Medicaid HCV Treatment Restrictions: Spillover to the Private Payer HCV Care Cascade?

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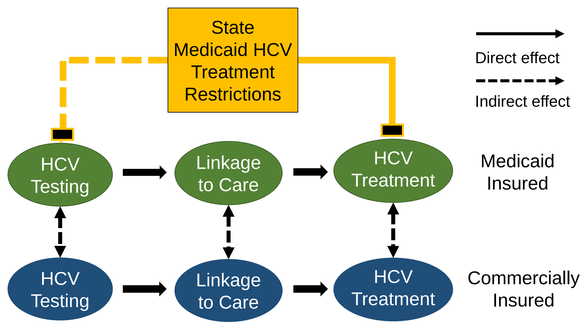
BACKGROUND

- Effective hepatitis C virus (HCV) cure is available, yet nearly half of HCV-infected individuals in the United States are unaware of their infection
- Medicaid HCV treatment restrictions continue to block treatment in 27 US states based upon **disease staging, or abstinence from drugs or alcohol**
- These treatment restrictions may cause clinicians to perceive treatment is inaccessible and **inhibit them from screening and referring for HCV also,** causing **'spillover' of treatment restrictions to affect private payer** HCV testing, linkage to care and treatment:

Conceptual Model



METHODS

- We linked 2014-2017 Marketscan commercial claims data to National Viral Hepatitis Roundtable and Center for Health Law and Policy Innovation records to categorize states by Medicaid HCV treatment restrictions & compare HCV testing rates among eligible adults:
  - Adults enrolled continuously (<3 month lapse) in the Marketscan database;
  - With no previous HCV diagnosis by ICD-9/10 code;
  - And not previously HCV-tested, unless evidence of ongoing substance use by ICD-9/10 code
- We developed a generalized estimating equation (GEE), using the negative binomial distribution given over dispersion, of the rate of HCV testing over time
- Primary predictor: Medicaid HCV Treatment restrictions
- We used the model to test the hypothesis that states that changed policy to loosen HCV treatment restrictions in Medicaid also experienced an increased rate of testing in the commercially insured population

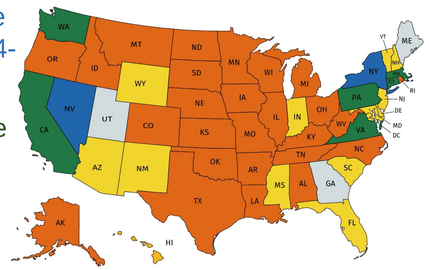
This study demonstrates that **restrictive state Medicaid HCV treatment policies** are associated with **decreased HCV screening** rates in privately-insured individuals in the same state.

STATE MEDICAID HCV POLICY CATEGORIES (2014-2017)

High Fibrosis Restriction: Policy requires METAVIR score ≥F2

High Abstinence Restriction: Policy requires any documentation of sobriety

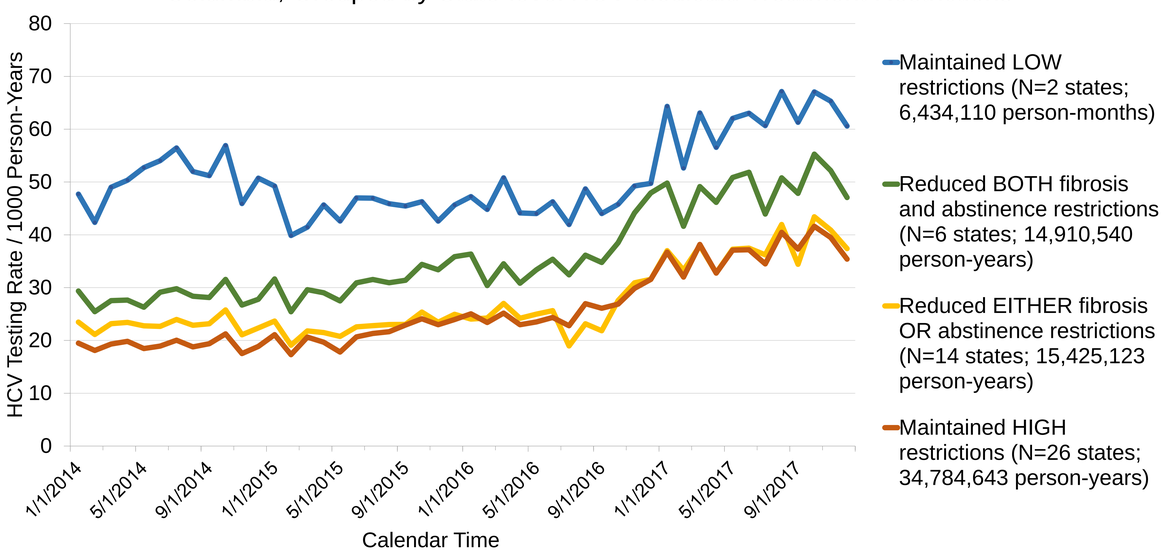
- Maintained **LOW** fibrosis or abstinence restrictions over the study period (2014-2017)
- Relaxed **BOTH** fibrosis and abstinence restrictions
- Relaxed **EITHER** restriction type
- Maintained **HIGH** restrictions for both
- Unable to categorize**



**insufficient data or policy different across programs

RESULTS

HCV Screening Rate (per 1000 Eligible Person-Years*) Across 47 US States and the District of Columbia, Grouped by State-level HCV Medicaid Treatment Restrictions



RESULTS

- From 2014-2017, 2,134,569 HCV tests occurred over 876,444,123 eligible person-months (29.2 tests/1000 person-years)
- Testing rates increased over time in all groups
- **States that maintained unrestrictive policies had the highest HCV testing rates.** States that maintained any restrictive policy had the lowest rates.
- In regression analyses, **states maintaining low restrictions** had an adjusted screening rate ratio of 1.74 (95% CI 1.61-1.89) compared with states maintaining high restrictions
- **In states that relaxed restrictions**, we observed a rate ratio of 1.07 (95% CI 1.00-1.14) comparing screening occurring post- vs. pre-policy change
- States that loosened both restrictive policies saw a statistically significant increase in testing over time.

CONCLUSIONS

- **More restrictive state Medicaid HCV treatment policy is associated with lower HCV screening in commercially insured patients**
- This effect may be confounded by differences between states such as injection drug use and HCV prevalence, and Medicaid Expansion status
- We will conduct further analysis to stratify by Medicaid expansion status, age group (birth cohort vs. younger), and substance use status and investigate trends among groups in linkage to HCV care and HCV treatment rates
- These data suggest, however, that **Medicaid HCV treatment restrictions may have spillover effects that could hinder HCV elimination progress across all payers**

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