

Navigating Health Insurance for Viral Hepatitis in Maine



The following document may help guide healthcare providers in understanding health insurance coverage for **screening**, **vaccination**, **and treatment of viral hepatitis**. The guide covers:

- Private health insurance
- MaineCare
- Medicare
- Options for those who are uninsured or underinsured.

This is not an exhaustive insurance guide. <u>Please have your patients check with their health</u> insurance, if they have it, for specifics on coverage.

For a comprehensive guide, please see NASTAD's Frequently Asked Questions Insurance Coverage for Viral Hepatitis Treatment and Preventive Services.*

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Screening				
Insurance Type	Coverage	Restrictions		
Private Health Insurance	Hepatitis B and C screenings covered without cost-sharing under preventative services required by Affordable Care Act. Most insurance plans cover one-time hepatitis C screening for all adults.	 Hepatitis B and periodic hepatitis C screenings may only be covered without cost-sharing for: adults at increased risk pregnant persons adolescents persons born in or who have parents who were born in places where hepatitis B is common Private insurance plans in place before Affordable Care Act (ACA) may impose cost-sharing. 		
MaineCare	Hepatitis B and C screenings covered without cost-sharing under ACA preventative services for specific groups (see restrictions).	Hepatitis B test covered for persons at high risk and pregnant persons. One lifetime hepatitis C test covered for adults 18-79 years of age, and periodic testing covered for persons at high risk (cdc.gov/hepatitis/populations/index.htm)		
Medicare	An initial hepatitis B screening is covered for all patients. Medicare Part B will cover hepatitis B and C screenings once a year for high-risk, unvaccinated patients (see restrictions). Medicare will also cover a prenatal hepatitis B screening and may cover another screening postpartum if there are new or ongoing risk factors. Screenings are covered without any deductibles or copays.	 Patients may be eligible for annual hepatitis B and C screenings (through Medicare Part B) if they: have previously used or now use injectable drugs had a blood transfusion before 1992 For people born from 1945 to 1965, Medicare will only cover one lifetime screening. 		
Uninsured or underinsured	Safety net provider facilities (such as federally qualified health centers) may offer hepatitis B/C screening for free or on a sliding payment scale.	Availability to pay and availability of free screenings in the area. Check in with your nearest safety net provider facility and ask if screenings at low or no cost are available.		

*NASTAD Guide link: https://nastad.org/sites/default/files/2022-10/Insurance%20Coverage%20FAQs_TPs_Final_clean.pdf



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Vaccination			
Insurance Type	Coverage	Restrictions	
Private Health Insurance	Vaccines for hepatitis A and B are covered without cost- sharing under preventative services required by ACA.	Only available without cost-sharing for adults with risk factors and all children. Grandfathered private insurance plans may impose cost- sharing.	
MaineCare	Hepatitis A and B vaccines covered without cost- sharing for everyone.	Only for MaineCare with full benefits. Some MaineCare plans may have limited benefits and may not cover vaccines.	
Medicare	The hepatitis A vaccine is typically covered under <u>Medicare Part D</u> prescription drug coverage. Medicare Part B covers the hepatitis B vaccine as a free preventive benefit for persons at medium or high risk.	Hepatitis A vaccine <u>not covered under Medicare</u> <u>Part B.</u> Medium or high-risk patients include patients with diabetes, end-stage renal disease, or hemophilia.	
Uninsured or underinsured	Maine provides vaccines for hepatitis A and B for all adults and children (under 18 years of age) who are underinsured or uninsured. Safety net providers may provide healthcare at no cost or on a sliding payment scale.	Limited supply of vaccines for people who are uninsured or underinsured through 317 Vaccine Funding Program. Providers may still charge an administration fee, but patient may not be turned away for inability to pay. More information: <u>maine.gov/dhhs/mecdc/infectious-</u> <u>disease/immunization/adult-317-vaccine-</u> <u>program.shtml</u>	

Treatment			
Insurance Type	Coverage	Restrictions	
Private Health Insurance	 Plans may cover certain hepatitis C virus (HCV) and certain chronic hepatitis B virus (HBV) treatment medication. Patient may be eligible for patient assistance programs and cost- sharing assistance programs (see below) to cover full cost of treatment. 	Patient may have to pay full cost of treatment if not covered by their plan. Some plans may also require prior authorization for treatment. Private insurance plans in place before ACA may impose cost- sharing.	
MaineCare	Yes, but requires Prior Authorization (PA). No liver damage requirement nor sobriety required for treatment. PA initially approved for 12 weeks.	Initial supply is only for 14 days. Adherence- based restriction imposed for retreatment (i.e. patient needs to adhere to initial treatment if they later seek retreatment). Time-based lab restriction requires documentation within 6 months.	
Medicare	Medicare Part D generally covers Hepatitis C treatment medications.	Prior authorization, copays, and deductibles may apply, and not all medications for treatment are covered by all plans.	
Uninsured or underinsured	Patient may be eligible for patient assistance programs and cost- sharing assistance programs to cover full cost of treatment. Safety net providers participating in 340B Drug Pricing Program may provide treatment at no cost or on a sliding payment scale.	Must meet eligibility guidelines for programs. More information on assistance programs: <u>http://www.themha.org/policy-</u> advocacy/lssues/340B.aspx <u>hepmag.com/basics/liver-health/paying-</u> <u>treatment</u>	