



Grade	Summary
<p style="text-align: center; font-size: 2em; font-weight: bold;">A-</p>	<p>Liver Damage (Fibrosis) Restrictions: Fee-For-Service (FFS) and all Managed Care Organizations (MCOs) do not impose liver damage restrictions.</p> <p>Sobriety Restrictions: FFS and all MCOs require screening and counseling for substance use.</p> <p>Prescriber Restrictions: FFS and all MCOs allow primary care physicians to prescribe treatment unless the patient is treatment experienced, has HIV or hepatitis B, has undergone a liver transplant, has liver cancer, or severe liver disease, in which case a specialist must be consulted.</p> <p>Recommendations to Improve Patient Access:</p> <ul style="list-style-type: none"> • Eliminate screening and counseling requirements. • Consider waiving prior authorization for treatment-naïve individuals. <p><i>Grade Rationale: Minnesota has broad access and coverage parity between FFS and MCOs. With minimal changes, the state could increase its grade.</i></p>

Background

As of March 2021, Minnesota had 1,197,185 individuals enrolled in Medicaid and Children’s Health Insurance Program.² Minnesota Medicaid, known as Medical Assistance, operates a Fee-For-Service (FFS) program and contracts with Managed Care Organizations (MCOs).³ Most beneficiaries, 83 percent, are enrolled in an MCO. The remaining 17 percent participate in FFS.⁴ Minnesota currently contracts with eight MCOs that serve the Medical Assistance population: Blue Plus, HealthPartners, Hennepin Health, Itasca Medical Care (IMCare), Medica, PrimeWest Health, South Country Health Alliance, and UCare.⁵ Not all MCOs operate statewide; three plans only provide coverage in certain counties (IM Care, Hennepin Health, and South Country Health Alliance).⁶

State of Medicaid Hepatitis C Treatment Access

Minnesota has improved its access to hepatitis C medications and has achieved coverage parity between its FFS and MCO policies. FFS requires prior authorization (PA), but does not impose any minimum liver damage requirements to qualify for treatment.⁷ While the FFS policy does not require a period of sobriety prior to treatment, the prior authorization form and criteria directs prescribers to screen for past or current substance use and if present, must be offered harm reduction services or otherwise be enrolled in a substance use treatment program.⁸ FFS allows primary care physicians to prescribe treatment unless the patient is treatment experienced, has HIV or hepatitis B, has undergone a liver transplant, has liver cancer, or severe liver disease, in which case a specialist must be consulted.

Minnesota’s MCOs are contractually obligated to follow these coverage criteria. The 2021 contract between the state and each MCO stipulates that the “MCO shall adopt the STATE’s preferred drugs and clinical prior authorization criteria for direct acting antiviral drugs used to treat Hepatitis C. . . .” and goes on to clarify that MCOs may not apply different clinical prior authorization criteria with respect to any hepatitis C therapy.⁹ As such, the FFS policy applies regardless of whether a patient is enrolled in and MCO or receives services through an MCO.

Liver Damage (Fibrosis) Restrictions

FFS and all MCOs do not impose liver damage restrictions

Sobriety Restrictions

FFS and all MCOs requires screening and counseling for substance use

Prescriber Restrictions

Minnesota FFS and all MCOs allow primary care physicians to prescribe treatment unless the patient is treatment experienced, has HIV or hepatitis B, has undergone a liver transplant, has liver cancer, or severe liver disease, in which case a specialist must be consulted.

Points of Contact for Questions & Concerns about Minnesota's State of Medicaid Hepatitis C Access

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¹ Minnesota, State Profile, HepVu: <https://hepvu.org/state/minnesota/>

² Medicaid and CHIP in Minnesota, By-State, Medicaid.gov: <https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=minnesota>

³ Medical Assistance, Minnesota Department of Human Services: <https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>

⁴ Share of Medicaid Population Covered Under Different Delivery Systems, Medicaid Managed Care Tracker, Henry J Kaiser Family Foundation: <http://www.kff.org/medicaid/state-indicator/share-of-medicaid-population-covered-under-different-delivery-systems/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

⁵ Minnesota Health Care Programs (MHCP) Managed Care Organization (MCO) Contacts, MHCP Enrolled Providers, Partners and Providers, Minnesota Department of Human Services:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_147769#

⁶ Ibid. Minnesota Health Care Programs (MHCP) Managed Care Organization (MCO) Contacts, MHCP Enrolled Providers, Partners and Providers, Minnesota Department of Human Services

⁷ Hepatitis C Drug Prior Authorization Criteria, Minnesota Department of Human Services: <https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/types/rx/pa-criteria/hepatitis-c-2021.jsp>

⁸ Hepatitis C Drug Prior Authorization, Minnesota Department of Human Services: <https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-7085-ENG>

⁹ Managed care contracts, Minnesota Department of Human Services: <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/managed-care-reporting/contracts.jsp>; See also Model template for 2021 contracts with MCOs for families and children, Minnesota Department of Human Services: https://mn.gov/dhs/assets/2021-fc-model-contract_tcm1053-461696.pdf (page 116).

¹⁰ National Association of Medicaid Directors, Medicaid Directors: <https://medicaiddirectors.org/about/medicaid-directors/>

¹¹ Minnesota Department of Human Services, Drug Formulary Committee: <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/drug-formulary-committee/>