



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333
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Dear Colleague:

Thank you very much for your important work on the Centers for Disease Control and Prevention (CDC) Expanded Testing Initiative. This initiative is a key element of our national strategy for HIV prevention, and your contribution to it is critical.

One of the national goals of Funding Opportunity Announcement (FOA) PS10-10138, "Expanded Human Immunodeficiency Virus (HIV) Testing for Disproportionately Affected Populations," is to promote sustainable, routine HIV screening programs in health care facilities, consistent with the CDC 2006 "Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings." The FOA requests that grantees use all available mechanisms to obtain reimbursement for HIV screening from third party payers, such as Medicare, Medicaid, private insurance, and health maintenance organizations. Since funds were awarded, CDC has received several inquiries concerning whether tests paid for by third party payers can be counted toward achievement of grantee objectives for the testing program. Any test conducted as a direct result of the program should count toward achievement of grantee objectives, whether the test is paid for by PS10-10138 funds or by a third party payer. The attached document provides specific guidance for determining which tests should be considered to be a direct result of the program and includes several example scenarios.

The FOA also requests that grantees explore strategies for promoting routine HIV screening at other health care facilities (that is, facilities other than those with which the grantee is directly collaborating on this program). This may include facilities in which the grantee has provided or coordinated training or technical assistance, in the absence of a contract (or other formal agreement) or any financial or staff support. Although tests done by these facilities are not directly attributable to the program, it is recognized that health departments do invest resources in these efforts and should be able to account for them in some way. Furthermore, although these tests may not be directly attributable to the program, they do represent an important influence that the program has on testing practices in the jurisdiction, and do bear documentation to the extent possible. Consequently, the attached document also provides guidance on when such "indirect" tests can be counted and how this can be done.

We hope you find this guidance useful. If you have any questions about its content, please contact your Prevention Program Branch Project Officer.

Sincerely,

Jonathan H. Mermin, MD, MPH
Director,
Division of HIV/AIDS Prevention

Guidance for Counting HIV Tests Under PS10-10138, “Expanded Human Immunodeficiency Virus (HIV) Testing for Disproportionately Affected Populations”
February 18, 2011

Under PS10-10138, HIV tests may be counted as being directly attributable to the program or as indirectly attributable to the program. Grantees should use the following guidance to determine which tests to count in which category. The guidance also specifies the correct method for reporting tests in each category.

A. Tests that should be counted directly under PS10-10138:

1. Any test, whether rapid or conventional, that is paid for directly, in part or in full, with PS10-10138 funds. For rapid tests, the funds may be contributing to covering the cost of the test kit, personnel administering the test, or other costs associated with administering the test. For conventional tests, the funds may be contributing to covering the cost of personnel administering the test, test supplies, processing the test, or other associated costs.
2. Any test, including one paid for by a third party payer (e.g., Medicaid, private insurance), that is conducted in a health care unit that meets the following criteria:
 - the unit is performing HIV screening under formal agreement (e.g., contract, memorandum of agreement) with the health department under PS10-10138
and
 - the unit is receiving training, guidelines, or technical assistance supported by PS10-10138 funds
and in which either
 - some tests conducted in the unit are being paid for with PS10-10138 funds
or
 - the health department is supporting some staff in the unit, fully or partially, with PS10-10138 funds.

Note: Directly counted tests should be reported at the individual test level quarterly via EvaluationWeb and in aggregate in the Interim Progress Report (IPR) and Annual Progress Report (APR). **Only directly counted tests should be reported through quarterly reporting via EvaluationWeb.**

B. Tests that can be counted indirectly under PS10-10138:

- Any test that is not paid for directly with PS10-10138 funds and is conducted in a health care unit or facility that receives training, guidelines, or technical assistance supported by PS10-10138 funds, but is not performing HIV screening under formal agreement with the health department, is not conducting tests paid for by PS10-10138 funds, and in which the health department is not supporting some staff, fully or partially, with PS10-10138 funds.

Note: Indirectly counted tests can be reported in aggregate in the “Additional Information” section of the Interim Progress Report (IPR) and Annual Progress Report (APR). **Indirectly counted tests cannot be reported through quarterly test-level reporting via EvaluationWeb.**

3. Tests that should not be counted directly or indirectly under PS10-10138:

- Any test that is not supported, directly or indirectly, by PS10-10138 funds.

Examples:

Hospital A is conducting routine HIV screening. A test is conducted and is fully paid for by PS10-10138 funds. This test should be counted as a direct test.

Hospital A is conducting routine HIV screening. A conventional test is conducted and is partially paid for by PS10-10138 funds (e.g., the test supplies are paid for by PS10-10138 funds, but the cost of processing the test is not. This test should be counted as a direct test.

Hospital A conducting routine HIV screening. A test is conducted with a rapid test kit provided by the health department under PS10-10138 funding. The staff member conducting the test is not paid for under PS10-10138. This test should be counted as a direct test.

Hospital B has a contract with the health department, under PS10-10138, to conduct HIV screening in its emergency department. The emergency department is receiving training and technical assistance from the health department to support its HIV screening program, and the health department is paying for some tests conducted in the emergency department. A test is conducted in the emergency department, but is paid for by a 3rd party payer. This test should be counted as a direct test.

Hospital B has a contract with the health department, under PS10-10138, to conduct HIV screening in its emergency department. The director of Hospital B’s primary care clinic becomes interested in HIV screening. She requests that the health department provide training to clinic staff, and the health department provides the requested training. However, the health department’s contract with Hospital B does not include screening in the primary care clinic, no tests conducted in the clinic are being paid for by PS10-10138 funds, and no clinic staff are supported with PS10-10138 funds. A test is conducted in this clinic. This test can be counted as an indirect test.

The director of the emergency department at Hospital C hears about the screening program at Hospital B and decides to initiate a similar program. Although Hospital C does not have a contract with the health department under PS10-10138 to conduct HIV screening, she asks the

health department to train her staff on HIV screening. The health department provides the training and also assists the director with planning how to integrate HIV screening into the emergency department's patient flow. A test is conducted in the emergency department. This test can be counted as an indirect test.