



# Strategies in Implementing USPSTF Hepatitis B Screening Recommendations

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# A “B” grade doesn’t mean immediate results...

Payer	Status	What does that mean?	What can you do?
Health Insurance Marketplaces	For those plans <b>starting</b> after May 1 <sup>st</sup> , 2015, HBV services are covered.	Plans starting before May 1 <sup>st</sup> , 2015 may or may not cover screening. Grandfathered plans do not have to cover HBV screening. Out-of-network providers are <b>not</b> mandated to provide preventive services.	Talk to health plans contracted with your facility/partners to find out whether HBV screening is provided. Plan guidance may not equal implementation of preventive services!
Medicare	Medicare currently <b>does not</b> cover HBV screening for at-risk populations. Currently, they only cover screening as a confirmatory measure (after an abnormal liver function diagnosis).	In order for Medicare to cover HBV screening in at-risk populations, they need to approve a National Coverage Determination (NCD). That will take 9-12 months from the point that relevant data is submitted.	Provide us with data showing the prevalence of HBV in the foreign-born and other at-risk populations for those 65+.
Medicaid	Depends on the state (see next slide).	<p>State Medicaid programs must cover medically necessary laboratory services under the Social Security Act. What is “necessary” will depend on the state.</p> <p>The ACA provides 1% Federal Matching payments (FMAP) to incentivize states to cover preventive services.</p> <p>Medicaid expansion plans are covered.</p>	<p>Find out what is happening within your state by talking to the Medicaid Managed Plans that your facility/ organization contracts with, or are within your area.</p> <p>Determine from your State Medicaid program whether your state has applied for the 1% federal matching payment incentive.</p>

# No-cost sharing in Medicaid? [HBU states]

State	Expanded Medicaid?	FMAP?	USPSTF services covered?
Arizona	Yes	Unknown	Yes
California	Yes	Yes	Yes
Hawai'i	Yes	Yes	Yes
Illinois	Yes	Did not apply	Unknown
Maryland	Yes	Did not apply	Yes
Massachusetts	Yes	Unknown	Unknown
Nevada	Yes	Yes	Unknown
New Jersey	Yes	Yes	Yes
New York	Yes	Yes	Yes
Ohio	Yes	Yes	Yes
Pennsylvania	Yes	Unknown	Unknown
Texas	No	Did not apply	Unknown
Washington	Yes	Yes	Yes
Washington, DC	Yes	Unknown	Unknown

# What's next? Medicaid

**Problem:** Your state did not apply for the 1% FMAP for Medicaid recipients/FMAP status is unknown.

**Suggestion:** Inquire with your governor's office. If they have not applied, find out why, and appeal with a coalition letter.

**Problem:** It's unknown whether your state covers USPSTF services for Medicaid with no cost-sharing.

**Suggestion:** Those beyond the 138% FPL line in Medicaid Expansion states should get services without cost-sharing. If you feel that is not the case, contact your governor's office + representatives + State Medicaid Director. Inquire about traditional Medicaid recipients as well.

# What's next? Medicare

Advocates submitted a letter to start the National Coverage Determination process (9-12 months). During this process, if you have hepatitis B data (preferably disaggregated by race/ethnicity) of those populations 65 and older, please share that data with us!

# Ask us...

- For letter templates (e.g. letters to the governor, letters to State Medicaid Directors).
- What data might be helpful for us to prove the case that Medicare should cover HBV screening.
- Tell us the innovative ways you are educating providers.
- For more information about Section 317 funding, and what you can do on the local/state level.

# Resources and Contact Information

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For more information please visit the following:

- Consumers: <http://bit.ly/1F2h4r0>
- Implementation guidance: ask any one of us!

