HIV Testing Reimbursement

United States Conference on AIDS
September 13, 2010
Private Insurance

QuickTime™ and a decompressor are needed to see this picture.
California Legislation

Insurance Coverage for HIV Testing

H&S Code Section 1367.46 and Insurance Code Section 10123.91 requires health care service plans and health insurance policies that are issued, amended, or renewed on or after January 1, 2009, and that cover hospital, medical, or surgery expenses shall provide coverage for HIV testing, regardless of whether the testing is related to a primary diagnosis.
The Affordable Care Act

- Effective September 23, 2010, Section 2713 of ACA establishes that group health plans and health insurance issuers in the group and individual market are required to cover certain preventive health services without any cost sharing.
- HIV Testing Reimbursement subcommittee issued comments supporting coverage of preventive services accomplished through ACA
  - This could include routine HIV screening should USPSTF revise their “C” recommendation to an “A” or “B”
- Eliminates pre-existing condition exclusion from all health plans effective January 1, 2014
ACA Exceptions

- Grandfather clause exempts plans with durable agreement in effect prior to September 23, 2010 effective date.
  - Grandfather clause will no longer apply if certain changes are made to agreement thereafter.
- Requirement is not intended to prohibit a plan or insurer from providing or denying coverage for services in addition to those recommended by the USPSTF
ACA Proposed State Health Plan Exchanges

  - Group and individual health plans accepted into the exchange must provide essential health benefits.
  - Follow USPSTF “A” or “B” rating for recommended evidence-based preventive health items or services.
Private Insurance Legislation

Congresswoman Maxine Waters’ Routine HIV Screening Bill (H.R. 2137)

Introduced 4/28/2009. Amends the Public Health Service Act, the Employee Retirement Income Security Act (ERISA), and the Internal Revenue Code to require a group health plan to provide coverage for routine HIV screening under terms and conditions no less favorable than for other routine screenings. Prohibits such a plan from taking specified actions to avoid the requirements of this Act. Applies such requirements to health insurance coverage offered in the individual market and coverage offered under the Federal Employees Health Benefits Program (FEHBP).
Dear State Director Letter (June 24, 2009)

- Explains Medicaid and CHIP coverage of HIV testing
  - Children under the age of 21 are covered for both routine and medically necessary HIV testing.
  - Medicaid-eligible adults are covered for medically necessary HIV testing through the mandatory laboratory benefit under section 1905(a)(3) of the Act. States also have the option of covering routine HIV testing of Medicaid-eligible adults as a preventive or screening benefit under section 1905(a)(13) of the Act.
Medicaid

- Health care reform opportunity
  - Effective January 1, 2014 - all U.S. citizens with incomes at or below 133% of FPL are eligible for Medicaid health coverage
    - 16 million new enrollees are expected
  - MINIMUM STANDARDS.—Effective January 1, 2014, any benchmark benefit package under paragraph (1) or benchmark equivalent coverage under paragraph (2) must provide at least essential health benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
    - USPSTF “A” or “B” recommendations would apply.
Medicaid Exception

- Unlike Medicare and the proposed State Health Exchanges, Medicaid benefit packages remain at the discretion of the state.
  - Benchmark = equivalent to FEHBP, SEC, HMO
  - Benchmark equivalent = requires coverage of certain categorical benefits
  - Incentives will help to encourage states to voluntarily provide coverage for routine HIV screening.
    - States providing coverage of recommended preventive services can earn additional 1% in federal reimbursement
Medicaid FMAP Legislation

Senator Gillibrand (S. 1446) and Congressman Crowley (H.R. 3091) Bills

- To amend title XIX of the Social Security Act to provide incentives (90% enhanced FMAP) for increased use of HIV screening tests under the Medicaid Program with zero cost sharing.
- Voluntary coverage unlikely without enhanced FMAP.
- Gillibrand bill co-sponsors include Sen. Inouye (D-HI) (Approps. Cmte), Sen. Mark Begich (D-AK), and Sen. Sherrod Brown (D-OH)
Game Changers

- 4th generation HIV testing technologies have improved sensitivity and specificity
  - Improves accuracy and shortens the amount of time to detect HIV infection.
  - Improved technology will likely render Western Blot confirmatory test obsolete.
  - Provides significant opportunities for diagnosis and linkage to care.
Contact Information

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