

Paying for HIV Prevention: Reimbursement & Sustainable Payer Sources





Catalyzing Excellence in Primary Care

About the Primary Care Development Corporation (PCDC)

Founded in 1993, PCDC's mission is to catalyze excellence in primary care through strategic community investment, capacity building, and policy initiatives to achieve health equity.

- Certified as a Community Development Financial Institution (CDFI) by the U.S. Treasury
- Offices in New York City and Los Angeles County
- Three Programs:
 - Capital Investment
 - Performance Improvement
 - Policy & Advocacy



About HIP in Health Care

PCDC's High Impact HIV Prevention (HIP) in Health Care team is funded by the Centers for Disease Control and Prevention (CDC) to build the capacity of health care organizations to respond to the new HIV prevention landscape and integrate HIP strategies.

Meet the Team



Sarah Blust



Mazdak Mazarei



Henrietta Croswell



Dena Quiñones



Rachel Merchan



Brandon A. Harrison





About the National Alliance of State and Territorial AIDS Directors (NASTAD)

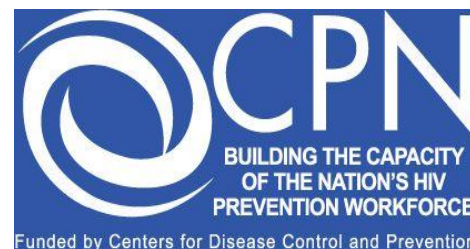
- NASTAD is an international non-profit 501(c)(3) association of U.S. state health department AIDS directors who administer HIV/AIDS and viral hepatitis programs funded by U.S. state and federal governments
- NASTAD was established in 1992 as the voice of the states
- NASTAD's mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions by strengthening domestic and global governmental public health through advocacy, capacity building, and social justice

NASTAD's vision is a world free of HIV and viral hepatitis



PCDC and NASTAD are part of the national Capacity Building Provider Network (CPN):

- Funded by CDC, the CPN is a network of 21 organizations focused on building the capacity of the nation's HIV prevention workforce in 3 settings:
 - Health Departments
 - Community-Based Organizations
 - Health Care Organizations
- CPN providers provide **free training and technical assistance** in the following areas:
 - HIV testing
 - Prevention with HIV-positive persons
 - Prevention with HIV-negative persons
 - Condom distribution
 - Organizational development & management
 - Policy



Learning Objectives

By the end of this webinar, participants will have an:

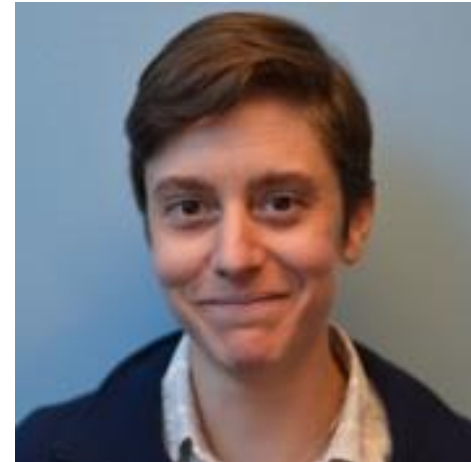
- 1) Increased understanding of today's health care landscape and how this impacts reimbursement for HIV prevention services
- 2) Increased understanding of NASTAD's Billing Coding Guide for HIV Prevention and how to utilize this resource to support reimbursement for HIV prevention services
- 3) Increased awareness of state-level strategies to assess HIV prevention reimbursement opportunities
- 4) Increased awareness of strategies that other health care organizations have used to improve reimbursement for HIV prevention services



Agenda for Today's Webinar

- 1) Setting the stage: The Affordable Care Act (ACA) and health system transformation
- 2) Overview of NASTAD's Billing Coding Guide for HIV Prevention
- 3) Assessing your state's coverage landscape
- 4) Case study: One health care organization's billing and coding challenges and how they persevered
- 5) Questions/discussion (last 30 minutes)





Amy Killelea,
Director of Health Systems Integration,
NASTAD





Funded by Centers for Disease Control and Prevention

Setting the Stage: ACA and Health System Transformation



A Changing Healthcare Landscape

A Changing Prevention Paradigm

US Public Health Service

PREEXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION IN THE UNITED STATES - 2014

A CLINICAL PRACTICE GUIDELINE



The NEW ENGLAND JOURNAL of MEDICINE

HOME ARTICLES & MULTIMEDIA ISSUES SPECIALTIES & TOPICS FOR AUTHORS CME

ORIGINAL ARTICLE

Preexposure Chemoprophylaxis for HIV Prevention in Men Who Have Sex with Men

New attention to **Population Health** by Medicaid and Insurance

Learn about your healthcare options Search

Medicaid Services

Medicare-Medicaid Coordination Private Insurance Innovation Center Regulations & Guidance Research, Statistics, Data & Systems Outreach & Education

Models > State Innovations Round Two

STATE INNOVATION MODELS Initiative: Round Two

Share

State Innovation Models (SIM) Initiative
The six SIM Round One Model Test states (as of 2013) 38 total SIM awardees (including 34 states) to support comprehensive state-based

Two Awards

Model Summary

Stage: Announced
Number of Participants: 32
Category: Initiatives to Accelerate the Development and Testing of New Payment and Service Delivery Models
Authority: Section 3021 of the Affordable

The Coverage Landscape

20 million people have gained health insurance coverage through the ACA

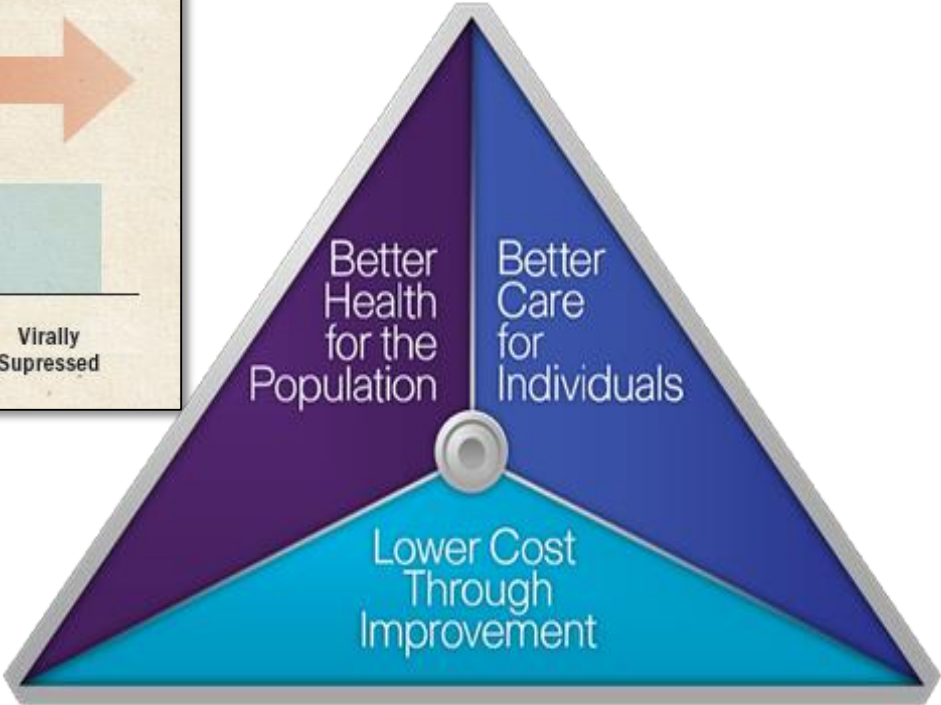
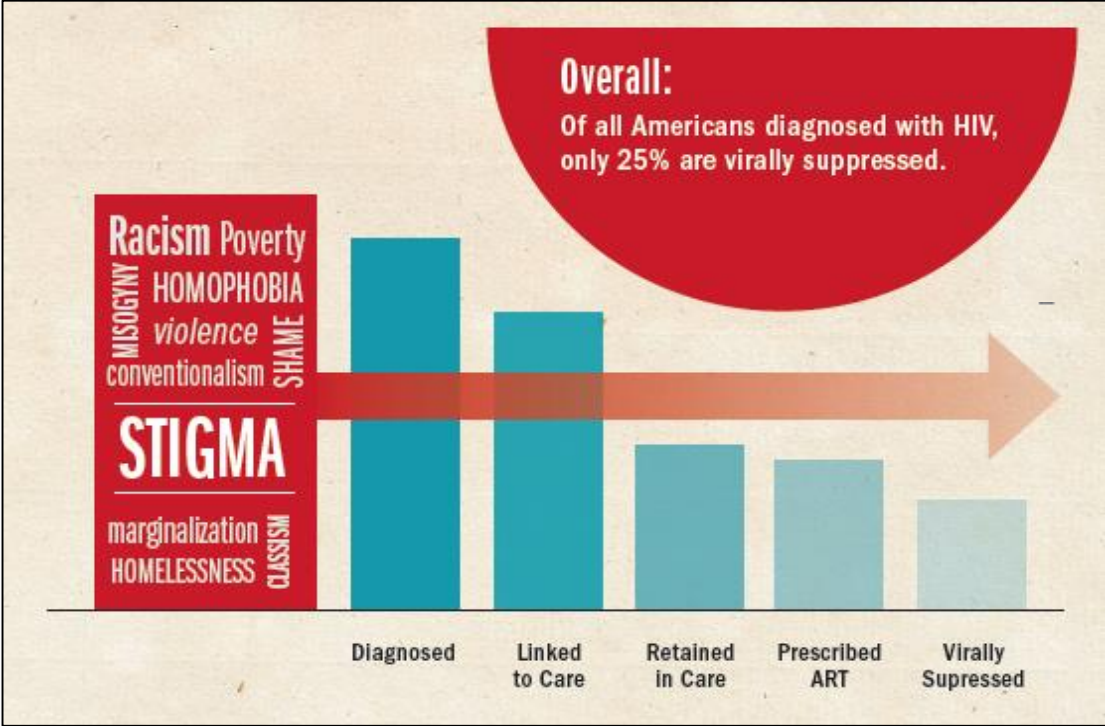
Percentage Uninsured in the U.S., by Quarter

Do you have health insurance coverage? Among adults aged 18 and older



SOURCE: GALLUP-HEALTHWAYS WELL-BEING INDEX

Health System Transformation and the Role of Public Health Programs



A Changing Healthcare Landscape

- Patient Protection and Affordable Care Act (ACA)
- Federal, state, and local budget cuts
- Reallocation of public health funds to other healthcare initiatives



Benefits of Billing Commercial and Public Insurance for Services

- Helps close budget gaps and offset the cost of providing free services to patients who are uninsured or underinsured
- Could mean the difference between a clinic closing its doors or achieving long-term fiscal sustainability
- Note: Clinics within the states that have declined Medicaid expansion and that serve predominately uninsured communities may not find revenue generation feasible



Challenges for Health Care Organizations

- Culture shift (internal and external) to billing for services traditionally considered “free”
- Transitioning to working with private insurers challenging
- Building billing infrastructure is resource heavy
- Lack of Electronic Health Records

Reference: National Association of County and City Health Officials (NACCHO). (July 2013). Local health department job losses and program cuts: Finding from the 2013 Profile study. Retrieved Nov. 15, 2013, from <http://www.naccho.org/topics/infrastructure/lhdbudget/upload/survey-findings-brief-8-13-13-2.pdf>



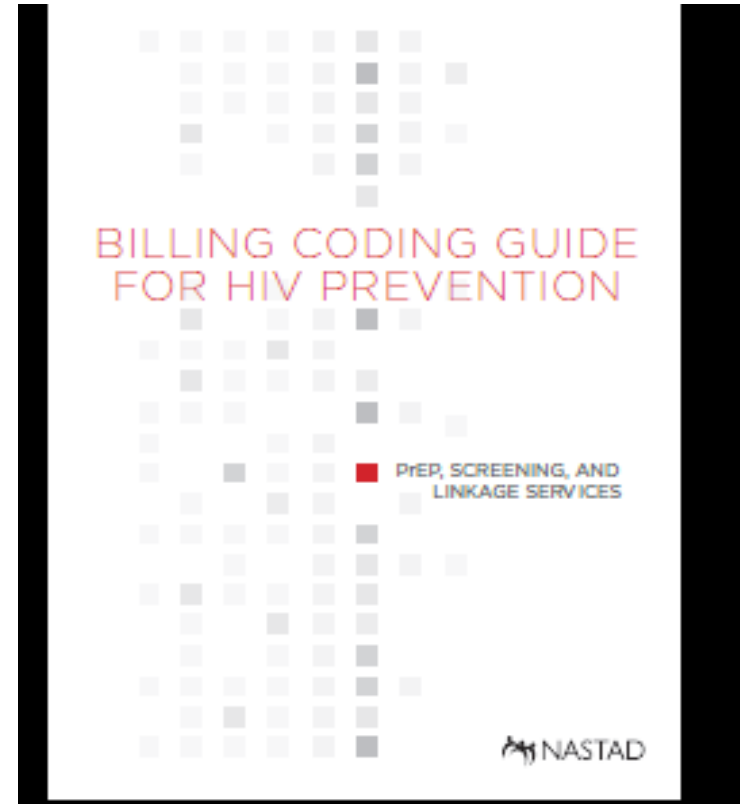
Challenges for Health Care Organizations

- Developing protocols to ensure client confidentiality
- Conducting a unit cost analysis
- Contracting with third party payers
- Transitioning billing process into clinic flow
- Identifying a third-party billing agency
- Providing relevant technical assistance for contracted providers looking to bill
- Understanding billing/coding opportunities for HIV prevention services



Funded by Centers for Disease Control and Prevention

Overview of NASTAD's Billing Coding Guide and How to Use It



Identifying the Challenges for Prevention Billing

- NASTAD convened an advisory group made up of a coding expert, the HIV Medicine Association, health department staff and clinical providers to inform creation of a billing and coding guide
- Key areas identified were:
 - PrEP services are difficult to bill for because of inconsistent use of diagnosis codes
 - HIV linkage and care coordination services are difficult to translate into billable services and units
 - Payer restrictions on provider types and place of service remain a significant barrier to reimbursement, especially for community-based providers and settings



NASTAD's Coding Guide

BILLING CODING GUIDE FOR HIV PREVENTION



Areas of focus

- PrEP initiation and follow-up
- Adherence, linkage, and counseling services
- Lab tests for HIV and other STIs

Supported through NASTAD's CDC/CBA cooperative agreement



How to use the Guide

- For each area of focus, the Guide discusses:
 - 1) The appropriate CPT[®] code or codes
 - 2) Requirements for the services to be provided by a licensed provider (credentialed for the provision of services by the payer) or under the supervision of the credentialed licensed provider
 - 3) The allowable ICD-10 diagnosis code



PrEP Services



Diagnosis coding

A list of relevant diagnosis codes is at the end of this guide. For the purposes of PrEP counseling, many groups use **ICD-10 Z20.2** "Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission."

Two other commonly used codes are:

- **Z11.4** "Encounter for screening for human immunodeficiency virus [HIV]" and
- **Z11.3** "Encounter for screening for infections with a predominantly sexual mode of transmission."



- Identify codes for initiating PrEP, counseling patients, and testing for STIs
- Troubleshooting challenges (e.g., using the right diagnosis code)



Adherence, Linkage, & Counseling Services

HIV
adherence,
linkage, and
counseling
services

CPT Defined Service	Credentialing Requirements
Chronic care management	Typically physicians, APRNs, or PAs
Targeted case management	Typically physicians, APRNs, or PAs, but in some states Community Health Workers may be reimbursed depending on state Medicaid rules
Behavioral risk counseling	Typically physicians, APRNs, or PAs, but in some states Community Health Workers may be reimbursed depending on state Medicaid rules
Mental health assessment	Typically physicians, APRNs, or PAs, but in some states Community Health Workers may be reimbursed depending on state Medicaid rules

Lab Services

USPSTF A and B Services & Women's Preventive Services (partial list)

Routine HIV screening

HCV screening for baby boomers and those at increased risk

Chlamydia/syphilis/gonorrhea testing for at-risk individuals

STI counseling

HPV screening

No cost-sharing for these services for most private insurance and Medicaid expansion

Key questions:

- What modifier should providers use to ensure a service is billed as an “ACA Preventive Service”?
- Are there frequency restrictions for the number of screening tests done in a benefit year?
- Are there facility or setting restrictions for these services?



Limitations and Challenges

- Many HIV prevention services simply do not translate well into the language of payers
- While there are some emerging opportunities for reimbursing Community Health Workers and other peer providers, it is far from universal
- Public and private insurance reimbursement rates are often lower than both grant funding and the costs of providing services
- Global Medicaid/Medicare PPS rates prevent some health care organizations from identifying additional opportunities for HIV prevention reimbursement





Funded by Centers for Disease Control and Prevention

Assessing Your State's Coverage Landscape



Identifying the Opportunities and Policy Levers

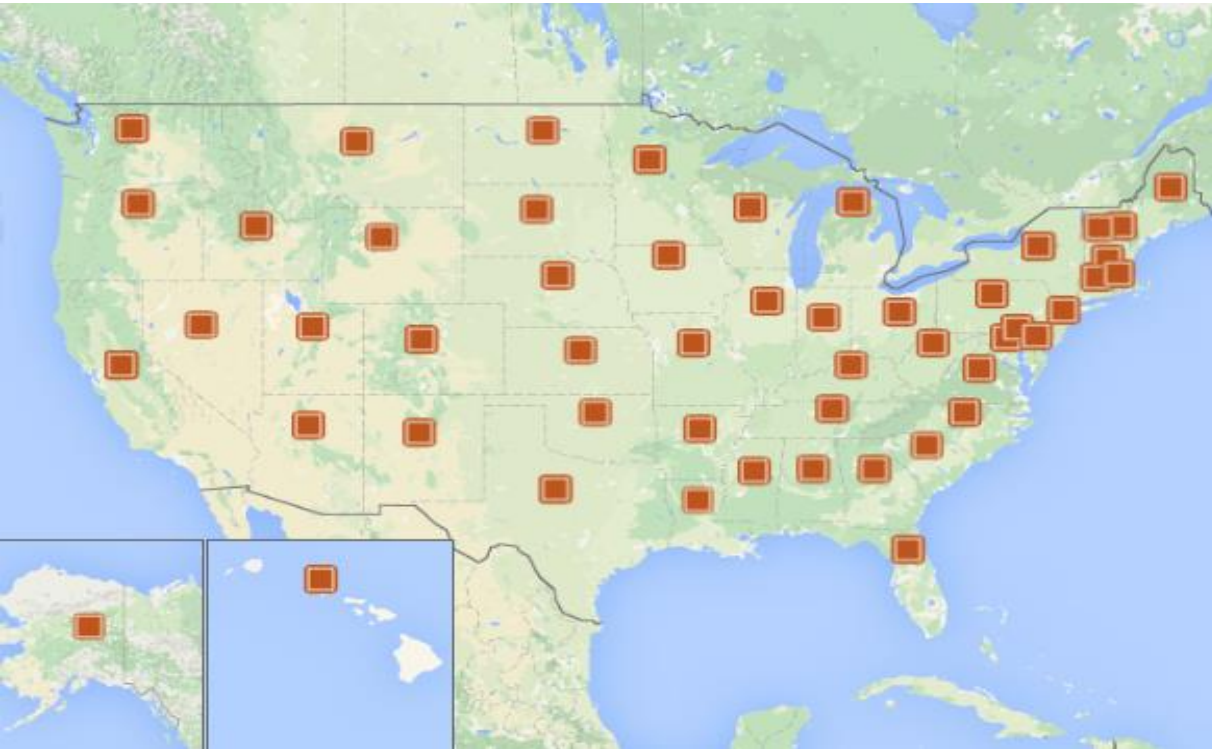


The Triple Aim

- **State Innovation Models** and other CMS demonstration projects prioritizing coordinated care and value-based payment
- **CMS 1115 waivers** (and stay tuned for 1332 “innovation waivers”) testing new ways to provide benefits
- **Medicaid State Plan Amendments** implementing health homes, additional services
- **Medicaid managed care contracts**, using flexibility to provide value-added services, include community providers, address quality
- **Delivery System Reform Incentive Plan (DSRIP)** testing new ways to deliver services and meet population health goals



Payment and Delivery Reform is Happening in EVERY State



Payment and delivery reform – through demonstration projects and other federal initiatives – is happening in EVERY state

Find out what's going on in your state: <http://innovation.cms.gov>



Assessing Medicaid Coverage

Is my state pursuing a State Plan Amendment, 1115 waiver, or other federal demonstration project that could include opportunities for prevention?

Filter By State:

Filter By Topic:

Search:

Reset

Showing 1 to 20 of 329 entries (filtered from 6,749 total entries)

Approval Date	State	SPA Number and Summary	Topics
08/24/2016	NY	NY-16-0013 Temporary adjustments to Medicaid rates for eligible Licensed Home Care Agencies.	
08/19/2016	NY	NY-14-0005-A 2014 Outpatient Upper Payment Limits (UPL) - All other HHC Hospitals (FMAP=50%)	

- [Click here](#) to search for [Medicaid SPAs](#)
- [Click here](#) to search for [1115 waivers](#)
- [Click here](#) to search for [Demonstration Projects](#)



Medicaid Waivers: Prevention Opportunities

- Medicaid waivers give states flexibility from federal restrictions to develop innovative benefits, payment, and delivery systems
 - 1115 waivers are used to test new benefit designs or payment and delivery reforms (time-limited; must be budget neutral)

1115 waiver proposal to incorporate Community Health Workers into Medicaid

1115 waiver using Delivery System Reform Incentive Plans (DSRIP) to provide HIV linkage services

1115 waiver providing family planning services to women and men with income up to 194% FPL



State Plan Amendments: Prevention Opportunities

Louisiana SPA
extending family
planning services
(including HIV, STD
screening) to
women and men
with income up to
133% FPL



Wisconsin SPA implementing
Medicaid health home
program, providing "care
coordination services" to
people living with HIV



DC working group
assessing SPA
implementing
preventive
services flexibility
rule and utilizing
CHWs



Medicaid Managed Care: Prevention Opportunities

LOUISIANA

Using Medicaid Quality Incentive Payments to Improve Services and Outcomes Across the HIV Care Continuum



- Managed care plans have the flexibility to cover non-traditional services that will help improve care for their beneficiaries
- Louisiana Medicaid managed care plans adopted a pay-for-performance quality measure for HIV viral suppression, which has had a positive impact on ensuring Medicaid is a public health partner



CASE STUDY



HARLEM UNITED

Tamisha McPherson,
Chief Program Officer
Harlem United



HARLEM UNITED

Harlem United is a community health center located in New York City that provides:

Primary care doctors

Dentists

Individual & family counseling

HIV & STI testing and prevention education

Sexual health counseling

LGBT support groups

Care coordination



HARLEM UNITED

Harlem United's Mission:

To provide 100% access to quality HIV/AIDS care for all our clients, regardless of race, socio-economic status, or sexual orientation;

To ensure that each of our clients remains connected to treatment and obtains the best possible health outcomes;

To provide quality HIV prevention, housing, and care services in a safe and nurturing environment;

To unite Harlem's diverse communities and address the needs of all people living with and threatened by HIV/AIDS;

To empower our clients physically, emotionally, socially, and spiritually.



The Billing Department consists of a team of eight whose primary function is to submit insurance claims and receive payment for the following programs:

Health Home

Adult Day Health Care Services (ADHC)

Federal Qualified Healthcare Center (FQHC)

*Primary Care

*Mental Health

*Dental

Article 31 OMH



HARLEM UNITED

The Billing Department submits claims on a daily basis to about 20 different insurance plans that the agency is credentialed with such as Medicaid, Medicaid Managed Care plans, HMO's, SNP's and Medicare lines of business.

For each insurance plan the Billing Department must verify specific billing requirements such as coding, modifiers and/or obtaining preauthorization for services.

Many insurance plans have different lines of business which have different benefit packages for each individual patient. Therefore, patients can have the same insurance plan but difference in covered benefits.

Using the insurance information provided by the patient, the front desk must confirm which services are covered under the patient's current insurance benefit plan in order to justify reimbursement for those services.



Call Center

- 1. Eligibility Check
- 2. Authorization / Referral
- 3. Appointments
- 4. PCP changes

Credentialing Specialist

- 1. Credential Providers
- 2. Set up portal log-in
- 3. Mail pick up
- 4. Scan un-named checks in system
- 5. Submit checks to Finance

Primary Care Clinic
Mental Health

Article 31
FQHC
Dental Clinic

- 1. Collect data to submit for authorization
- 2. Submit data to insurance plan
- 3. Speak w/ Insurance Rep
- 4. Eligibility check
- 5. Receive & email authorization

Managed Care Department

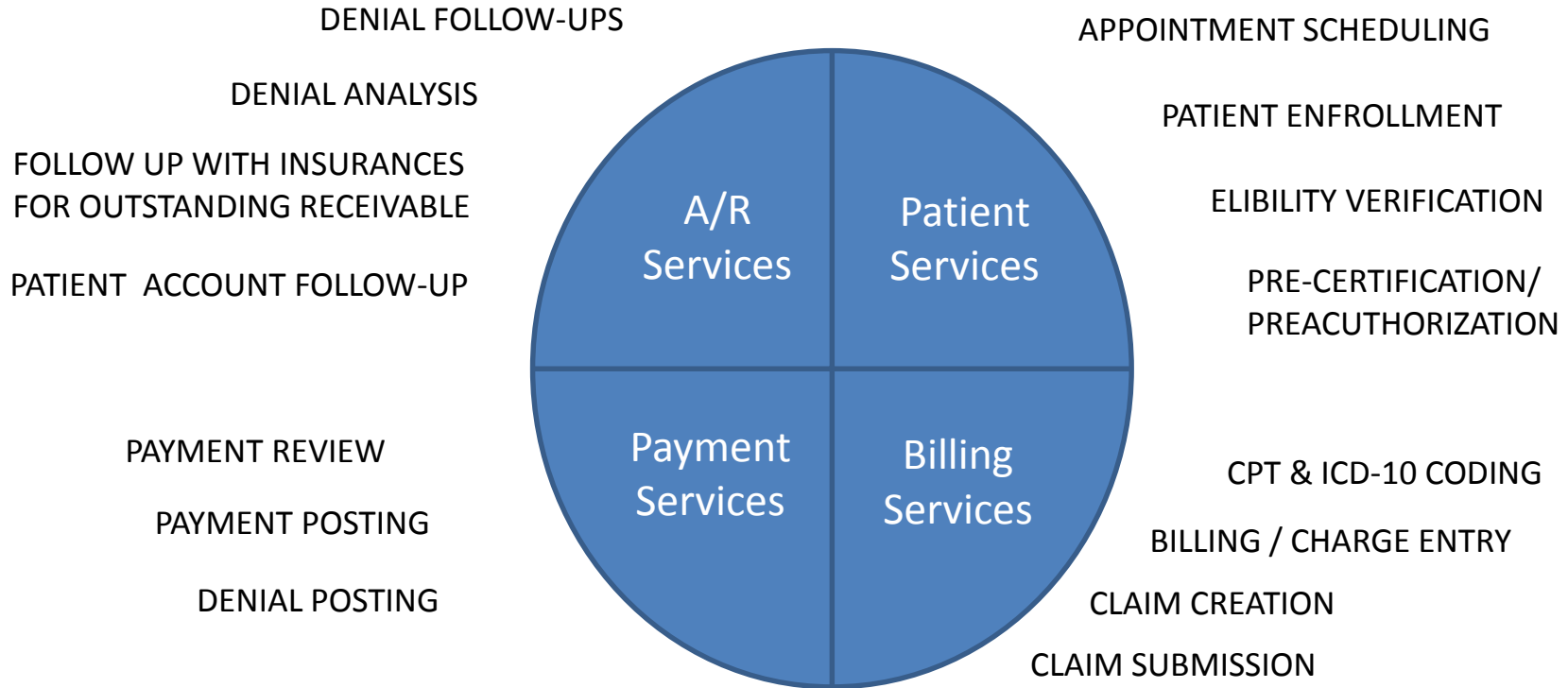
- 1. Review Claims
- 2. Eligibility Check
- 3. Authorization / Referral Check
- 4. Submit claims
- 5. Work denied claims
- 6. Post payments

Billing Department

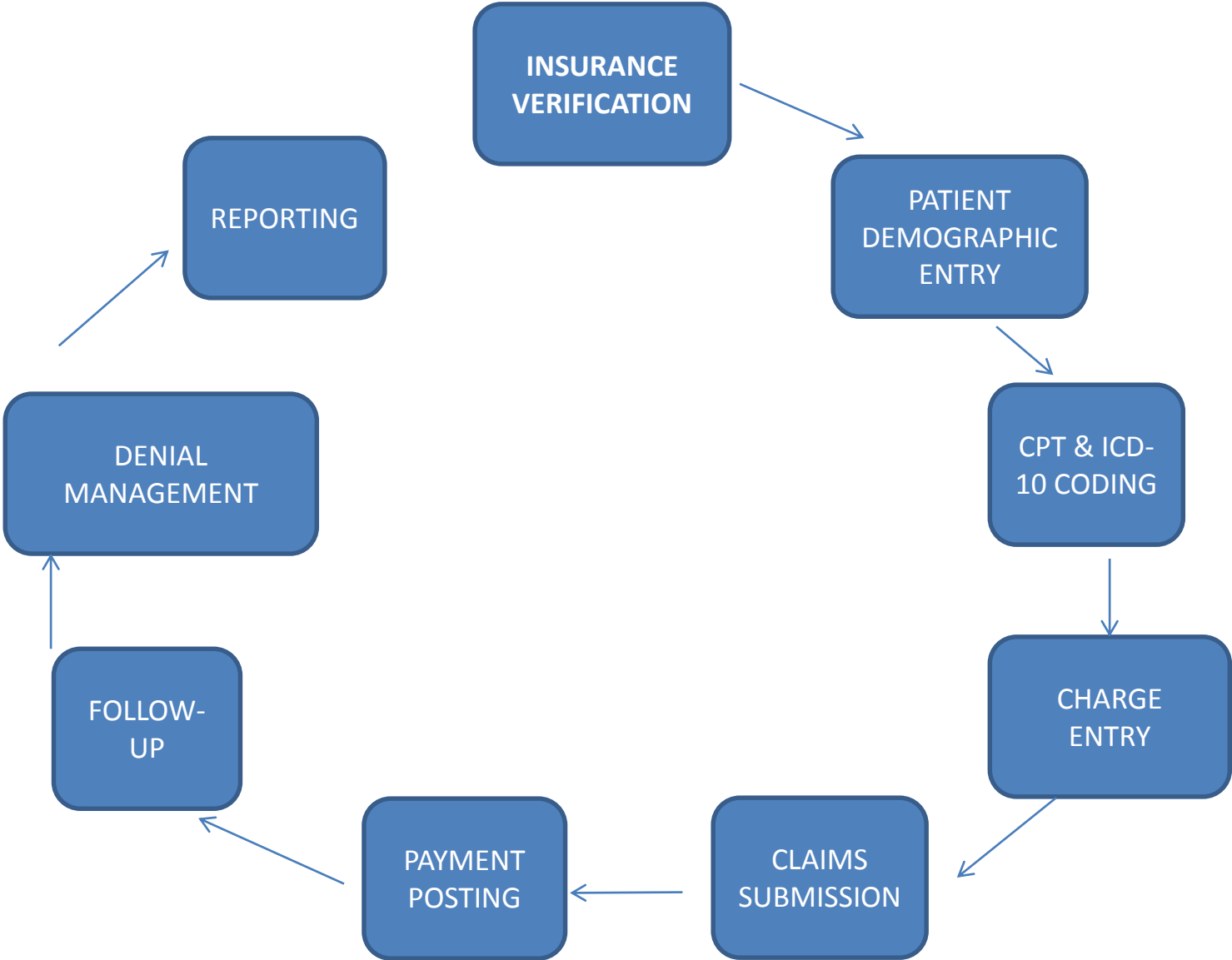
Primary Care
Clinic
Mental Health



4 Components of Billing



HARLEM UNITED



“Typical” Coding Scenarios for HIV Screening and PrEP Initiation



HIV testing as part of annual visit

- CPT codes:
 - 87389 for HIV ½ Ab/Ag test (4th gen test)
- ICD-10 codes:
 - Z11.4 Screening for HIV
- Lab codes:
 - B688-3



HIV testing as part of PrEP initiation

- CPT codes:
 - 87389 for HIV ½ Ab/Ag test (4th gen test)
- ICD-10 codes:
 - Z11.4 Screening for HIV
- Lab codes
 - B688-3



PrEP Initiation

- ICD-10 codes:
 - Z41.8 Need for prophylaxis against sexually transmitted diseases
 - Z72.51 High Risk Sexual behavior
- Lab codes:
 - B688-3



Q & A



THANK YOU!

For more information about PCDC and NASTAD's capacity building assistance services, contact us at:

PCDC

T: (212) 437-3970

E: hip@pcdc.org

W: www.pcdc.org/hipinhealthcare

NASTAD

T: (202) 434-8090

E: ncramer@NASTAD.org

W: <https://www.nastad.org/>



Resources

- Sarah Blust, PCDC (sblust@pcdc.org)
- Amy Killelea, NASTAD (akillelea@nastad.org)
- NASTAD, *Billing Coding Guide for HIV Prevention*, available at <https://www.nastad.org/resource/billing-coding-guide-hiv-prevention>.
- NASTAD White Paper, *Modernizing Public Health to Meet the Needs of People Who Use Drugs: ACA Opportunities*, available at <https://www.nastad.org/sites/default/files/ModernizingPublicHealth-NASTAD.pdf>.
- NASTAD White Paper, *Financing HIV Prevention Services*, available at <https://www.nastad.org/Financing-HIV-Prevention>.
- ASTHO Health System Transformation and CHW Resources, available at <http://www.astho.org/community-health-workers/>.
- Association for Community Affiliated Plans, *Positively Impacting Social Determinants of Health*, available at [http://www.communityplans.net/Portals/0/Fact%20Sheets/ACAP Plans and Social Determinants of Health.pdf](http://www.communityplans.net/Portals/0/Fact%20Sheets/ACAP_Plan_and_Social_Determinants_of_Health.pdf).

