THE AIDS INSTITUTE

Coverage of HIV Testing: A Policy Update

Lindsey Dawson, Public Policy Associate
Routine HIV Testing Work Group
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Overview

• US Preventive Services Task Force
• HIV testing by payer
  • Medicaid
  • Medicare
  • Private Insurance/Exchanges
• Changes under health reform
  • Essential Health Benefits
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
• Recommendations are considered the "gold standard“ for clinical preventive services
• Key to coverage determinations, particularly in health reform implementation, used by payer and in statute to develop requirements
# USPSTF Grades

<table>
<thead>
<tr>
<th>Grade</th>
<th>Definition</th>
<th>Suggestions for Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>USPSTF recommends the service. There is a high certainty that the net benefit is substantial.</td>
<td>Offer or provide this service.</td>
</tr>
<tr>
<td>B</td>
<td>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.</td>
<td>Offer or provide this service.</td>
</tr>
<tr>
<td>C</td>
<td>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. (Previously no recommendation for/against).</td>
<td>Offer or provide this service only if other considerations support offering or providing the service to an individual patient.</td>
</tr>
<tr>
<td>D</td>
<td>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.</td>
<td>Discourage the use of this service.</td>
</tr>
<tr>
<td>I</td>
<td>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.</td>
<td>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.</td>
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HIV Testing-July 2005 Review

- Strongly recommends that clinicians screen for HIV in all adolescents and adults at increased risk for HIV infection
  - Grade A Recommendation
- Recommends that clinicians screen all pregnant women for HIV
  - Grade A Recommendation
HIV Testing-July 2005 Review

- 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

- Reconfirmed in 2007 (at old Grade C definition)
Who is “At Risk?”

- 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
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 at Higher Risk for HIV Infection

- 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

But this presents a challenge as we know risk is difficult to determine
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.
USPSTF Review of Routine HIV Screening

- USPSTF currently reviewing the grade for Routine HIV Screening
- Draft recommendation likely out in August
  - 30-Day comment period
- A positive review could be a game changer
  - Medicare
  - Private Insurance
  - And implications for Medicaid
Policies by Payer
Medicaid

- 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

Illinois Medicaid

- Illinois Medicaid pays for “medically necessary” HIV testing only
  - State determines “medically necessary” definition
  - In IL “’necessary medical’ care is generally recognized as standard medical care required because of disease, infirmity or impairment.”
Illinois Medicaid

**Women and infants:** Covered as a family planning service and through the Healthy Women program. All pregnant women required to be counseled and offered a test, if declined, infant must be tested at birth, covered by the program.

**Children:** Enrollees under 21 covered for routine testing at state-specified intervals, part of the well-child exam, and for medically necessary testing.

**Men:** Only medically necessary testing covered.

State advocates are working to clarify definitions
Medicaid and Health Reform

- Medicaid will be expanded to cover more low income people (up to 138% FPL)
  - +16 million people
- Potentially best place to find undiagnosed positives
- States not required but incentivized to cover USPSTF A & B services
  - Enhanced 1% Federal Medical Assistance Percentage (FMAP) (beginning in 2013)
Medicaid and Health Reform
Essential Health Benefits (EHB)

- Expanded Medicaid based on EHB with limited cost-sharing (2014)

- EHB defined in ACA, named 10 categories of services (incl. preventative)
Medicaid and Health Reform
Essential Health Benefits (EHB)

- States must choose a benchmark by Jan. 2013 from:
  - State’s largest non-Medicaid HMO
  - State’s largest state employee plan
  - Federal Employees Health Benefits Program BCBS Plan
  - Secretary approved plan (incl. traditional Medicaid)

- State advocacy critical
Medicare

- A good opportunity to diagnosis people with HIV – who are disabled or over 65
- Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)
  - Authorizes CMS to add A & B preventive services to Medicare
  - Under this authority CMS covered HIV testing for beneficiaries “at risk” (Dec. 2009)
Medicare and Health Reform

- Preventative services that undergo coverage determination no longer subject to cost-sharing (Jan. 2011)
  - Includes HIV screening for “at risk”
- Welcome to Medicare and Annual Wellness visits no longer subject to cost-sharing (Jan. 2011)
  - Health risk assessment
  - Personalized prevention plan
Private Insurance

• Most plans follow USPSTF A & B ("at risk")
  • Some plans currently cover routine testing
• Some states require coverage for routine HIV testing (e.g. CA)
Private Insurance and Health Reform

- As of 2014 most people above 138% FPL will be required to have private insurance (+32 million people)
- Several opportunities to incorporate routine testing with ACA provisions
Private Insurance and Health Reform

- Under ACA new group and individual plans must cover USPSTF Grade A & B Services (Began September 23, 2010)
  - No cost-sharing
  - Only “at risk” at this time
  - Grandfathered plans exempt
Private Insurance and Health Reform

• Women’s Preventative Services (begins Aug. 2012)
  • Secretarial decision to require new plans to cover 8 preventative services without cost-sharing
    • Includes annual HIV testing for all sexually active women
Private Insurance and Health Reform

• All private individual and small group plans (inside and outside of exchanges) must cover Essential Health Benefit package (EHB)
  • Grandfathered plans exempt

• HHS released guidance (Dec. 2011)
  • Left to states to benchmark EHB on existing plans
Private Insurance and Health Reform

• States must choose a benchmark by Jan. 2013 from:
  • 3 largest small group plans
  • 3 largest state employee plans
  • 3 largest federal employee plans
  • Largest HMO in the state’s commercial market
  • Need for state advocacy
Private Insurance and Health Reform

• States can make additional coverage requirements or set minimum benefits for plans operating in Exchanges
  • At state cost
Review
Review of Current Policy

- Medicaid
  - State Medicaid programs must cover medically necessary HIV testing
  - States chose whether they will cover routine testing
    - IL covers only medically necessary

- Medicare
  - Covers HIV tests for “at risk” without cost sharing for the test and without any appointment cost sharing at Welcome to Medicare exams and annual wellness visits
Review of Current Policy

- Private insurance
  - Some plans currently cover and some states require coverage for routine HIV testing
  - New group and individual plans must cover USPSTF Grade A and B Services (currently at risk)
Review of Future Policy Changes

- The ACA offers many opportunities for expanded testing in the months and years to come
  - Women’s Preventative Services (August)
  - Expansion of Medicaid
  - Benchmarks and any HHS decisions to expand coverage (incl. EHB)
- Any Changes to USPSTF grade would impact Medicare, expanded Medicaid (if state covers) and private insurance
Resources

• IL Department of Healthcare and Family Services Handbook for Providers: http://www.hfs.illinois.gov/assets/100.pdf


• USPSTF: http://www.ahrq.gov/clinic/uspstfix.htm
  • A & B services: http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm

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THANK YOU

Lindsey Dawson- ldawson@theaidsinstitute.org
202-835-8373
www.theaidsinstitute.org