Dr. Thomas Frieden  
Director  
Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, GA 30333  

April 2, 2013  

Re: Coverage and Reimbursement of HIV Testing & Other Preventive Services under ACA  

Dear Dr. Frieden:  

As we approach 2014 and full implementation of the Affordable Care Act (ACA), the HIV Testing Reimbursement Subcommittee of the Federal AIDS Policy Partnership’s (FAPP) HIV Health Care Access Working Group, would like to thank you for your leadership at the CDC and for including HIV as one of the Center’s winnable battles. 

We are encouraged that in the near future millions of people will gain access to health care coverage through the expansion of Medicaid, the creation of insurance market places, and insurance reforms. We are also pleased that many preventive services, including HIV testing, will be covered as a result of the ACA. Over the past two years, new HIV screening coverage opportunities, particularly for women and people who are “at risk,” have gone into effect. Assuming the U.S. Preventive Task Force (USPSTF) finalizes its proposed “A” grade for routine HIV screening, in just a few months all major payers will be either required to or incentivized to cover HIV testing. 

Knowing the importance of diagnosing HIV and its role in HIV prevention and linking people to lifesaving care and treatment, we urge the CDC to undertake all efforts to promote awareness of these coverage changes. Doing so will help diagnose the more than 200,000 people who are unaware of their infection in the U.S. 

While we know CDC has prioritized expanding HIV testing and many of us are engaged in ongoing discussions with your staff regarding coverage and reimbursement, much more needs to be done. The CDC and other federal agencies have provided its grantees and others who conduct HIV testing with relatively little guidance on how to take advantage of these new coverage changes that will enable reimbursement for preventive services. Not only should these policy changes regarding coverage of HIV testing be widely disseminated but grantees and others should be offered technical assistance on how to implement billing systems for covered preventive services such as HIV testing.
We therefore urge the CDC to develop, disseminate and offer technical assistance so that grantees and providers can learn how to code, bill, and receive reimbursement for HIV screening and other preventive services under the new ACA systems of coverage.

We are aware of a strong desire by many health departments and clinics to begin implementing and billing for HIV screening but, the lack of guidance and assistance has been identified as a barrier. Some institutions have already begun to institute billing for these services. In doing so, some have encountered significant obstacles, including learning how to negotiate “bundled rates,” while others have experienced successes, including employing third-party billing services. These experiences should be captured in the development and dissemination of best practices and frequently asked questions.

What is needed is a tool kit containing guidance on how to begin billing under the new coverage changes occurring as a result of the ACA - including information on reimbursement by each payer, tools for staff training, as well as more detailed information on the more technical aspects of reimbursement procedures. The tool kit should also include case studies outlining successes and barriers to implementation; checklists and tips regarding technical resource needs; details on how to link to provider networks and payer sources; information on coding; analysis of billing in house versus using a third party biller; and guidance on credentialing, completing claim forms, and filing appeals.

Additionally, many other HIV preventive services, such as alcohol misuse counseling, STD testing and counseling, and others, can also be covered and the billing practices developed for HIV testing can easily be used to bill for these services as well.

Required coverage for many preventive services is already in effect but we are concerned that full advantage of these developments is not being taken. If we are to meet the goals of the National HIV/AIDS Strategy on decreasing new infections and linking more people to care and treatment, increased HIV testing must be a central component. With these new sources of coverage available, every effort to utilize them should be made.

While we know that coverage of certain preventive services, such as HIV testing, will never be a substitute for direct CDC resources, these changes stand to greatly expand HIV testing in the U.S. Taking full advantage of HIV testing coverage when it is paid for by other payers is vitally important, particularly in these difficult budgetary times.

Again, we thank you for your continued leadership, and look forward to working with you and your staff to realize the expanded coverage opportunities for preventive services under the ACA. We stand ready 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@aahivm.org.

Sincerely,

ACT UP Philadelphia
ActionAIDS
AID Atlanta
AID Gwinnett / Ric Crawford Clinic
AIDS Action Baltimore
AIDS Alabama
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS Community Research Initiative of America
AIDS Connecticut
AIDS Foundation of Chicago
The AIDS Institute
AIDS Legal Council of Chicago
AIDS Project Los Angeles
AIDS Research Consortium of Atlanta
AIDS Resource Center Ohio
Allen Temple Baptist Church - AIDS Ministry
American Academy of HIV Medicine (AAHIVM)
Aniz, Inc.
Asian & Pacific Islander Wellness Center
Association of Nurses in AIDS Care
Association of State and Territorial Health Officials
AVAC
Black AIDS Institute
CANN - Community Access National Network
Casa Ruben, Inc.
Communities Advocating Emergency AIDS Relief (CAEAR) Coalition
Dab the AIDS Bear Project
Duke AIDS Legal Project
Florida Department of Health
Georgia AIDS Coalition
Georgia Equality
Harlem United Community AIDS Center
Harm Reduction Coalition
HealthHIV
HIV Dental Alliance
HIV Law Project
HIV Medicine Association
HIV/AIDS Alliance of Michigan
Housing Works
Latino Commission on AIDS
Lifelong AIDS Alliance
MDEI
Midwest AIDS Training + Education Center
Minnesota AIDS Project
Moveable Feast
Multicultural AIDS Coalition
National Alliance of State & Territorial AIDS Directors
National Association of County and City Health Officials
National Black Gay Men's Advocacy Coalition
National Gay and Lesbian Task Force
Northwest Patient Education Network
Ohio AIDS Coalition, a Division of ARC Ohio
Okaloosa AIDS Support & Informational Services, Inc. (OASIS)
Project Inform
San Francisco AIDS Foundation
South Florida AIDS Network (SFAN - Broward)
Southern AIDS Coalition, Inc.
Southern HIV/AIDS Strategy Initiative (SASI)
START at Westminster
Timothy Ray Brown Foundation
UCHAPS
University of Mississippi Medical Center
The Women's Collective
World AIDS Institute

cc: Dr. Grant Colfax, Director of the Office of National AIDS Policy
    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
    Paula Staley, Acting Director, Office of Prevention through Healthcare, CDC
    Dr. Stuart Berman, Senior Advisor to the Director, NCHHSTP, CDC
    Dr. Pascale Wortley, Senior Advisor for Prevention Through Healthcare, Division of HIV/AIDS Prevention, CDC