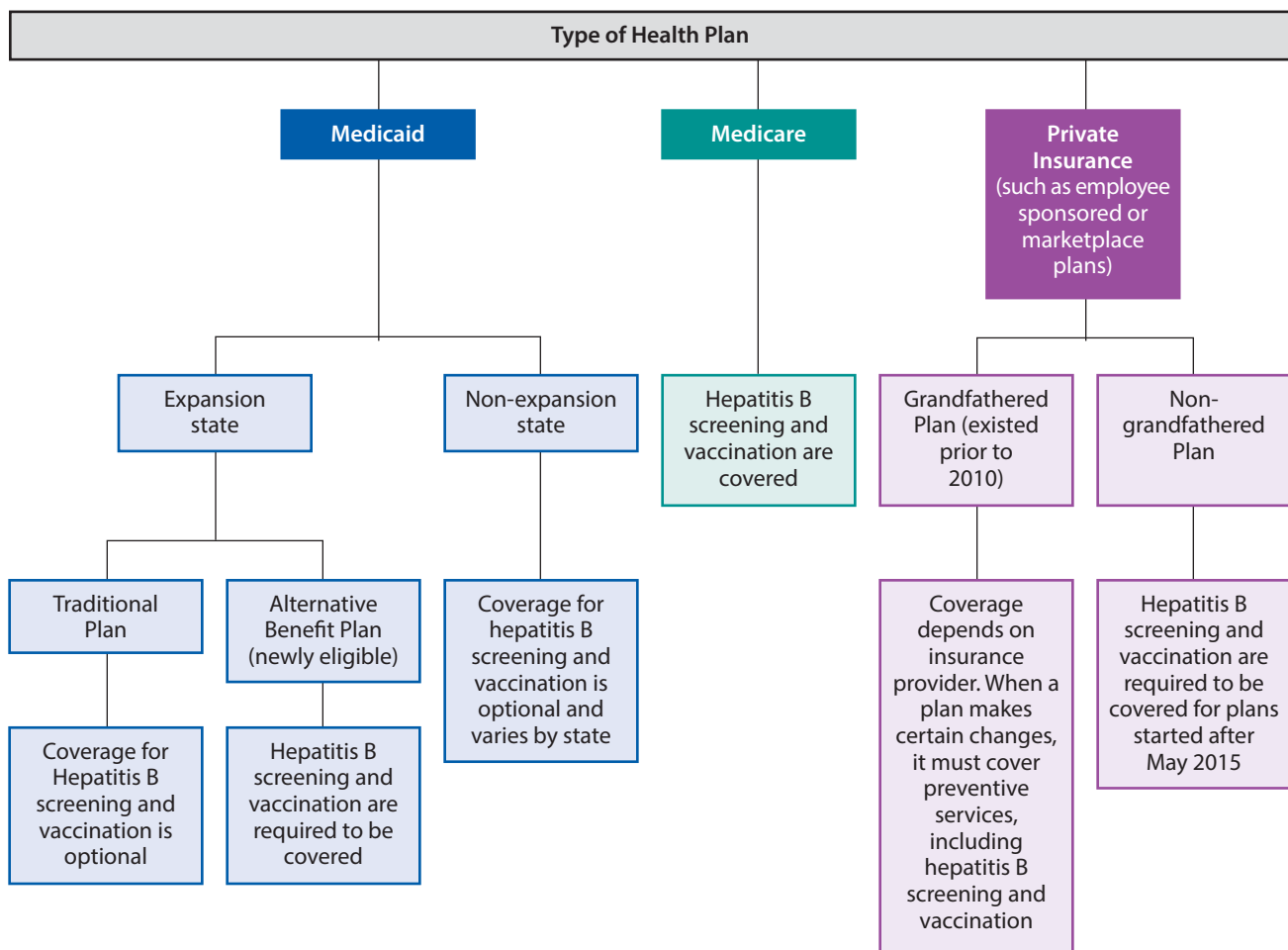


Hepatitis B Preventive Services and the Affordable Care Act

The Patient Protection and Affordable Care Act (ACA) was signed into law in 2010. The law provides comprehensive health reform and requires certain health insurance plans to cover preventive services with little to no cost sharing. The United States Preventive Services Task Force (USPSTF) defines coverage of preventive services within primary care with a grading system—those with a grade “A” or “B” and all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines are generally covered. In 2009, the USPSTF recommended an “A” grade for screening all pregnant women for hepatitis B virus infection at their first prenatal visit. In 2014, the USPSTF recommended a “B” grade for screening all adults at high-risk* for hepatitis B virus infection.

Overview of Hepatitis B Preventive Services Covered by Insurance Plans



*Populations denoted as being high-risk for HBV infection by the USPSTF are noted here: <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/hepatitis-b-virus-infection-screening-2014>

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More Information about Different Health Insurance Plans

	Medicaid	Medicare	Private Insurance
Type of Insurance Plan	<p>Medicaid: Government program for eligible low-income people who meet state criteria for low income and/or certain disabilities.</p> <p>Traditional Medicaid Plans: These plans have mandatory and optional services, and preventive services are optional.[†] Refer to state specific plans for coverage details.</p> <p>Medicaid Alternative Benefit Plans (ABPs): Also known as “expanded Medicaid.” These plans may cover more preventive care benefits than the Medicaid mandatory benefit package and a smaller scope of other benefits, such as prescription drugs coverage.</p>	<p>Medicare: Government health insurance program for people aged 65 or older and people under age 65 with certain disabilities.</p>	<p>Private Insurance Plans: Offered through employers or individually purchased plans from the Health Insurance Marketplace. Plans that were not in existence prior to March 23, 2010 must cover recommended preventive services without cost sharing.</p> <p>Grandfathered Plans: Plans that existed before March 23, 2010. They may keep their benefits as originally defined, which varies by plan. When a plan makes certain changes to their coverage (e.g. increasing patient cost sharing, reducing benefits, reducing employer contributions), they lose their grandfathered status and must provide recommended preventive services.</p>
Are Hepatitis B Screening and Vaccination Covered?	<p>Traditional Medicaid coverage for hepatitis B preventive services is optional and varies by state.</p> <p>ABPs are required to cover recommended preventive services without cost sharing.</p>	<p>Hepatitis B screening and vaccination are covered without cost sharing for non-pregnant adolescents and adults at high risk for infection in primary care settings. In addition, Medicare plans cover hepatitis B screening for pregnant women.</p>	<p>Plans acquired through the Health Insurance Marketplace after May 2015 are eligible for hepatitis B preventive services with little to no cost sharing. See the plan’s Statement of Benefits for specific details.</p> <p>Grandfathered private health insurance plans coverage varies and therefore depends on details as specified by the plan. See the plan’s Statement of Benefits for specific details.</p>
Status and Notes	<p>Coverage is complicated, complex and highly variable. Traditional Medicaid and ABP coverage depends by state. Coverage may be limited to certain settings (such as primary care settings).</p> <p>States that elect to provide preventive services with no cost sharing to traditional Medicaid beneficiaries are eligible to apply for 1% federal medical assistance percentage.**</p>	<p>Medicare has to make a National Coverage Determination (NCD) before covering a USPSTF recommended service. The NCD process is an evidence-based process with opportunities for public participation. Centers for Medicare and Medicaid Services has provided guidance on hepatitis B screening that will be applied to all plans. However, coverage may be limited to certain settings (such as primary care settings).</p>	<p>The expectation is that over time, grandfathered plans will no longer exist and their replacement plans will cover recommended preventive services without cost sharing. However, coverage may be limited to certain settings (such as primary care settings).</p>

[†] Kaiser Family Foundation. *Medicaid Moving Forward*. Accessed via <http://kff.org/health-reform/issue-brief/medicaid-moving-forward/>. March 2015.

**Centers for Medicaid and Medicare Services. *Financing & Reimbursement*. Accessed via <https://www.medicare.gov/medicaid-chip-program-information/by-topics/financing-and-reimbursement/financing-and-reimbursement.html>. August 2016.