

Evaluation of Hepatitis B and C: New Medicaid Core Set measure

Julie Donohue
University of Pittsburgh

Outline

- Why a viral hepatitis quality measure for Medicaid?
- How the measure is constructed
- Early results from 7 states
- Resources available and next steps

Why we created a Medicaid quality measure for viral hepatitis

We have interventions to eliminate viral hepatitis

Hepatitis C is curable

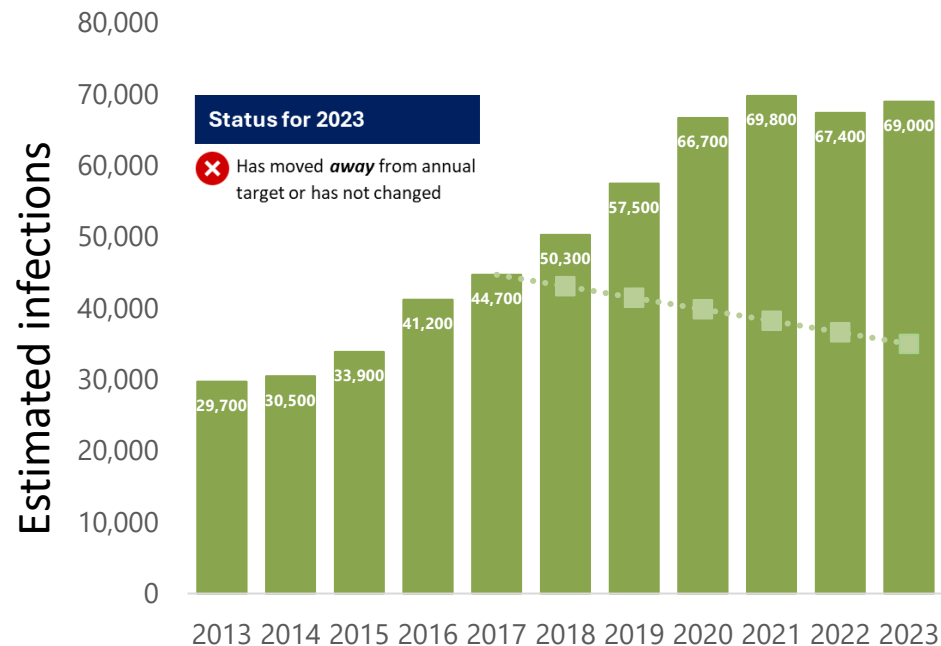


Hepatitis B is vaccine preventable and treatable

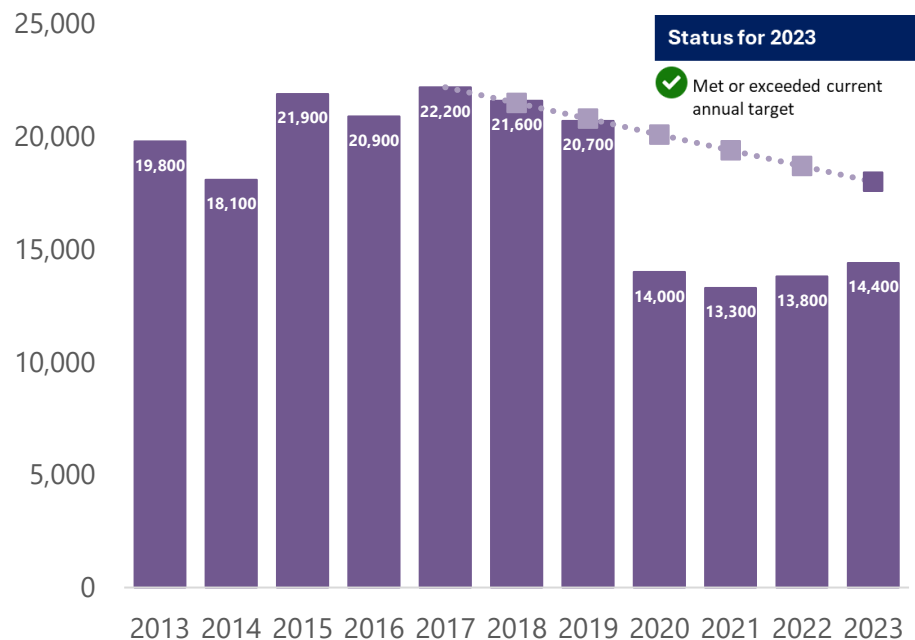


The US is off track in reaching 2030 goals on new hepatitis C infections

Estimated new hepatitis C virus infections and annual targets for the United States by year

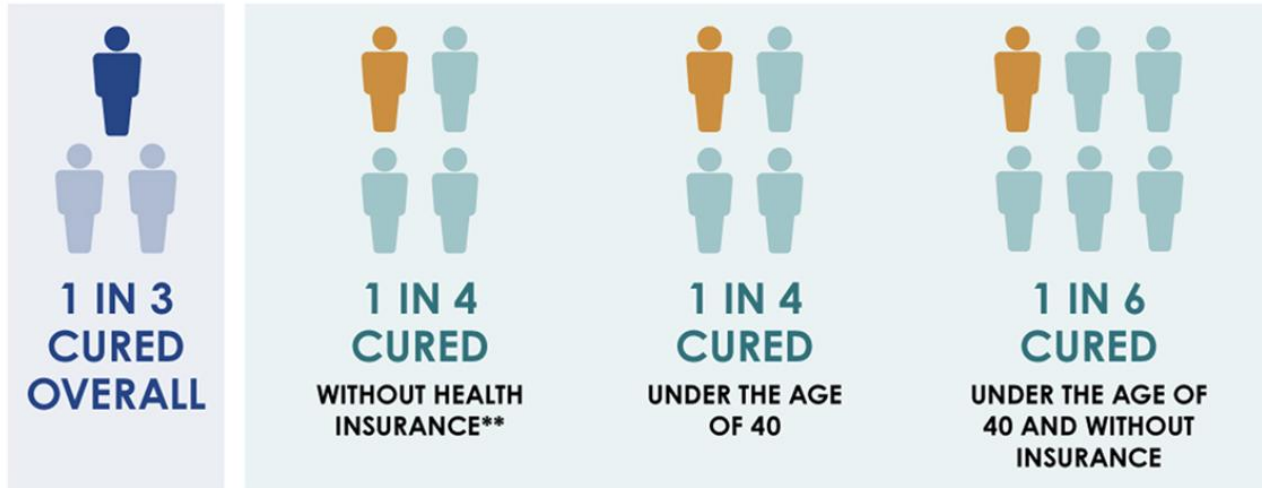


Estimated new hepatitis B virus infections and annual targets for the United States by year



Gaps in treatment for hepatitis C

ADULTS DIAGNOSED AND CURED* OF HEPATITIS C IN THE U.S., 2013-2022



*Cured is defined as viral clearance, which is an undetectable hepatitis C virus ribonucleic acid (HCV RNA) after a prior test result of detectable HCV RNA.

**Referred to as Other (client or self-pay) in the analysis

Source: Centers for Disease Control and Prevention

Hepatitis C Elimination Initiatives

- June 2025, Senators Cassidy (R-LA) and Van Hollen (D-MD) introduced bipartisan Cure Hepatitis C Act

Breakthroughs to Follow-Through
A national platform to close the gap
between discovery and delivery



**Common
Health
Coalition**

119TH CONGRESS
1ST SESSION

S. _____

To require the Secretary of Health and Human Services to carry out activities to eliminate hepatitis C virus in the United States.

IN THE SENATE OF THE UNITED STATES

Mr. CASSIDY (for himself and Mr. VAN HOLLEN) introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To require the Secretary of Health and Human Services to carry out activities to eliminate hepatitis C virus in the United States.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Cure Hepatitis C Act
5 of 2025”.

A high proportion of people with viral hepatitis covered by public insurance

- Of the estimated 2.2 million people with hepatitis C, 60% are covered by public insurance
- Medicaid covers many individuals at higher risk for hepatitis C
 - 4 in 10 individuals with opioid use disorder
- Of the estimated 660,000 people with hepatitis B, one third are covered by public insurance
- Medicaid covers 4 in 10 pregnant persons

History of quality measurement in Medicaid

- Medicaid has been around since 1965
- Systematic quality measurement began in 2009
 - Children's Health Insurance Program Reauthorization Act of 2009
 - Affordable Care Act of 2010 launched the Child and Adult 'Core Set' of quality measures
- State reporting of measures was voluntary until 2022
 - Child, Behavioral Health Core Set now mandatory
 - Other adult measures are voluntary
- If 25 or more states report measure to CMS, it is publicly reported

Quality Measure Development Timeline



We Are Here

- **Mar 2024:** ODP hosts a viral hepatitis quality measures consultation
- **April 2024:** Working group
 - Medicaid Outcomes Distributed Research Network (MODRN)
 - Medicaid Chief Medical Officers, state public health officials
 - CDC, ODP
- **Jul-Aug 2024:** Measure testing in 7 states
- **Sept 2024:** Measure finalized and submitted to the Adult Core Set
- **Feb 2025:** Core Set Workgroup reviewed and recommended for inclusion
- **Dec 2025:** CMS approved!

Evaluation of hepatitis B and C (EHBC)

- Part of the voluntary adult core set
- 2027 will be the first measurement year
- State Medicaid programs can use measures for value-based payments, other quality improvement efforts
- Adoption of new measures usually takes ~2 years



2027 Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set)

2027 Voluntary Adult Core Set Measures

CMIT # ^a	Measure Steward	Measure Name	Data Collection Method (see definitions below)
Primary Care Access and Preventive Care			
118	NCQA	Cervical Cancer Screening (CCS-AD)	ECDS or EHR
128	NCQA	Chlamydia Screening: Ages 21 to 24 (CHL-AD)	Administrative or EHR
139	NCQA	Colorectal Cancer Screening (COL-AD)	ECDS or EHR
93	NCQA	Breast Cancer Screening (BCS-AD)	ECDS or EHR
26	NCQA	Adult Immunization Status (AIS-AD)	ECDS
1852	MODRN	Evaluation of Hepatitis B and C (EHBC-AD) ^c	Administrative
Maternal and Perinatal Health			
581	NCQA	Prenatal and Postpartum Care: Age 21 and Older (PPC2-AD)	Administrative or hybrid
166	OPA	Contraceptive Care – Postpartum Women Ages 21 to 44 (CCP-AD)	Administrative
1002	OPA	Contraceptive Care – All Women Ages 21 to 44 (CCW-AD)	Administrative
508	CDC/NCHS	Low-Risk Cesarean Delivery: Age 20 and Older (LRCD-AD) ^d	State vital records
Care of Acute and Chronic Conditions			
167	NCQA	Controlling High Blood Pressure (CBP-AD)	Administrative, hybrid, or EHR
84	NCQA	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older (AAB-AD)	Administrative
1820	NCQA	Glycemic Status Assessment for Patients with Diabetes (GSD-AD)	Administrative or hybrid
577	AHRQ	PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)	Administrative

How EHBC is constructed

Brief overview of technical specifications

Measure overview

- Medicaid claims data only
- Process of care not outcomes of care focused
- 3 populations
- 3 measures
 - Testing (HBV and HCV) and treatment (HCV only)
- Time period
 - July 1 in year prior to measurement year thru June 30 of measurement year
 - Measurement year 2027: intake period is July 1, 2026, to June 30, 2027
 - Balances data completeness and recency

EHBC: 3 measures in 3 populations

Hepatitis B testing	Hepatitis C testing	Hepatitis C treatment*
Adults 18-64yo	Adults 18-64yo	Adults 18-64yo
Pregnant persons	Pregnant persons	Post-partum persons
Adults with OUD	Adults with OUD	Adults with OUD

* Among those with a diagnosis and no prior treatment

Tech specifications: Adult denominator

Denominator	Specification based on enrollment data
Medicaid-enrolled adults	1. Not dually eligible for Medicare
	2. Aged 18-64
	3. Continuously enrolled in Medicaid with no more than one gap in enrollment up to 45 days

Tech specifications: OUD denominator

Denominator	Specification based on enrollment and claims data
Medicaid-enrolled adults with OUD	1. Not dually eligible for Medicare
	2. Aged 18-64
	3. Continuously enrolled in Medicaid with no more than one gap in enrollment up to 45 days
	4. ≥ 1 Claim with ICD-10 diagnosis of opioid abuse, dependence, or remission during intake period

Tech specifications: pregnancy post-partum denominators

Denominator	Specification based on enrollment and claims data
Medicaid-enrolled pregnant and post-partum adults	1. Not dually eligible for Medicare
	2. Aged 18-44 as of delivery date
	3. ≥ 4 months Medicaid enrollment during pregnancy (testing measures), 180 days continuous enrollment post-delivery (treatment measure)
	4. Delivery encounters identified using ICD-10-CM or CPT codes. Pregnancy period constructed using ICD-10-CM codes for weeks of gestation.

Tech specifications (numerators)

Numerators	Claims data
1. N and % tested for HBV in the Intake Period	CPT or HCPCS code for testing
2. N and % tested for HCV in the Intake Period	CPT or HCPCS code for testing

Tech specifications (numerators)

Numerators	Claims / enrollment data
3. N and % receiving direct-acting antiviral treatment for HCV within 6 months of being tested and diagnosed with HCV	Had HCV test during intake period
	Had HCV diagnosis within 6 months of test
	6 months continuous enrollment before and after HCV test (allows 45-day gap)
	Negative HCV treatment history 6 months before test
	Claim for direct-acting antiviral for HCV within 6 months of test

Pregnancy modifications: treatment measured in post-partum period (among those with test and diagnosis during pregnancy)

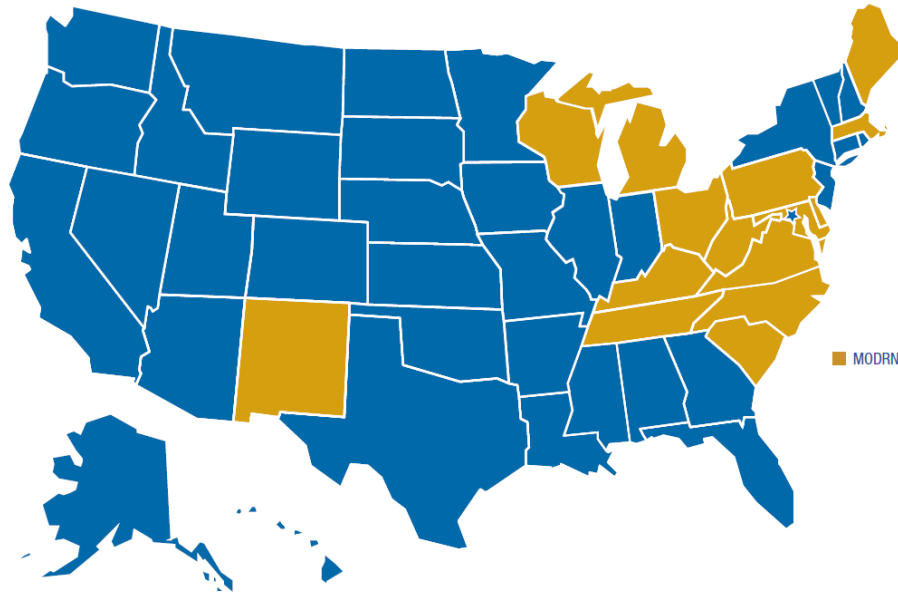
EHBC: 3 measures in 3 populations

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Early results

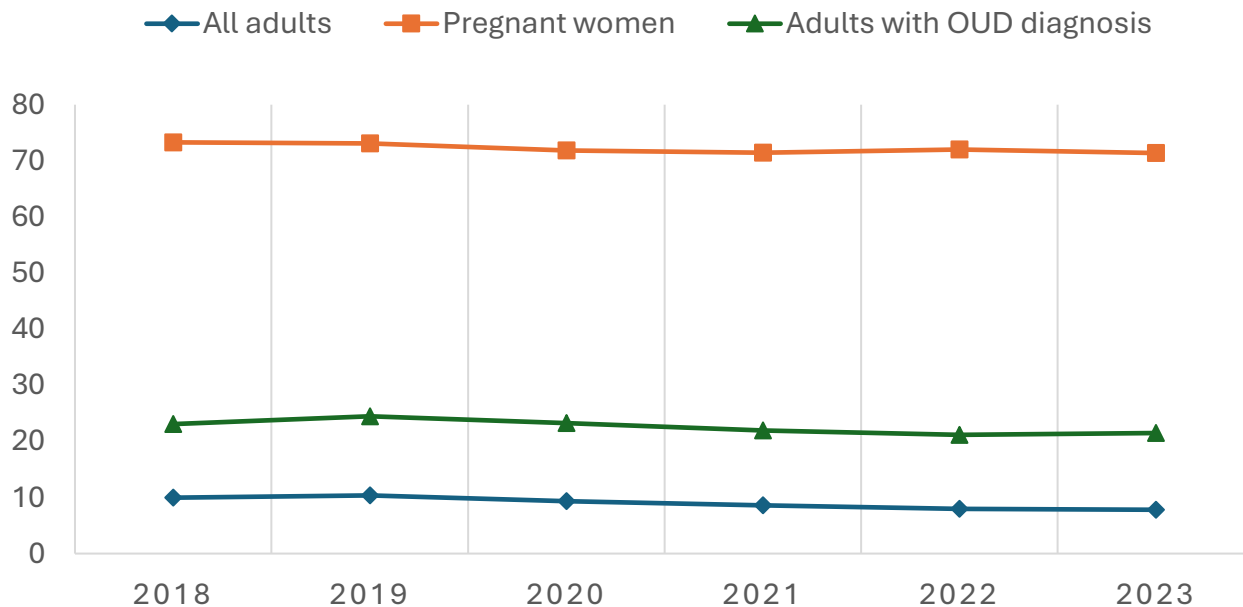
The Medicaid Outcomes Distributed Research Network (MODRN)



- Academic-state partnerships
- Multi-state research, policy analysis, quality measure development
- DE, MD, ME, MI, OH, PA, VA developed and tested measure
- Pooled 7-state average, state-specific results

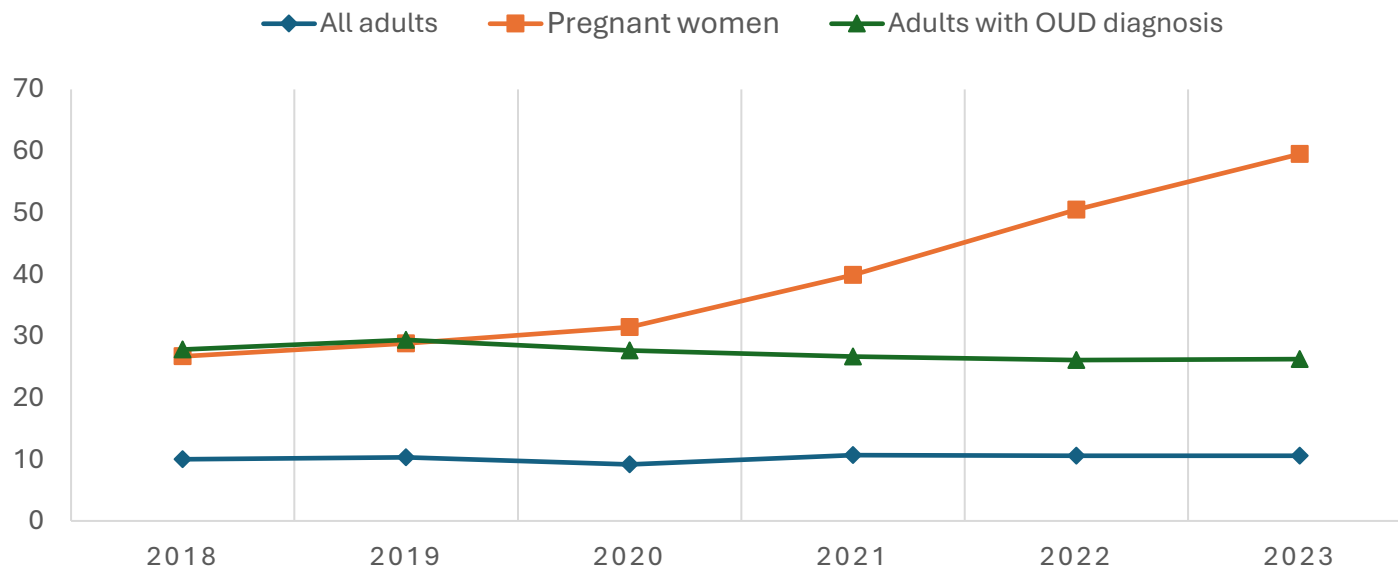
Testing for hepatitis B virus

PERCENT WITH HBV TESTING



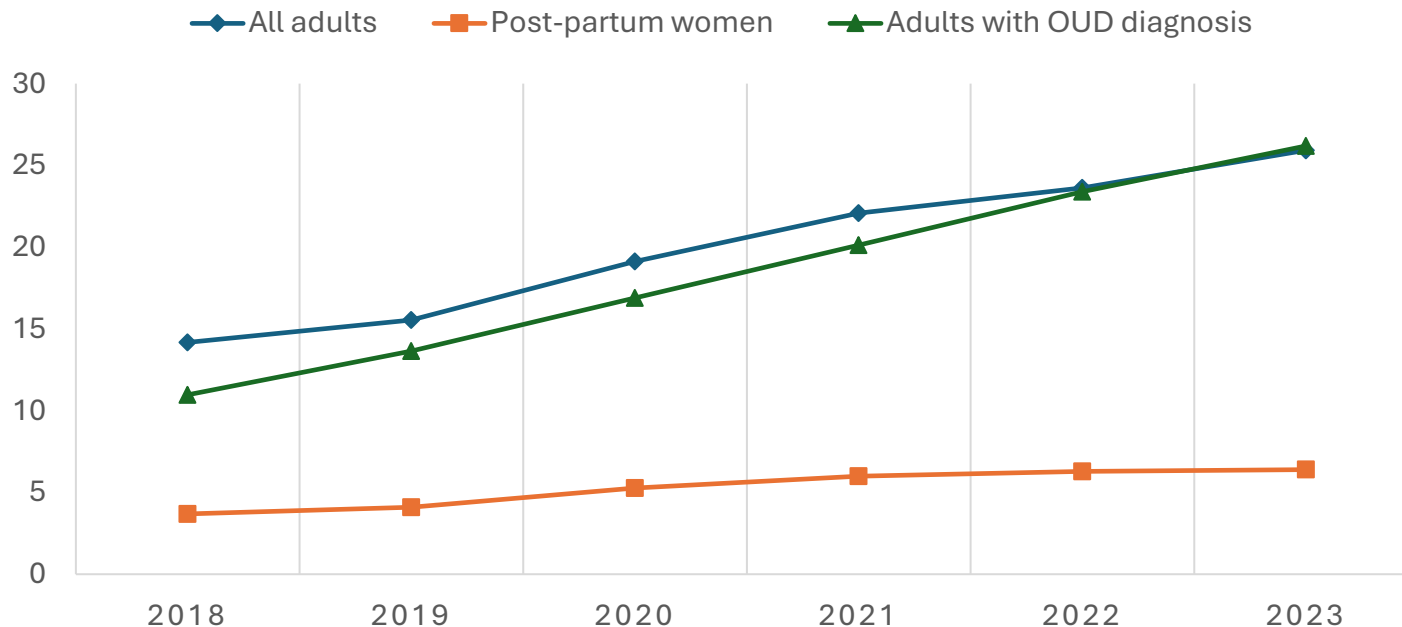
Testing for hepatitis C virus

PERCENT WITH HCV TESTING

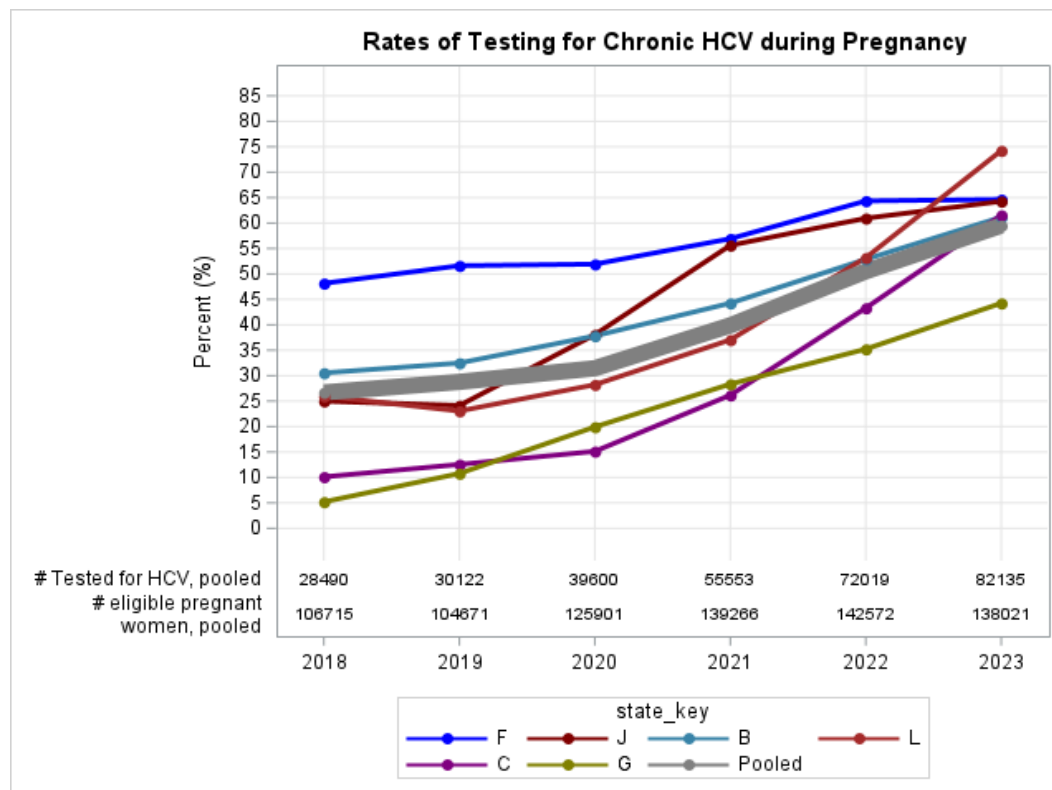


Treatment for hepatitis C virus

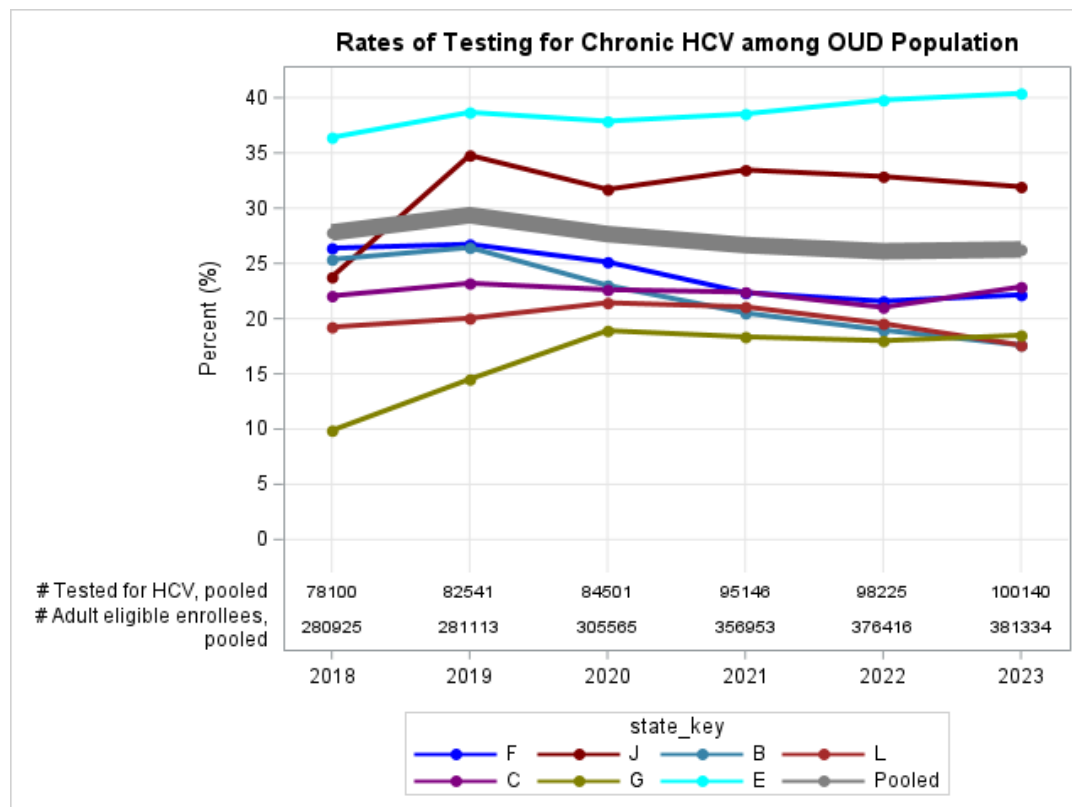
PERCENT WITH HCV TREATMENT



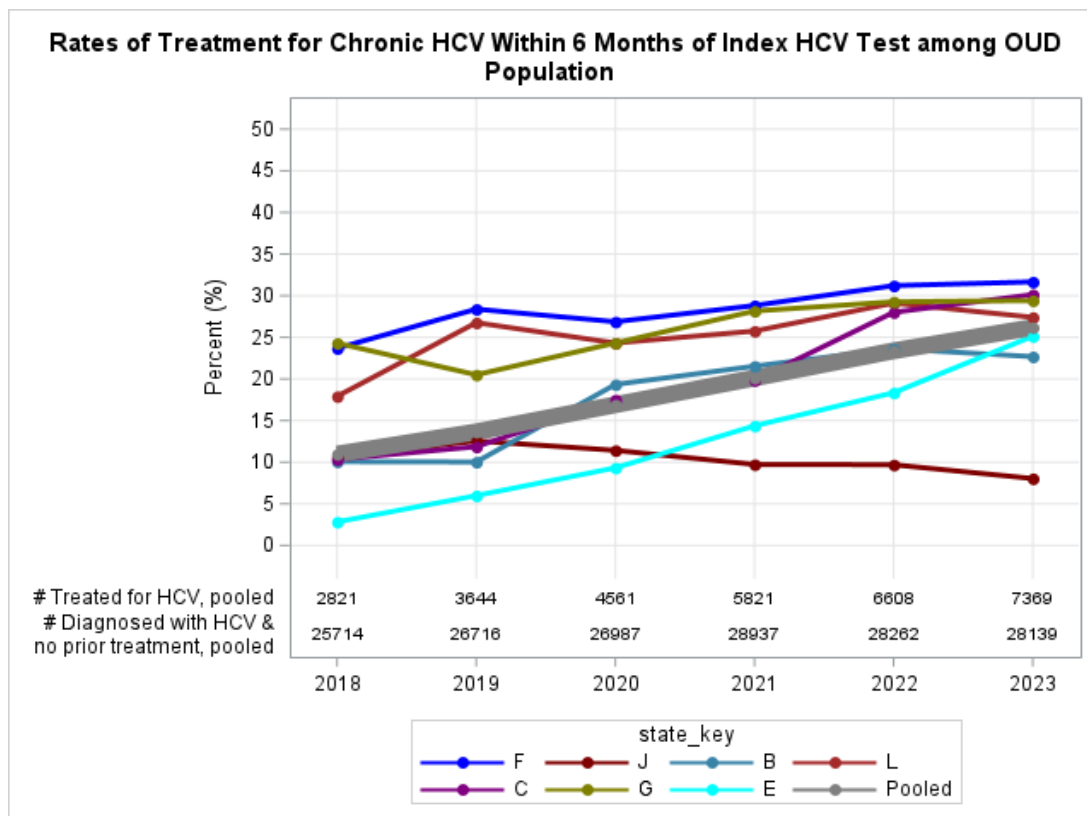
Variation across states



Variation across states



Variation across states



Resources and next steps

Next steps and timeline

- 11 state agencies have already requested technical specifications
- January 2027: CMS will post resource manuals for states
- Spring/summer 2027: States begin constructing measures for 2027 measurement year
- December 2027: States report measures to CMS

Resources



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Medicaid Outcomes Distributed Research Network

Improving testing and treatment of hepatitis B and hepatitis C in Medicaid:
a New Medicaid Adult Core Set Measure



REQUEST MEASURE SPECIFICATIONS

Centers for Medicare and Medicaid Services Policy Guidance

- [2027 Updates to the Child and Adult Core Health Care Quality Measurement Sets and Mandatory Reporting Guidance](#)
- [2027 Core Set of Adult Health Care Quality Measures for Medicaid \(Adult Core Set\)](#)

Contact MODRN

For more information, email
jdonohue@pitt.edu.

Resources

- Technical specifications
- Value sets (HCPCS codes, diagnosis codes, NDCs)
- SAS code for constructing the measures
- Technical assistance
- Presentations to your group

Potential uses of EHBC in Medicaid

- **Population-level impact**

- Identifying disparities in screening rates across demographic groups or regions

- **System-level Incentives**

- Incentive payment models for MCOs and Patient-Centered Medical Homes

- **Data-to-action examples**

- Provider/clinical level QI initiatives
- Technical assistance and integration with EHR
- Work with learning communities (examples from PA)
 - Centers of Excellence for OUD
 - Perinatal Quality Collaborative



HCV Elimination in the US

Department of Veterans Affairs

*Rachel Gonzalez, M.P.H., *,# Angela Park, Pharm.D., †,#
 Vera Yakovchenko, M.P.H., ‡ Shari Rogal, M.D., M.P.H., §,¶
 Maggie Chartier, Psy.D., M.P.H., * * Timothy R. Morgan, M.D., ††,‡‡,## and
 David Ross, M.D., Ph.D., M.B.I. * *,##*

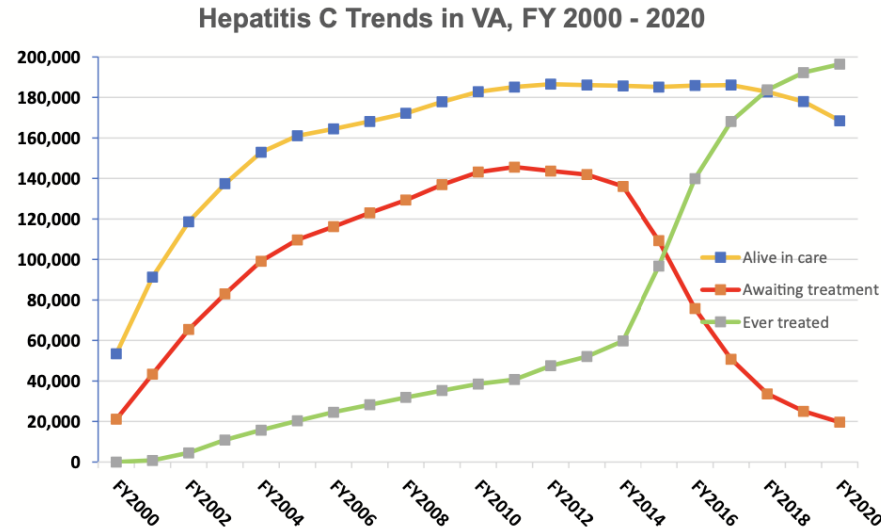


FIG 1 Number of Veterans in care at VA facilities (yellow line), the number of Veterans awaiting HCV treatment (red line), and the number of Veterans ever treated for hepatitis C (green line), between fiscal year FY 2000 and FY 2020. Source: VA Hepatitis C Cube.

Measurement was key

TABLE 1. COMPONENTS AND FUNCTIONS OF THE VA NATIONAL HEPATITIS C PROGRAM ([HTTPS://WWW.HEPATITIS.VA.GOV/HCV/INDEX.ASP](https://www.hepatitis.va.gov/hcv/index.asp))

Component	Function
National HCV Program Office	National coordination and communication
HCV Clinical Case Registry (CCR)	Local and national capture of clinical, laboratory, and pharmacy data on all HCV+ Veterans in VA care ¹
Testing/treatment guidelines	Evidence-based standards for testing/treatment ^{4,5}
HCV Lead Clinicians	VAMC-level coordination and communication
Hepatitis C Resource Centers	Develop and disseminate innovations in HCV care ^{6,7}

Thank you!

- We'd like to hear from you!
- jdonoehue@pitt.edu

For EHBC measure specifications and code:

- www.publichealth.pitt.edu/MODRN