

Hepatitis C: The State of Medicaid Access 2017 NATIONAL SUMMARY REPORT

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Background

- In 2015, the Center for Health Law and Policy Innovation of Harvard Law School (CHLPI), along with academic researchers at Brown University and the Miriam Hospital, University of New South Wales, and the Treatment Action Group, published in the *Annals of Internal Medicine* a survey of access restrictions to DAAs in state Medicaid programs as of December 2014.
- In 2016, CHLPI and NVHR released preliminary findings from *Hepatitis C: The State of Medicaid Access*, which updated and expanded upon initial 2014 Medicaid fee-for-service (FFS) surveys, and documented the current state of Medicaid FFS and managed care organization (MCO) HCV treatment access through October 2016.

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The Final 2017 National Summary Report

- Provides an in-depth evaluation of DAA access in each state's Medicaid program, highlighting successes in access expansion as well as ongoing challenges.
- Includes state-specific "report cards" that reflect overall HCV treatment access in each state.
- Focuses on 3 of the most significant restrictive criteria Medicaid programs use as methods of rationing access to the HCV cure: 1) fibrosis (liver damage or disease progression required prior to treatment); 2) sobriety (periods of abstinence from alcohol and/or substance use required); and 3) prescriber (prescribing eligibility limited to certain categories of specialist practitioners).
- As policies continue to change on an ongoing basis, the data presented as well as the report cards are current as of the first half of 2017.

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Methods

- We evaluated Medicaid reimbursement criteria for available DAAs for all 50 states, the District of Columbia, and Puerto Rico.
- Used 2014 research from *Annals* survey.
- For the 2017 survey, we first sent a form survey to each state's Medicaid officials requesting their FFS coverage criteria for DAAs. Where states were unresponsive, we again searched state Medicaid websites for publicly available reimbursement criteria.
- Where survey responses conflicted with publicly available criteria, differences were resolved either by direct communication with Medicaid officials or by consensus. For each state, in both 2014 and 2017, data were extracted from Medicaid reimbursement criteria, including whether DAAs were covered (paid for by Medicaid) and the criteria for coverage.
- Data for 2017 were crosschecked by CHLPI and NVHR staff with differences resolved by consensus.

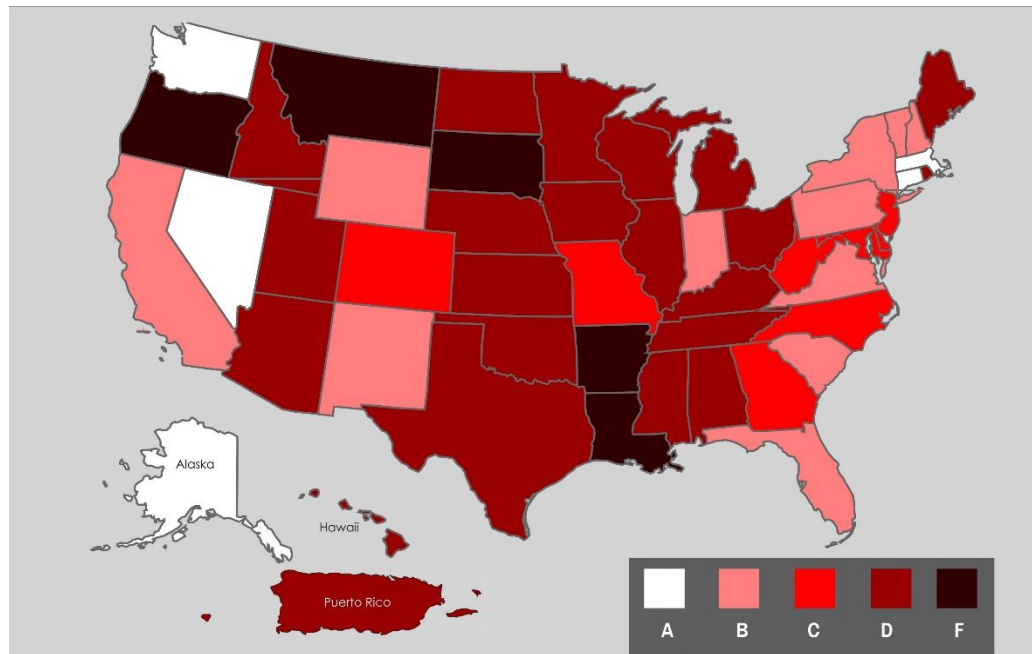
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Key Findings

- Overall, transparency of state Medicaid program access restrictions has increased.
- More states are eliminating or reducing restrictions that ration treatment according to severity of illness (liver disease or fibrosis restrictions).
- A majority of states still withhold treatment until patients have progressed to F1 or higher. Among them, most require F2 or F3.
- Fewer jurisdictions now require patients to visit a specialist to receive treatment.
- BUT: Many states have maintained discriminatory sobriety restrictions, even as they have eased fibrosis restrictions.

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FINDINGS: OVERALL STATE OF ACCESS

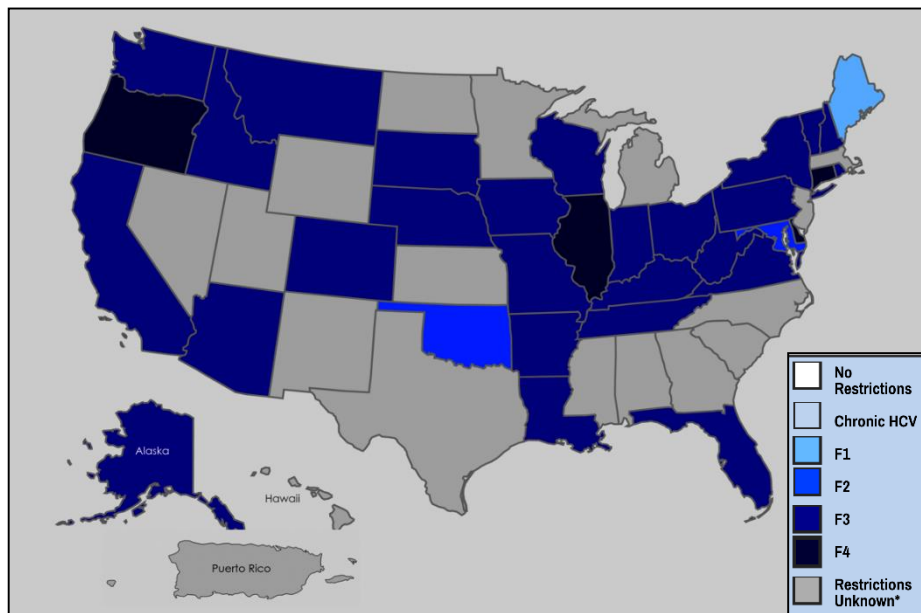


| A | B | C | D | F |
|-----|-----|-----|-----|-----|
| 10% | 21% | 17% | 42% | 10% |

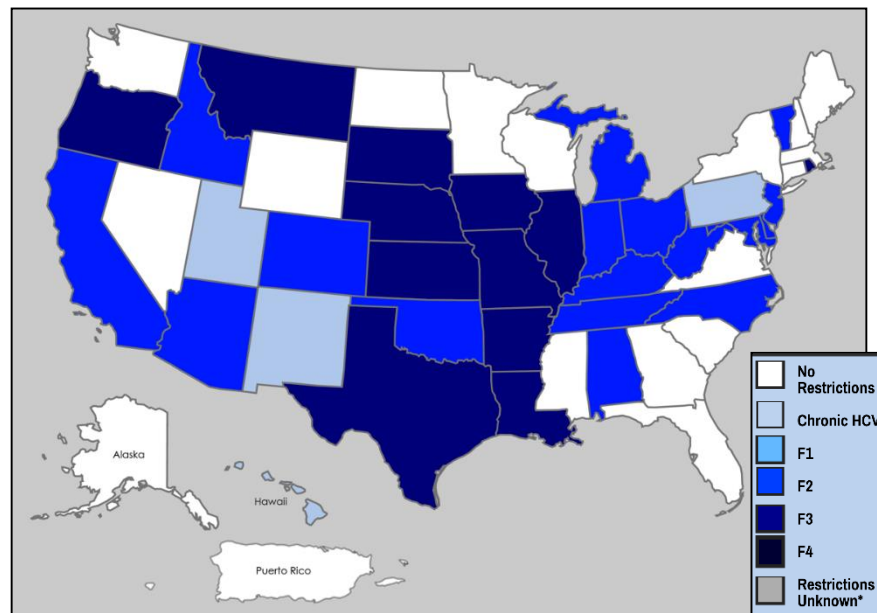
NOTE: Data and figures presented here are current as of 10/2017. Visit www.stateofhepc.org for the most updated information.

FINDINGS: LIVER DAMAGE RESTRICTIONS

2014



2017

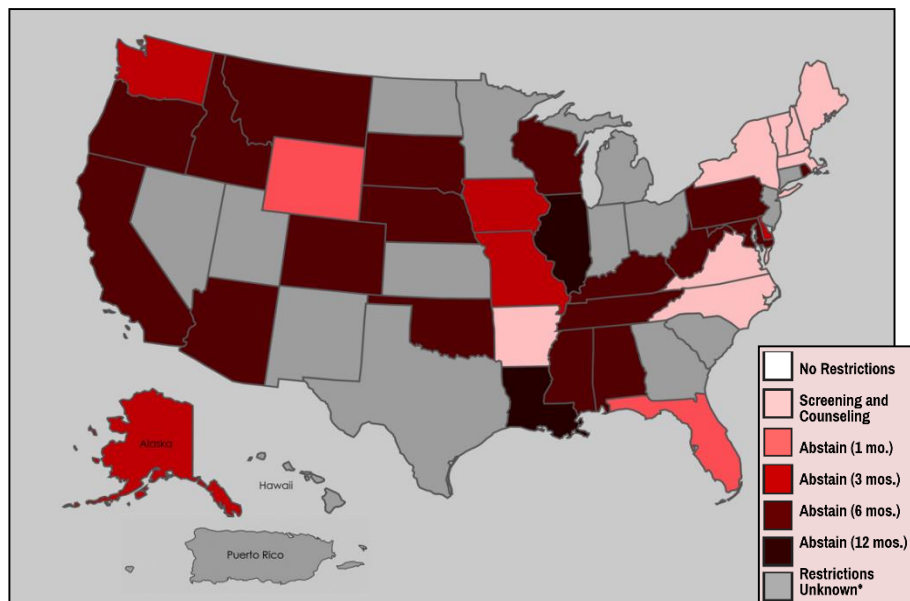


*Includes states that were characterized as “none” and “unknown” in the Annals of Internal Medicine 2014 analysis. In the 2017 analysis, only includes states whose liver damage restrictions are unknown.

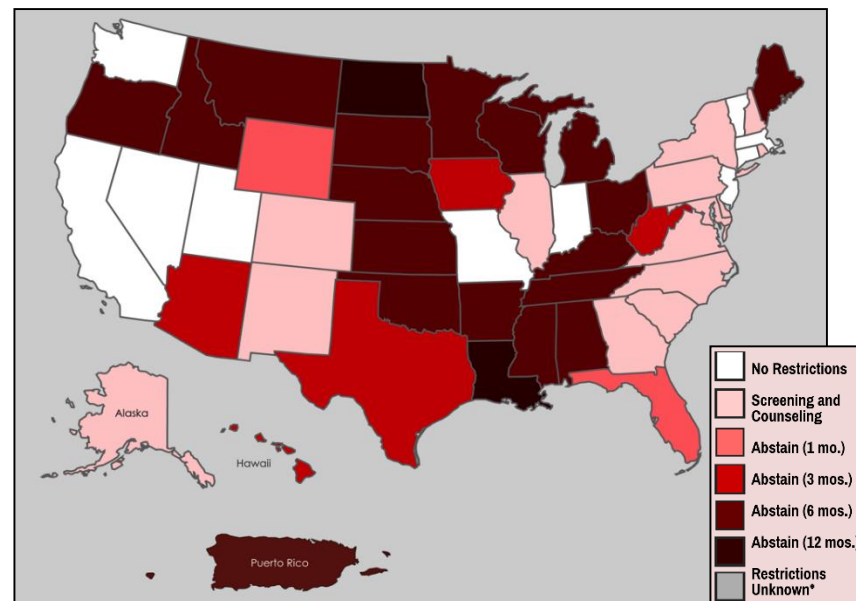
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FINDINGS: SOBRIETY RESTRICTIONS

2014



2017

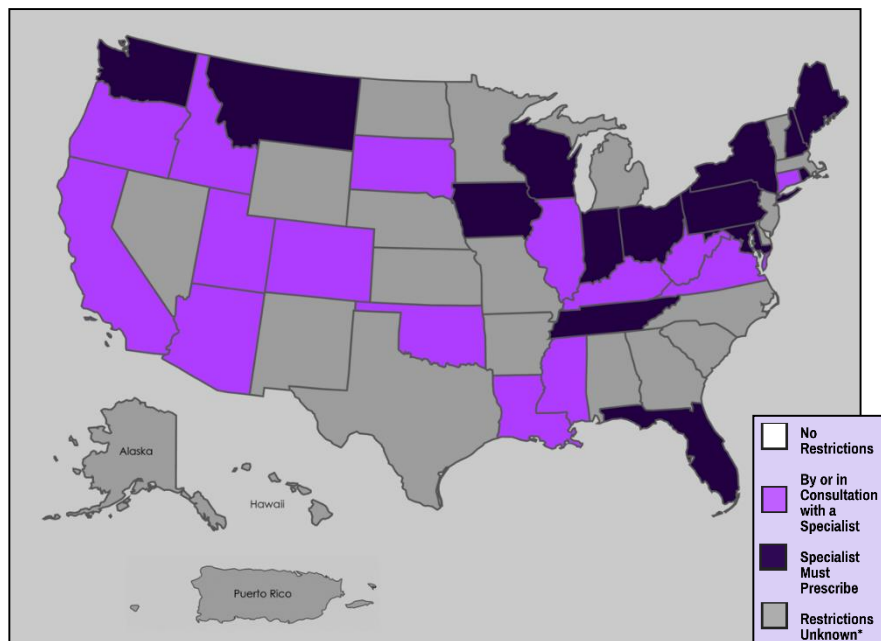


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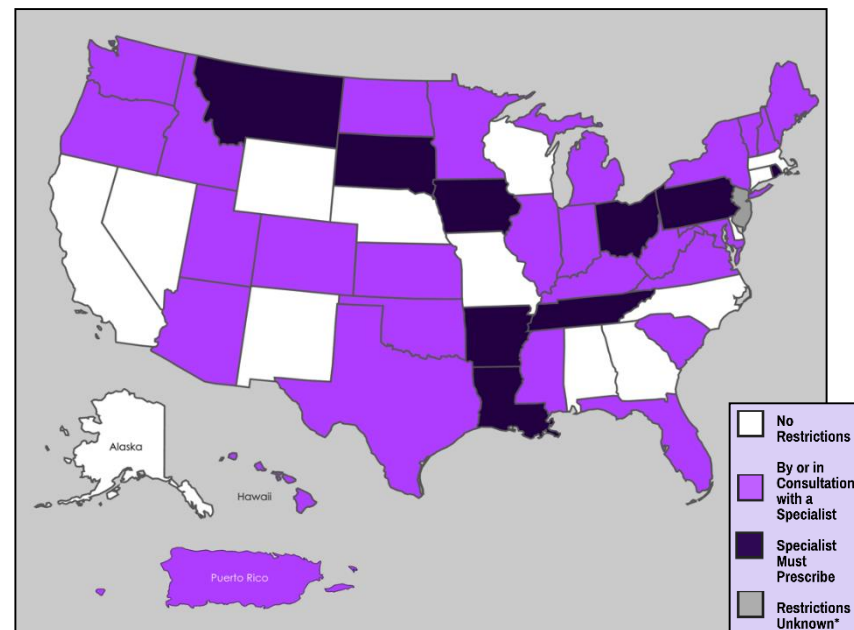
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FINDINGS: PRESCRIBER RESTRICTIONS

2014



2017



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FINDINGS: MCOs

- While most MCOs follow their state's FFS rules, some impose more restrictive treatment criteria.
- 42 CFR § 438.210: “Each contract between a State and an MCO. . .must. . .[r]equire that. . .services. . .be furnished in **an amount, duration, and scope that is no less than the amount, duration, and scope for the same services furnished to beneficiaries under FFS Medicaid . . .**”

| Liver Damage | Sobriety | Prescriber |
|--------------|----------|------------|
| 34% | 28% | 41% |

Conclusions

- There is considerable variability among states regarding HCV treatment restrictions.
- More states have publicly available information about HCV access restrictions than in 2014.
- Access restrictions, particularly for liver damage, have decreased since 2014.
- States that have eliminated sobriety restrictions are successfully treating people with a history of and/or who are actively injecting drugs.
- We should build on the progress that has been made in lessening liver damage restrictions and eliminate these restrictions nationwide.

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