

HIV/Syphilis Care Incentive Program

The HIV/Syphilis Care Incentive Program enables pregnant individuals to receive non-cash incentives (e.g., gift cards to local stores) to support engagement in HIV/syphilis medical care and adherence to antiretroviral therapy and/or syphilis treatment regimens and reduce the risk of perinatal infection. This incentive program may be utilized by all local public health authorities (LPHA) and is funded by the Oregon Health Authority HIV/STD/TB Section (OHA HST).

Eligibility

Eligible pregnant individuals must be diagnosed with HIV and/or syphilis and meet at least one of the following criteria:

1. Not fully engaged in HIV medical care or adherent to antiretroviral therapy for treatment of HIV
2. Not adherent with or at risk of not completing the syphilis treatment regimen
3. Not adherent with syphilis retesting at 28-32 weeks' gestation following treatment earlier in pregnancy

Incentives

For Pregnant Individuals with HIV:

- \$50 gift card for attending each scheduled visit with your HIV care provider
- \$25 gift card for each blood draw for HIV-associated labs (including HIV viral load and CD4 count)
- \$25 gift card for every blood test with a decrease in viral load of greater than 500 copies/mm³
- \$100 gift card for each viral load result indicative of viral suppression (≤ 200 copies/mm³)

For Pregnant Individuals with Syphilis:

- \$25 gift card for each treatment visit
- \$25 gift card for retesting at 28-32 weeks' gestation following diagnosis/treatment earlier in pregnancy

Other Activities

OHA HST may authorize incentivizing other activities on a case-by-case basis. In these instances, the LPHA must request and receive written approval from OHA HST. Examples of activities that may be eligible include interviews with cases at high risk of reinfection; testing or treatment of partners of pregnant cases; and follow-up for infants with perinatal HIV exposure or who test positive for HIV at birth.

LPHA Role & Responsibilities

LPHA staff will determine incentive eligibility, in consultation with the care provider when necessary.

Each LPHA utilizing HST-funded incentives will develop and implement an incentive policy. This policy should outline the procedure for assessing case eligibility; purchasing, storing and distributing incentives; and submitting receipts for reimbursement.

The LPHA will complete an *Invoice for HIV/Syphilis Care Incentives* (attached) for each recipient and submit the invoice and receipts to OHA HST within 30 days of the purchase date or, at minimum, every billing quarter.

Invoice for HIV/Syphilis Care Incentives

Invoice Date	
LPHA Invoice # (optional)	
LPHA Name	
LPHA Address	
Orpheus Case ID #	

Purchase Date	Incentive Item	Quantity	Cost
			\$
			\$
			\$
			\$
INVOICE TOTAL			\$

Name of LPHA representative

Signature of LPHA representative

Date

Please send invoice and receipts within 30 days of the purchase date to:

Barbara Keepes, HST Fiscal Operations Analyst

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Fax: 971.673.0178