The AIDS Institute
HIV Testing and Expanded Coverage Through Health Reform

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The AIDS Institute

2012 United States Conference on AIDS
Las Vegas, NV
September 30, 2012
Overview

- Discuss role of USPSTF and testing recommendations
- Describe testing coverage by each payer
  - Medicare
  - Private Insurance/Exchanges
  - Medicaid

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USPSTF
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>
</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>Statement 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 Screening Reviewed in July 2005
  • 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
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

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

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Current Review: Routine HIV Screening

- USPSTF currently reviewing the grade for **routine** HIV Screening
- HIV Testing Reimbursement Subcommittee of the HIV Health Care Access Working Group submitted comments to AHRQ, supporting a grade change, March 2012
- Committee has now reviewed evidence, is drafting recommendation
Current Review: Routine HIV Screening

- Draft recommendation likely out this fall
  - 30-day public comment period
- Comments are reviewed, task force votes, and then finalizes recommendations
- A positive review could be a game changer
  - Medicare
  - Private Insurance
  - Medicaid
Current Review: Routine HIV Screening

- HIV Testing Reimbursement Work Group planning response:
  - Community sign-on response to USPSTF
  - Individual organizations to write letters
  - Engage the press
  - Assuming a positive grade change, outreach, education, and advocacy will be need to ensure implementation and uptake
HIV Screening Coverage by Payer

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Medicare (Current)

• Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)
  • Authorizes CMS to cover A & B preventive services after a coverage determination
    • HIV screening for “at risk”, including those who ask for a test (Dec. 2009)
Medicare and Health Reform

- Cost-sharing removed for Medicare approved A and B services (began Jan. 2011)

- ACA established a Welcome to Medicare and Annual Wellness visits without cost-sharing (began Jan. 2011)
  - Includes opportunities to discuss HIV testing
    - Health risk assessment
    - Personalized prevention plan
Private Insurance (Current)

- Most plans follow USPSTF recommendations and cover A & B services
  - “At risk” and pregnant women screening only at this time
- Some plans currently cover routine testing
- CA requires coverage for routine HIV testing
  - NY requires a mandatory offer but not coverage
Private Insurance and Health Reform

• As of 2014 most people will be required to have insurance, many above 138% FPL will have private (+23-25 million in exchanges)

• New plans must cover USPSTF Grade A & B Services, with no cost-sharing (Began September 23, 2010)
  • Testing for “at risk” and pregnant women only
  • Grandfathered plans exempt
    • Most plans expected to lose grandfathered status by 2014
  • Grade change would be significant

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Private Insurance and Health Reform

• Women’s Preventative Services
  • Included in ACA but left to be defined by HHS Secretary
  • Following IOM Report, HHS Secretarial decision:
    • Private plans must cover 8 preventative services without cost-sharing for all women:
      • Includes annual HIV screening and counseling
Private Insurance and Health Reform

- Women’s Preventative Services (cont.)
  - Began August 1, 2012
  - Applies to non-grandfathered plans
  - Closer in alignment with CDC recommendations
  - Privately insured women have greater access to testing than men at the moment
Private Insurance, Health Reform and Essential Health Benefits (EHB)

- All non-grandfathered private individual and small group plans (inside and outside of exchanges) must cover EHB
  - 10 categories of services, including preventative
- States must choose a benchmark:
  - 3 largest small group plans
  - 3 largest state employee plans
  - 3 largest federal employee plans
  - Largest HMO in the state’s commercial market

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Private Insurance, Health Reform and EHB

- Originally end of 3rd quarter 2012
  - Now appears to be some flexibility

- Testing coverage dependent on benchmark
  - E.g. both BCBS FEHBP plans cover testing
Private Insurance, Health Reform and EHB

- Awaiting proposed rules from HHS, bulletin released Dec. 2011
- Secretary can identify additional preventive services to be covered
- Will likely be what is in the existing benchmarks, but there will be gaps that must be filled to comply with ACA
Medicaid (Current)

• 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


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Medicaid and Health Reform

- Under Traditional Medicaid
  - Variability in state coverage of testing will remain
  - States not required but (weakly) incentivized to cover USPSTF A & B services (at risk and pregnant women)
    - 1% increase in federal matching for services
    - Beginning January 1, 2013
    - Expecting Implementing Regulations
Medicaid Expansion and Health Reform

• SCOTUS decision, effectively made it a state option to expand the Medicaid program
  • Low income people (up to 138% FPL)
  • +16-17 million people
  • Likely many people living with HIV
Medicaid and Health Reform

• Expanded Medicaid
  • Dependent on state acceptance
  • Subject to Essential Health Benefits, as in private market
    • 10 categories of services (incl. preventative)
    • Secretary defined by allowing states to benchmark on existing plans
Medicaid and Health Reform

• State to select benchmark 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)

• Testing coverage impacted by state benchmark chosen
  • E.g. Federal Employee Health Benefits Program’s (FEHBP) Blue Cross Blue Shield plan covers annual testing
Medicaid and the Essential Health Benefits (EHB)

• Appears testing will be covered at this time
  • For those “at risk,” through coverage of A and B graded services in EHB preventative services
  • For women, through services identified in Women’s Preventative Services
Medicaid and the Essential Health Benefits (EHB)

- Awaiting Proposed Rules from HHS
- Secretary can identify specific preventive services that must be covered
- More likely, it will be what is in the existing benchmarks, but there will be gaps that must be filled to comply with ACA
Summary

- ACA has improved access to reimbursable HIV testing across all payers
- Increased access to HIV testing across all payers is key to achieving NHAS goals
- Coverage varies by payer, state, gender, and perceived risk
  - Highlights the need for advocacy for policy change and education
Summary

- USPSTF grades are critical to coverage
  - Favorable grade after review, game changer
- Many decisions still to be made
  - Advocacy needed at state and federal levels
Additional Comments

- Availability of coverage does not automatically translate into usage
  - Need for education, outreach, and routinizing HIV testing
- Entities must develop tools for billing
- 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
Resources

  - HIV Screening: [http://www.uspreventiveservicestaskforce.org/uspstf05/hiv/hivrs.htm](http://www.uspreventiveservicestaskforce.org/uspstf05/hiv/hivrs.htm)
- Essential Health Benefits (bulletin and FAQ)
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THANK YOU

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