



Delivering HIV Counseling and Testing Services to Insured Populations

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Meet the Experts

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Four-Part Training Series

- October 28, 2014: Delivering HIV Counseling and Testing Services to Insured Populations

- November 6, 2014: Medicaid Basics for HIV Prevention Programs

- November 20, 2014: Commercial Health Insurance Basics for HIV Prevention Programs

- December 4, 2014: New Opportunities for Community-Based HIV Prevention and Care Management Services to Insured Populations

Overview of Today's Topics

- Policy and funding landscape – why bill?
- Key considerations for providing counseling and testing services (CTS) to insured individuals
- Components of CTS preventive and diagnostic services
- Regulatory, public health, and business rationale for coverage of CTS by health plans
- Ways that State Medicaid programs pay for CTS
- Key steps in providing CTS to insured populations
- Contracting with health plans and related key agency functions
- Practical considerations for providing CTS to insured individuals
- Building support and systems to implement billing



Overview

- Funding landscape
- Patient Protection and Affordable Care Act (ACA)
- Rationale for billing and reimbursement

Funding Landscape—State Health Departments

- State budget cuts
 - 52 agencies have reported budget cuts since 2008
 - Of those states reporting cuts, the amount ranged from 1% to 7%, with an average cut of ~3%

State Health Departments—Program Cuts

Table 2. Number and Percentage of SHAs with Program Cuts Since July 2008 by Program Area (N=55)

	Number with Program Cuts	As % of the Whole
Public health hospitals and clinics	26	47%
HIV, AIDS, and STDs	25	45%
Disease-specific programs (ALS, Alzheimer's, Arthritis, Asthma, Cystic Fibrosis, Epilepsy, Genetic Disorders, Hepatitis C, Infectious Diseases, Osteoporosis, Parkinson's, PKU, Renal Diseases, Sickle Cell, Tuberculosis, Valley Fever)	22	40%
Family health and nutrition (including WIC)	22	40%
Maternal and child health programs	20	36%
Prevention programs	18	33%
Tobacco prevention and control	17	31%
Immunization	17	31%
Children with special healthcare needs	17	31%
Family planning services	16	27%

Funding Landscape— Local Health Departments

- Local budget cuts
 - In early 2014, 28% of LHDs reported a lower budget in the current fiscal year compared to the prior year
 - During 2012, 48% of all LHDs reduced or eliminated services in at least one program area

National Association of County & City Health Officials, 2014 Forces of Change Survey, <http://www.naccho.org/topics/research/forcesofchange>, April 2014

National Association of County & City Health Officials, Local Health Department Job Losses and Program Cuts: Findings from the 2013 Profile Study, <http://www.naccho.org/topics/infrastructure/lhdbudget/>, July 2013

Funding Landscape—CBOs

- CBO budget cuts
 - CBOs are facing cuts in direct federal funding, as well as in health department subcontracts
 - Between 2007 and 2012, of state and local jurisdictions and territories directly funded by Division of HIV/AIDS Prevention (DHAP):
 - 43% funded fewer community-based providers
 - 40% reduced the size of awards to community-based providers

Asian & Pacific Islander American Health Forum, HIV/AIDS ASO and CBO Stability & Sustainability Assessment Report, <http://www.apiahf.org/resources/resources-database/hivaids-aso-and-cbo-stability-and-sustainability-assessment-report>, September 2013

National Alliance of State & Territorial AIDS Directors, National HIV Prevention Inventory 2013 Funding Survey Report, <http://www.nastad.org/Docs/NHPI-2013-Funding-Report-Final.pdf>, 2013

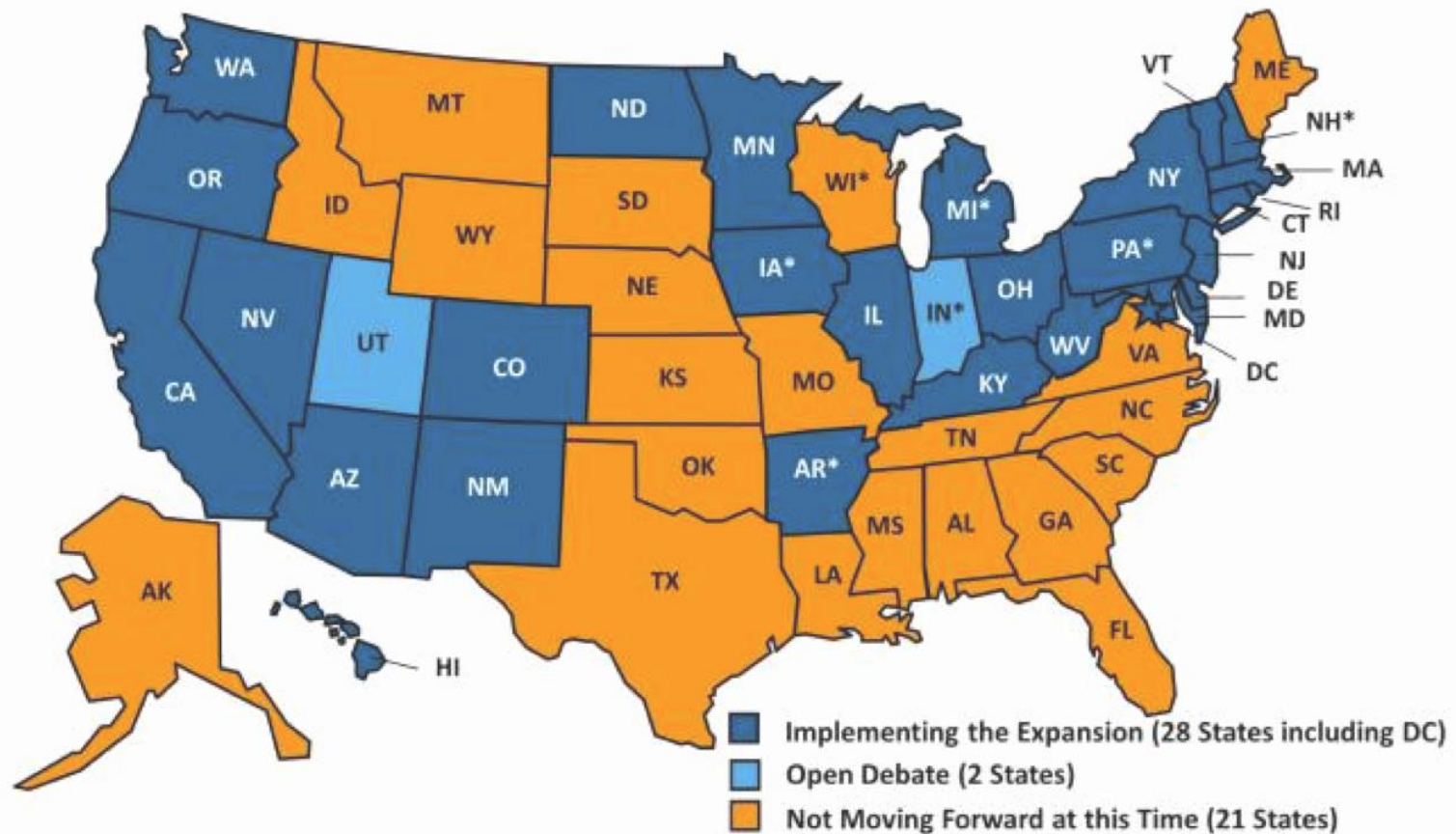
Funding Landscape

- National HIV/AIDS Strategy (NHAS)
 - Called for intensified HIV prevention efforts targeted to “communities where HIV is most heavily concentrated”
- CDC funding for HIV prevention aligned **with the NHAS**
 - Geographic funding distribution
 - Emphasis on High-Impact Prevention: proven, cost-effective, scalable HIV prevention interventions

Affordable Care Act

- Medicaid expansion
- Access to commercial health insurance

States' Decisions—Medicaid Expansion



The Coverage Gap

- If all states implement Medicaid expansion, eligibility would increase in 42 states for parents and in nearly every state for other adults.
- In states that do not expand Medicaid, nearly five million poor uninsured adults may fall into a “coverage gap.”

The Henry J. Kaiser Family Foundation, The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid, <http://kff.org/health-reform/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>, last modified on April 2, 2014

Additional Impact of ACA

- Coverage of preventive services
- Expansion of dependent coverage
- Essential community providers
- Continued importance of safety net providers

National Coalition of STD Directors, Shifting to Third-Party Billing Practices for Public Health STD Services: Policy Context and Case Studies, <http://www.ncsddc.org/sites/default/files/media/finalbillingguide.pdf>

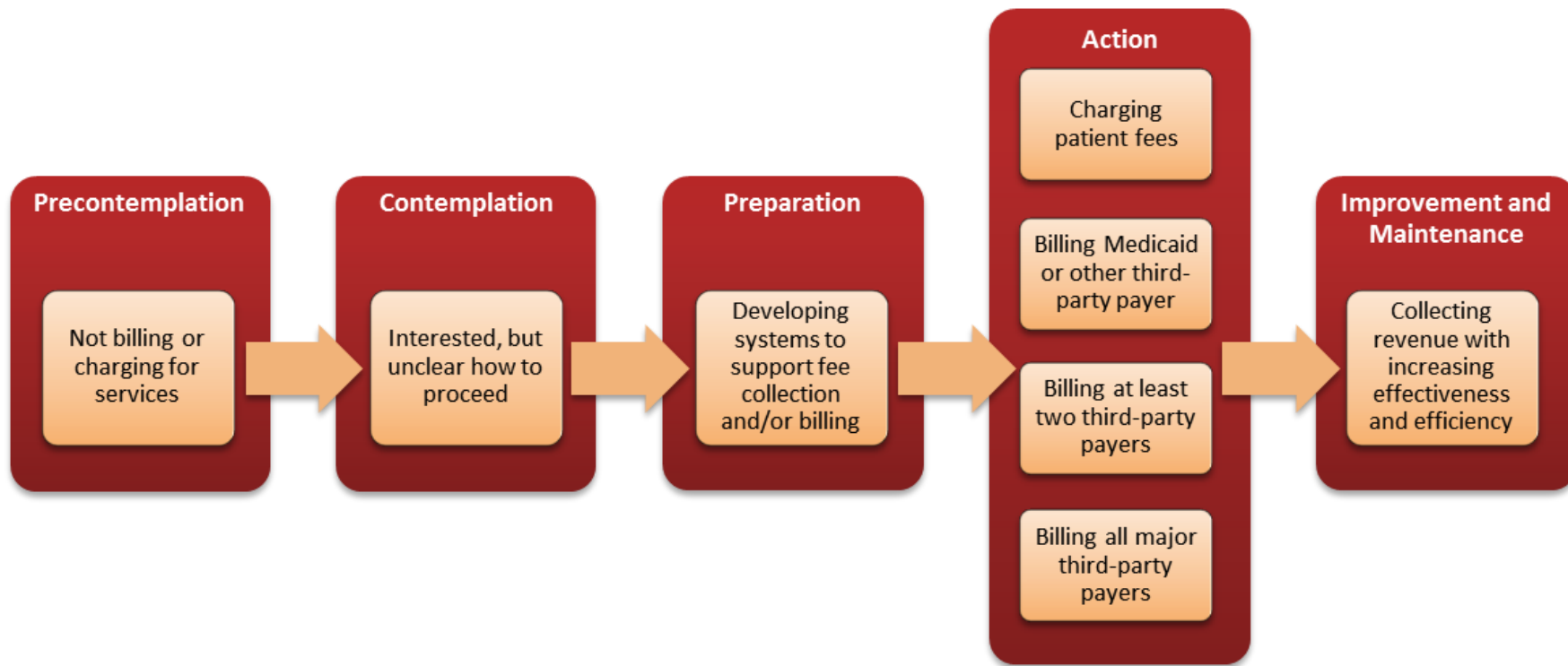
Impact—Billing & Reimbursement

- Close budget gaps
- Offset the cost of providing free services to patients without health insurance
- Free up resources to fund efforts not covered by other funding streams

Concerns About Billing

- Public health has always been free
- Billing might turn away those most in need
- It is not worth all the work

Revenue Cycle Management Continuum



Cardea adapted the Transtheoretical Model of behavior change, or Stages of Change, developed by Drs. Prochaska and DiClemente, to identify benchmarks of organizational capacity building for revenue cycle management.

Participant Poll

Where would you stage your organization/program on the RCM continuum? (select all that apply)

- A. **Precontemplation** (Not billing / not really thinking about billing)
- B. **Contemplation** (Interested, unclear how to proceed)
- C. **Preparation** (Developing systems)
- D. **Action** (Charging patient fees, billing Medicaid and/or commercial insurance)
- E. **Improvement & Maintenance**

Counseling and Testing Service Components

- Test Kits



- Venipuncture



- Lab procedure



- Counseling

Key Considerations About CTS

- Insurers consider HIV CTS to be preventive and diagnostic services
 - **PREVENTIVE SERVICES**
 - Part of services undertaken in pre-exposure prophylaxis (PrEP)
 - CTS should trigger HIV education and behavioral health interventions including counseling to prevent primary and secondary HIV infections
 - Identifies HIV+ pregnant women to also initiate treatment to avoid perinatal infection
 - **DIAGNOSTIC SERVICES**
 - CTS determines if an individual is HIV positive (+) and should begin treatment
 - Identifies individuals in the acute HIV infection phase to initiate treatment and secondary prevention services
 - **Licensing of new HIV testing technology and related CDC policy recommendations have outpaced insurers' coverage of some CTS**



TAKE THE TEST.
TAKE CONTROL.
FREE WALK-IN
HIV TESTING
TODAY
AND EVERYDAY.

Making the Case for Coverage of CTS by Health Plans

Why should health plans pay for CTS?



■ Regulatory rationale:

- Meet federal ACA, Medicaid, and Medicare requirements
- Meet health insurance performance and quality standards (e.g., Healthcare Effectiveness Data and Information Set or HEDIS measures and CMS Initial Core Set of Measures for Medicaid-Eligible Adults)

■ Public health rationale: Promote local, state, and federal efforts to reduce

- Rates of new HIV infections in the US
- Reduce community viral load
- Improve clinical outcomes among HIV positive (+) beneficiaries

Making the Case for Coverage of CTS by Health Plans

- Why should health plans pay for CTS?
- Business case: Lower the long-term cost of HIV+ beneficiaries to health plans by providing
 - High impact prevention (HIP) to HIV negative (-) individuals
 - Early identification of HIV+ individuals
 - Rapid linkage and sustained retention
 - Avoidance of expensive inpatient stays and ER visits
 - Reduction of new HIV+ individuals, including newborns, via secondary prevention



CTS as Preventive Services



- The Department of Human Services (DSS) US Preventive Services Task Force (USPSTF) recommended an “A” grade for clinicians screening for HIV infection in
 - Adolescents and adults ages 15 to 65 years
 - Younger adolescents and older adults who are at increased risk
 - All pregnant women, including those who present in labor who are untested and whose HIV status is unknown
- “A” grades are assigned services recommended be offered by clinicians because “there is high certainty that the net benefit is substantial”
- ACA Marketplace Qualified Health Plans (QHPs) and many other plans must provide services assigned an “A” grade **without beneficiary charge**
- The ACA requires most other commercial individual and group health plans to cover Grade “A” services without cost sharing

CTS as Preventive Services



- “Traditional” Medicaid programs must cover “medically necessary” lab services
 - Including HIV screening for adults
 - States can voluntarily cover routine testing (regardless of “medical necessity”)
 - The ACA offers financial incentives to States to cover Grade “A” and “B” services by increasing the federal match payment by 1%
- “Expanded” State Medicaid programs include that have expanded Medicaid eligibility to individuals below 138% of the Federal Poverty Level (FPL)
 - ACA requires expansion states to cover routine HIV testing without cost sharing
- Medicare *may allow* coverage of Grade “A” and “B” preventive services
 - The ACA removes cost-sharing for those preventive services
 - Medicare covers HIV screening for pregnant women and individuals at increased risk, and may also cover routine screening for beneficiaries 15-65 years of age

Making the Case to Insurers for CTS: Return on Investment

Example from the CMS Innovation Center-funded Prevention at Home Project in Washington DC for Medicaid Beneficiaries

ROI	Year 1	Year 2	Year 3	Net
Prevention Model				
Target Clients	4,000	7,804	11,423	23,227
Net Savings	-\$204,116	\$241,616	\$947,923	\$985,423
Savings PMPM	-\$51	\$31	\$83	\$42
Care Model for HIV+ Clients				
Target Clients	3,284	3,284	3,284	9,852
Net Savings	\$14.2 M	\$13.0 M	\$133.0 M	\$40.3 M
Savings PMPM	\$4,334	\$3,972	\$3,966	\$4,091
Total Net Savings	\$14.0 M	\$13.3 M	\$14.0 M	\$41.3 M

How Medicaid Pays for CTS

- CTS are funded by



- Fee for service (FFS) covered services (medical, inpatient, ER, lab tests ordered by a clinician)
- Managed care organization (MCO) contracts
- Waivers and demonstrations
- State Plan Amendments (SPAs) to cover preventive services (e.g., counseling)
- CMS Innovation Center funds State Medicaid programs and community providers to test new service delivery and payment models:

<http://innovation.cms.gov/>

Examples of Medicaid Model Managed Care CTS Contract Language



District of Columbia: Covered Services for Medicaid Enrollees Ages 21 and Older: HIV/AIDS screening, testing, and counseling. Contractor shall provide an organized health education program including but not limited to the importance and availability of testing for HIV/AIDS and the services available for treatment of HIV/AIDS.



New Jersey: Contractor shall address the HIV/AIDS prevention needs of uninfected enrollees, as well as the special needs of HIV+ enrollees by establishing methods for promoting HIV prevention to all enrollees in the Contractor's plan, methods for accommodating self-referral and early treatment, methods for education about HIV/AIDS risk reduction, and a process for HIV/AIDS testing and counseling



Texas: The MCO must provide STD services that include STD/HIV prevention, screening, counseling, diagnosis, and treatment. The MCO is responsible for implementing procedures to ensure that Members have prompt access to appropriate services for STDs, including HIV. The MCO must allow Members access to STD and HIV diagnosis services without prior authorization or referral by a PCP.

Waivers and Demonstrations



- **Section 1115 Research and Demonstration Projects:** States can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP
- **Section 1915(b) Managed Care Waivers:** States can apply for waivers to provide services through managed care delivery systems or otherwise limit people's choice of providers
- **Section 1915(c) Home and Community-Based Services Waivers:** States can apply for waivers to provide long-term care services in home and community settings rather than institutional settings
- **Concurrent Section 1914(b) and 1915 (c) Waivers:** States can apply to simultaneously implement two types of waivers to provide a continuum of services to the elderly and people with disabilities, as long as all Federal requirements for both programs are met

New Opportunities for Medicaid Payment for Counseling as Part of CTS

- CMS published a final rule effective in January 2014
- **Before the rule change:** preventive services could only be provided by a physician or other licensed practitioner (OLPs) of the healing arts to be paid by Medicaid
- **After the rule change:** other practitioners, not just physicians and OLPs, can be paid to provide preventive services *recommended* by a physician or OLP
- Assigns authority to State Medicaid Programs to
 - Define practitioner qualifications
 - Ensure appropriate services are provided by qualified practitioners
 - Define the preventive services to be provided
 - Design the reimbursement methods
- *Does not define the type of personnel to be covered*



New Opportunities for Medicaid Payment for Counseling as Part of CTS

- State Medicaid Programs can voluntarily
 - Expand the types of practitioners to furnish preventive services
 - Increase beneficiaries' access to preventive services not currently covered
- State Medicaid Programs must submit a SPA to CMS for review and approval to make changes in eligibility, coverage, or reimbursement
- CMS must approve SPAs before a Medicaid program can implement their proposed changes
- Proposed and approved SPAs are posted on the CMS website

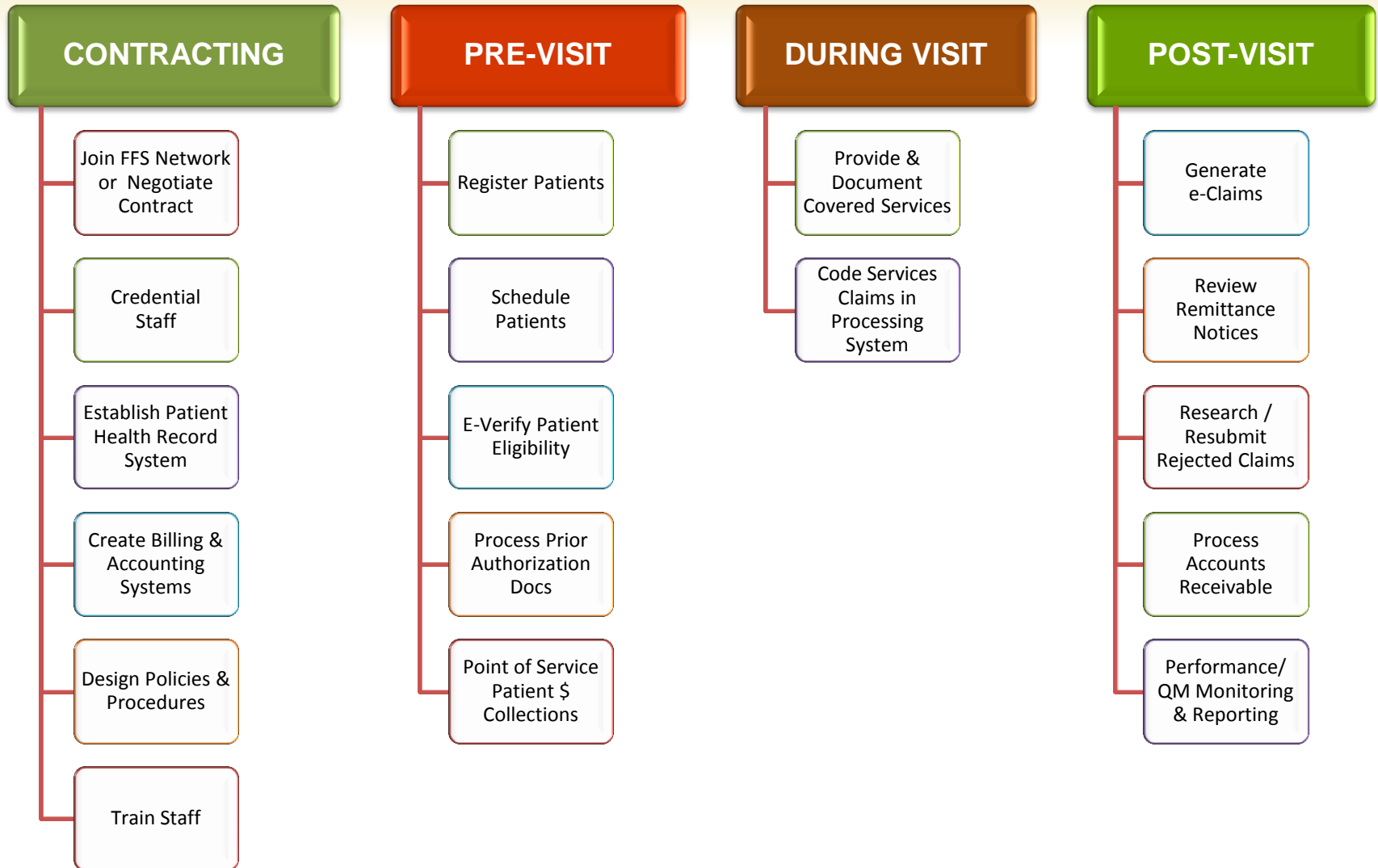


How Can We Find Out About Medicaid Preventive Services Efforts in Our State?

- Visit the CMS Medicaid website and use the search engine to find out about the Medicaid State Plan, SPAs, and waivers in your state
 - Check out the Medicaid Moving Forward box and select your state: <http://www.medicaid.gov/>
- Check out the American Public Health Associations Community Health Worker Section website: <http://www.apha.org/membergroups/sections/aphasections/chw/>
- The Association of State and Territorial Health Officials (ASTHO) website posts up to date information about newly emerging State Medicaid CHW activities: <http://www.astho.org/Community-Health-Workers/?terms=community+health+worker>



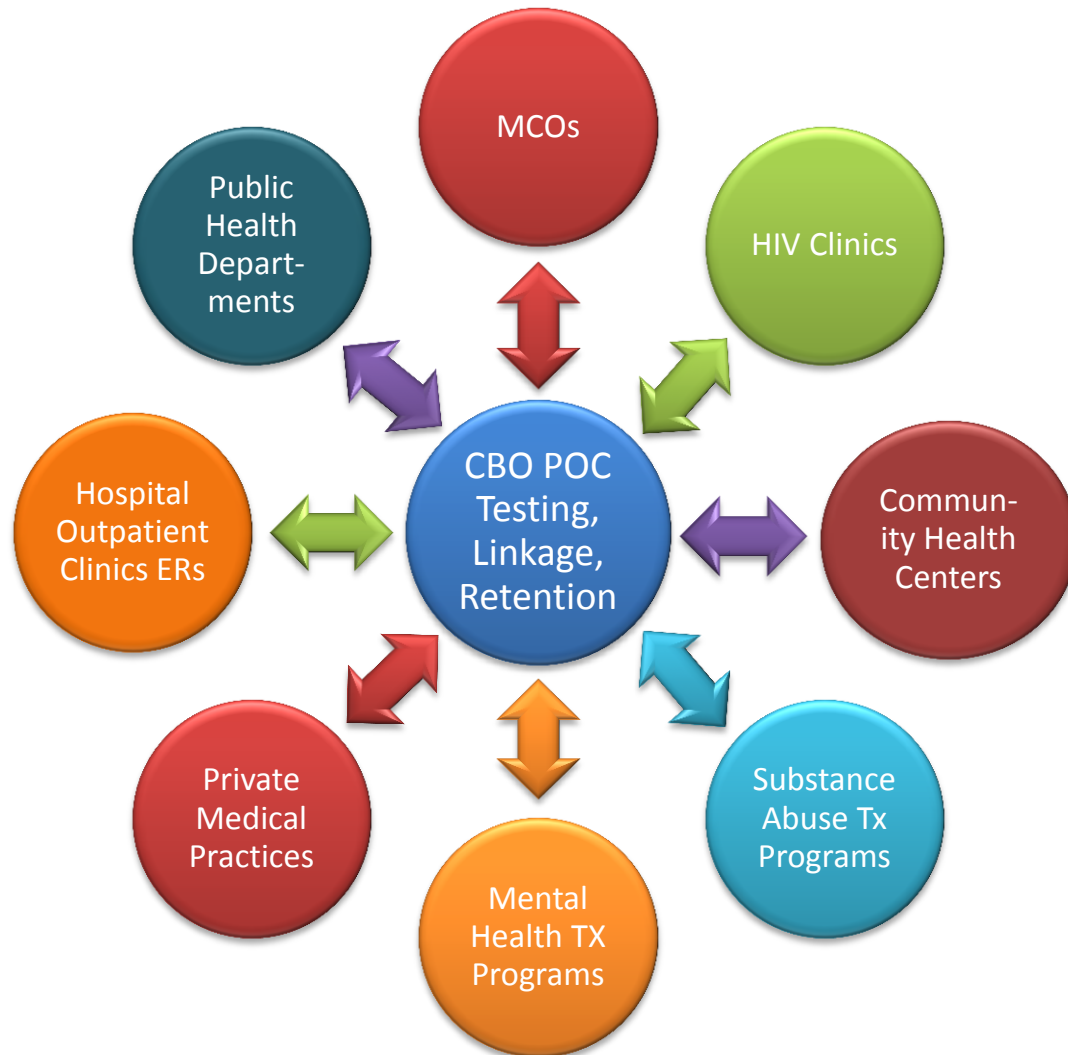
Keys Steps in Providing CTS to Insured Patients



CTS Scenario 1- Limits CBOs from Health Plan Participation



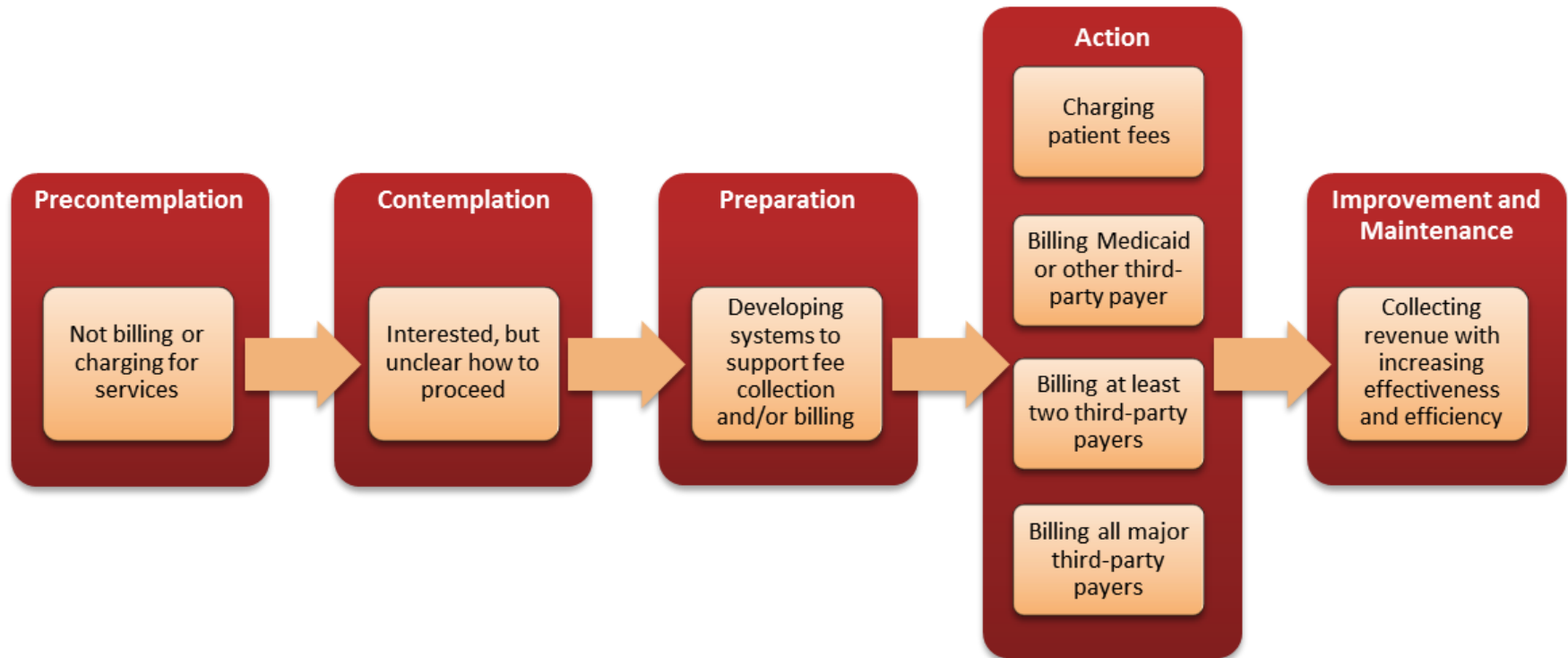
CTS Scenario 2- Promotes CBO Health Plan Participation



Practical Questions, Practical Answers

Question	Answer
How does my agency get started?	Check out resources on the HealthHIV website, including a contracting guide for HIV prevention providers. Also the HIVMA contracting guide for healthcare providers. Stay tune for resources on the ETR and Cardea CBA webpages
Which QHPs and Medicaid MCOs operate in my state?	See the AAHIVMA website to get a list of QHPs plans and Medicaid MCOs in your state.
How can my agency participate in a health plan?	Join their provider network. See the AAHIVMA website for joining QHP and Medicaid MCO networks.
What are the right codes to use to bill health plans for CTS?	Code structures vary by your organization type and the CTS your agency provides. Check with the insurer. See the State of Hawaii coding guide for an overview of codes.
What type of HIV tests are covered by Medicaid FFS?	Check out your Medicaid program's provider webpage, including provider handbooks. If unclear, contact the Medicaid lab expert.
What types of personnel can provide CTS covered by a health plan?	CTS personnel credentialing requirements vary based on the types of services for which your agency contracts with a plan. Ask about personnel credentialing requirements during your contract negotiations.
How much will Medicaid FFS pay for HIV CTS?	Check out your Medicaid program's fee schedule.
How can I get a copy of my Medicaid program's MCO model contract?	Search on your State Medicaid website for "model contract" or the managed care webpage. Call the Medicaid director's office.

Revenue Cycle Management Continuum



Cardea adapted the Transtheoretical Model of behavior change, or Stages of Change, developed by Drs. Prochaska and DiClemente, to identify benchmarks of organizational capacity building for revenue cycle management.

Increasing Staff Buy-in

Successful billing implementation requires both specific people to drive the change forward and the support of the rest of the staff

Engage staff input in planning & implementation...**Why?**

- Increased staff buy-in and commitment to goals
- Opportunity to manage resistance (team and individual)
- More complete data to inform change – staff are experts in their role

Increasing Staff Buy-in

Engage staff input in planning & implementation...**How?**

- Communicate why change is necessary and potential impacts; answer for staff:
 - Why is this necessary?
 - What is happening?
 - How will it affect me and my work?
 - What's in it for me?
- Include all levels of staff, and map new roles & responsibilities, articulating connections across roles

Systems Changes

Business Model

- Business model to support fiscal health & sustainability
- May include billing, partnerships, both

Staffing

Systems/ Data Collection

Policies & Procedures

Business Model

- The services you provide have value...but how much?
 - Cost analysis / fee setting
 - What billable services do we provide?
- Internal capacity vs. external partnerships

Systems Changes

Business Model

- Business model to support fiscal health & sustainability
- May include billing, partnerships, both

Staffing

- Changing the business model will change people's jobs
- The staff you have and the staff you need

Systems/ Data Collection

Policies & Procedures

Staffing

- What types of staff are providing CTS?
- Limitations on billing for services provided by non-clinicians (although some opportunities)
- Strategic decisions will increase your “billable” services

Systems Changes

Business Model

- Business model to support fiscal health & sustainability
- May include billing, partnerships, both

Staffing

- Changing the business model will change people's jobs
- The staff you have and the staff you need

Systems/ Data Collection

- Improving systems for collecting and storing client info
- Electronic (EHR, PMS) or paper systems

Policies & Procedures

Systems for Data Collection

Patient demographic and insurance information

- May need to add fields to registration forms
- Even if not billing, start collecting patient insurance info now

Patient medical information

- Document all visits, procedures and diagnoses thoroughly
- Code all procedures and diagnoses for billing

Electronic vs. paper systems

Systems Changes

Business Model

- Business model to support fiscal health & sustainability
- May include billing, partnerships, both

Staffing

- Changing the business model will change people's jobs
- The staff you have and the staff you need

Systems/ Data Collection

- Improving systems for collecting and storing client info
- EHR, PMS, or paper documentation

Policies & Procedures

- Adopting new policies & procedures to institute changes
- Staff training & support

Policies & Procedures

- Good business practice, particularly with extensive program requirements and complex systems
- Sustainability through staff turnover
- Support consistent client messaging

CBA for Health Departments

University of Washington Public Health Capacity Building Center provides capacity building assistance (CBA) to state, local, tribal and territorial health departments in the areas of:

- HIV testing
- Prevention with HIV-positive persons, with an emphasis on Data to Care
- Organizational development & management, including billing

Contact:

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CBA for CBOs

Request CBA from CIS!

CIS Focus Areas

- Prevention with Positives
- Prevention with Negatives
- Organizational Development (including HIV financing)
- HIV testing

Directly CDC Funded

If you are a CBO that receives direct funding from the CDC you can request capacity building assistance using the CBA Request Information System (CRIS)

Indirectly or Not CDC Funded

If you are a CBO that is not CDC funded or indirectly funded you can ask the health department in your jurisdiction to submit a CBA request on their behalf

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You can find the webinar
on the CIS Website!

<http://www.etr.org/CIS>



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Resources

- American Academy of HIV Medicine: Source for ACA QHPs and Medicaid MCOs in US:
<http://www.aahivm.org/frmHomeDetails.aspx?nId=NTg=>
- CDC Resources on the Changing Health System: Billing/Reimbursement:
<http://www.cdc.gov/nchhstp/PreventionThroughHealthcare/resources.htm>
- Hawaii State Department of Health: Coding and Billing for HIV Services in Healthcare Facilities:
<http://health.hawaii.gov/std-aids/files/2013/04/HIV-Provider-Billing-Codes-3-20-14.pdf>
- HealthHIV: HIV Prevention and Wrap Around Service Provider Contracting Guide:
<https://www.google.com/#q=healthhiv>
- HealthHIV: Stacey Murphy, HIV/AIDS Care: The Service (CPT) Code Series A:
http://www.healthhiv.org/modules/info/files/files_5152a897ea12e.pdf
- HIV Medicine Association: Strategies for HIV Medical Providers Contracting With Health Insurers
http://www.hivma.org/uploadedFiles/HIVMA/Policy_and_Advocacy/Policy_Priorities/Healthcare_Reform_Implementation/Resources/Strategies%20for%20HIV%20Medical%20Providers.pdf
- National Association of County and City Health Officials (NACCHO): Billing for Clinical Services:
<http://www.naccho.org/topics/HPDP/billing/>
- The AIDS Institute: Coverage Guide for HIV Testing
<http://www.theaidsinstitute.org/sites/default/files/attachments/7-13%20Testing%20Guide%20for%20HIV%20Testing%20FINAL.pdf>
- US Prevention Services Task Force:
<http://www.uspreventiveservicestaskforce.org/Page/Name/home>