Overview

- Testing Data
- Testing Technologies
  - 4th Generation Rapid
  - Acute Infections
- Discordant Rapid Tests
- Forms Update
- HIV/AIDS 500 On-Line
- Testing Coverage and Reimbursement Project
HIV Testing in Florida, January – August 2012

- Total Tests: 279,017
  - Male: 125,349
    - 1.62% Positive
  - Female: 149,867
    - 0.47% Positive
  - Black: 126,445
    - 1.16% Positive
  - Hispanic: 65,621
    - 0.91% Positive
  - White: 76,553
    - 0.82% Positive
  - MSM: 25,506
    - 4.89% Positive
  - Hetero: 155,579
    - 0.38% Positive
HIV Testing in Florida, January – August 2013

- Total Tests: 288,946  0.99% Positive
  - Male: 131,834  1.58% Positive
  - Female: 152,850  0.49% Positive
  - Black: 129,517  1.14% Positive
  - Hispanic: 71,528  1.03% Positive
  - White: 76,391  0.74% Positive
  - Hetero: 166,136  0.35% Positive
  - MSM: 26,702  4.85% Positive
Who’s Finding the Positives?

- 01 Sites (Anon):  553 Tests, 8 Positives (1.45%)
- 02 Sites (STD):  46,958 Tests, 515 Positives (1.10%)
- 03 Sites (Drug Tx):  9,087 Tests, 47 Positives (.52%)
- 04 Sites (Fam Plng): 27,412 Tests, 33 Positives (.12%)
- 08 Sites (Jail):  22,581 Tests, 124 Positives (0.55%)
- 09 Sites (Colleges):  2,656 Tests, 11 Positives (.41%)
- 12 Sites (CBOs):  98,121 Tests, 1,227 Positives (1.25%)
HIV Rapid Tests by Race/Ethnicity and Gender, Florida, 2012

- White Male: 35,792 tests, 1.1% positive
- White Female: 22,729 tests, 0.3% positive
- Black Male: 62,032 tests, 1.3% positive
- Black Female: 61,678 tests, 0.6% positive
- Hispanic Male: 33,144 tests, 1.4% positive
- Hispanic Female: 25,990 tests, 0.7% positive
Lab Technology

● 4th Generation IA Began in April, 2012
  – Abbott Diagnostics’ Architect HIV Ag/Ab Combo
  – Antigen is produced (and should be detectable) before antibody
  – Could yield a 10–12-day reduction in the window period
  – Does not indicate whether it was antibody or antigen that was detected

● 15 Acute Infections Identified
Acute Infection
04/16/2012 through 09/30/2013

► 178,365 blood tests were performed
► 14 acute infections were found
# Changes to DH1628

## Important Reminders for Rapid Test Sites

- **Complete the RAPID TEST USE ONLY section of the form in its entirety including the “Result Given” and rapid test result fields.**
- **When sending the DH1628 to the lab for confirmation of a reactive rapid test, always indicate the type of confirmatory specimen being sent and mark the “RAPID TEST REACTIVE” box at the top of the form.**
- **DO NOT mark the “RAPID TEST REACTIVE” box at the top of the DH1628 for NON-REACTIVE tests.**
- **If a client indicates recent exposure but has a non-reactive rapid test, the counselor should encourage a blood draw for further testing at the state lab. If drawing blood for further testing after a NON-REACTIVE rapid test, mark the circle indicating “Non-Reactive; possible acute.”**
- **In accordance with DOH security policy, completed GOLD (top) copy forms showing a NON-REACTIVE rapid test, and the REACTIVE RAPID TEST ID FORM that are sent to the bureau MUST be double enveloped, with the inner envelope clearly marked “CONFIDENTIAL” and sent to the bureau via traceable DHL, UPS, Federal Express (or other similar carrier) within one month of testing to:**
  - HIV/AIDS and Hepatitis Program
  - 4025 Esplanade Way
  - Tallahassee, FL 32399
  - Attention: Rapid Testing Data/Room 325F
- **Do not send any logs other than the REACTIVE RAPID TEST ID FORM to the bureau. All other logs must be maintained at the test site.**

### RAPID TEST SITE USE ONLY

<table>
<thead>
<tr>
<th>Test Kit Lot Number</th>
<th>Test Kit Expiration Date</th>
<th>Result Given?</th>
<th>Reactive</th>
<th>Non-Reactive</th>
<th>Non-Reactive: possible acute</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **OraQuick**
- **Uni-Gold**
- **Clearview**
- **Other**

**Note:**
- **Finger Stick**
- **Venous Blood Draw**
- **Oral Fluid**

- **Time Test Began**
- **Time Test Read**

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**Send BLOOD specimen to Lab**
Ag/Ab Rapid Test On the Way

- Alere Determine
  - FDA Approved 08/2013
  - Should be CLIA Waived by Mid-2014
## Discordant Rapid Tests

### Discordant Numbers and Percentages

January - June, 2013 (YTD)

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>Oral</th>
<th>Blood</th>
<th>Unknown</th>
<th>TEST TYPE</th>
<th>OraQuick</th>
<th>Unigold</th>
<th>Clearview</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL</td>
<td>14,675</td>
<td>123,013</td>
<td>2,474</td>
<td>OraQuick</td>
<td>44,975</td>
<td>19</td>
<td>69,152</td>
<td>27,016</td>
</tr>
<tr>
<td>Oral</td>
<td></td>
<td></td>
<td></td>
<td>Unigold</td>
<td>62</td>
<td>0</td>
<td>60</td>
<td>47</td>
</tr>
<tr>
<td>Blood</td>
<td></td>
<td></td>
<td></td>
<td>Clearview</td>
<td>0</td>
<td></td>
<td>0.09%</td>
<td>0.17%</td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
<td>Other</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Breakdown of Discordants</th>
<th># of Discordants</th>
<th>% of all Discordants</th>
<th>Discordant Rate *</th>
</tr>
</thead>
<tbody>
<tr>
<td>True discordant (&quot;DIS&quot;)</td>
<td>0</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Concordant (&quot;CON&quot;)</td>
<td>65</td>
<td>38.46%</td>
<td>0.05%</td>
</tr>
<tr>
<td>To Be Determined (&quot;TBD&quot;)</td>
<td>104</td>
<td>61.54%</td>
<td>0.07%</td>
</tr>
<tr>
<td>Lost to Follow-up (&quot;LTF&quot;)</td>
<td>0</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

* Compared to all tests
## Discordant Rapid Tests

### Unresolved Discordants dating before 01/01/2012

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Sample Type</th>
<th>Confirmatory Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>OraQuick</td>
<td>Oral</td>
<td>Orasure</td>
<td>144</td>
</tr>
<tr>
<td>OraQuick</td>
<td>Fingerstick</td>
<td>Orasure</td>
<td>61</td>
</tr>
<tr>
<td>OraQuick</td>
<td>(missing)</td>
<td>Orasure</td>
<td>8</td>
</tr>
<tr>
<td>Clearview</td>
<td>Fingerstick</td>
<td>Orasure</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Sub Total</strong></td>
<td><strong>234</strong></td>
</tr>
<tr>
<td>OraQuick</td>
<td>Oral</td>
<td>Blood</td>
<td>14</td>
</tr>
<tr>
<td>OraQuick</td>
<td>Fingerstick</td>
<td>Blood</td>
<td>28</td>
</tr>
<tr>
<td>OraQuick</td>
<td>Blood Draw</td>
<td>Blood</td>
<td>12</td>
</tr>
<tr>
<td>OraQuick</td>
<td>(missing)</td>
<td>Blood</td>
<td>6</td>
</tr>
<tr>
<td>Clearview</td>
<td>Fingerstick</td>
<td>Blood</td>
<td>3</td>
</tr>
<tr>
<td>Clearview</td>
<td>Blood Draw</td>
<td>Blood</td>
<td>13</td>
</tr>
<tr>
<td>Unigold</td>
<td>Fingerstick</td>
<td>Blood</td>
<td>1</td>
</tr>
<tr>
<td>Unigold</td>
<td>Blood Draw</td>
<td>Blood</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Sub Total</strong></td>
<td><strong>79</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Total</strong></td>
<td><strong>313</strong></td>
</tr>
</tbody>
</table>
HIV/AIDS 500 On-Line

- Class will be available through TRAIN
  - Still 4 hours
  - Self-paced
  - 501 still handled in person
In April 2013, the U.S. Prevention Services Task Force (USPSTF) upgrades from Grade “C” to Grade “A” recommendation to screen for HIV infection in adolescents and adults ages 15 to 65, and also < age 15 to > age 65 who are at increased risk.

- The USPSTF maintains its Grade “A” to screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.

- Under the Affordable Care Act, Medicare, Medicaid, and private insurance are either required or incentivized to cover “A” and “B” graded services.
Third-Party Billing Pilot Project

- Federally Qualified Health Center (FQHC)
- Pilot facility for billing of HIV Testing and Counseling for Expanded Testing Initiative program
Third-Party Billing Pilot Project

Contract Agreement between the Department and the Provider:

- To report the number of individuals:
  - Who were provided an HIV test as a component of the routine medical visit who were billed through a form of third-party insurance or via a sliding fee scale.
  - Who agreed to have their medical insurance billed for an HIV test.

- To report the number of insurance claims paid/denied for billing of an HIV test.
## Third-Party Payer Claim Totals

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>77</td>
<td>76</td>
</tr>
<tr>
<td>Medicare</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Managed Care Medicaid</td>
<td>58</td>
<td>49</td>
</tr>
<tr>
<td>Managed Care Medicare</td>
<td>19</td>
<td>13</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>41</td>
<td>31</td>
</tr>
<tr>
<td>Special Contracts</td>
<td>18</td>
<td>38</td>
</tr>
<tr>
<td>Healthy Kids</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>
Insurance Payments

- Increase of Payments Received Through 2013
  - Increase of payments received from all payers by approximately 66% from May 2013 to Current
Insurance Denial Results

Most common denials received:

- Code 86783
  - Invalid/Incorrect diagnosis
  - Timely filing
- Code 99401
  - Additional information required
Questions?