

Policies limit medicaid payment for transplant in alcoholic liver disease

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(HealthDay)—Restrictive Medicaid policies are associated with a

reduced proportion of payment by Medicaid for liver transplantation (LT) for alcohol-related liver disease (ALD) since 2011, according to a study published online Nov. 8 in *Hepatology*.

Brian P. Lee, M.D., from the University of California in San Francisco, and colleagues examined whether different Medicaid policies affect distribution of LT for ALD. Medicaid policies were surveyed in all states actively performing LT and were linked to national registry data on LT recipients during 2002 to 2017 with ALD as the primary listing diagnosis. A difference-of-differences analysis was performed comparing 2002 to 2011 versus 2012 to 2017 to assess whether restrictive policies correlated with a reduced proportion of LTs paid by Medicaid among patients with ALD. Data were included for 10,836 LT recipients during 2002 to 2017, with 7,091 from 24 states in the restrictive group and 3,745 from 14 states in the unrestrictive group.

The researchers found that among restrictive versus unrestrictive [states](#), the adjusted proportion of LTs paid by Medicaid during 2002 to 2011 was 17.6 percent (95 percent confidence interval [CI], 15.4 to 19.8 percent) versus 18.9 percent (95 percent CI, 15.4 to 22.3 percent; $P = 0.54$), and during 2012 to 2017, it was 17.2 percent (95 percent CI, 14.7 to 19.7 percent) versus 23.2 percent (95 percent CI, 19.8 to 26.6 percent; $P = 0.005$). Restrictive versus unrestrictive policies correlated with a significant 4.7 percent (95 percent confidence interval, 0.8 to 8.6 percent; $P = 0.02$) absolute lower proportion of LTs paid by Medicaid post-2011 in a difference-of-differences analysis.

"Re-evaluation of Medicaid policy to align more closely with contemporary center-level practices may be warranted in the United States," the authors write.

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