



CENTER FOR HEALTH LAW
& POLICY INNOVATION
Harvard Law School



NVHR
National Viral Hepatitis Roundtable

The State of Medicaid Access

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The Current Big Picture

- The advent of new treatments to combat HCV is a major development in treating the deadliest infectious disease in US
- Unfortunately, despite the potential of curative medications, many state Medicaid programs limit access due to cost concerns
- Limitations run counter to clear guidance from CMS and are in direct opposition to AASLD and IDSA treatment guidelines
- Failure to provide appropriate access to HCV treatment threatens the health of millions of our most vulnerable residents in the US

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The Research

- *Hepatitis C: The State of Medicaid Access*, updates and expands upon initial 2014 Medicaid fee-for-service (FFS) surveys, and documents the current state of Medicaid FFS and managed care organization (MCO) HCV treatment access through October 2016
- The preliminary report provides an evaluation of treatment access in each state's Medicaid program
 - focusing on liver disease and sobriety restrictions and prescriber limitations
 - highlighting successes in access expansion as well as ongoing challenges since 2014
 - providing a first-time national assessment of MCO coverage

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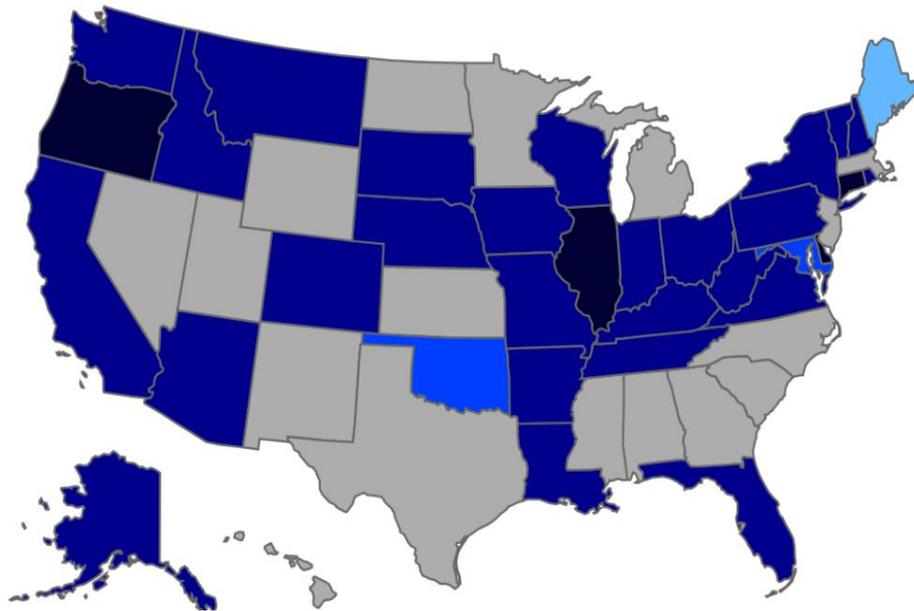
Methods

- Evaluated Medicaid reimbursement criteria for available DAAs for all 50 states and the District of Columbia
- 2014 research from Annals of Internal Medicine survey
- 2016 research of state Medicaid reimbursement criteria from publically available Medicaid documents, official press or media releases, or official communication with Medicaid rep, between 5/1/16 and 10/31/16
 - State classified as “Restrictions Unknown” for both 2014 and 2016 in this report if it failed to provide treatment criteria through any method outlined above or if criteria was unclear or ambiguous
- Data for 2016 were crosschecked by CHLPI and NVHR staff with differences resolved by consensus
- Multiple MCOs may operate in a state and restrictions expressed in a range

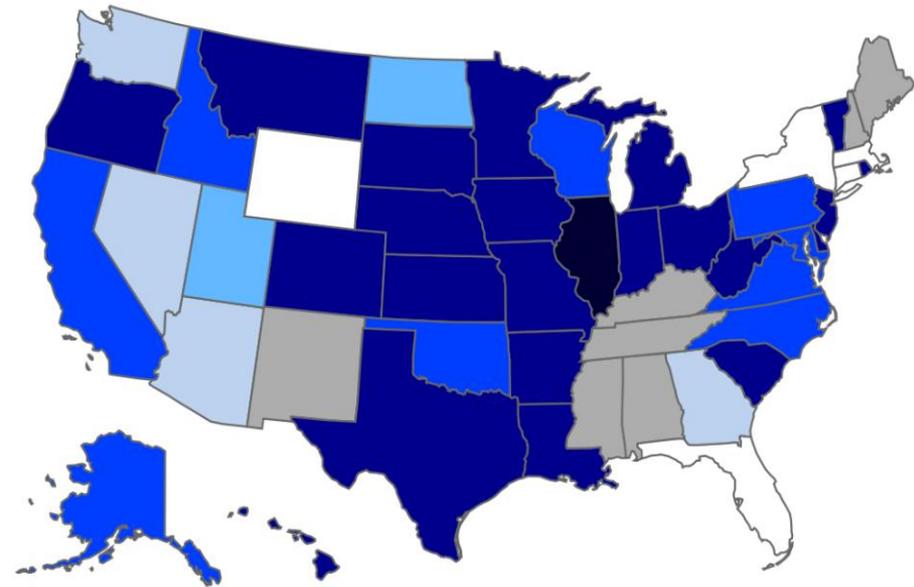
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Comparing 2014 & 2016 Medicaid FFS Liver Disease Requirements

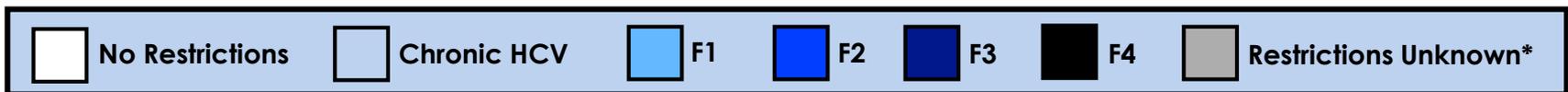
2014 FFS Medicaid Liver Disease Requirements



2016 FFS Medicaid Liver Disease Requirements

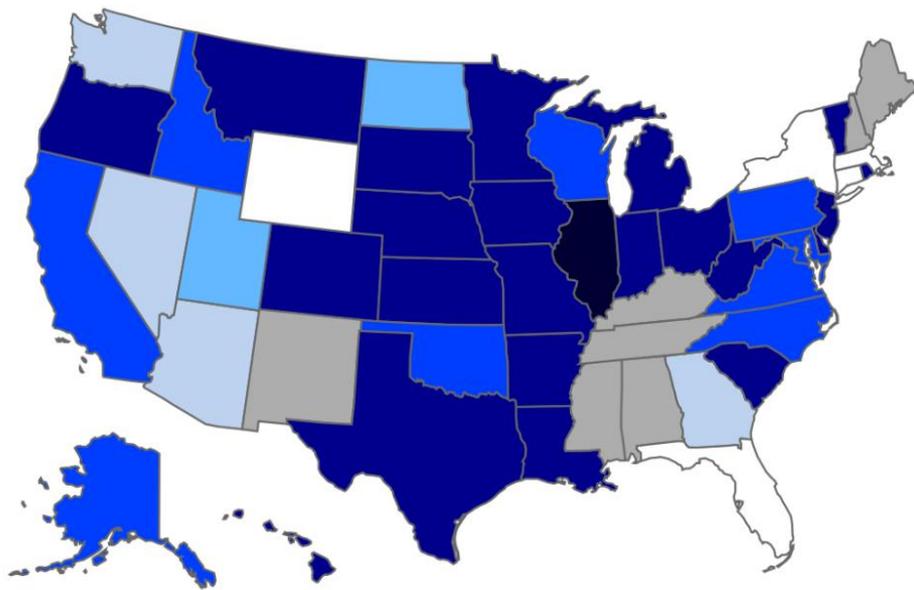


* Includes states that were characterized as “none indicated” and “unknown” in the Annals of Internal Medicine 2014 analysis. In the 2016 analysis, only includes states whose stage of liver disease restrictions are unknown. 2014 data from Barua S., Greenwald, R., Grebely, J., Dore, G., Swan, T., and Taylor, L. “Restrictions for Medicaid Reimbursement of Sofosbuvir for the Treatment of Hepatitis C Virus Infections in the United States,” *Ann Intern Med.* 2015; 163:215-223.

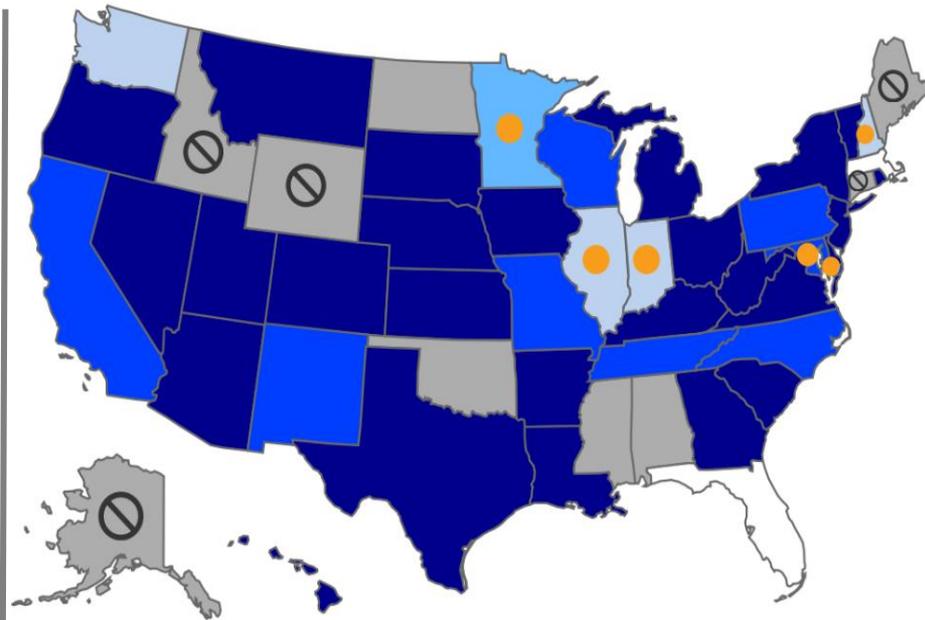


Comparing 2016 Medicaid FFS & MCO Liver Disease Requirements

2016 FFS Medicaid Liver Disease Requirements



2016 MCO Medicaid Liver Disease Requirements

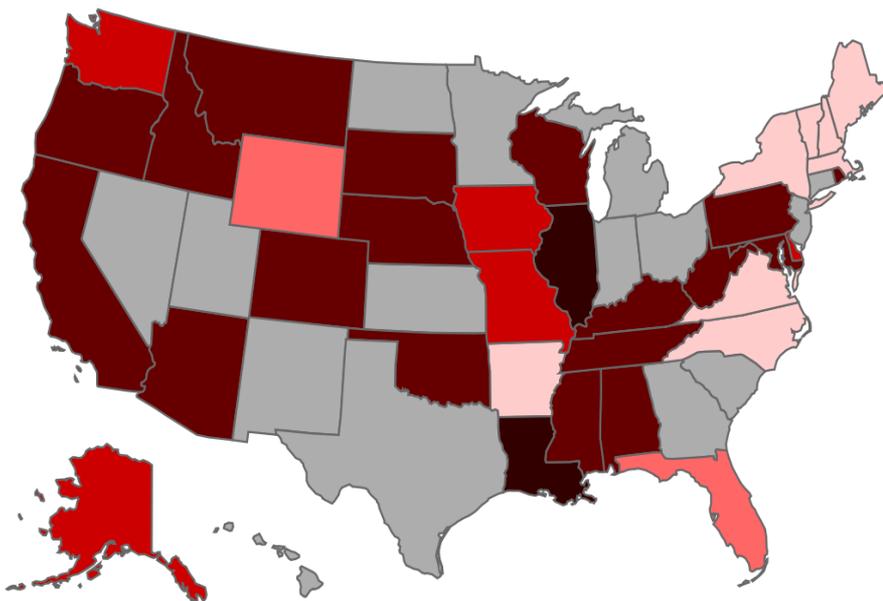


With MCOs, where restrictions varied color denotes low end of the restriction range.

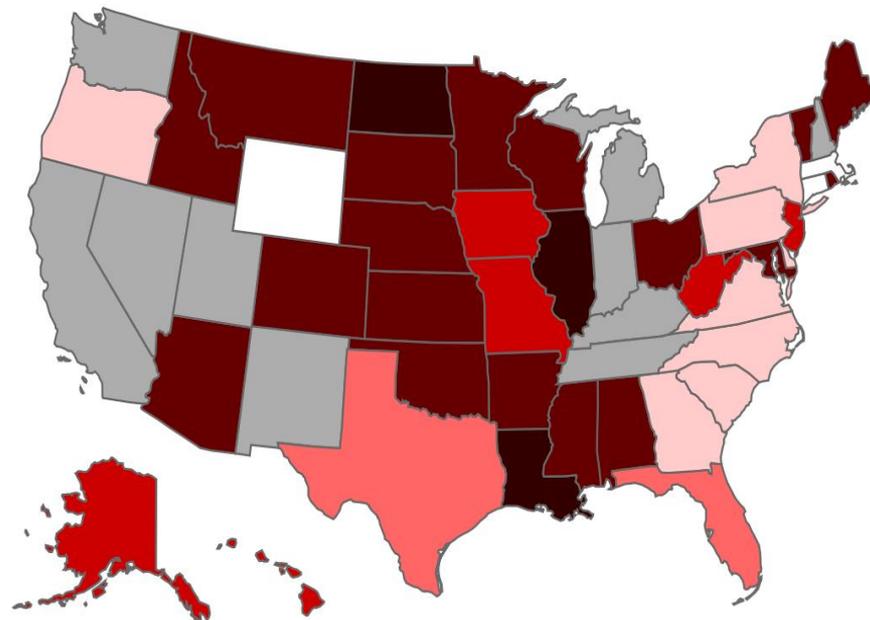
	No Restrictions		Chronic HCV		F1		F2		F3		F4		Restrictions Unknown
			Restrictions Varied		No MCO Programs								

Comparing 2014 & 2016 Medicaid FFS Sobriety Requirements

2014 FFS Medicaid Sobriety Requirements



2016 FFS Medicaid Sobriety Requirements



* Includes states that were characterized as “none” and “unknown” in the Annals of Internal Medicine 2014 analysis. In the 2016 analysis, only includes states whose sobriety restrictions are unknown. 2014 data from Barua S., Greenwald, R., Grebely, J., Dore, G., Swan, T., and Taylor, L. “Restrictions for Medicaid Reimbursement of Sofosbuvir for the Treatment of Hepatitis C Virus Infections in the United States,” *Ann Intern Med.* 2015; 163:215-223.



Key Findings

- Overall, from 2014-16 transparency as to state Medicaid program HCV treatment access restrictions has increased
- Access to HCV treatment has improved, primarily in reduction/elimination of FFS liver disease or fibrosis restrictions
- Access restrictions related to sobriety and prescriber limitations have decreased to a far lesser extent
- While there are some MCOs with low levels of restrictions, many follow their states' fee-for-service (FFS) Medicaid restrictions, and others impose more onerous restrictions
- Variation in MCO coverage within a state is not uncommon

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Conclusion

- Progress has been made, yet too many restrictions remain
- There is a consensus emerging that restrictions will eventually be removed, voluntarily or by courts, but we must hold Medicaid programs accountable now, as some states see a budgetary incentive in dragging their feet as long as possible
- To build on progress to date, people living with HCV and their allies must hold federal and state Medicaid officials accountable for monitoring and enforcing nondiscriminatory HCV treatment access
 - State Medicaid directors must make all HCV treatment access criteria publically available and detail immediate plans to meet HCV treatment obligations under the law
- With changing political environment collaborative advocacy more important than ever

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