HIV Prevention Programs and Reimbursement for HIV testing: Update

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Division of HIV/AIDS Prevention
CDC
Billing and Reimbursement

• Rationale for considering:
  – Increase in insured population
  – Mechanism for increasing sustainability of programmatic activities
  – Diversifying funding streams of health departments
Medicaid Expansion: Status as of May 2013

*Arkansas is proposing to use Medicaid funds to pay for premium assistance through exchanges, pending federal approval; Tennessee has reached out to the federal government to consider a similar approach.
**CDC-funded HIV tests* by location, 34 category B grantees, 2012**

<table>
<thead>
<tr>
<th>Site type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Healthcare settings</td>
<td>1,611,427</td>
</tr>
<tr>
<td>Public health clinic/STD**</td>
<td>373,056</td>
</tr>
<tr>
<td>Public health/other</td>
<td>89,028</td>
</tr>
<tr>
<td>Community Health Centers</td>
<td>345,302</td>
</tr>
<tr>
<td>Emergency Departments</td>
<td>342,433</td>
</tr>
<tr>
<td>Clinical--other</td>
<td>223,265</td>
</tr>
<tr>
<td>Other categories</td>
<td>321,371</td>
</tr>
<tr>
<td>Total non-healthcare settings</td>
<td>465,470</td>
</tr>
<tr>
<td>Correctional facilities***</td>
<td>150,370</td>
</tr>
</tbody>
</table>

* all tests, whether funded through category A or B
** includes non-health department STD clinics
*** plus 70,000 in correctional clinics (counted in health care settings)

Provisional data as of July 2013
Billing for HIV testing: different settings, different issues

- Health Departments
  - Limited billing capacity
  - Paradigm shift

- EDs, CHCs
  - Billing capacity exists
  - Multiple factors, including lack of integration into clinical flow limits billing

- CBOs
  - Billing capacity generally does not exist (non-clinical CBOs)
  - Unclear to what extent billing is feasible
Health Departments

• Requires cultural shift (safety net provider)
• Billing capacity varies across health departments and across programs,
• Business case for billing varies (volume, type of services),
• Some states have laws or policies that preclude billing/charging for services,
• Revenues generated by billing may go to General Fund, not program,
• Confidentiality concerns (STD clinics)
• EHRs facilitate billing, implementation varies
Nuts and Bolts of Billing

- Qualifications and credentials
- Provider numbers
- Network participation
- Computerized system to track services
- Coding
- Intermediary for electronic billing
- Accounting System
Immunization Billables Project

• >35 states funded to plan for or implement billing for immunizations in HD clinics
• Some states are implementing across services
• Resources, project website: http://www.cdc.gov/vaccines/spec-grps/prog-mgrs/billables-project/default.htm

Much of the content is general
Other Resources

NACCHO toolkit: general billing resources: http://www.naccho.org/toolbox/. STD/HIV-specific materials to be added


Community Health Centers

• Billing capacity generally exists
• Routine screening not widely implemented
• Testing approach needs to be modified, matching technology to patient
  • Stable patients, test in the course of routine labs
  • Unstable (homeless, IDU, etc...): POC testing
• Reasons they may not be billing for HIV tests:
  • contracts in place with prevention program,
  • concerns about double-dipping,
  • bundled payments,
  • High percent uninsured
Emergency Departments

• Billing capacity exists

• Reasons they may not be billing for HIV tests:
  • Contracts in place with prevention program,
  • Use of POC tests,
  • Bundled payments,
  • Concerns about billing uninsured patients

• Integrating HIV testing into flow of ED activities is key to sustainable ED testing programs
Phoenix ED Screening July 2011 through February 2013

- 4th gen screening of patients who had blood drawn
  - 15% of patients declined testing
  - 13,014 patients tested
  - 37 (0.3%) new HIV infections
    - 12 (32.4%) had Acute HIV Infection (antibody negative)

- Median viral load:
  - Patients with acute infections: 6 million
  - Patients with established infections: 25,000

-MMWR June 21, 2013
Houston ED Screening: Jan 2009 through June 2012

- 203,153 HIV tests performed
  - 3652 (1.8%) HIV-positive
  - 669 (0.33%) new diagnoses
  - 52% linked to care

- Dedicated testers repurposed as linkage coordinators
Rapid test: costs per test

Cost per Rapid test with information only:
- Average: $20*
- Accounts only for time actually spent testing

Reimbursement for HIV antibody test:

<table>
<thead>
<tr>
<th>Test</th>
<th>CPT Code</th>
<th>CMS Fee Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Antibody test</td>
<td>86703</td>
<td>$19.43</td>
</tr>
</tbody>
</table>

## Laboratory: Median Costs Per Specimen

<table>
<thead>
<tr>
<th>Screening Tests</th>
<th>Medium Volume ($)</th>
<th>High Volume ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV (-)</td>
<td>7.04</td>
<td>4.91</td>
</tr>
<tr>
<td>HIV +</td>
<td>17.88</td>
<td>12.40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test</th>
<th>CPT Code</th>
<th>CMS Fee Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt; Gen Ag/Ab</td>
<td>87389</td>
<td>$34.12</td>
</tr>
</tbody>
</table>
# Four Pillars of Routine Screening

## Routinizing Screening in Primary Care and Other Clinical Settings

1. **Institutional policy change reflecting a multi-level, organization-wide commitment to implement routine HIV screening and diagnosis**

2. **Integrated HIV screening processes to promote normalization and sustainability of HIV testing with other diagnostic and care services**

3. **Electronic health records that prompt physicians to offer HIV testing, and better track patient uptake of screening services**

4. **Staff education and training on best practices in the provision of HIV screening**

**Patrick McGovern**
HIV Focus Initiative
Non-Clinical CBOs

• Plans may not contract with non-clinical CBOs (importance of “credentialed” personnel)
• May be possible to be reimbursed by Medicaid, under Medicaid expansion rules—work underway to understand better
• Very little, if any, billing capacity
• Billing only makes sense if volume is sufficient
• Not a primary focus, compared with clinical settings
Conclusions

• The way forward varies depending on the setting.
  • Health department billing: many lessons learned from Immunizations Billables Project
  • Settings that bill: multiple factors will affect ability to transition to integrated testing

• Important to take advantage of ACA-related changes to increase program sustainability.
Thank you