The Impact of the ACA and USPSTF Grade Change on Coverage of HIV Testing

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Coverage of Preventive Services Under ACA

- USPSTF and Grading
- Coverage by each payer
  - Medicare
  - Private Insurance
  - Medicaid
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
- Key to coverage determinations, particularly in health reform implementation
# 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. <em>(Previously no recommendation for/against).</em></td>
<td>Offer or provide this service only if other considerations support offering or providing the service to an individual patient.</td>
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<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 Statement</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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USPSTF Grade A & B Recommendations
(Partial List)

- Alcohol misuse counseling
- Blood pressure screening
- Cervical cancer screening
- Chlamydial infection screening*
- Cholesterol abnormalities*
- Colorectal cancer screening*
- Depression screening
- Gonorrhea screening*
- Healthy diet counseling*
- Hepatitis B & C screening*
- HIV Screening
- STI counseling*
- Syphilis screening*
- Tobacco counseling & screening

* For “at risk” or certain sub-populations only
  (e.g. pregnant women, 50+)
USPSTF & Routine HIV Screening

- USPSTF revised its recommendation for routine HIV testing (April 2013)
- Previously, the “A” grade applied only to those “at increased risk” for HIV and to pregnant women
  - “A” grade for those aged 15-65
  - “A” grade for those “at increased risk” for HIV under age 15 and over age 65
  - Reaffirmed “A” grade for pregnant women
Health Reform

- Health Coverage will be mandated
  - For most people, penalties for no coverage

- Provides an estimated +34 million people with health care coverage
  - Medicaid Expansion (12m)
  - Health Insurance Marketplace/Exchanges (22m)

- Private health insurance reforms
  - No pre-existing condition exclusion, no lifetime caps, checks on rate increases, non-discrimination policies

- Increased coverage = more people with access to preventative care, including HIV testing
Medicare and Health Reform

• Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)
  • Medicare covers A & B preventive services after a coverage determination
    • As a result of the ACA, no cost sharing
    • Currently covers HIV screening at old grade, for pregnant women and those “at increased risk”
    • After a coverage determination, can cover routine
      • The Federal AIDS Policy Partnership’s Testing Reimbursement Workgroup has requested that the Secretary to begin a new coverage determination

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Private Insurance and Health Reform

- Under the ACA most plans required to cover A & B Services, without cost-sharing (Began September 2010)
  - Grandfathered plans exempt
  - Applies to plans inside and outside of the marketplace
  - Therefore, plans must currently cover “at risk” and pregnant women
  - Beginning the new plan year starting on or after April 30, 2014 (one year after the new USPSTF recommendation), plans will be required to cover routine HIV screening

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Under ACA, non-grandfathered plans also required to cover a set of “Women’s Preventative Services” defined by the Secretary without cost-sharing.

- Annual HIV screening and counseling for sexually active women, one of eight preventive services identified by Secretary
- Others include:
  - HPV screening
  - Counseling for sexually transmitted infections
  - Screening and counseling for interpersonal and domestic violence
Private Insurance and Health Reform

Non-grandfathered private individual and small group plans (inside and outside of exchanges) must 10 categories of Essential Health Benefits (EHB):

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

“A” & “B” graded USPSTF services are also included through the preventative benefit category, as are other services.
Traditional Medicaid

- Must cover medically necessary HIV testing under Social Security Act
- State decision to cover routine testing
- According to a Kaiser Family Foundation survey (as of Jan. 2013)
  - 30 states cover routine screening
  - 19 states cover “medically necessary” screening
  - 2 states did not respond
State Medicaid Coverage of Routine HIV Screening

Traditional Medicaid

• ACA incentivizes states to cover USPSTF “A” & “B” services (incl. routine testing)
  • 1% increase in federal match for cost of covering all “A” & “B” and other preventive services
  • Began January 1, 2013
  • States that fully align their Medicaid expansion package with traditional Medicaid will need to add these services
Medicaid Expansion

- ACA envisioned all states would expand their Medicaid programs to include those up to 138% FPL
  - Does away with categorical eligibility
- SCOTUS decision effectively made expansion a state decision
- Many states remain undecided or against but hope to see a phasing in of acceptance as with Medicaid and CHIP in the past
State Decisions on Medicaid Expansion

Medicaid Expansion

• Expanded Medicaid plans (Alternative Benchmark Plans) beginning January 1, 2014
  • Required to cover all “A” and “B” grade services
    • Through the essential health benefits preventative service category
  • Services identified in Women’s Preventive Services package
    • Including annual HIV testing for sexually active women
  • No cost sharing
Summary/Next Steps

- ACA has improved access to reimbursable HIV testing and other preventive services across all payers.
- USPSTF grades are critical to coverage.
- Coverage varies by payer and state:
  - State advocacy needed for Traditional Medicaid beneficiaries.
  - Coverage determination need for Medicare.
- Availability of coverage does not automatically translate into usage:
  - Need for education, outreach, and routinizing preventative care.
  - Entities must develop tools for billing.
In a letter to the Secretary the HIV Testing Reimbursement Group recommended:

- CMS issue a letter to state health officials:
  - Reviewing coverage changes occurring as result of grade change
  - Encouraging states to cover routine testing in traditional Medicaid
- HRSA send a letter to grantees describing new recommendation and reimbursement potential
- HHS undertake a review of avenues within the federal government where updates to HIV testing recommendations should be made and reimbursement urged (e.g. SAMHSA, VA, and other HRSA programs)
Summary/Next Steps

• CDC appropriated funding remains essential for HIV testing
  • Coverage is for those with health insurance
  • Reimbursement is for the actual test and counseling
  • Need to pay for outreach, staffing, linkage to care, partner notification services and reporting

• HIV community will need to work with federal partners, private payers, and providers to increase testing and reimbursement practices
  • ACA opportunities and the USPSTF grade change will help make this possible but need to be operationalized on the ground
Prevention

**Where can I find provider information?**

Many tools are available to help you search, compare, and assess providers, hospitals, and other care facilities so you can make better decisions.

**What are my breastfeeding benefits?**

The health care law requires most health insurance plans to provide breastfeeding equipment and counseling for pregnant and nursing women.

**Can I get dental coverage in the Marketplace?**

In the Health Insurance Marketplace, you generally can get dental coverage as part of a health plan or by itself through a separate, stand-alone dental plan.

**What are my preventive care benefits?**

Most health plans must cover a set of preventive services like shots and screening tests at no cost to you. This includes Marketplace private insurance plans.

**How does the Affordable Care Act help people like me?**

If you need coverage, you can use the Marketplace. If you have coverage, you gain new protections. If you don't have coverage, you may have to pay a fee.
Get Tested for HIV

The Basics

Everyone ages 15 to 64 needs to get tested for HIV at least once. All pregnant women also need to get tested.

The only way to know if you have HIV is to get tested. You could have HIV and still feel healthy.

How often you get tested depends on your risk for HIV infection.

Get tested for HIV at least once a year if you:

- Have unprotected sex (sex without a condom) with someone who may have HIV
- Have sex with men who have sex with men
- Use drugs with needles
- Have a sex partner who is HIV-positive (has HIV)
- Have had a sexually transmitted disease (STD)

Get tested every 3 to 6 months if you:

- Are a man who has sex with men
- Have sex with more than one partner
- Have sex with people you don’t know
- Have sex for drugs or money

Talk to your doctor or nurse about your risk for HIV. Ask how often you need to get tested.
Resources

  - A & B services: [http://www.uspreventiveservicestaskforce.org/uspsf/uspsabrecs.htm](http://www.uspreventiveservicestaskforce.org/uspsf/uspsabrecs.htm)
  - HIV Screening: [http://www.uspreventiveservicestaskforce.org/uspsf/uspshivi.htm](http://www.uspreventiveservicestaskforce.org/uspsf/uspshivi.htm)


- Healthcare.gov Prevention Section: [https://www.healthcare.gov/prevention/](https://www.healthcare.gov/prevention/)

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THANK YOU

To complete seminar evaluation: http://goo.gl/AKgwfd OR

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Appendix: Who is “At Risk?”

Until implemented, current recommendation and risk based standards remain for some payers

• 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

More detail on clinical considerations for risk:
http://www.uspreventiveservicestaskforce.org/uspstf05/hiv/hivrs.htm
Appendix: 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 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
Appendix: 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.