm.org should you have any questions or comments.

Sincerely,



Carl Schmid, Deputy Executive Director
The AIDS Institute
Co-chair, HIV Testing Reimbursement
Subcommittee



Holly Kilness Packett, Director of Public Policy
American Academy of HIV Medicine
Co-chair, HIV Testing Reimbursement
Subcommittee

cc: Cindy Mann, CMS Deputy Administrator/Director, Center for Medicaid and CHIP Services, CMS
Jonathan Blum, Deputy Administrator and Director, Center for Medicare, CMS
Dr. Mary Wakefield, Administrator, Health Resources and Services Administration
Dr. Grant Colfax, Director of the Office of National AIDS Policy, The White House
Dr. Ronald Valdiserri, Director, Office of HIV/AIDS and Infectious Disease Policy, HHS
Dr. Rima Khabbaz, Acting Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB
Prevention, CDC
Dr. Jonathan Mermin, Director of the Division of HIV/AIDS Prevention, CDC