



June 6, 2024

Submitted electronically to OIDPViralHepatitis@hhs.gov

Kaye Hayes, Deputy Assistant Secretary for Infectious Disease
Office of the Assistant Secretary of Health
Office of Infectious Disease and HIV/AIDS Policy
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Re: Notice for Public Comments on Potential Viral Hepatitis Quality Measures in Medicaid

Dear Deputy Assistant Secretary Hayes:

On behalf of the Medicaid Health Plans of America (MHPA), we thank you for the opportunity to provide input on potential viral hepatitis quality measures for implementation at the state and territory level.

MHPA is the only national trade association with a sole focus on Medicaid, representing more than 150 MCOs serving nearly 48 million Medicaid beneficiaries in 40 states, the District of Columbia and Puerto Rico. MHPA's members include both for-profit and non-profit, national, regional, as well as single-state health plans that compete in the Medicaid market. Nearly three-quarters of all Medicaid beneficiaries receive health care through Managed Care Organizations (MCOs), and the Association provides research and advocacy services that support policy solutions to enhance the delivery and coordination of comprehensive, cost-effective, and quality health care for Medicaid beneficiaries.

Despite the availability of effective treatments for hepatitis C (HCV), a recent study found that only one in five Medicaid enrollees diagnosed with HCV started treatment within six months of diagnosis.¹ We agree that more needs to be done to increase treatment uptake and believe the development and implementation of meaningful quality measures focused on screening and treatment should be part of an overall strategy to support access to appropriate care, treatment, and services for Medicaid enrollees who test positive for viral hepatitis. We have provided responses to your specific questions below.

¹ Kapadia SN, Zhang H, Gonzalez CJ, et al. Hepatitis C Treatment Initiation Among US Medicaid Enrollees. *JAMA Netw Open.* 2023;6(8):e2327326. doi:10.1001/jamanetworkopen.2023.27326

- **Are you in support of adopting a hepatitis C screening and treatment initiation measure within state Medicaid programs?**

MHPA supports adopting a hepatitis C screening and treatment initiation quality measure within the Medicaid program. A number of our member plans have successfully implemented programs to measure hepatitis screening and treatment initiation.

In some instances, Medicaid enrollees may choose not to pursue treatment for reasons outside of the provider or health plan's control. We recommend that HHS consider an alternative measure, "discussion of treatment options," to capture instances where treatment was made available to the enrollee but was not pursued.

- **What other measures should HHS consider for testing and proposal to the Medicaid Adult Core Set (*i.e.*, hepatitis B screening, hepatitis B linkage to care, hepatitis C sustained virological response (SVR))? Please provide support for how that measure is clinically meaningful, feasible, and actionable for state Medicaid programs. What data source or data element can be utilized to calculate the measure?**

We recommend that HHS consider testing and adding the hepatitis C sustained virological response² (HCV SVR) measure to the Medicaid Adult Core Set.

We would also encourage consideration of a measure or sub-measure for the Medicaid Adult Core Set that is focused on screenings for viral hepatitis for pregnant women during the first trimester. We believe this measure would align with Centers for Disease Control and Prevention (CDC) and U.S. Preventive Task Force (USPTF) recommendations. Specifically, the measure could be a two-part measure (screening and treatment) with a timeframe for those individuals who test positive who received the screening. The denominator would include all adults 18 and over without any other high-risk factors considered. We also recommend maintaining an exclusion to account for patient choice for any treatment if the patient declines.

- **Would it be feasible and clinically meaningful to implement a hepatitis B screening, hepatitis C screening and hepatitis C treatment initiation quality measure within state Medicaid programs?**

We believe it would be both operationally feasible and clinically meaningful to implement a quality measure or set of measures for hepatitis C screening and hepatitis C treatment initiation within state Medicaid programs. However, we recommend the coverage and financing implications of measuring hepatitis C treatment initiation be considered given the high price of the medication required to treat the condition and would encourage working with states to ensure MCOs are adequately resourced to cover these medications

² For example, the American Gastroenterological Association developed specifications for this measure (available online at https://aga-files.s3.amazonaws.com/pdf/Hepatitis+C+virus_sustained+virological+response_measure+spec.pdf)



when indicated and appropriate. We would also support a measure for screening pregnant women for both hepatitis B and C.

Also, given the benefits of public health surveillance and the increasing technological advances in interoperability, we would encourage information relative to hepatitis to be included in the United States Core Data for Interoperability (USCDI) as a data element.

We have included an appendix with some helpful resources related to hepatitis screening and treatment.

Once again, thank you for your quality-focused efforts to improve the health and health outcomes for Medicaid enrollees. Please feel free to reach out to me directly at Shannon Attanasio, sattanasio@mhpA.org with any questions or should you need any additional information.

Sincerely,

/s/

Shannon Attanasio
Senior Vice President, Government Relations, Policy & Advocacy

Appendix

- Jonas M.C., Rubenstein K, Watson E, Basra S, Horberg M. “A Comprehensive Coordinator Supported Hepatitis C Virus Testing and Linkage to Treatment Program at Kaiser Permanente Mid-Atlantic States.” *Viruses*. 2021;13(11):2140. Available online at <https://pubmed.ncbi.nlm.nih.gov/34834947/>
- Rodriguez-Watson C, Rubenstein KB, Jonas MC, Sun Y, Horberg M, Loftus B. Hepatitis C Care Pathway Associated With Increased Screening, Confirmation, and Diagnosis Communication to Patients. *Clin Gastroenterol Hepatol*. 2021 Mar;19(3):607-609. Available online at <https://pubmed.ncbi.nlm.nih.gov/31927112/>
- Jonas MC, Loftus B, Horberg MA. The Road to Hepatitis C Virus Cure: Practical Considerations from a Health System’s Perspective. *Infect Dis Clin North Am*. 2018 Jun;32(2):481-493. Available online at <https://pubmed.ncbi.nlm.nih.gov/29778267/>
- Jonas MC, Rodriguez CV, Redd J, Sloane DA, Winston BJ, Loftus BC. Streamlining Screening to Treatment: The Hepatitis C Cascade of Care at Kaiser Permanente Mid-Atlantic States. *Clin Infect Dis*. 2016 Feb 16. Available online at <https://pubmed.ncbi.nlm.nih.gov/26908812/>
- Jonas MC, Sheu YS, Wright K, Peyton L, Bishop RC, Basra S, Sarwar F, Winn G, Chesbrough K. A care coordination program to support patients with hepatitis B virus at Kaiser Permanente Mid-Atlantic States. *BMC Health Serv Res*. 2024 Apr 18;24(1):482. doi: 10.1186/s12913-024-10907-2. PMID: [38637807](https://pubmed.ncbi.nlm.nih.gov/38637807/); PMCID: PMC11027294. Available online at <https://pubmed.ncbi.nlm.nih.gov/38637807/>
- Sanjeev Arora, M.D. et al. Outcomes of Treatment for Hepatitis C Virus Infection by Primary Care Providers. *The New England Journal of Medicine*. 2011 June. Available online at <https://www.nejm.org/doi/full/10.1056/NEJMoa1009370>.