How will the Affordable Care Act expand access to HIV prevention and testing services?

August 23, 2012

Welcome! Our webinar will begin shortly.

Download the slides & materials at www.HIVHealthReform.org/blog

Webinar Instructions

- All attendees are in listen-only mode.
- **Everyone can ask questions at any time using the chat feature. This webinar has too many attendees for questions to be submitted over the phone.**
- During Q & A segment the moderators will read the questions that have been submitted.
- If you are having audio trouble go to HIVHealthReform.org/blog for troubleshooting help.

HIV HEALTH REFORM

Raise your Hand or Use the Question Feature to Ask Questions

During the session, you can use this button to "Raise Your Hand" if you have a question.

If there are more questions than can be answered during a session, the Organizer may ask that you type in questions in the Question Log so that they may be addressed later, via email.

HIV HEALTH REFORM

This webinar is brought to you by HIVHealthReform.org

- New hub to share information on health reform for people with HIV and health care and social service providers
- This webinar is the part of a monthly series
- Features a blog, email newsletters, and resources for understanding and implementing health care reform
- **Founding partners:** AIDS Foundation of Chicago, The Center for Health Law and Policy Innovation of Harvard Law School, Treatment Access Expansion Project, Project Inform
- **Contributors:** AIDS Institute, AIDS United, HIV Medicine Association, HIV Prevention Justice Alliance, San Francisco AIDS Foundation
- Made possible by MAC AIDS Fund

HIV HEALTH REFORM

Today's Agenda

- *HIV Prevention and the Affordable Care Act,* Carl Schmid, The AIDS Institute
- *A Case Study of Preventive Services Coverage of HIV Testing*, Lindsey Dawson, The AIDS Institute
- *Texas Case Study: Routine HIV Testing - Billing and Reimbursement*, Jenny R. McFarlane, Texas Dept. of State Health Services
- *HIV-Related Preventive Services: Implementation Issues*, Pascale Wortley, CDC
- *Wrap-up & Q & A*

HIV HEALTH REFORM

The AIDS Institute

HIV Prevention & the Affordable Care Act

Carl Schmid, Deputy Executive Director
The AIDS Institute
August 23, 2012

Download the slides: www.HIVHealthReform.org/blog

Overview

- Identify prevention opportunities in ACA
- Discuss Role of U.S. Preventive Services Task Force (USPSTF)
- Describe prevention coverage by each payer
  - Medicaid
  - Medicare
  - Private Insurance/Exchanges

HIV HEALTH REFORM

Prevention Opportunities in ACA

- National Prevention and Health Promotion Council & Strategy
- Prevention and Public Health Fund
- Coverage requirements for different payers
- Comprehensive Sex-Ed Program-$75 million/year
- Abstinence Only Until Marriage Program-$50 million/year
- Healthy Lifestyle Incentives
- Nutritional Labeling Requirements

HIV HEALTH REFORM

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

HIV HEALTH REFORM

USPSTF Grades

Grade	Definition	Suggestions for Practice
A	USPSTF recommends the service. There is a high certainty that the net benefit is substantial.	Offer or provide this service.
B	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.	Offer or provide this service.
C	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).*	Offer or provide this service only if other considerations support offering or providing the service to an individual patient.
D	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.	Discourage the use of this service.
I 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.	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.

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 screening*
- HIV Screening*
- STI counseling*
- Syphilis screening*
- Tobacco counseling & screening

* For "at risk" or certain sub-populations only (e.g. pregnant women, 50+)

HIV HEALTH REFORM

Services Currently in Review

- USPSTF is currently drafting revised recommendations for
  - Hepatitis C Screening (currently has a D grade for "routine" and an I grade for "at risk")
  - HIV Screening (currently has a C grade for "routine" and an A grade for "at risk")

HIV HEALTH REFORM

Prevention by Payer under ACA

HIV HEALTH REFORM

Medicaid & ACA

- Traditional Medicaid continues
- Medicaid will be expanded to cover more low income people (up to 138% FPL)
  - +16-17 million people
  - Some states may refuse to cover this population as a result of Supreme Court Ruling

HIV HEALTH REFORM

Medicaid & Prevention

- All Medicaid Beneficiaries (Traditional & Expanded)
  - States that cover USPSTF A & B services and do not charge cost sharing receive an Enhanced 1% Federal Medical Assistance Percentage (FMAP)
    - Begins January 1, 2013
    - Expecting Implementing Regulations

HIV HEALTH REFORM

Medicaid & Prevention

- For Expanded Medicaid
  - Expecting further guidance/rule making
    - Appears that all USPSTF A and B graded services and all services identified in Women's Preventive Services will be covered

HIV HEALTH REFORM

Medicaid, Prevention, and the Essential Health Benefits (EHB)

- For Expanded Medicaid
  - Each State must cover Essential Health Benefits
    - 10 categories of services, including preventive
  - States must choose a benchmark:
    - 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)

HIV HEALTH REFORM

Medicaid, Prevention, 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

HIV HEALTH REFORM

Medicare & Prevention

- Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)
  - Authorizes CMS to cover A & B preventive services after a coverage determination
- ACA removes any cost-sharing for these services (began Jan. 2011)

HIV HEALTH REFORM

Medicare & Prevention

- ACA established a Welcome to Medicare and Annual Wellness visits without cost-sharing (began Jan. 2011)
  - Includes:
    - Health risk assessment
    - Personalized prevention plan
- As of July, 18 million beneficiaries have accessed a free preventive service
  - Incl. 1.6 million with the Annual Wellness Visit

HIV HEALTH REFORM

Private Insurance & Prevention

- As of 2014 most people above 138% FPL will be required to have private insurance (+23 million)
- New plans must cover USPSTF Grade A & B Services (Began September 23, 2010)
  - No cost-sharing
  - Grandfathered plans exempt
    - 90% of large U.S. companies expect their plans will lose grandfathered status by 2014

HIV HEALTH REFORM

Private Insurance & Prevention

- Women's Preventive Services
  - After IOM Report and HHS Secretarial decision, private insurance plans must cover 8 additional preventive services without cost-sharing:
    - Examples: HIV screening and counseling, HPV screening, well woman visits, contraception and counseling, domestic violence screening and counseling
    - Began August 1, 2012
    - Applies to non-grandfathered plans

HIV HEALTH REFORM

Private Insurance, Prevention and Essential Health Benefits

- All private individual and small group plans (inside and outside of exchanges) must cover Essential Health Benefits
  - 10 categories of services, including preventive
- States must choose a benchmark by Sept. 30, 2012 from:
  - 3 largest small group plans
  - 3 largest state employee plans
  - 3 largest federal employee plans
  - Largest HMO in the state's commercial market

HIV HEALTH REFORM

Private Insurance, Prevention and Essential Health Benefits

- 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
- HHS will operate federally facilitated exchanges for states that do not set up their own

HIV HEALTH REFORM

Summary

- Range of prevention opportunities in ACA
- USPSTF grades are key to coverage determination
- Many decisions still to be made
  - Advocacy needed at state and federal levels
- Coverage is first step, still need to implement at the provider/patient level

HIV HEALTH REFORM

Resources

- USPSTF: http://www.ahrq.gov/clinic/uspstfix.htm
- A & B services: http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm
- Medicare Preventive Services: http://www.healthcare.gov/law/features/65-older/medicare-preventive-services/index.html
- Women's Preventive Services:

  http://www.hrsa.gov/womensguidelines/
- Essential Health Benefits (bulletin and FAQ)
  - http://cciio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf
  - http://cciio.cms.gov/resources/files/Files2/02172012/ehb-faq-508.pdf

HIV HEALTH REFORM

The AIDS Institute

THANK YOU

Carl Schmid cschmid@theaidsinstitute.org

202-462-3042

www.theaidsinstitute.org

The AIDS Institute

A Case Study of Preventive Services Coverage of HIV Testing

Lindsey Dawson, Public Policy Associate
The AIDS Institute

Download the slides: www.HIVHealthReform.org/blog

HIV HEALTH REFORM

Overview

- US Preventive Services Task Force
  - HIV Testing Grades
  - Current Review
- HIV testing coverage by payer
  - Medicaid
  - Medicare
  - Private Insurance
    - Women's Preventive Services

HIV HEALTH REFORM

USPSTF and HIV Screening

- 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

HIV HEALTH REFORM

USPSTF and HIV Screening

- 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)

HIV HEALTH REFORM

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

HIV HEALTH REFORM

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

HIV HEALTH REFORM

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

HIV HEALTH REFORM

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

HIV HEALTH REFORM

Current Review of Routine HIV Screening

- USPSTF currently reviewing the grade for routine HIV Screening
- Draft recommendation likely out this fall
  - 30-day public comment period
- A positive review could be a game changer
  - Medicare
  - Private Insurance
  - Medicaid

HIV HEALTH REFORM

HIV Screening Coverage by Payer

HIV HEALTH REFORM

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

Source: http://www.kff.org/hivaids/upload/8286.pdf

HIV HEALTH REFORM

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)
    - Beginning January 1, 2013

HIV HEALTH REFORM

Medicaid and Health Reform

- Expanded Medicaid
  - Depends on if state accepts Medicaid Expansion
  - Subject to the Essential Health Benefits
    - 10 categories of services (incl. preventive)
- Appears testing will be covered at this time
  - For those "at risk," through coverage of A and B graded services in EHB preventive services
  - For women, through services identified in Women's preventive Services

HIV HEALTH REFORM

Medicaid and Health Reform

- Expanded Medicaid
  - Testing coverage also dependent on state benchmark chosen
    - Federal Employee Health Benefits Program's (FEHBP) Blue Cross Blue Shield plan covers annual testing

HIV HEALTH REFORM

Medicare

- Welcome to Medicare and Annual Wellness visits provide free office visits
  - Prevention plan and risk assessment
    - Opportunity to discuss HIV testing

- Beneficiaries “at risk”, including those who ask for one, can have free annual test

HIV HEALTH REFORM

Private Insurance (Currently)

- Most plans follow USPSTF A & B ("at risk" and pregnant women screening only)
- Some plans currently cover routine testing
- CA requires coverage for routine HIV testing

HIV HEALTH REFORM

Private Insurance and Health Reform

- HIV screening covered for "at risk" individuals in new group and individual plans
  - USPSTF Grade A & B Services (Began September 23, 2010)
  - No cost-sharing
  - Grandfathered plans exempt (with grandfathered status becoming scarce as time moves on)
  - Grade change = significant coverage improvement

HIV HEALTH REFORM

Private Insurance and Health Reform

- Women's Preventive Services (began Aug. 1st)
  - Annual HIV screening and counseling for all sexually active women
    - Closer alignment with CDC recommendations
  - Non-grandfathered plans

HIV HEALTH REFORM

Private Insurance and Health Reform

- Most private individual and small group plans will be required to include Essential Health Benefits
  - Includes preventive services
- Testing coverage also dependent on state benchmark
  - For example, both BCBS FEHBP plans are possible benchmarks and cover testing
- States with a testing mandate (CA) can choose a state plan to retain coverage without additional cost to state

HIV HEALTH REFORM

Summary

- ACA has improved access to preventive services across all payers
- Coverage of HIV testing is one example
- Other preventive services also will be covered
- USPSTF grades are critical to coverage
    - Favorable grade after review, game changer
- Coverage varies by payer and by state
    - Highlights the need for advocacy for policy change and education

HIV HEALTH REFORM

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 still 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 HEALTH REFORM

Resources

- IL Department of Healthcare and Family Services Handbook for Providers: http://www.hfs.illinois.gov/assets/100.pdf
- Medicare Preventive Services: http://www.healthcare.gov/law/features/65-older/medicare-preventive-services/index.html
- USPSTF: http://www.ahrq.gov/clinic/uspstfix.htm
  - A & B services: http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm
- Kaiser Family Foundation Report on Medicaid coverage of HIV screening by state: http://www.kff.org/hivaids/upload/8286.pdf

HIV HEALTH REFORM

The AIDS Institute

THANK YOU

Lindsey Dawson- ldawson@theaidsinstitute.org

202-835-8373

www.theaidsinstitute.org

Routine HIV Testing - Billing and Reimbursement

Jenny R. McFarlane
DSHS HIV Prevention and Care Branch

Background

- Department of State Health Services
- HIV/STD/TB/Viral Hepatitis Program
- Relationship with health departments, hospitals, medical providers.
- Texas Medical Association
- Legislation
- Implement sustainable, routine, opt-out HIV testing as a standard of care

HIV HEALTH REFORM

Will this work in Texas?

- Opt-out HIV testing pregnant women 1997
- Opt-out HIV testing in STD clinics 1999
- No Barriers of Consent and Counseling
- Primary Health Services
- Emergency Department care

HIV HEALTH REFORM

Charge Capture Experience

- South East Texas Medical Association
- 5 Clinic Sites
- Private Primary Health
- Added to Standing Orders
- AMA Coding Guidance
  - EIA screen
  - WB confirm

HIV HEALTH REFORM

Success

- Standard Business Practice
- Diagnosis code of reason for visit
  - Abscess, depression, diabetes, annual exam
- CPT Code
  - Test Product
- Private and Public Payor reimbursement
- Variance $9.20 - $41.00

HIV HEALTH REFORM

Challenges

- Exceptionalism
- Establishing standing orders
- Medicaid
- ACA – Women's Health August 2012
- Staff training and maintenance of practice
- Billing/Coding
  - What diagnosis code?
  - Auditing
- Reimbursement
  - Justification for confirmatory testing billing
- Reviewing reasons for denial

HIV HEALTH REFORM

TEXAS
Department of State Health Services

Jenny R. McFarlane
HIV/STD Prevention & Care Branch
jenny.mcfarlane@dshs.state.tx.us
(512) 533.3094
Isabel Clark isabel.clark@dshs.state.tx.us
Karalee Poschman
karalee.poschman@dshs.state.tx.us

HIV-Related Preventive Services: Implementation Issues

Pascale Wortley, MD, MPH
Senior Advisor on Prevention through Healthcare,
Division of HIV/AIDS Prevention, CDC

August 23, 2012

Download the slides: www.HIVHealthReform.org/blog

HIV HEALTH REFORM

HIV Testing and Screening

- Existing and pending USPSTF recommendations
- Routine screening is not widely implemented
  - Concerns about coverage may play a role, but are not the only factor
  - Strength of recommendation affects provider uptake
  - If USPSTF rating changes: utility/feasibility of clinical quality measure to be explored

HIV HEALTH REFORM

High Intensity Behavioral Counseling for STI Prevention

- USPSTF recommendation (Grade B)
- CMS-defined Medicare Benefit:
  - two 20-30 minute sessions delivered by a primary care provider in a primary care setting
- Implementation challenges
  - Integration into clinical practice will be affected by a number of factors
- CDC working to develop tools to promote implementation

HIV HEALTH REFORM

Implications of Increase in the Insured Population

- Potential for increased delivery of preventive services.
- Opportunity for prevention programs to stretch resources farther by seeking reimbursement from third party payers where feasible.
  - For entities not currently seeking reimbursement, many issues to navigate (contracting, credentialing, technical issues)
  - Need for capacity building

HIV HEALTH REFORM

Conclusion

- Importance of enrollment processes and outreach
- Changing clinical practice is complex
- Tremendous potential for increasing delivery of preventive services – need for implementation efforts to realize the full potential

HIV HEALTH REFORM

Get Involved!

- HIV Testing Reimbursement Subcommittee
  - HIV Health Care Access Working Group
  - Federal AIDS Policy Partnership (FAPP)
  - Meets Second Tuesday of the month via conference call (3 pm ET)
- Urge federal and state policymakers to monitor implementation (quality measures and data reporting)
- State advocacy where Medicaid does not cover routine testing
- State advocacy around EHB plan selection
- Federal advocacy around EHB preventive services coverage

HIV HEALTH REFORM

Get Involved!

- Respond to upcoming USPSTF recommendations (HIV & Hep-C)
- Promote Medicaid expansion at the state level
- Educate individuals and health care providers on new coverage benefits (e.g. Medicare and Women's Preventive Services)

Resources

- US Preventive Services Task Force: http://www.ahrq.gov/clinic/uspstfix.htm
- A & B services: http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm
- Medicare Preventive Services: http://www.healthcare.gov/law/features/65-older/medicare-preventive-services/index.html
- Women's Preventive Services: http://www.hrsa.gov/womensguidelines/
- Essential Health Benefits (bulletin and FAQ)
  - http://cciio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf
  - http://cciio.cms.gov/resources/files/Files2/02172012/ehb-faq-508.pdf
- IL Department of Healthcare and Family Services Handbook for Providers: http://www.hfs.illinois.gov/assets/100.pdf
- Kaiser Family Foundation Report on Medicaid coverage of HIV screening by state: http://www.kff.org/hivaids/upload/8286.pdf

HIV HEALTH REFORM

We can help! Contact Information

Carl Schmid cschmid@theaidsinstitute.org 202-462-3042

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

The AIDS Institute: www.theaidsinstitute.org

Jenny R. McFarlane jenny.mcfarlane@dshs.state.tx.us (512) 533.3094
Isabel Clark isabel.clark@dshs.state.tx.us
Karalee Poschmankaralee.poschman@dshs.state.tx.us
HIV/STD Prevention & Care Branch, Texas Department of State Health Services

Pascale Wortley pmw1@cdc.gov

Senior Advisor for Prevention Through Healthcare

Division of HIV/AIDS Prevention, U.S. Centers for Disease Control and Prevention

HIV HEALTH REFORM

Questions?

- Ask your questions using the webinar chat feature.
- If we don't get to your question it will be logged and we'll do our best to follow-up!

HIV HEALTH REFORM

What's next?

- Download & share the presentation and webinar recording (available in a few days)
- We need your feedback! When you sign off, take the quick, 5-question survey about the webinar
- Stay tuned for the next webinar

HIV HEALTH REFORM