

**Notice to Members**  
**Regarding Requirement to Furnish Screening for**  
**the Human Immunodeficiency Virus (HIV) in High Risk Populations**

Effective January 1, 2010, the Centers for Medicare and Medicaid Services (CMS) requires Medicare Advantage Organizations to cover both standard and U.S. Food and Drug Administration (FDA)-approved (HIV) rapid screening tests for:

1. Annual voluntary HIV screening of Medicare beneficiaries at increased risk for HIV infection per USPSTF guidelines, including:
  - Men who have had sex with men after 1975;
  - Men and women having unprotected sex with multiple partners;
  - Past or present injection drug users;
  - Men and women who exchange sex for money or drugs, or have sex partners who do;
  - Individuals whose past or present sex partners were HIV-infected, bisexual or injection drug users;
  - Persons being treated for sexually transmitted diseases;
  - Persons with a history of blood transfusion between 1978 and 1985;
  - Persons who request an HIV test despite reporting no individual risk factors, since this group is likely to include individuals not willing to disclose high-risk behaviors.
  
2. Voluntary HIV screening of pregnant Medicare beneficiaries when the diagnosis of pregnancy is known, during the third trimester, and at labor.

When receiving an HIV rapid screening test, members will be responsible for their plan's copayment amount for lab services, if applicable.

For more information about these screening tests, please call Member Services at 1-800-650-6232; TTY: 1-800-349-3538. Member Services hours: From March 2 through November 14, we are open Monday - Friday from 8 am to 8 pm. Calls on Saturday, Sunday and holidays will be received by our automated phone system (where you can leave a detailed message and a representative will return your call as soon as possible). From November 15 through March 1, we are open seven days a week from 8 am to 8 pm.

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