Access to HIV Testing: An Update

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Introduction

- Current and Emerging Coverage Policies
  - Private Insurance
  - Medicaid
  - Medicare
- New Initiatives to Increase Testing
- Summary and Next Steps
Private Insurance Coverage

- USPSTF recommendations now in effect for new and renewed plans.
  - Routine testing, without cost-sharing, covered for all pregnant women and all aged 15-65; all others at-risk.
- Applies to plans inside and outside of the Marketplace
  - Grandfathered plans exempt
Medically necessary HIV testing is a mandatory clinical laboratory service in all states under federal law.

States may also opt to cover routine testing for HIV.

According to Kaiser Family Foundation report (January 2014):

- 35 states cover routine screening
- 16 states cover “medically necessary” screening only
State Medicaid Coverage of Routine HIV Screening

**Map Overview:**
- Dark blue indicates states with coverage of routine HIV screening.
- Light blue indicates states without coverage.

**Sources:**
- Personal communication with CDC, December 2013.

**The AIDS Institute**
Under ACA, 1% increase in federal match to states that agree to cover all USPSTF-recommended preventive services, without cost-sharing.

- 11 states, as of July 2014, have been approved:
  - CA, CO, DE, HI, KY, NH, NJ, NV, NY, OH, WI
ACA Medicaid Expansion

• Expanded Medicaid plans (Alternative Benchmark Plans)
  • Required to cover all “A” and “B” grade services
    • Through the essential health benefits preventive service category
  • Services identified in Women’s Preventive Services package
    • Including annual HIV testing for sexually active women
  • No cost sharing

• 28 states have opted to expand (including 5 with waivers)

The AIDS Institute
Current Status of State Medicaid Expansion Decisions

NOTES: Data are as of August 28, 2014. *AR, IA, MI, and PA have approved Section 1115 waivers for Medicaid expansion. In PA, coverage will begin in January 2015. NH is implementing the Medicaid expansion, but the state plans to seek a waiver at a later date. IN has a pending waiver to implement the Medicaid expansion. WI amended its Medicaid state plan and existing Section 1115 waiver to cover adults up to 100% FPL in Medicaid, but did not adopt the expansion.
SOURCES: Current status for each state is based on data from the Centers for Medicare and Medicaid Services, available here, and KCMU analysis of current state activity on Medicaid expansion.
HIV Testing Reimbursement Workgroup
A subcommittee of the HIV Health Care Access Working Group
(Affiliated with the Federal AIDS Policy Partnership)

May 13, 2014

Tamara Syrck Jensen
Acting Director, Coverage and Analysis Group
Centers for Medicare & Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244

RE: A Formal Request for Reconsideration of the Existing NCD for Screening for the Human Immunodeficiency Virus (HIV) Infection

Dear Ms. Syrck Jensen:


Under the authority granted by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), the Centers for Medicare and Medicaid Services (CMS) has the ability to cover Preventive Services that have received an “A” or “B” grade from United States Preventative Services Task Force (USPSTF), after a service undergoes an NCD. Given the growing body of persuasive scientific evidence and recent wave of recommendations concerning the importance of routine HIV testing, as detailed below, we request that CMS reevaluate the existing NCD to align with updated USPSTF recommendation.

In 2009, routine HIV testing went through the NCD process and was included as a Medicare Preventative Service based on the USPSTF grade “A” (or strong recommendation) for screening of all adolescents and adults at risk for HIV infection, as well as all pregnant women.
Medicare

- Medicare national coverage proposal announced August 2, 2014.

- Will align with USPSTF and other payers – anticipated final decision in early 2015.

- Indications that Medicare policy will emphasize “primary care setting” as coverage parameter.
New Initiatives on HIV Testing

Medicare Quality Measurement
• CDC/CMS proposal to establish routine HIV testing as quality measure for primary care providers
  • Comments due October 20, 2014
  • Relates to collection of information as a measure, not as policy/guidance yet on how measure would be used, e.g., payment

CDC Expanded HIV Testing Program
• Redirects $10 million for health departments to create/upgrade systems to obtain third-party reimbursement
• Promising, but need information on progress
Summary/Next Steps

• Considerable progress expanding access to reimbursable HIV testing across all payers
• USPSTF grades are critical to coverage
• State advocacy for Medicaid coverage expansions still needed
• Coverage does not increase access automatically
  • Need for education, outreach, and routinizing preventive care
  • Entities must develop tools for billing

The AIDS Institute
Coverage Guide for HIV Testing

There are currently more than 1.1 million people living with HIV in the United States, over 200,000 of them are unaware of their infection. The number of new infections has remained steady at about 50,000 cases per year. Ensuring that all those living with HIV are aware of their status is critical to both their individual health and the public health. HIV-positive individuals aware of their status are able to engage in care and life-saving treatment and have improved health care outcomes the sooner the virus is detected and they are linked to care and treatment. Additionally, people who are aware of their HIV-positive status are more likely to take steps to avoid future transmission. When a person is on treatment and has an undetectable viral load, the chance of HIV transmission is very low thus making treatment a form of prevention. The first step in realizing these positive outcomes is to make individuals aware they are HIV-positive through HIV testing.

One of the barriers to HIV testing, specifically routine HIV testing, has been its cost. Fortunately, through a combination of a recommendation in strong support of routine HIV testing and the Affordable Care Act (ACA), there is greater coverage of HIV testing by various payers of health care.

New Coverage Opportunities and the USPSTF

- Under health reform, millions of people are gaining access to health coverage through an optional state expansion of Medicaid, private insurance Marketplaces, and insurance reforms. Included in this coverage expansion is access to free or low-cost preventive services.
- The United States Preventive Task Force (USPSTF), an independent government supported body, reviews and grades preventative services. Grades by the USPSTF are key to coverage. Under the ACA, Medicaid, and private insurance are either required or incentivized to cover “A” and “B” graded services. Medicare coverage is permitted following a national coverage determination process.
- In April, 2013, the USPSTF revised its recommendation for routine HIV testing for those aged 15-65 recommending an “A” grade and reaffirming its previous “A” grade for pregnant women. The USPSTF also gave an “A” grade for those at increased risk for HIV under age 15 and over age 65. (Previously, the “A” grade recommendation only applied to those “at increased risk” for HIV and pregnant women.)
THANK YOU

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