

Sustainable Reimbursement of MAT Webinar Series 4: Special Populations: Who and What is Covered?

August 20, 2020

1. **Q:** I wonder how the Hep C requirement for screening is being implemented? Is there special funding for this?

A: The CDHS Treatment policy for the Management of Hepatitis C, applicable to all Medi-Cal beneficiaries, does not exclude “active injection drug users.” Since March 2016, CDPH has funded 5 HCV testing and linkage to care demonstration projects, statewide—where PWID are being effectively treated in primary care and safety net settings. More info at the [link](#).

Medi-Cal covers HCV testing, but the costs of treatment are what present a challenge to state healthcare budgets and private insurers. There is no requirement that mandates OTP to test, but there are strong ethical and public health arguments for doing so. However, providers need to be aware of financing challenges within states, regulations and cost concerns related to specific medications, and stay current on screening recommendations (as they are subject to change). Coverage from private insurers varies, and research suggests there are racial disparities when it comes to denials for African American beneficiaries in need of treatment with DAAs.

Medi-Cal Coverage: California expanded coverage for HCV treatment in 2018, and has found innovative ways to offer rebates and set-asides to cover the costs of medications. The state is committed to providing treatment to Medi-Cal beneficiaries and has also lifted restrictions on HCV medications in its state prisons. [DHCS Treatment Policy for the Management of Chronic Hepatitis C, Updated March 30, 2020](#)

Medicare Coverage: Includes a screening test if your primary care doctor or other primary care provider orders it and you meet one or more of these conditions:

- You’re at high risk because you use or have used illicit injection drugs.
- You had a blood transfusion before 1992.
- You were born between 1945-1965.

If you’re at high risk, Medicare covers yearly screenings.

- [CDHS HCV Guideline in non-medical settings](#)
- [CDC Recommendations for Hepatitis C Screening Among Adults — United States, 2020](#)

Please Insert info & link to archived presentation - UCLA: Meeting Information: <https://cdph-conf.webex.com/cdph-conf/j.php?MTID=m81aaa428ff1bb0ff2b1b53a181bbc39c> Monday, August 31, 2020, 12:00 - 1:30 pm Pacific Call-in number: +1-415-655-0001 Meeting number (access code): 145 062 7253 Meeting password: HCVNTP

2. Q: Will there come a time where Medi-Cal can pay for the MAT In-custody?

A: While there have been proposals to extend Medicaid coverage to eligible incarcerated individuals prior to release, it is not likely that there will be a federal law that mandates CMS to lift the Medicaid 'inmate exception.' However, California law makes it possible to suspend Medi-Cal benefits for up to 12 months during incarceration. Also, Assembly Bill 720 facilitates the use of jails as sites of health insurance enrollment.

A more likely scenario is that eligible pre-trial jail detainees may someday be able to have continued coverage until they are convicted and sentenced if two bills proposed in the US Congress succeed. The *Equity in Pre-Trial Medicaid Coverage Act* ([S. 2628](#)) proposes to remove limitations on Medicaid coverage for pre-trial inmates of public institutions. The *Restoring Health Benefits for Justice-Involved Individuals Act* ([S.2626](#)) would do the same for Medicare beneficiaries and those covered by CHIP or Veterans' Affairs health services.

3. Q: How would you work with the Alameda County Sheriff's office to encourage them to allow ongoing MAT in incarcerated persons?

A: One of the best ways to 'sell' jail administrators on MAT is to enlist the help of other jail administrators that have implemented MAT and champion its use. Two financial incentives include the documented cost-effectiveness of MAT and its impact on reducing recidivism.

For decades there have been court challenges from inmates who were receiving MAT in the community but were forced to discontinue during incarceration, most of which were decided in favor of the plaintiff. However, in 2019 a Massachusetts case federal court which was subsequently upheld in Maine, strengthened legal precedents that make jails vulnerable to lawsuits if prescribed MAT medications are abruptly terminated in custody.