

Broader HIV Screening Faces Funding Roadblocks

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Senior Writer

WASHINGTON — Reimbursement for routine, universal HIV screening will prove challenging in both the private and public sectors, Dr. Michael Horberg and Ms. Christine Lubinski said in separate presentations at a meeting on HIV diagnosis and prevention and access to care.

In September 2006, the Centers for Disease Control and Prevention recommended that diagnostic HIV testing and “opt-out” HIV screening be made a part of routine clinical care in all health care settings for patients aged 13-64 years (MMWR 2006; 55[RR-14]). Kaiser Permanente, the country’s largest staff-model HMO, is “grappling with this now.

We have to look at the implications,” said Dr. Horberg, director of HIV/AIDS Policy, Quality Improvement, and Research at Kaiser.

“Yes we have the capacity to do it, and yes, we have the will to do it. But it is a lot of money,” said Dr. Horberg.

As for the public sector, “There are significant roadblocks ... The Centers for Medicare and Medicaid Services and the [Bush] administration have little commitment to expand the federal contribution to the Medicaid program in any way, shape, or form,” said Ms. Lubinski, executive director of the HIV Medicine Association.

The HIV Medicine Association is a multidisciplinary arm of the Infectious Diseases Society of America that represents medical professionals involved in HIV care.

However, a few states—most notably New Jersey—have committed their Medicaid funds to cover broad-based HIV testing for low-income beneficiaries, Ms. Lubinski noted.

The Kaiser Permanente/Group Health Cooperative system covers approximately 3% of the entire U.S. population, including more than 16,000 active HIV-infected patients. The numbers vary widely by region, from about 180 patients in Ohio to nearly 5,500 in California.

Currently, nearly two-thirds of HIV-infected patients within Kaiser are not diagnosed until they meet AIDS criteria, “which means our case-finding is not very good,” Dr. Horberg remarked.

Once diagnosed, however, more than 90% enter into care within 120 days of diagnosis. Last year, more than 70% of those patients were on highly active antiretroviral therapy, he said.

Kaiser has been performing about 340,000 HIV antibody tests a year, which account for 15% of its target population aged 13-65 years. The majority are pregnant women, of whom more than 90% are currently tested. If Kaiser were to adopt the CDC guidelines, it would mean about 5 million more tests—and 1,773 newly identified cases—at a cost of at least \$26,599,450 annually.

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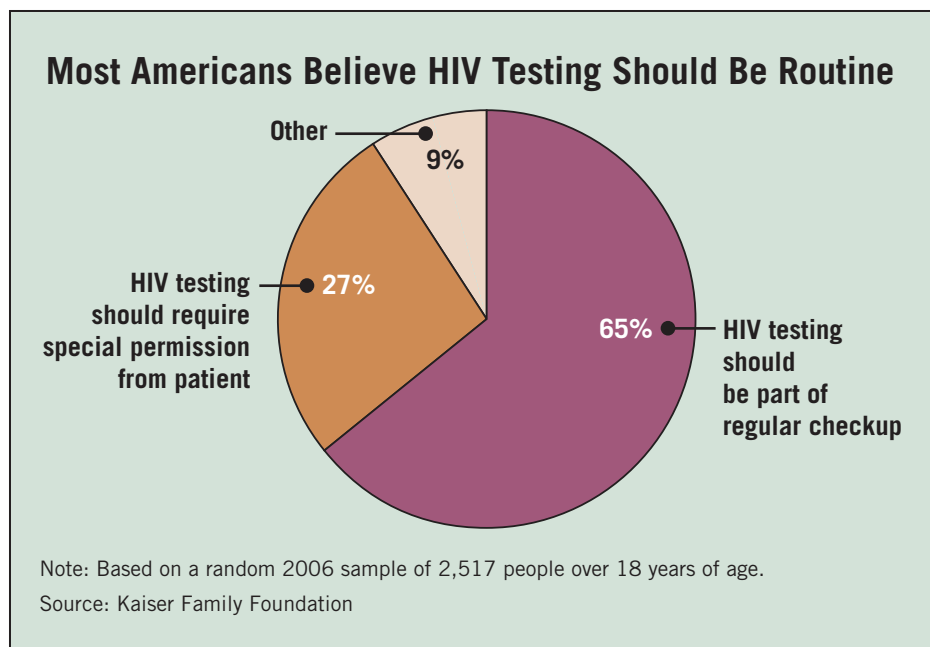
Aside from cost, other potential barriers to expanded HIV screening in managed care include the fact that many managed care organizations follow recommendations from the U.S. Preventive Services Task Force, not the CDC, in determining what type of tests to cover.

The USPSTF has not yet issued guidelines on universal HIV screening. Although most managed care organizations do support targeted screening for pregnant women and for individuals with high-risk behavior, they have not yet generated broader screening policies. “Most are probably waiting for the USPSTF,” Dr. Horberg said.

The CDC’s provision that prevention counseling should not be required as part of HIV screening is already posing problems in states that require informed consent for HIV testing, including many of the states that Kaiser now serves.

Kaiser differentiates between “screening,” defined as testing without counseling, and “testing,” which includes the HIV antibody test, pre- and posttest counseling, and patient education.

“Testing in [Kaiser Permanente/Group Health Cooperative] is the desired norm.



... We are uncomfortable screening without a proper testing process,” Dr. Horberg said. However, he added, despite the potential roadblocks, “We are confident we can handle all new HIV-infected patients identified.”

The public sector is another story. It would take an act of Congress before Medicare, which has only recently begun to cover any preventive health services, would cover HIV screening. Because the upper target age of the CDC recommendation is 64 years, the only people for whom Medicare would cover screening are the 6.8 million current beneficiaries under age 65 who qualify by disability. And that number includes about 100,000 who have already been diagnosed with HIV/AIDS, Ms. Lubinski said.

Thus, the bulk of the reimbursement for HIV screening would fall to Medicaid, which currently provides health coverage to about half of all people with AIDS in the United States and a significant number of those newly diagnosed with HIV. In an analysis done in 25 states, 22% of HIV-infected individuals were already Medicaid eligible at the time of diagnosis.

Federal law allows HIV screening to be covered by states either under fee-for-service or Medicaid managed care. This service is “optional,” and thus depends on the individual state’s policy.

A recent study by George Washington University’s Center for Health Services Research and Policy found that Medicaid programs in 32 of the 48 states surveyed covered targeted HIV testing and counseling, with 19 of those also covering prenatal and perinatal counseling. A few state programs also covered services such as HIV risk assessment and case management.

But as yet, with the exception of New Jersey, most state Medicaid programs have not adopted routine HIV testing. California has employed a special waiver to provide broad family planning services including HIV testing and counseling for men and women of childbearing age up to 200% of the poverty level.

However, that type of waiver is unlikely to be granted elsewhere, Ms. Lubinski noted. States could opt to cover HIV screening under a “diagnostic, screening,

preventive, and rehabilitative” (DSPR) benefit. The state would need to broaden the definition of medical necessity to allow for preventive services such as HIV screening, which is what Massachusetts has done. There, a service is “medically necessary if it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, or cause suffering or pain,” the definition says.

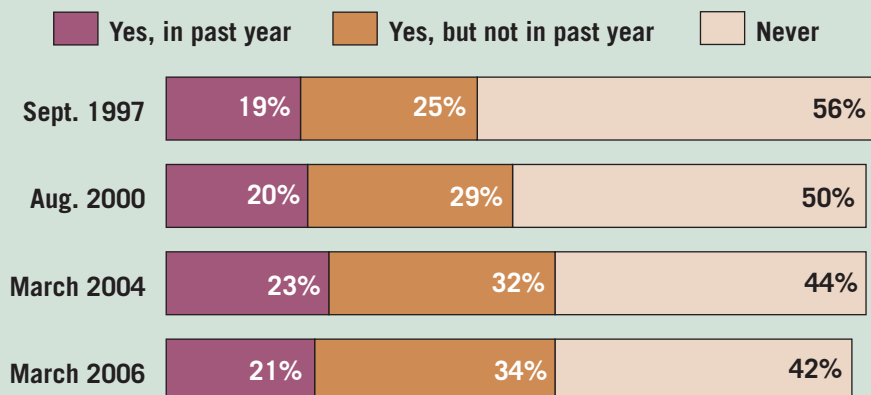
Such definitions could theoretically make HIV testing and counseling eligible for reimbursement, Ms. Lubinski said.

She said she believes that the federal government will need to contribute more to Medicaid for the CDC guidelines to be fully implemented: “Medicaid, with its significant reach into low-income populations and ethnic/racial minorities, must be part of the financing mix.” ■

INDEX OF ADVERTISERS

Berlex, Inc.	
Yaz	3-4
Digene Corporation	
Digene HPV Test	25
Duramed Pharmaceuticals, Inc. (a subsidiary of Barr Pharmaceuticals)	
Plan B	23-24
ParaGard	30a-30b
Forest Laboratories, Inc.	
Lexapro	6a-6b
Genzyme Corporation	
Osmos	15
Merck & Co., Inc.	
Gardasil	18a-18d
Fosamax Plus D	21-22
Novartis Pharmaceuticals Corporation	
Famvir	9-10
NTD Laboratories, Inc.	
ULTRA SCREEN	20
Organon USA Inc.	
NuvaRing	13-14
Pfizer Inc.	
Corporate	17
Sanofi Pasteur Inc.	
Adacel	5-6
Sepracor Inc.	
Lunesta	26a-26b
Wyeth Consumer Healthcare	
Caltrate	11
Wyeth Pharmaceuticals Inc.	
PREMARIN Vaginal Cream	31-32

About Half of Nonelderly Americans Have Been Tested for HIV in Recent Years



Notes: Population is under 65 years of age. Numbers may not add to 100% due to rounding.
Source: Data based on surveys by the Kaiser Family Foundation