



**HIV TAC TEAM**

# **Pre-Exposure Prophylaxis (PrEP) Community of Practice, Session #4**

**Presenter: Amy Killelea, J.D.**  
**11 October 2016**

# HIV Prevention and PrEP: Reimbursement & Sustainable Payer Sources

Amy Killelea, NASTAD



# About NASTAD

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## **Vision**

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

## **About Us**

Founded in 1992, NASTAD is a non-profit association that represents public health officials who administer HIV and hepatitis health care, prevention, education, and supportive service programs funded by state and federal governments in all 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the U.S. Pacific Islands.

## **Program Areas**

Health Care Access, Health Systems Integration, Policy & Legislative Affairs, Hepatitis, Prevention & Health Equity, and Global.

# Presentation Outline

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- Setting the stage: ACA and health system transformation
- Overview of NASTAD's Billing Guide and how to use it
- Assessing your state's coverage landscape
- Questions/discussion

# 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

# A Changing Healthcare Landscape

## New Attention to Population Health by Medicaid and Insurance

The screenshot shows the CMS.gov website. At the top, the CMS.gov logo is on the left, and a search bar with the text "Learn about your healthcare options" is on the right. Below the logo, the text "Centers for Medicare & Medicaid Services" is displayed. A navigation bar contains several buttons: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center (highlighted in blue), Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. Below the navigation bar, a breadcrumb trail reads "Innovation Center Home > Innovation Models > State Innovations Round Two". The main content area features the heading "State Innovation Models Initiative: Round Two" with a "Share" button. Below this, a paragraph states: "The Innovation Center announced the recipients of Round Two State Innovation Models (SIM) Initiative Model Test & Design awards on December 16, 2014. Including the six SIM Round One Model Test states (Minnesota, Vermont, Massachusetts, Maine, Oregon and Arkansas) 38 total SIM awardees (including 34 states, three territories and the District of Columbia) will be working to support comprehensive state-based innovation in health system transformation." Below the paragraph is the heading "State Innovation Models Initiative: Round Two Awards" and the text "Select anywhere on the map below to view the interactive version". On the right side, a sidebar titled "Model Summary" lists the following information: Stage: Announced, Number of Participants: 32, Category: Initiatives to Accelerate the Development and Testing of New Payment and Service Delivery Models, and Authority: Section 3021 of the Affordable Care Act.

**CMS.gov**  
Centers for Medicare & Medicaid Services

Learn about your healthcare options

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

Innovation Center Home > Innovation Models > State Innovations Round Two

### State Innovation Models Initiative: Round Two

The Innovation Center announced the recipients of Round Two State Innovation Models (SIM) Initiative Model Test & Design awards on December 16, 2014. Including the six SIM Round One Model Test states (Minnesota, Vermont, Massachusetts, Maine, Oregon and Arkansas) 38 total SIM awardees (including 34 states, three territories and the District of Columbia) will be working to support comprehensive state-based innovation in health system transformation.

#### State Innovation Models Initiative: Round Two Awards

Select anywhere on the map below to view the interactive version

#### Model Summary

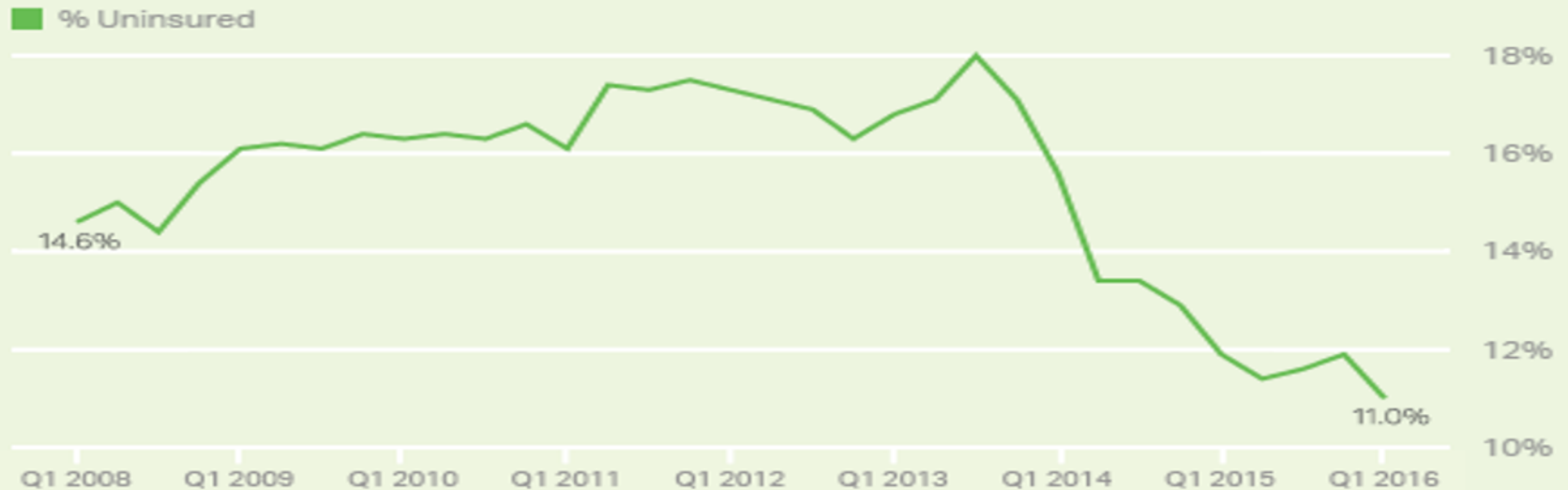
**Stage:** Announced  
**Number of Participants:** 32  
**Category:** Initiatives to Accelerate the Development and Testing of New Payment and Service Delivery Models  
**Authority:** Section 3021 of the Affordable Care Act

# A Changing Healthcare Landscape

**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



# Barriers to PrEP uptake

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- **PrEP Uptake:** less than 4%
- **Medicaid Expansion:** 19 states have not expanded Medicaid
- **Funding Gaps:** no safety net for vulnerable individuals
- **High Cost:** co-payments for specialty-tier medication and high deductibles. Existing social determinants

# Analysis of 2016 QHP Formularies

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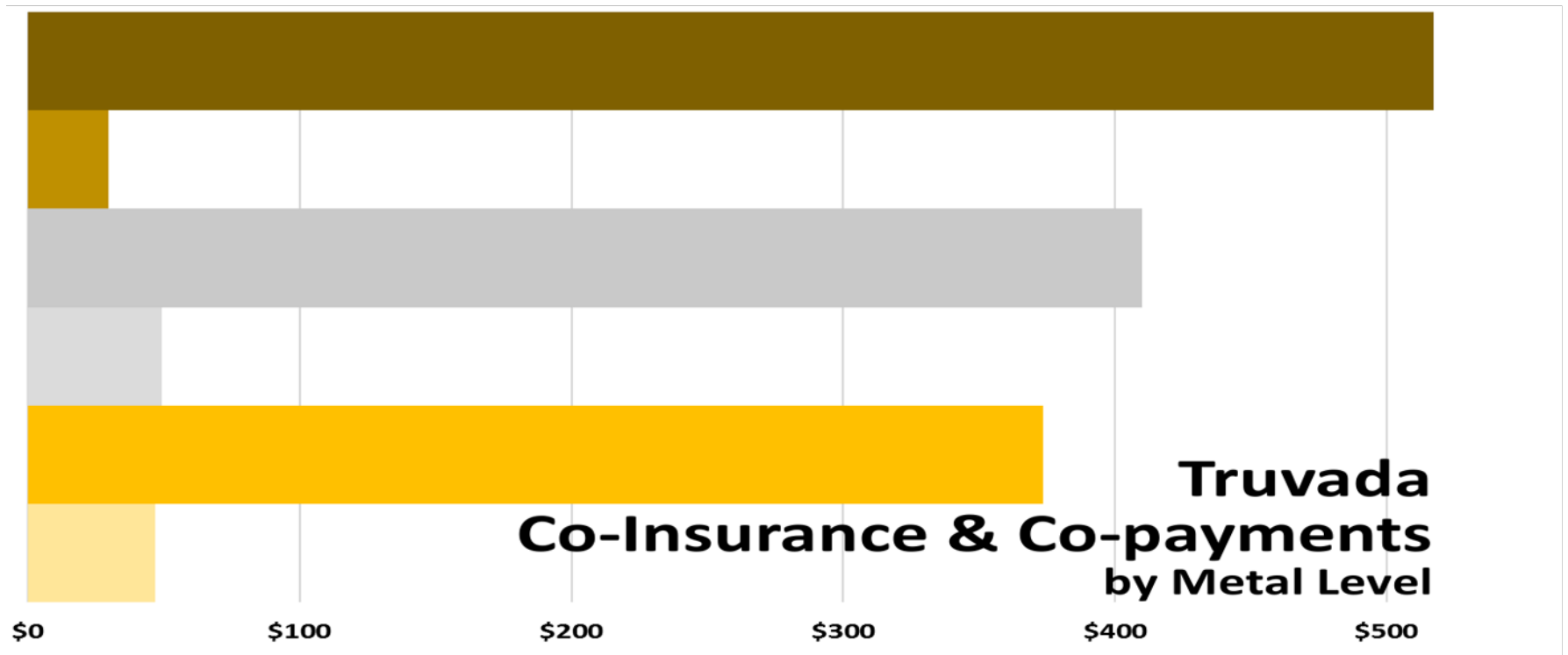
- Plan Year 2016 saw the release of Public Use Files that required insurers to make their plan and formulary data available in machine-readable format
- NASTAD analyzed plan and formulary data for 91,080 plans; 74% of plans had valid data
- [Discriminatory Design HIV Treatment Marketplace](#)
- Intend to repeat this analysis for 2017, with plans to release a tool documenting coverage of all ARVs by mid-November to assist QHP enrollment for PLWH
  - Highly dependent on data availability from CMS

# Key Findings

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- 20% of plans only cover one single-tablet regimen, Atripla, the oldest and least-recommended regimen
- One-third of plans place all covered single-tablet regimens on the specialty tier
- Over 45% of Bronze plans subject all covered single-tablet regimens to co-insurance
- 15% of plans do not cover any HIV drugs introduced since 2013
- **34% of plans place Truvada, which can prevent HIV infection as Pre-Exposure Prophylaxis (PrEP), on the specialty tier**
- 29% of plans require patients to “fail first” on another HIV drug before taking Stribild, a leading single-tablet regimen

# PrEP



# 2017 Marketplace: Decreased Competition

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## Estimated Number of Exchange Insurers in 2017

- See source: Kaiser Family Foundation, Preliminary Data on Insurer Exits and Entrants in 2017 Affordable Care Act Marketplaces. August 2016.
- [Data on Insurer Exits and Entrants in 2017](#)
- This analysis uses data gathered from insurer rate filings, exchange and state government reports, healthcare.gov and state exchange websites, insurer press releases, and media reports. See methods for details.
- Data as of August 26, 2016

# NASTAD'S Focus on PrEP

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- Private and public insurance enrollment
- Coordination between HIV prevention and care
- Engagement with healthcare systems
- Provider education with a focus on serving young African American men who have sex with men

# What is the Best Model and How Do We Fund it?

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**Other partners/referrals:** Pharmacies; CBOs; industry programs

## Community Health Centers

- Primary care
- 340B entity; drug discount
- **Insurance counseling and assistance**

## ADAP/Ryan White Program Infrastructure

- Drug purchasing and distribution mechanism
- Insurance purchase infrastructure
- State funding to purchase drugs (no discount)
- **Insurance counseling and assistance**

## STD Clinics

- Reaching underserved populations
- 340B entity drug discount
- **Insurance counseling and assistance**

# Elements of a PrEP Financing Program

Model	Drug financing	Drug delivery	Lab financing	Enrollment	Provider network	OOP insurance costs
<b>PrEP DAP</b>	No discount	ADAP pharmacy network	Sometimes covered by state/local funding; patient responsibility	ADAP infrastructure	RW network	Covered by PrEP DAP and/or refer to industry co-pay programs
<b>CHC</b>	340B	In-house or contract pharmacy	Covered as part of patient visit; sliding scale	CHC Navigators and assisters	In-house primary care	Refer to industry co-pay programs and/or PrEP DAP
<b>STD Clinic</b>	340B	In-house or contract pharmacy	CDC prevention funding; patient responsibility	Referral to Navigators and assisters	Must meet 340B patient def.	Refer to industry co-pay programs and/or PrEP DAP



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

# Identifying the Challenges for Prevention Billing

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- 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

■ PrEP, SCREENING, AND  
LINKAGE SERVICES



### 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

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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

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## 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

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## 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*

# Lab Services (ctd.)

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## Key questions:

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

Note: Federal regulations allow plans to use “**reasonable medical management**” techniques to determine the **frequency, method, treatment, or setting for a preventive item or service** to the extent it is not specified in a recommendation or guideline



# Assessing Medicaid Coverage

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

Search for...

[Medicaid SPAs](#)

[1115 waivers](#)

[Demonstration Projects](#)

Filter By State: New York	Filter By Topic: All Topics	Search: <input type="text"/>	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%)	

# 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-based services 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 Amendment and Demonstration Project: Prevention Opportunities

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New York SPA proposal incorporating harm reduction counseling services into Medicaid program

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

MD State Innovation Model (SIM) project incorporates CHWs as well as HIV population health outcome goals



# Medicaid Managed Care: Prevention Opportunities

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## 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

# Limitations and Challenges

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- 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

# Resources

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- Amy Killelea, NASTAD ([akillelea@nastad.org](mailto: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 here: [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%20Plans%20and%20Social%20Determinants%20of%20Health.pdf)

# Questions?



## **WE NEED YOU!**

Participate as Health Center co-presenter.

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Thank you for participating in this Webinar.  
We hope that you are able to find the information  
provided useful as you continue your P4C project.  
We ask that you take a few moments to complete  
the feedback survey you will receive when you  
close out of this webinar.

# Thank you for participating in today's webinar

If you have any additional questions, please email us:

[P4CHIVTAC@mayatech.com](mailto:P4CHIVTAC@mayatech.com)