



2025 Evidence-based Health Policy Innovation Award

Presented by the Center for Evidence-based Policy

Hepatitis C Elimination in Medicaid Programs

Hepatitis C virus (HCV) infects the liver and can progress to cirrhosis, cancer, or liver failure if untreated. Although highly effective oral direct-acting antiviral cures exist, only about 1.2 million of the estimated 2.2 million US adults living with HCV initiated treatment between 2014 and 2020. This shortfall is pronounced among low-income populations with Medicaid coverage. Their HCV prevalence is 3 times that of the privately insured, reflecting overlapping risks, including higher rates of substance use disorders and injection drug use.

Recognizing this concentration of disease, 3 Medicaid programs and their public health partners built coordinated purchasing and treatment strategies for population-level elimination. Michigan, Missouri, and Washington's Hepatitis C programs share 3 core features: a preferred Hepatitis C direct-acting anti-viral (DAA) drug selected following a competitive procurement; volume-based pricing that lowers per-course cost after defined volume thresholds; streamlined access for the preferred agent with clinical exceptions for alternatives; and a comprehensive screening and outreach program. All 3 states coordinate Medicaid and public health purchasing and fund primary care training.

Michigan: We Treat Hep C

Drug Policy Model

Michigan's We Treat Hep C Initiative launched April 1, 2021, with a volume-based contract eliminating utilization controls and specialist prescribing restrictions for the preferred DAA Mavyret prescribed per US Food and Drug Administration labeling. The program removed prior authorization, specialist consultation requirements, and sobriety documentation requirements to enable primary care treatment at scale. For this project, coverage for DAAs moved from managed care to fee-for-service. However, health plans face explicit coordination requirements, including sending mandated member outreach letters to all adult enrollees and maintaining rosters of untreated members. The state aims to treat an estimated 40,000 Medicaid and Healthy Michigan Plan beneficiaries with HCV.

Increased Patient Screening and Provider Capacity

Michigan built monitoring infrastructure and provider capacity. Medicaid Health Plans must send letters to all adult enrollees, create and maintain rosters of untreated members, and provide adherence support. Health plans use daily utilization files to track patients in real time for outreach and adherence. Partnerships with Henry Ford Health System and Wayne State/Midwest AIDS Training and Education Center provide clinical consultation and training. A statewide clinical consultation line supports providers, while academic detailing through the Drug Utilization Review Board expands prescribing capacity among primary care clinicians beyond specialists.

Outcomes

Following the April 2021 launch, Medicaid HCV testing increased from monthly averages of 10,664 (2020) to 18,376 (2023), corresponding to 4.6 to 8.0 tests per 1,000 beneficiaries monthly. Treatment starts averaged 143 per month (April 2021 to August 2025). As of August 2025, a total of 7,571 Medicaid beneficiaries had been treated since initiative launch, with 871 new HCV prescribers added to expand capacity. Active prescribers increased steadily through 2025.

Missouri: Project Hep Cure

Drug Policy Model

Missouri's Project Hep Cure launched July 1, 2021, after collaboration between MO HealthNet, the Department of Corrections, and the Department of Health and Senior Services began in September 2019. The state's first multi-agency procurement designated the DAA Mavyret as the sole preferred drug without utilization controls. The multi-agency contract includes an expenditure cap and threshold pricing, which reduces unit costs to nominal amounts once volume targets are met, with initial contract renewals extending through 2024. Missouri has since executed another 3-year contract, which began July 2025. Prior authorization applies only to nonpreferred regimen requests. The preferred drug requires no prior authorization, while medical necessity requirements apply to any request for a nonpreferred product.

Increased Screening and Patient Access

Missouri expanded prescribing beyond hepatology and infectious disease specialist, encouraging primary care providers to treat as well. The state leverages Project Extension for Community Healthcare Outcomes (ECHO) and the Health Home program with over 500 nurse care managers to support outreach, adherence, and care linkage. Health Homes and psychiatrists are clinical leads, integrating treatment into primary and mental health settings. Centralized criteria ensures consistent prescribing across agencies. Broad provider and public education campaigns complement the clinical supports. Missouri created a publicly available dashboard that reports on county-level progress and highlights gaps in coverage.

Outcomes

As of August 1, 2025, Missouri's dashboard shows 263,829 adult MO HealthNet participants tested (34.5% of adults), with 32,241 diagnosed and 8,702 treated, indicating a 27% treatment rate among diagnosed members. Over 1,000 MO HealthNet providers across the state have now cured at least 1 patient of hepatitis C. Missouri aims to test 50% of adult participants by June 2027 as an explicit interim milestone toward 100% HCV elimination statewide. Publicly available county-level data reveals treatment distribution and guides targeted outreach.

Washington: Hep C Free

Drug Policy Model

Washington State's Hep C Free Initiative launched July 1, 2019, with Governor's Directive 18-13 creating a comprehensive multi-agency plan to eliminate HCV by 2030.

Operations and Access

Washington's strategy extends beyond Apple Health (Medicaid) to multiple state agencies: Department of Corrections, state hospitals with the Department of Social and Health Services, Employee and Retiree Benefits, and Labor and Industries. Apple Health and the state-funded employee health insurance plan removed authorization requirements for Mavyret and transitioned payment to a fee-for-service model under pooled purchasing. Specialist prescriber requirements were removed in July 2019.

The Department of Health organizes work through quarterly meetings of a coordinating committee and workgroups. Contracts require manufacturers to fund bona fide services including provider education, social marketing campaigns, and support for screening and linkage through syringe services programs and local health jurisdictions. Provider capacity has expanded through Health Information Exchange initiatives and the Project ECHO telementoring program. The initiative integrates HCV treatment in opioid treatment programs, supports mobile and fixed clinic capacity, and expands pharmacist-driven care under collaborative practice agreements. County jail screening and linkage programs receive dedicated funding as part of the elimination strategy.

Outcomes

The Apple Health Hep C Free WA dashboard linking claims, surveillance, and corrections data into interactive displays that allow Washington to track care cascades for priority populations and meet legislative reporting requirements. Value-based contracts require quarterly outcomes reporting tied to purchasing agreements. This comprehensive monitoring system supports the state's goal of eliminating hepatitis C by 2030 under Governor's Directive 18-13.

As of September 2024, Washington treated 18,315 patients with an average of 451 days from diagnosis to prescription. Treatment reached diverse populations: 13,701 White patients,

1,366 Hispanic patients, and 1,013 American Indian/Alaska Native patients. Annual diagnoses declined from 10,974 (2015) to 1,306 (2024). After Apple Health changed its policy to treat all patients with HCV, treatment volumes peaked at 3,126 (2017), then stabilized around 1,300-1,600 annually through 2023. State agencies aim to treat approximately 6,000 clients annually under the elimination plan.

Washington used a Centers for Medicare & Medicaid Services-approved state plan amendment to authorize the use of value-based rebate agreements with guaranteed pricing up to an annual volume threshold and minimal costs thereafter. Apple Health reached its target treatment threshold in both 2024 and 2025.

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