

# STATE OF NEW YORK DEPARTMENT OF HEALTH MEMORANDUM

Number: AI 06 -01  
Date: 09/01/06

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## SUBJECT: Changes to the HIV Primary Care Medicaid Program

This Memorandum supersedes the following Department of Health communications regarding the HIV Primary Care Medicaid Program:

- 1) DOHM 93-26: *Reimbursement Rates for Facilities Participating in the HIV Primary Care Medicaid Program*,
- 2) Department of Health AIDS Institute Memorandum (April 2003): *Counseling Protocol and Billing Instructions for HIV Counseling and Rapid HIV Testing Visits*.

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### Introduction

In 1989, the New York State Department of Health initiated the HIV Primary Care Medicaid Program with the goal of ensuring early identification and access to quality care for persons with HIV infection. The goal has remained the same; however, the Department has revised the reimbursement structure several times over the past 17 years to respond to advances in HIV treatment and testing technology, evolving standards of care, and changes in public health policy. This memorandum and its attachments provide a comprehensive overview of the HIV Primary Care Medicaid Program, including changes in the reimbursement structure effective November 1, 2006.

### 2006 Changes to the HIV Primary Care Medicaid Reimbursement Structure

As of November 1, 2006, facilities enrolled in the HIV Primary Care Medicaid Program will have access to reimbursement for the following visits: (1) HIV Testing, (2) HIV Counseling without Testing, (3) HIV Counseling (Positive) (4) Initial/Annual Comprehensive HIV Medical Evaluation, and (5) HIV Monitoring. Detailed descriptions of these visits are included in *Section 1 - Program Description*.

The new description for the HIV Testing visit reflects the Department's *2005 Guidance on HIV Counseling, Testing, and Laboratory Reporting Requirements*, which removes barriers to integrating HIV testing into routine health care by promoting a streamlined approach to pre-test counseling and the use of a simplified *Informed Consent to HIV Testing* form. **As of November 1, 2006, the HIV Testing Visit and the HIV Counseling (Positive) Visit may be billed by hospital emergency departments. The HIV Testing Visit may only be billed when rapid testing technology is used.** This change reflects the increasing importance of emergency departments in providing HIV prevention and care services. In addition to HIV testing, EDs are front-line providers for diagnosing Acute HIV Infection (AHI) and for providing non-occupational post-exposure prophylaxis (nPEP) for persons with significant HIV exposure due to sexual assault or other sexual or percutaneous exposure.

Additional opportunities to expand HIV testing in the community were recently approved by the Department. **Facilities participating in the HIV Primary Care Medicaid Program may apply to bill for HIV testing visits provided in DOH-approved part-time clinics.** (See *Section 2.*)

The name of the HIV Post-test Counseling (Positive) Visit has been changed to the HIV Counseling (Positive) Visit. Changes to the visit description and utilization threshold reflect both the increased responsibilities of providers for reporting and partner notification under Article 21 of the Public Health Law and the emergence of prevention as a standard of clinical care for persons with HIV infection.

**Two of the original program visits have been eliminated. Since streamlined post-test counseling is now recommended for patients who test negative, the HIV Post-Test Counseling (Negative) Visit (1696/2984) is no longer included in the visit structure. The Drug and Immunotherapy Visit (1698/2986) has also been eliminated due to clinical advances in HIV care.**

### **Renewal of the Program Agreement**

The Department has revised the Agreement for the HIV Primary Care Medicaid Program to reflect these changes and others related to the elimination of training requirements for non-clinician HIV counselors and to the requirements of the AIDS Institute's nationally recognized HIV Quality of Care Program. **Article 28 licensed facilities wishing to continue participation in the program must sign and return the revised agreement by January 1, 2007.**

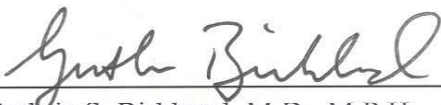
Thank you for your participation in the HIV Primary Care Medicaid Program and for your continued commitment to early identification and access to care for persons with HIV infection. If you have any questions, please contact:


### **Contact**

HIV Primary Care Medicaid Program  
Division of HIV Health Care & Community Services  
New York State Department of Health AIDS Institute  
Empire State Plaza, Corning Tower – Room 459  
Albany, N.Y. 12237

[HIVPCMP@health.state.ny.us](mailto:HIVPCMP@health.state.ny.us)

### **Endorsements:**

  
\_\_\_\_\_  
Guthrie S. Birkhead, M.D., M.P.H.,  
Director  
AIDS Institute

  
\_\_\_\_\_  
Dennis P. Whalen  
Executive Deputy Commissioner  
New York State Department of Health

**NEW YORK STATE DEPARTMENT OF HEALTH, AIDS INSTITUTE  
HIV PRIMARY CARE MEDICAID PROGRAM  
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**NEW YORK STATE DEPARTMENT OF HEALTH, AIDS INSTITUTE  
HIV PRIMARY CARE MEDICAID PROGRAM  
SECTION 1: PROGRAM DESCRIPTION**

The HIV Primary Care Medicaid Program was established in 1989 by the New York State Department of Health to ensure early diagnosis and access to care for persons with HIV infection. The program is central to the Department's strategy for integrating HIV testing into routine medical care in a variety of settings and for ensuring that persons with HIV have access to appropriate therapeutic and prophylactic interventions.

**Eligibility**

Eligibility is limited to health facilities (hospitals and diagnostic and treatment centers), which are: (1) licensed under Article 28 of the Public Health Law; (2) approved to participate in the New York State Medicaid Program, and (3) have signed an agreement with the New York State Department of Health to provide comprehensive services and coordination of care for persons with HIV.

**The Agreement for HIV Primary Care Medicaid Program has been revised to reflect program changes effective November 1, 2006. All facilities currently enrolled in the program must sign a new agreement (see Section 2) and return it to the New York State Department of Health by January 1, 2007.**

**Reimbursement Rates and Billing Instructions**

HIV Primary Care reimbursement rates vary depending on the visit type and geographic area. These rates are all-inclusive and cover labor, ancillary, capital and administrative costs. See Section 3 for billing instructions, medical record documentation requirements and utilization limits.

**Visit Descriptions**

As of November 1, 2006, the program includes reimbursement for the five outpatient visits described in this section. A brief list of tools and resources for the five visits is included at the end of this section. Comprehensive listings may be found in Sections 6 and 7 of this Memorandum.

**HIV Testing Visit**

HIV Testing is performed to determine the HIV status of the patient and to link him/her with prevention and care services. HIV testing must adhere to the requirements of Article 27-F of the Public Health Law as interpreted in the New York State Department of Health's 2005 Guidance.

The 2005 Guidance calls on health care providers to discuss and offer voluntary HIV testing at least once in the course of routine health care for all adult patients. *HIV testing should be presented as a clinical recommendation:*

- In all high seroprevalence areas, including all major urban areas of the state;
- In all health settings serving people at risk of HIV infection, and
- To all patients who indicate risk.

Since many patients may not be comfortable disclosing risk, providers should adopt a low threshold for recommending testing.

**HIV testing should be recommended as early as possible in pregnancy and again in the third trimester regardless of the mother’s risk or geographic location.** In making recommendations for testing, prenatal providers should emphasize the availability of prophylaxis to prevent mother-to-child HIV transmission.

Each year in New York State, a number of pregnant women become infected subsequent to HIV testing early in pregnancy. Third trimester testing is recommended to identify these women; however, at any time during the pregnancy, immediate testing should be recommended to all women with signs and symptoms suggestive of acute HIV infection. (See box below.)

The 2005 Guidance removes barriers to integrating HIV testing into routine health care by promoting a streamlined approach to pre-test counseling and the use of a simplified ***Informed Consent to HIV Testing*** form. A nurse or other member of the health care team may present the informed consent form to the patient to review before the clinician enters the exam room. Pre-test counseling can be as simple as explaining to the patient that the health facility routinely encourages patients to the HIV test, asking if he/she has any questions about the information on the consent form, obtaining the patient’s signature on informed consent form and placing it in the patient’s medical record. If a patient has questions or concerns, the physician or other staff may provide tailored counseling to meet his or her unique needs.

**In depth face-to-face counseling is not required for HIV Testing.**

The Department encourages the use of ***rapid HIV antibody tests***, which provide results within a single appointment. A non-reactive rapid test result means that the patient is not infected unless he/she has engaged in recent risk behavior. A reactive result is considered a preliminary positive and requires confirmatory testing.

### **ACUTE HIV INFECTION (AHI)**

**HIV antibody and viral load testing should be strongly recommended to patients with risk factors for HIV, who present with symptoms suggestive of acute HIV infection (AHI) or with sexually transmitted infections (STIs). Viral load testing is indicated since a person with AHI may not yet have antibodies but will have a high level of virus in plasma. Since AHI has emerged as a major factor in mother-to-child HIV transmission, providers should adopt a low threshold for recommending viral load testing to pregnant women with flu-like symptoms, who may not be aware of their risk.**

Patients who test negative should be informed of the test result and given the Department's brochure, *Information on Negative HIV Test Results*. If the patient has engaged in recent risk behavior but does not have symptoms of AHI, retesting should be recommended three months after the most recent exposure.

### **HIV Counseling without Testing Visit**

The HIV Counseling without Testing visit is appropriately billed when the patient declines testing after the clinician or other member of the health care team reviews the information in the *Informed Consent to Perform HIV Testing* form, answers the patient's questions, and encourages him/her to test. This visit may also be billed when the provider administering the test determines the patient lacks the capacity to consent or to complete the testing process. **This visit may be billed only once per patient per year and may not be billed for testing in emergency departments.**

### **HIV Counseling Visit (Positive)**

The goals of post-test counseling for individuals with an initial positive test result are:

- To deliver the test result (preliminary or confirmed positive);
- To help the patient cope with the emotional consequences of learning the test result;
- To explain the benefits of treatment and ensure that the patient enters medical care either on site or by referral;
- To provide partner counseling and assistance per New York State Department of Health Guidelines, and
- To provide risk reduction counseling to prevent further HIV transmission.

Several visits may be necessary to achieve these goals for newly diagnosed individuals.

For persons with established HIV diagnoses, prevention/risk-reduction counseling and partner counseling and assistance are ongoing processes which should be provided as part of comprehensive care. Both New York State Department of Health and Centers for Disease Control Guidelines recommend that prevention messages and brief patient-centered interventions be integrated into each clinical visit. A more comprehensive risk reduction and partner counseling visit is indicated annually; therefore, the HIV Counseling (Positive) visit may be billed annually for persons with HIV in clinical care.

New York State licensed physicians and other persons authorized to order diagnostic tests are required by Public Health Law (Article 21, Title III) to report all newly diagnosed cases of HIV infection and AIDS. See *Tools and References* at the end of this Section.

The *requirement* that non-clinician personnel providing HIV counseling and testing complete a Department approved counselor training course was rescinded in 2005. The Department *recommends* counselor training for non-clinician staff, who lack experience in HIV testing. The Department further recommends that all programs have at least one staff member who has undergone training and can act as a resource for other staff providing HIV testing services.

## **HIV TESTING IN THE EMERGENCY DEPARTMENT (ED)**

**As of November 1, 2006, hospital EDs may bill the HIV Testing Visit and the HIV Counseling (Positive) Visit as appropriate. EDs may bill the HIV Testing Visit only when using rapid HIV tests, which provide results within a single visit. The costs of the rapid test kit and controls are included in the visit rate. The ED must provide HIV counseling and linkage to confirmatory testing and medical services when an ED patient's rapid HIV test result is a preliminary positive.**

**See Section 3 for billing instructions, including same-day billing of HIV testing visits and ED visits.**

**See Section 5 for answers to frequently asked questions about HIV testing in EDs.**

### **Initial/Annual Comprehensive HIV Medical Evaluation**

The goals of the Initial/Annual Comprehensive HIV Medical Evaluation are to stage the disease for prognostic and treatment purposes, identify active HIV-related opportunistic infections and tumors, identify medical conditions associated with the person's HIV risk activity, identify psychosocial problems and needs, develop strategies to prevent disease progression, and identify non-HIV related health care needs.

### **HIV Monitoring**

New York State Department of Health guidelines recommend HIV monitoring at baseline and every four months thereafter for patients on antiretroviral therapy. Monitoring consists of an interim medical evaluation and immunologic and virologic assessments when indicated based on current guidelines.

### **Compliance with Department of Health Rules and Regulations (Title 10 NYCRR)**

Facilities participating in the HIV Primary Care Medicaid Program must comply with all requirements set forth in New York State Department of Health Rules and Regulations (Title 10). Given the demographic profile of the HIV epidemic in New York, it is critically important that facilities provide culturally competent HIV services and address communications barriers by providing skilled interpreters for non-English speaking groups and for persons with vision and hearing impairments.

## **Tools and References for HIV Primary Care Medicaid Program Visits**

### **HIV testing**

- 2005 Guidance on HIV Counseling, Testing and Laboratory Reporting Requirements
- Clinician's Tool Kit
- Informed Consent to Perform HIV Testing Form (DOH-2556 and DOH-2556i)
- HIV Negative Fact Sheet

### **Reporting and Partner Notification**

- HIV Reporting and Partner Notification Law
- Medical Provider HIV/AIDS and Partner Contact Form (DOH 4189) – New York State Department of Health Bureau of HIV/AIDS Epidemiology at (518) 474-4284.

Please see

<http://www.nyhealth.gov/diseases/aids/regulations>

### **HIV Clinical Guidelines**

<http://www.hivguidelines.org/>

### **Testing for Acute HIV Infection (AHI) – Providers outside New York City**

New York State Department of Health

Wadsworth Center, Diagnostic HIV Laboratory – (518) 474-2163

### **Testing for Acute HIV Infection (AHI) – New York City Providers**

New York City Department of Health & Mental Hygiene

HIV Surveillance and Epidemiology Program (Provider Line (212) 442-3388)

### **Contact**

HIV Primary Care Medicaid Program  
Division of HIV Health Care & Community Services  
New York State Department of Health, AIDS Institute  
Empire State Plaza, Corning Tower – Room 459  
Albany, N.Y. 12237  
(518) 473-3786  
[HIVPCMP@health.state.ny.us](mailto:HIVPCMP@health.state.ny.us)



## NEW YORK STATE DEPARTMENT OF HEALTH, AIDS INSTITUTE HIV PRIMARY CARE MEDICAID PROGRAM SECTION 2: ENROLLMENT INFORMATION

Enrollment is limited to health facilities, (hospitals and diagnostic and treatment centers), which are: (1) licensed under Article 28 of the Public Health Law; (2) approved to participate in the New York State Medicaid Program, and (3) have signed an agreement with the New York State Department of Health to provide comprehensive services and coordination of care for persons with HIV.

### The HIV Primary Care Medicaid Agreement

The HIV Primary Care Medicaid *Agreement* consists of two parts. The *Agreement* has been revised to reflect program changes effective November 1, 2006. All facilities currently enrolled in the program must sign a new *Agreement* and return it to the New York State Department of Health by January 1, 2007. Facilities wishing to enroll **or continue participating** in the program must sign Part 1 and complete and sign Part 2 and mail them to the address provided below.

- Part 1, the body of the *Agreement*, sets forth facility responsibilities for providing or arranging for continuous and comprehensive HIV primary care. These responsibilities include intensive follow up on referrals and missed appointments. Part 1 must be signed by both the facility and the New York State Department of Health. Part 1 also includes brief descriptions of the five visits reimbursable under the program.
- Part 2, the *HIV Primary Care Information Form*, requests specific information on the facility's plan for administering and delivering HIV primary care services.

### Enrollment Options

Facilities enrolling in the program may choose to provide one of two HIV Primary Care Medicaid Program service packages:

- HIV testing only, which includes the following visits:
  - HIV Testing,
  - HIV Counseling without Testing ,
  - HIV Counseling (Positive);
- HIV testing and clinical services, which includes all five HIV Primary Care Medicaid Program visits. A facility enrolling to provide clinical services must possess an operating certificate for primary medical care.

Facilities offering HIV testing only must have a written referral agreement with another Article 28 facility offering HIV clinical services or with an HIV Special Needs Plan.

## **HIV Testing in Part-Time Clinics**

Facilities participating in the HIV Primary Care Medicaid Program may apply for approval to bill for HIV testing visits provided in part-time clinics. Department approval may be obtained by sending a request to add HIV testing rate codes to the contact address listed below. The request must specify the location of the part-time clinic and provide the unique part-time clinic billing ID number.

## **ENROLLMENT INSTRUCTIONS**

A facility wishing to enroll in the HIV Primary Care Medicaid Program should send the signed and completed *Agreement, (Parts 1 and 2)* along with a copy of the facility's operating certificate to:

HIV Primary Care Medicaid Program  
Division of HIV Health Care & Community Services  
New York State Department of Health  
AIDS Institute  
Empire State Plaza  
Corning Tower – Room 459  
Albany, N.Y. 12237  
[HIVPCMP@health.state.ny.us](mailto:HIVPCMP@health.state.ny.us)

**NEW YORK STATE DEPARTMENT OF HEALTH, AIDS INSTITUTE  
HIV PRIMARY CARE MEDICAID PROGRAM AGREEMENT  
PART 1**

**WHEREAS**, primary care is a vital source of health care for the residents of New York;

**WHEREAS**, the Department of Health has adopted a reimbursement methodology for clinic services provided to HIV infected patients (10 NYCRR Sections 86-1.11(h), 86-4.35) in an effort to reach these patients at an early disease stage when they will be able to receive the maximum benefit from the most recently discovered treatment;

**NOW, THEREFORE**, the New York State Department of Health (DOH) and the Provider agree to comply with the terms and conditions of this agreement as follows.

- 1) The Provider agrees to provide or arrange primary care for persons with HIV infection; this includes HIV testing and follow-up care according to the clinic services descriptions in Attachment I. This agreement shall be effective on January 1, 2007 and shall continue in effect thereafter unless either party shall give 30 days written notice to the other of intent to terminate the agreement. The Provider agrees to abide by all reasonable policies, procedures and instructions provided in writing by DOH, to implement and execute primary care services for persons with HIV infection and AIDS and to bill Medicaid accurately in accordance with the reimbursement methodology. The reimbursement methodology consists of the prices established for clinic services, as described in this agreement. The Provider understands and agrees that the Medicaid reimbursement rates may change during the term of the agreement and that the Provider will be reimbursed at the rate approved at the time the services were rendered.
- 2) The Provider agrees to provide the personnel and support necessary to implement and maintain primary care services for persons with AIDS and HIV infection at its site(s).
- 3) The Provider agrees to comply with all standard Medicaid billing practices established through the New York State Medicaid Management Information System (MMIS). Further, the Provider agrees to make all laboratory services available directly or indirectly. The facility will be reimbursed for all such services provided to the patient. When provided indirectly, the facility will be responsible for paying the vendor. Current DOH policies regarding the performance of HIV tests shall apply.
- 4) The Provider shall be responsible for following written instructions from the DOH pertaining to voids, adjustment, and other Medicaid billing procedures in order to ensure that there is no duplicate billing.
- 5) The Provider agrees to identify a senior management individual, who will be knowledgeable about and responsible for the program and in regular contact with the

- DOH. The Provider shall notify the DOH promptly of any change in the staff member responsible for the program.
- 6) The Provider agrees to provide or directly arrange comprehensive services to persons with HIV infection. Services shall include those included in the visit descriptions on page 5 of this agreement and the following services:
- a) Standard laboratory tests;
  - b) Health education regarding orientation to facility procedures and right/responsibilities of the client;
  - c) Referral for special studies, tests and consultations, including psychiatric consultations, to ensure appropriate care for patients;
  - d) Psychosocial services including screening for social, economic and emotional problems, and referral when necessary;
  - e) Coordination of care including the designation of a professional member of the health care team as the care coordinator, who will assure continual input from all appropriate members of the health care team, the client and significant others where appropriate and assure information flow between the ambulatory setting and other providers or sites of care;
  - f) Offer tuberculosis screening, therapy, including directly observed therapy, when medically indicated, and referral when appropriate;
  - g) Risk reduction and partner counseling.
- 7) The Provider agrees further to:
- a) Provide after hours and emergency consultation and care for all patients;
  - b) Use a comprehensive care record to document services provided;
  - c) Maintain a system for protecting confidentiality of medical records, including HIV-related information consistent with Article 27-F of Public Health Law and Part 63 of 10 NYCRR as well the Health Insurance Portability and Accountability Act (HIPAA) revised in October 2003;
  - d) Implement a system for follow-up on missed visits and rescheduling of visits and a policy for follow-up on patients lost to care. All such follow-up activities will be documented in the medical record;
  - e) Have in place written agreements with AIDS Centers or other back-up hospitals stipulating arrangements for referral of patients for medically indicated care

regardless of ability to pay. Such agreements shall detail (but need not be limited to) the following:

- i. provisions for normal referral services;
  - ii. provisions offering reasonable access to hospital facilities and services and means for communications, scheduling, reporting and follow-up;
  - iii. special tests and procedures to be performed;
  - iv. procedures detailing how hospitalization for medical problems will occur;
  - v. a system for receiving information from referral sources and back-up hospitals.
- f) Develop and implement a plan to inform the public of the availability of services and to increase early enrollment.
- 8) The Provider shall meet all published DOH AIDS Institute quality of care program standards and follow DOH AIDS Institute guidelines for clinical care of persons with HIV/AIDS.
- 9) The provider may request cancellation of this agreement in writing and shall include the reasons for the request. All cancellations require approval by the DOH. Such approval shall not be unreasonably withheld.
- 10) The DOH may cancel this agreement if the Provider has failed to substantially comply with the terms of participation, including, but not limited to failure to:
  - a) permit access for patient record reviews;
  - b) accurately complete costs reports, or
  - c) accurately bill Medicaid under the reimbursement methodology.
- 11) The Provider agrees that the DOH may determine new visit types and rates during the term of this agreement. Such visit types and rates shall be available to the Provider and shall be incorporated as part of this agreement upon written notice to the Provider.

12) The DOH, its employees, representatives, and designees shall have the responsibility for determining contract compliance, as well as the quality of services being provided. The DOH shall conduct such visits and program reviews as it deems necessary to assess the quality of services being provided and to determine contract compliance.

13) In conformance with all applicable laws, the Provider shall assure the DOH and its authorized representatives prompt access to all program sites and all financial, clinical or other records and reports relevant to payment and oversight of the program. The DOH shall access patient information, including HIV-related information as required for the administration and monitoring of this program under Medicaid funding. Patient records shall be held by the DOH in strict confidence, and patients' rights to privacy shall be protected, in accordance with all applicable law, including Article 27-F of the Public Health Law and Part 63 of 10 NYCRR.

Facility Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**The State of New York Department of Health**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## HIV Primary Care Visits

As of November 1, 2006, the HIV Primary Care Program includes reimbursement for the following HIV ambulatory care visits.

### **HIV Testing Visit**

HIV testing is performed to determine the HIV status of an individual and to link him/her to prevention and care services. HIV testing must adhere to current New York State Department of Health regulations and guidelines. When using rapid testing, the HIV Testing Visit may be billed by hospital emergency departments.

### **HIV Counseling without Testing Visit**

The HIV Counseling without Testing Visit may be billed when the patient declines testing after the provider has reviewed information on HIV testing, answered the patient's questions, and encouraged him/her to test. This visit may also be billed when all of the previous requirements have been met, and the provider administering the test determines the patient lacks the capacity to consent or to complete the testing process.

### **HIV Counseling (Positive) Visit**

At initial diagnosis, the goals of counseling for individuals with HIV infection are to deliver the test result (preliminary positive or confirmed positive), help the patient cope with the consequences of learning the test result, explain the benefits of treatment, link the patient to medical care, provide partner counseling and assistance per New York State Department of Health Guidelines, and provide interventions to reduce the risk of further HIV transmission. Both partner and risk-reduction counseling are ongoing activities, which should be provided as part of comprehensive clinical care for persons with HIV.

### **INITIAL/ANNUAL COMPREHENSIVE HIV MEDICAL EVALUATION VISIT**

The goals of the Initial/Annual Comprehensive HIV Medical Evaluation are (1) to stage the disease for prognostic and treatment purposes, (2) to develop a treatment plan, and (3) to identify active HIV-related opportunistic infections and tumors, medical conditions associated with the person's HIV risk activity, psychosocial problems and needs, and non-HIV related health care needs.

### **HIV MONITORING VISIT**

New York State Department of Health guidelines recommend HIV monitoring at baseline and every four months thereafter for patients on antiretroviral therapy. Monitoring consists of an interim medical evaluation and immunologic and virologic assessments when indicated based on current guidelines.

**NEW YORK STATE DEPARTMENT OF HEALTH, AIDS INSTITUTE  
HIV PRIMARY CARE MEDICAID PROGRAM AGREEMENT  
PART 2 - Primary Care Information**

Effective Date: \_\_\_\_\_ (for DOH use only)

**NAME OF FACILITY:** \_\_\_\_\_

(As shown on operating certificate)

**FEDERAL ID #** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**FACILITY TELEPHONE #** \_\_\_\_\_

**MMIS PROVIDER #** \_\_\_\_\_

**OPERATING CERTIFICATE #** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**CONTACT TELEPHONE #** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**\*HIV BILLING CODES WILL BE ISSUED ONLY FOR THE ACTIVITIES PERFORMED ON SITE AND ONLY AT THE LOCATIONS INDICATED. FOR THOSE SERVICES NOT PERFORMED ON SITE, INDICATE THE NAME AND ADDRESS OF THE REFERRAL FACILITY**

**ON-SITE SERVICES: AUTHORIZED LOCATOR CODES:**

(For example: Main Facility locator code 03, authorized satellite clinic 04, etc.)

1) HIV Testing Visits - \* \_\_\_\_\_

Will the provider be conducting HIV Testing in the Emergency Department? Circle One: Yes   
No  Not Applicable



2) Initial/Annual HIV Comprehensive Evaluation - \* \_\_\_\_\_

3) HIV Monitoring Visit - \* \_\_\_\_\_

REFERRAL FACILITY:

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REFERRAL FACILITY ADDRESS:

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SERVICES BEING REFERRED:

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Send completed agreement with a copy of the Provider's Operating Certificate to:

HIV Primary Care Medicaid Program  
Division of HIV Health Care & Community Services  
New York State Department of Health  
AIDS Institute  
Empire State Plaza  
Corning Tower – Room 459  
Albany, N.Y. 12237  
[HIVPCMP@health.state.ny.us](mailto:HIVPCMP@health.state.ny.us)

## HIV PRIMARY CARE MEDICAID PROGRAM SECTION 3: BILLING INSTRUCTIONS

Facilities participating in the HIV Primary Care Medicaid Program must comply with all standard Medicaid billing practices established through the New York State Medicaid Management Information System (MMIS). It should be noted, however, that the program has several features which depart from standard Medicaid billing practices.

### **Patient Eligibility**

HIV Primary Care Medicaid Program visits may only be billed for patients who remain in the Medicaid fee-for-service system and are *not* enrolled in managed care.

The HIV Testing and HIV Counseling without Testing visits may be billed for any patient whose HIV status is unknown or in question.

The HIV Counseling (Positive) visit may be billed for any patient with a positive test result (preliminary or confirmed) or for a patient with an established diagnosis of HIV infection.

Clinical HIV primary care visits (the Initial/Annual Comprehensive HIV Medical Evaluation and the HIV Monitoring visits) may only be billed for patients with a confirmed diagnosis of HIV infection.

### **Rapid HIV Tests and Laboratory Services**

The costs of the following are included in the visit rate, which Medicaid pays directly to the provider: (1) rapid HIV testing and control kits, and (2) most laboratory services associated with the two clinical visits. The provider is responsible for purchasing the rapid HIV test kits and for paying the laboratory performing the services associated with the clinical visits.

The costs of the following laboratory services are not included in any visit rate and should be billed by the laboratory performing the tests:

- HIV tests, which not CLIA-waived and must be performed by a licensed clinical laboratory, including conventional screening (EIA) and confirmatory tests (Western Blot);
- HIV viral load testing (CPT Code Y8706);
- HIV resistance testing:
  - Genotypic (CPT Code 87901),
  - Phenotypic (CPT Code 87903).

See [www.hivguidelines.org](http://www.hivguidelines.org), *Adult HIV Guidelines* and *Pediatric and Adolescent HIV Guidelines*, for laboratory assessments and screening tests appropriate for the management of HIV-infected patients.

## Same-Day Billing

Same-day billing is allowed for HIV Primary Care Medicaid Program visits and any other general hospital outpatient clinic visit or free standing clinic visit for which a Medicaid rate has been established. Same-day billing is also allowed for some combinations of HIV Primary Care Medicaid Program visits. For a summary, see *Chart 1, Allowable Same Day Payments*, at the end of this section.

## Utilization Limits and Medical Record Documentation Requirements

*Chart 2*, found at the end of this section, includes a summary of utilization limits and medical record documentation standards for each HIV Primary Care Medicaid Program visit. Utilization caps of one per patient per year are in place for the HIV Counseling without Testing visit and the Initial/Annual Comprehensive HIV Medical Evaluation. The remaining three visits have utilization thresholds, which represent expectations of visit usage based on current clinical practice. Exceeding the threshold may result in on-site utilization reviews by the Department of Health's peer review agent.

Providers enrolled in the HIV Primary Care Medicaid Program must meet all medical record documentation requirements set forth in Sections 405.10 (for hospitals) and 751.7 (for diagnostic and treatment centers) of Title 10 NYCRR. Additional HIV-specific medical record documentation standards are included in *Chart 2*. Thorough documentation, including documentation of follow up activities, will prevent adverse quality of care and utilization review findings.

**In all cases of same-day billing, the patient's medical record must document that distinctively different services were provided for each visit billed.**

## HIV Testing in the Emergency Department (ED)

As of November 1, 2006, hospital emergency departments may bill the HIV Testing Visit and the HIV Counseling (Positive) Visit. The HIV Counseling without Testing Visit may not be billed for ED patients. The following billing rules apply to HIV testing in emergency departments.

- EDs may bill the HIV Testing Visit only when rapid tests, which provide results within a single visit, are used.
- Same-day billing is allowed for the HIV Testing Visit and an ED visit.
- The ED must provide HIV counseling and linkage to medical services, including confirmatory testing, when a patient's test result is a preliminary positive. In these cases, the hospital may bill an ED visit, an HIV Testing Visit, and an HIV Counseling (Positive) Visit on the same day.
- EDs may not bill the HIV Primary Care Medicaid Program for patients who are admitted for inpatient services.

For more information, see *Section 5: Frequently Asked Questions about HIV Testing Prevention Services in Hospital Emergency Department*.

## **Contact**

HIV Primary Care Medicaid Program  
Division of HIV Health Care & Community Services  
New York State Department of Health  
AIDS Institute  
Empire State Plaza  
Corning Tower – Room 459  
Albany, N.Y. 12237  
[HIVPCMP@health.state.ny.us](mailto:HIVPCMP@health.state.ny.us)

**HIV PRIMARY CARE MEDICAID PROGRAM  
ALLOWABLE SAME DAY PAYMENTS**

**Chart 1**

**Visits Effective November 1, 2006**

Visit Type	1610/2870 Non-HIV Clinic Visit	2879 Emergency Department Visit*	3109 HIV Pre-Test Counseling Without Testing	1695/2983 HIV Testing Visit	1802/3111 HIV Counseling (Positive)	1697/2985 Initial/Annual HIV Medical Evaluation
3109 HIV Pre-Test Counseling Without Testing	YES	NO				
1695/2983 HIV Testing Visit	YES	YES MUST USE RAPID HIV TEST DEVICE	NO			
1802/3111 HIV Counseling (Positive)	YES	YES	NO			
1697/2985 Initial/Annual HIV Medical Evaluation	YES	NO	NO		YES	
1699/2987 HIV Monitoring	YES	NO	NO		YES	NO

**Important Notes**

When same day reimbursement is claimed, the medical record must indicate that distinctively different services were provided

See Chart 2 for information regarding medical record documentation requirements and utilization limits

RAPID TEST  
YES

STANDARD  
TEST  
NO

YES = ALLOWED  
NO = NOT ALLOWED

# HIV PRIMARY CARE MEDICAID REIMBURSEMENT SYSTEM

## Chart 2

### Billing Codes, Utilization Limits, Medical Documentation

Visit	Clinic Visit Rate Code	Hospital Visit Rate Code	Utilization Limits*	Medical Record Documentation Requirements
HIV Testing Visit	1695	2983	UT 2	<p><u>First Visit</u></p> <ul style="list-style-type: none"> <li>▪ The signed HIV Consent Form,</li> <li>▪ HIV Test result, and</li> <li>▪ Notation as to whether the results have been communicated to the patient.</li> </ul> <p><u>Second Visit</u></p> <p>An entry justifying the need for a second or subsequent HIV Testing Visit, e.g., patient had recent risk at the time of the first test.</p> <ul style="list-style-type: none"> <li>▪ A notation that counseling was provided,</li> <li>▪ The reason the patient declined testing,</li> <li>▪ Follow-up plan, including indications for further counseling and testing.</li> </ul>
HIV Pre-Test Counseling Without Testing	3109	3109	Cap 1	<p><u>Initial Diagnosis</u></p> <ul style="list-style-type: none"> <li>▪ Preliminary or confirmatory positive test result,</li> <li>▪ Referrals to medical care and supportive services,</li> <li>▪ Follow-up to ensure entry into care,</li> <li>▪ Prevention/risk reduction counseling and follow-up plan,</li> <li>▪ Partner counseling and assistance, including domestic violence screening</li> <li>▪ Medical Provider HIV/AIDS Report and Partner Contact Form (DOH 4189)</li> </ul> <p><u>Annual assessments for patients with HIV</u></p> <ul style="list-style-type: none"> <li>▪ Partner counseling and assistance, including domestic violence screening</li> </ul> <p>Prevention/risk reduction counseling and follow-up plan.</p> <ul style="list-style-type: none"> <li>▪ Baseline or interim history,</li> <li>▪ Comprehensive physical evaluation,</li> <li>▪ Routine laboratory assessment and diagnostic screening,</li> <li>▪ Behavioral health counseling,</li> <li>▪ Treatment plan and referrals.</li> </ul>
HIV Counseling (Positive)	1802	3111	UT 3	<p><u>Initial Diagnosis</u></p> <ul style="list-style-type: none"> <li>▪ Preliminary or confirmatory positive test result,</li> <li>▪ Referrals to medical care and supportive services,</li> <li>▪ Follow-up to ensure entry into care,</li> <li>▪ Prevention/risk reduction counseling and follow-up plan,</li> <li>▪ Partner counseling and assistance, including domestic violence screening</li> <li>▪ Medical Provider HIV/AIDS Report and Partner Contact Form (DOH 4189)</li> </ul> <p><u>Annual assessments for patients with HIV</u></p> <ul style="list-style-type: none"> <li>▪ Partner counseling and assistance, including domestic violence screening</li> </ul> <p>Prevention/risk reduction counseling and follow-up plan.</p> <ul style="list-style-type: none"> <li>▪ Baseline or interim history,</li> <li>▪ Comprehensive physical evaluation,</li> <li>▪ Routine laboratory assessment and diagnostic screening,</li> <li>▪ Behavioral health counseling,</li> <li>▪ Treatment plan and referrals.</li> </ul>
Initial/Annual HIV Medical Evaluation	1697	2985	Cap 1	<ul style="list-style-type: none"> <li>• Immunologic Assessment;</li> <li>• Interim history and physical;</li> <li>• Evaluation of psychosocial needs.</li> </ul>
HIV Monitoring	1699	2987	UT 3	<ul style="list-style-type: none"> <li>• Immunologic Assessment;</li> <li>• Interim history and physical;</li> <li>• Evaluation of psychosocial needs.</li> </ul>

**Utilization Thresholds (UT):** represents the expected visit usage based on current clinical practice; justification for visits exceeding the threshold must be documented in the patient's medical record.

**Utilization Cap** is the maximum annual visit usage established by the Department. Billing above the cap will be denied.

## NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE HIV PRIMARY CARE MEDICAID PROGRAM SECTION 4: QUALITY OF CARE REQUIREMENTS

The New York State Department of Health AIDS Institute's HIV Quality of Care Program is responsible for the systematic monitoring of the quality of medical care and support services provided to people with HIV infection in New York's health facilities. Created in 1992 and built upon the principles of continuous quality improvement, the program includes measurement of data in key performance areas that have been defined by experts from the provider community.

Paragraph 8 of the *Agreement* requires facilities providing clinical services under the HIV Primary Care Medicaid Program to fully participate in the HIV Quality of Care Program by meeting all published DOH standards, including:

- Ensuring that HIV care is provided by an HIV specialist or in consultation with an HIV specialist;
- Following AIDS Institute HIV clinical care guidelines;
- Developing and implementing an HIV quality of care program that meets HIV Quality of Care Program standards, and
- Using HIVQUAL software for quality measurement and reporting.

### **HIV Specialist Policy**

Scientific and clinical knowledge about the management of HIV infection and disease continues to evolve at a rapid pace, resulting in frequent changes in state-of-the-art practice. For this reason, the clinical care of persons with HIV/AIDS requires the participation of clinicians with specialized expertise, which is best gained from hands-on experience that includes the direct management of patients on antiretroviral therapy. The following criteria define an HIV Specialist:

- Direct clinical ambulatory care of HIV-infected persons, involving management of antiretroviral therapy, in at least 20 patients during the past year, and
- Ten hours annually of CME including information on the use of antiretroviral therapy in the ambulatory care setting.

For some facilities, particularly in rural or small urban areas where there may be relatively few patients with HIV infection, referral to an HIV Specialist is impractical. In such cases, facilities may develop formal relationships with an HIV Specialist to co-manage patients.

## **HIV Quality of Care Program Standards**

Facilities participating in the HIV Primary Care Medicaid Program must develop and implement a formal quality of care program that is based on quality improvement principles and meets HIV Quality of Care Program standards. The standards provide guidance on quality structure, planning, performance measurement, improvement activities, staff and consumer involvement and evaluation of the quality program.

See [www.hivguidelines.org](http://www.hivguidelines.org) and Sections 6 and 7 for more information on the HIV Quality of Care and Clinical Education Programs and on the AIDS Institute's HIV Specialist Policy.

## **Use of HIVQUAL Software**

Since 1993, the New York State Department of Health AIDS Institute has monitored the quality of HIV primary care at Article 28 licensed facilities, primarily through external chart reviews. In 1995, these medical record reviews were augmented by the introduction of the performance measurement software, HIVQUAL. The software fosters provider capacity to monitor the quality of HIV care and services in a timely manner and to produce frequent reports to track performance over time.

The majority of HIV treatment facilities in New York State currently use HIVQUAL to generate performance data for use in setting goals, identifying areas for improvement and monitoring progress towards improving the quality of HIV care at the facility. Beginning in 2007, all facilities providing clinical care under the HIV Primary Care Medicaid Program must submit annual performance data using HIVQUAL software. Reports for 2006 are due March 31, 2007.

Visit [www.hivqual.org](http://www.hivqual.org) to download HIVQUAL3 software and access information on training and technical assistance.

## **Contact**

HIV Primary Care Medicaid Program  
Division of HIV Health Care & Community Services  
New York State Department of Health  
AIDS Institute  
Empire State Plaza  
Corning Tower – Room 459  
Albany, N.Y. 12237  
[HIVPCMP@health.state.ny.us](mailto:HIVPCMP@health.state.ny.us)



NEW YORK STATE DEPARTMENT OF HEALTH, AIDS INSTITUTE  
HIV PRIMARY CARE MEDICAID PROGRAM

Section 5: Frequently Asked Questions on Rapid  
HIV Testing and Prevention Services in Hospital Emergency Departments

**Q. What is the role of the emergency medicine in HIV prevention?**

Since the beginning of the HIV epidemic, emergency departments (EDs) have played a critical role in diagnosing and treating HIV-related illness. More recently, EDs are emerging as front-line providers of key public health and prevention services, including HIV screening, the diagnosis of Acute HIV Infection (AHI), and the provision of non-occupational post-exposure prophylaxis (nPEP).

**Diagnosing AHI.** Patients with AHI frequently seek treatment in emergency departments. AHI is a flu-like illness, which often goes undiagnosed. The AIDS Institute recommends that ED clinicians maintain a high level of suspicion for AHI in patients presenting with HIV risk and a compatible clinical syndrome or a sexually transmitted infection (STI). When AHI is suspected, a plasma HIV RNA (viral load) assay should be used in conjunction with an HIV-antibody test to diagnose AHI. (See [www.hivguidelines.org](http://www.hivguidelines.org).)

Undiagnosed AHI may have significant public health consequences. Patients with AHI are likely to be highly infectious and may continue to engage in high risk behavior. For pregnant women, the consequences of undiagnosed AHI are extremely serious. A recent Department of Health study of residual mother-to-child HIV transmission (MTCT) found that undiagnosed AHI was responsible for 23% of statewide MTCT cases in 2002-2004. The transmission rate for mothers with undiagnosed AHI during pregnancy was 37% compared to 25% for untreated HIV infection in pregnancy. In many of these cases, the pregnant woman was unaware of her risk for HIV infection.

**nPEP.** Persons who have been exposed to HIV through voluntary sexual activity, sexual assault, injection drug use, and human bites typically present in the emergency department. AIDS Institute guidelines ([www.hivguidelines.org](http://www.hivguidelines.org)) recommend post-exposure prophylaxis in cases where the HIV risk is significant and the patient presents within 36 hours of exposure. To improve performance in providing nPEP, the AIDS Institute recommends that emergency departments: (1) assign nPEP responsibilities to staff trained in managing all types of HIV exposures, (2) develop mechanisms for tracking seroconversion and follow up on ED recommendations, (3) establish a system for providing a 30-day supply of medication, and (4) develop a protocol for providing prevention and risk-reduction counseling to patients presenting with exposure from voluntary sexual activity or injection drug use. For guidance on providing nPEP, contact the Clinical Education Initiative Line. See Section 7 for regional contact information.

**Q. Why provide HIV testing in hospital EDs?**

- A. Both the Centers for Disease Control and Prevention and the New York State Department of Health are recommending that HIV testing become a routine part of medical care in a variety of settings, including EDs. Rapid HIV testing in emergency settings has proven an effective means to increase the number of persons who are identified as HIV-positive and transitioned into appropriate care. The CDC estimates that approximately 25% of the 850,000 to 950,000 people living with HIV in the United States do not yet know they are infected. In fact, many already have weakened immune systems when they first test positive and are concurrently diagnosed with HIV and AIDS. There are several benefits to early knowledge of HIV infection. The first is early entry into treatment and access to highly effective antiretroviral treatments. In addition to these personal benefits, knowledge of one's infection can help prevent the spread of HIV to others.

**Q. What reimbursement is available for HIV testing in hospital EDs?**

- A. Effective November 1, 2006, the New York State Department of Health has extended Medicaid billing for two HIV testing visits - HIV Testing and HIV Counseling (Positive) - to EDs located in hospitals enrolled in the HIV Primary Care Medicaid program. The HIV Testing visit may only be billed when rapid tests are used. Same-day billing of one or both HIV testing visits with an ED visit is allowable provided that both HIV testing and emergency services are fully documented in the patient's medical record.

**Q. What issues should hospitals consider in establishing rapid HIV Testing in the ED?**

- A. Successful rapid HIV testing in the ED involves a team approach. Buy in and support from all levels of staff is critical along with solid support and direction from hospital and ED leadership and from the laboratory director. Getting started with HIV testing in the ER requires obtaining the necessary laboratory permits, conducting an assessment of the need for staff training, developing policies and procedures, delineating staff roles and responsibilities, and developing a plan for ongoing evaluation and quality improvement. Issues to be considered include how testing will be integrated into ED work flow, staff availability for conducting the test while the patient is receiving medical care, and space allocation for conducting the tests.

See Section 6, *Tools and Resources*, for information on implementing rapid HIV testing, including laboratory requirements and guidelines for staff training and quality assurance.

**Q. Which ED patients should receive a recommendation for HIV testing?**

- A. The New York State Department of Health encourages ED health care teams to recommend testing to adults and adolescent patients who present with non-critical conditions and have the capacity to consent to testing, particularly those who present with sexually transmitted infections (STIs). The ED rapid HIV Testing program should not supplant established HIV Testing programs at the hospital and should be used only for persons receiving other ED

care. *HIV antibody and viral load testing should be strongly recommended to persons presenting in the ED with symptoms suggestive of acute HIV infection.*

**Q. What is the process for recommending HIV testing in the ED?**

- A.** Emergency Departments should follow the New York State Department of Health’s *2005 Guidance for HIV Testing* (see Section 6). ED staff may present the availability of rapid HIV testing during intake or initial triage. The staff member performing the streamlined counseling may give Part A of the Informed Consent for HIV Testing (the informational section) to the patient for review along with an explanation that the ED physician recommends testing for HIV to all adolescent and adult patients, regardless of risk factors. Individuals who have no questions should be asked to sign the signature page (Part B) of the form. Other ways to provide information on testing may include a verbal review of the form and/or the use of print and/or audiovisual materials in a waiting area. More extensive counseling should be provided upon patient request or upon assessment that this is required. Educational brochures can help patients understand the benefits of HIV testing. The rapid screening result will be available in 10 to 30 minutes (depending on the type of test used). No further testing is required when the HIV screening result is non reactive (negative).

**Q. What if the rapid HIV screening result is positive?**

- A.** A reactive screening result is considered a preliminary (unconfirmed) HIV positive and must be confirmed through clinical laboratory testing. In these cases, two *HIV Counseling (Positive) Visits* are provided – the first to deliver the preliminary result and the second, at a later date, to deliver the results of confirmatory testing. See Section 1 for a comprehensive description of the *HIV Counseling (Positive) Visit*.

In order to ensure seamless entry into care, some facilities provide both HIV Counseling (Positive) visits in the HIV clinic. In this model, the ED staff member providing the rapid test escorts the patient to the HIV clinic and introduces him or her to a member of the HIV clinic team, who arranges for confirmatory testing and schedules the patient’s return for confirmatory testing.

Some facilities emphasize continuity in counseling by providing both HIV Counseling (Positive) visits in the ER. In these cases, the ED staff member or counselor delivers the preliminary positive test result, provides counseling on the meaning of the test result, arranges for confirmatory testing, and schedules the return visit for the confirmatory test result. In this model, the ED staff member is responsible for ensuring that the patient is linked to care and services if the confirmatory test is positive.

**Q. What models are currently used for rapid HIV testing in the ED?**

- A.** HIV testing in the ED requires flexible models that are designed to fit the patient flow in the ED. When deciding on a model of care, the ED should examine patient volume, community risk factors and other HIV testing resources in the hospital. The following is a summary of available models.

**Integrated Model.** Low-volume settings may choose to integrate HIV testing into routine ED care. Discussion of HIV testing may be initiated by triage nurse with follow up during the nursing assessment in the general exam room. In the integrated model, health care providers deliver HIV testing results.

**Counselor on Call Model.** Some medium volume ED settings have implemented a team approach, which includes the use of “counselor on call,” who serves as facility expert. The counselor on call is responsible for training other ED staff on rapid HIV testing, counseling patients who test positive, arranging for confirmatory testing, and ensuring that HIV-infected patients are engaged in care.

**Dedicated Counseling Staff.** In high volume EDs, dedicated HIV counselors are often used to initiate discussion of testing, answer detailed questions, conduct the tests, address the needs of those who receive positive test results, and provide prevention counseling to high-risk individuals whose test results are negative.

**Q. Are there training requirements for staff providing rapid testing in EDs?**

- A. Training for staff who provide rapid HIV testing visits is **recommended** rather than **required**. The Department of Health recommends that at least one staff member receive intensive HIV counselor training. Additional information on training is available at: <http://www.nyhealth.gov/diseases/aids/training/index.htm> .

Current rapid HIV tests are classified as “waived” and therefore free from many of the requirements of the Clinical Laboratory Improvement Act (CLIA). A waived test must be conducted in compliance with the manufacturer’s product insert instructions. There are no specific federal or state educational requirements concerning who can perform a waived test.

The hospital’s clinical laboratory (if any) is responsible for the quality of rapid HIV testing in the ED and will conduct competency assessments of an ED staff member’s ability to perform the test. Competency assessments are recommended at periodic intervals after initial training.

**Q. What billing rules apply to HIV testing in EDs?**

- A. The following is a summary of rules which apply to billing for HIV testing by EDs.
- EDs may bill the HIV Testing Visit only when rapid tests, which provide results in a single visit, are used. The costs of the rapid test kit and controls are included in the visit rate.
  - Same-day billing is allowed for the HIV Testing Visit and an ED visit.
  - The ED must provide HIV counseling and linkage to medical services, including confirmatory testing, when a patient’s test result is a preliminary positive. In these cases, the hospital may bill an ED visit, an HIV Testing Visit, and an HIV Counseling (Positive) Visit on the same day.

- EDs may not bill the HIV Primary Care Medicaid Program visits for patients who are admitted for inpatient services.

## Contact

HIV Primary Care Medicaid Program  
Division of HIV Health Care & Community Services  
New York State Department of Health  
AIDS Institute  
Empire State Plaza  
Corning Tower – Room 459  
Albany, N.Y. 12237  
[HIVPCMP@health.state.ny.us](mailto:HIVPCMP@health.state.ny.us)

## HIV PRIMARY CARE MEDICAID PROGRAM SECTION 6: TOOLS AND RESOURCES

### **New York State Department of Health**

#### **HIV Clinical Guidelines**

<http://www.hivguidelines.org>

<http://www.nyhealth.gov>

#### **For information about the 2005 HIV Testing Guidance**

[http://www.nyhealth.gov/diseases/aids/regulations/2005\\_guidance/index.htm](http://www.nyhealth.gov/diseases/aids/regulations/2005_guidance/index.htm)

#### **For information about HIV reporting and partner notification law**

<http://www.nyhealth.gov/diseases/aids/regulations/notification/summary.htm>

#### **For information about HIV testing and Minors**

<http://www.nyhealth.gov/diseases/aids/regulations/notification/hivpartner/minorqa.htm>

#### **For information about NYS Domestic Violence Screening Protocol**

<http://www.nyhealth.gov/diseases/aids/regulations/domesticviolence/protocol.htm>

#### **To locate Anonymous HIV Testing Programs**

<http://www.nyhealth.gov/diseases/aids/testing/sites.htm>

#### **Order form for consumer educational materials about HIV/AIDS**

<http://www.nyhealth.gov/diseases/aids/publications/orderform.htm>

#### **Order form for provider education materials on HIV/AIDS**

[http://www.hivguidelines.org/public\\_html/left/order\\_form/order-form.htm](http://www.hivguidelines.org/public_html/left/order_form/order-form.htm)

#### **For a medical office or clinic poster promoting HIV testing**

<http://www.nyhealth.gov/diseases/aids/docs/doh-9254.pdf>

<http://www.nyhealth.gov/diseases/aids/docs/doh-9522.pdf>

#### **For information about laboratory issues and New York's Clinical Laboratory Evaluation Program (CLEP)**

<http://www.wadsworth.org/labcert/lep/lep.html>

#### **Centers for Disease Control and Prevention**

<http://www.cdc.gov/hiv/testing.htm>

#### **Medical Society of the State of New York**

<http://www.mssny.org>

#### **New York City Department of Health and Mental Hygiene**

<http://www.nyc.gov/html/doh/html/home/home.shtml>

## **Key Tools and References for HIV Primary Care Medicaid Program Visits**

### **HIV testing**

- **2005 Guidance on HIV Counseling, Testing and Laboratory Reporting Requirements**
- **Clinician's Tool Kit**
- **Informed Consent to Perform HIV Testing Form (DOH-2556 and DOH-2556i)**
- **HIV Negative Fact Sheet**

### **Reporting and Partner Notification**

- **HIV Reporting and Partner Notification Law**
- **Medical Provider HIV/AIDS and Partner Contact Form (DOH 4189) – New York State Department of Health Bureau of HIV/AIDS Epidemiology at (518) 474-4284.**

Please see

<http://www.nyhealth.gov/diseases/aids/regulations>

### **HIV Clinical Guidelines**

<http://www.hivguidelines.org/>

### **Testing for Acute HIV Infection (AHI) – Providers outside New York City**

**New York State Department of Health**

**Wadsworth Center, Diagnostic HIV Laboratory – (518) 474-2163**

### **Testing for Acute HIV Infection (AHI) – New York City Providers**

**New York City Department of Health & Mental Hygiene**

**HIV Surveillance and Epidemiology Program (Provider Line (212) 442-3388)**

## SECTION 7: CLINICAL GUIDELINES AND RESOURCES FOR CARE AND CLINICAL TRAINING

The Department of Health AIDS Institute's Office of the Medical Director oversees the formulation, development, publication, and dissemination of state-of-the-art clinical practice guidelines for the prevention, diagnosis and medical management of adults, pregnant women, children and adolescents with HIV infection.

Distinguished committees of clinicians and others with extensive experience providing care to people with HIV infection develop the clinical guidelines. Committees are charged with developing standards of care for patients in their specialty area. Committees meet regularly to assess current recommendations, write guidelines, and to update guidelines in accordance with newly emerging clinical and research developments.

The latest editions of AIDS Institute Clinical Guidelines can be found on the website: [www.hivguidelines.org](http://www.hivguidelines.org). All guidelines can be found by clicking on the top menu bar, “Clinical Guidelines”. Guidelines are available for:

- Medical Management of Adults with HIV
- Medical Management of Children and Adolescents with HIV/AIDS
- Mental Health Guidelines for People with HIV/AIDS
- HIV/AIDS and Substance Use
- HIV Post-Exposure Prophylaxis
- Prevention
- Oral Health Care for People with HIV/AIDS.

To receive newsletters and important HIV bulletins from [hivguidelines.org](http://hivguidelines.org) visit the website and scroll down on the home page and click on “Join our Mailing List” in the bottom left corner.

### **New York State Department of Health Resources for Care HIV Uninsured Care Programs**

The New York State Department of Health AIDS Institute has established four programs for HIV Uninsured Care (ADAP, ADAP Plus, ADAP Plus Insurance Continuation and the HIV Home Care Program). The mission of these programs is to provide access to medical services and medications for all New York State residents with HIV/AIDS. The programs' dual goals are: to empower individuals to seek, access and receive medical care and prescription drugs without cost; and to supply a stable and timely funding stream to health care providers, enabling them to use the revenues to develop program capacity to meet the needs of the uninsured HIV population.

For information about ADAP, call (518) 459-1641 or (800) 542-2437 (NYS only) or go to: <http://www.nyhealth.gov/diseases/aids/about/hlhcare.htm#adap>



## **Designated AIDS Centers**

Designated AIDS Centers (DACs) are State-certified, hospital-based programs that serve as the hubs for a continuum of hospital and community-based care for persons with HIV infection and AIDS. The Centers provide state-of-the-art, multi-disciplinary inpatient and outpatient care coordinated through hospital-based case management. DACs with pediatric and obstetrical departments also provide specialized HIV care to infants, children and pregnant women.

For information about Designated AIDS Centers, call (518) 486-1383 or go to:

<http://www.nyhealth.gov/diseases/aids/about/hlthcare.htm#dacs>

## **HIV Special Needs Plans (SNPs)**

HIV SNPs are Medicaid managed care plans specifically designed to serve the state's Medicaid recipients with HIV/AIDS and their children, and improve access to high quality health care and essential supportive and enabling services. This unique program, the first of its kind in the nation, is focused in New York City where Medicaid recipients with HIV/AIDS and their children are eligible to enroll on a voluntary basis. As of July 2006 there are three certified SNPs with a total enrollment of approximately 2000 members.

Individuals who reside in the New York City area who are interested in joining an HIV SNP should be advised to call New York Medicaid CHOICE at (800) 505-5678. People with hearing impairment should call the TTY/TDD number, which is (888) 329-1541. Additional information regarding the HIV SNP program is available on the following website:

<http://www.nyhealth.gov/diseases/aids/resources/snps/index.htm>

## **PartNer Assistance Program (PNAP) and Contact Notification Assistance Program (CNAP)**

Upon initial diagnosis of HIV infection, physicians should discuss the importance of partner/spousal notification and work with the patient to develop a plan for notifying exposed partners. PNAP and CNAP are public health programs that can provide assistance to health care providers, HIV positive patients and their partners. PNAP/CNAP counselors are available to consult with health care providers and meet directly with HIV positive clients to:

- Provide assistance with partner notification.
- Conduct assisted notification of partners, where the PNAP/CNAP counselor meets with the client and partner.
- Conduct notification of partners without revealing the client's name or any identifying information.
- Prepare clients for self-notification of partners.
- Assist patients with arranging for notification of partners who are out of the state.

Information about these programs is available at the following numbers:

- PNAP (Statewide, outside NYC) (800)-541-2437 (available 9 am-5 pm weekdays)
- CNAP (New York City) (212) 693-1419 (available 9 am-5 pm weekdays)

## **New York State Department of Health HIV Clinical Education Initiative**

The New York State Department of Health AIDS Institute's HIV Clinical Education Initiative provides State-of the-Art Education for Clinicians (Physicians, Physician Assistants, Nurse Practitioners, Nurse Midwives, Nurses, Dentists, and Pharmacists). Education for clinicians includes:

- Participation in case-based educational sessions at your clinical site;
- Attending lectures, preceptor ships and satellite videoconferences;
- Obtaining interactive CD ROM, audio & videocassettes on direct care of patients with HIV disease; and
- Accessing experienced HIV specialists from academic medical centers for consultations 24 hours a day, seven days a week through the CEI Line.

### **Downstate Training Programs**

Bronx-Lebanon Hospital Center .....	(718) 960-1476
SUNY Health Science Center @ Brooklyn .....	(718) 270-4752
Nassau University Medical Center .....	(516) 572-6506
St. Vincent's Catholic Medical Center of NY .....	(212) 604-2980
NY Hospital Medical Center of Queens .....	(718) 670-2643

### **Upstate Training Programs**

Albany Medical Center .....	(518) 262-6864
Erie County Medical Center .....	(716) 898-4713
Upper Hudson Primary Care Consortium .....	(518) 761-0300 x-215
Strong Memorial Hospital .....	(585) 275-7655
SUNY Upstate Medical University .....	(315) 464-5593
Westchester Medical Center .....	(914) 493-1362

### **Clinical Education Initiative Line**

The Clinical Education Initiative Line offers primary care clinicians the opportunity to discuss clinical management issues with an experienced HIV clinician. CEI-Lines are located throughout the State. To access the CEI-Line in your area, call the CEI site listed below for your region. CEI-Line services are available 24 hours a day, seven days a week. HIV clinical specialists will return calls within 24 hours of the initial request.

## New York City Area

### **Bronx:**

Bronx Lebanon Hospital ..... (718) 901-1476

### **Brooklyn:**

SUNY Downstate Medical Center ..... (917) 763 1815

### **Manhattan:**

St. Vincent's Hospital and Medical Center ..... (212) 604-2980

### **Queens:**

New York Hospital Medical Center of Queens..... (718) 670-2643

### **Long Island:**

Nassau County Medical Center ..... (516) 572-4947

## Upstate New York

### **Albany:**

Albany Medical Center ..... (518) 262-4043

### **Buffalo:**

Erie County Medical Center..... (716) 898-4119

### **Glens Falls & the North Country:**

Upper Hudson Primary Care Consortium ..... (518) 761-0300 ex 215

### **Mid-Hudson:**

Westchester Medical Center..... (914) 906-8377

### **Rochester:**

Strong Memorial Hospital ..... (585) 275-8418

### **Syracuse:**

SUNY Upstate Medical Center

Adult care questions (days) ..... (315) 464-5533

Pediatric care questions (days) ..... (315) 464-6331

Nights & weekends (ask for appropriate ID on call)..... (315) 464-5540