HHS Office of Infectious Disease and HIV/AIDS Policy (OIDP)
Partners Group Meeting

Viral Hepatitis Payment and Reimbursement Models

July 18, 2022

OASH | Office of the Assistant Secretary for Health

Welcome

Jessica Fung Deerin, PhD, MPH

Viral Hepatitis Policy Advisor, OIDP

OASH | Office of the Assistant Secretary for Health

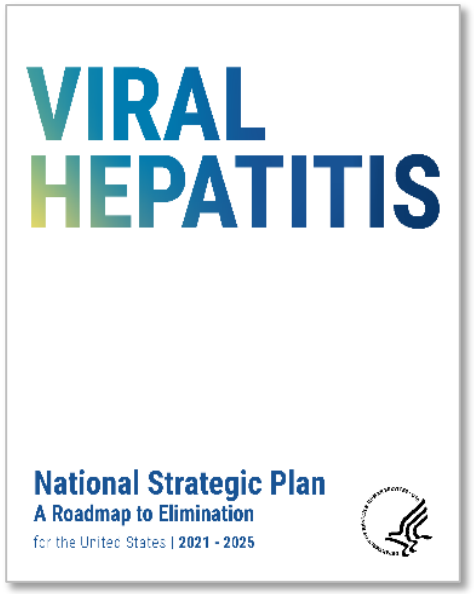
Agenda

- Introductions
- Initiative Overview & Meeting Objectives
- Research Findings
- Promising Practices and Payment/Reimbursement Models
- Wrap Up & Next Steps

Office of Infectious Disease and HIV/AIDS Policy

- Provides strategic leadership and management, while encouraging collaboration, coordination, and innovation among federal agencies and stakeholders to reduce the burden of infectious diseases.
- Health policy and program issues related to:
  - **Viral Hepatitis**
  - **HIV/AIDS;**
  - **Sexually transmitted infections (STIs);**
  - **Vaccines;**
  - **Other infectious diseases and issues of public health significance; and**
  - **Blood and tissue safety and availability in the U.S.**

Viral Hepatitis National Strategic Plan: A Roadmap to Elimination 2021-2025



Viral Hepatitis National Strategic Plan

VISION

The United States will be a place where new viral hepatitis infections are prevented, every person knows their status, and every person with viral hepatitis has high-quality health care and treatment and lives free from stigma and discrimination.

This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographical location or socioeconomic circumstance.

GOALS

In pursuit of this vision, the Hepatitis Plan establishes five goals, as discussed in the Objectives and Strategies section below.

1. Prevent new viral hepatitis infections
2. Improve viral hepatitis—related health outcomes of people with viral hepatitis
3. Reduce viral hepatitis—related disparities and health inequities
4. Improve viral hepatitis surveillance and data usage
5. Achieve integrated, coordinated efforts that address the viral hepatitis epidemics among partners and stakeholders

Initiative Overview

- Specific areas of focus: hepatitis C (FY2022), hepatitis A and B (FY2023)
- Identify and address payment and reimbursement barriers to integrated viral hepatitis prevention and care services
  - **Includes clinical and non-clinical settings (e.g., syringe service programs, substance use treatment facilities, mental health facilities, correctional settings, HIV clinics, STI clinics)**
- Overall goal:
  - **Identify promising payment models supporting integrated viral hepatitis service delivery**
  - **Disseminate reports/findings to support implementation**

Partners Group Meeting Objectives

- Review current research findings
  - **Barriers to payment & reimbursement**
  - **Barriers to integrated hepatitis C prevention & care services**
  - **Existing hepatitis C financing models**
- Identify any critical research gaps
- Discuss promising practices in payment & reimbursement for integrated hepatitis C services

Research Highlights:
Barriers to Integrated Hepatitis C Care

Shelly Kowalczyk, MSPH, CHES

OASH Office of the Assistant Secretary for Health

Research Activities

Research Objective: Identify payment/reimbursement and other systemic barriers to integrated viral hepatitis prevention and care in clinical and nonclinical settings.

- Review of literature and web-based materials
- Focus Groups
  - **Public payors including Medicaid, Departments of Corrections, and state health departments (CA, ID, IN, NY, PA, VA, WA, WV)**
  - **Health care providers (community health center, AI/AN health service, behavioral health center)**
- Interviews
  - **2 health care providers and 2 private payors**

Environmental Scan Findings – Key Barriers

- Preauthorization requirements for hepatitis C medication (e.g., substance abstinence, liver disease severity, specialty care visit)
  - **Financial and administrative burdens**
  - **Treatment delay**
- Infrastructure limitations
  - **Staff capacity for hepatitis C service provision**
  - **Capacity for hepatitis C billing approaches**
- Financial support for high cost and/or non-reimbursable ancillary services
  - **Care coordination, patient navigation, peer support**
  - **Uncertainty of 340B program sustainability**

Environmental Scan Findings – Key Barriers, *cont'd.*

- Disparities in reimbursement for hepatitis C services
  - **In-person vs. telehealth visits**
  - **Service setting (e.g., health center vs. harm reduction site)**
- Pharmacy-specific barriers
  - **Limitations on specialty pharmacy use**
  - **Scope of practice laws**
  - **Lack of recognition of PharmDs as reimbursable providers**
  - **Strict Medicaid requirements**
- Fragmented care for VA beneficiaries

Hepatitis C Payment Models

Amy Killelea, JD

OASH Office of the Assistant Secretary for Health

Dynamics Impacting Payment and Delivery

- Payer
  - Public and private payers set their own coverage and plan design policies
  - Public health and safety net programs for the uninsured may have different approaches to payment and reimbursement
- Provider Type
  - Reimbursement mechanisms, particularly for public and private insurance payers, may differ depending on whether the provider is clinical or non-clinical and/or the credentials of the provider
- Facility Type/Setting
  - Payers often limit reimbursement to certain settings and there may be limitations on, for instance, non-clinical or street-based settings and/or remote/telehealth-based care
- Services
  - Certain services may not be readily reimbursable, especially by public and private insurance (e.g., syringe access and other harm reduction services)

Promising Practices & Payment / Reimbursement Models

Group Discussion

OASH | Office of the Assistant Secretary for Health

Group Discussion (1)

What existing financing models effectively address:

1. Funding an interdisciplinary team, including non-clinical providers and care coordination services

Example: State Medicaid “health home” programs that fund care coordination services for beneficiaries with certain conditions, including hepatitis C

Group Discussion (2)

What existing financing models effectively address:

2. Eliminating restrictions on hepatitis C treatment, including through payer regulation and/or bulk purchase discounts

Example: Medicaid subscription model for HCV DAA access that eliminates fibrosis score and sobriety restrictions

Group Discussion (3)

What existing financing models effectively address:

3. Integration of hepatitis C services into other programs

Example: Hepatitis C treatment for co-infected Ryan White HIV/AIDS Program clients; hepatitis C prevention in drug treatment programs

Group Discussion (4)

What existing financing models effectively address:

4. Securing services for uninsured populations

Example: Leveraging 340B to provide treatment for uninsured, including in corrections settings

Group Discussion (5)

What existing financing models effectively address:

5. Implementing value-based models that incentivize patient outcomes

Example: HCV DAA purchasing models that tie drug price to outcome

Group Discussion (6)

What existing financing models effectively address:

6. Optimizing telemedicine/telehealth – reimbursement and infrastructure

Example: Leveraging new opportunities to improve telehealth infrastructure during the COVID-19 pandemic

WRAP-UP & NEXT STEPS

Jessica Fung Deerin, PhD, MPH

Viral Hepatitis Policy Advisor, OIDP

OASH | Office of the Assistant Secretary for Health

Next Steps

- Continue partner outreach and engagement
  - **Review submitted materials (e.g., published articles, case studies, policy documents)**
  - **Discuss interim proposed models**
- Develop a report on research findings and proposed models
  - **Include proposed roles for hepatitis stakeholders (e.g., payors, federal agencies, providers)**
- Develop and implement dissemination strategies to support adoption of proposed models

THANK YOU

For questions, recommendations, or to submit resources, please contact us at OIDPvh@mayatech.com

OASH Office of the Assistant Secretary for Health