

# Hepatitis C Medicaid Affinity Group: Overview and Expression of Interest Form

## Hepatitis C Medicaid Affinity Group Overview

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The Hepatitis C Medicaid Affinity Group aims at increasing the number and percentage of Medicaid patients diagnosed with hepatitis C virus (HCV) infection that are successfully treated and cured. These outcomes have substantial benefits to the health and wellbeing of persons living with HCV as well as significant social value including preventing transmission, early mortality, productivity loss and substantial direct healthcare costs.

Participation in the Affinity Group is voluntary. The Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) in the Office of the Assistant Secretary for Health at Department of Health and Human Services (HHS) will coordinate the HCV Medicaid Affinity Group in active collaboration with CMS, CDC, and HRSA. Subject Matter Experts (SME) from collaborating federal partners will support the Affinity Group by providing technical assistance, consultation, and feedback.

## Benefits to State Participants:

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Direct technical assistance that supports improved HCV-related outcomes among Medicaid enrollees through better coordination, delivery, and assessment of high quality HCV prevention, treatment and cure

Opportunity for states to learn and share best and promising approaches to improve health outcomes and reduce costs by successfully treating and curing Medicaid enrollees diagnosed with HCV

Stronger collaborative relationships among state Medicaid programs, and other state partners (public or private) who are well positioned to advice and support efforts for maximum impact

The expectation is that the most viable and effective solutions and innovations will be generated by states themselves while working collaboratively with their state colleagues as a team, stakeholders in the state, and federal partners. Active participation in monthly Hepatitis



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C Medicaid Affinity Group conference calls with other states and federal partners is an essential requirement for success. In order to participate, states must submit a completed Expression of Interest Form which seeks basic information such as:

1. The impact of HCV on the State Medicaid Population: number of persons in the state Medicaid program, HCV prevalence (number and rate) in the state Medicaid population, number and percentage of the Medicaid population diagnosed with HCV who have then been treated and cured.
2. Barriers that have limited the number of individuals diagnosed with HCV in the state Medicaid program who have been offered treatment and cured
3. State activities to date and preliminary strategies on how to address these barriers in their state Medicaid program and the expected results
4. Names, titles, and contact information for the members of the state team that will participate in this workgroup. Please indicate the lead or point of contact for the state team.

**The Expression of Interest form is due back to [Corinna.Dan@hhs.gov](mailto:Corinna.Dan@hhs.gov) on Friday, November 3, 2017 at 5:00 PM EST.**

A limited number of states will be able to participate. Federal partners will review the Expression of Interest Form and select states based on the estimated impact of their proposed strategies, demonstration of support for the project, evaluation of local efforts, and the composition of the proposed state team.

For more information about affinity groups go to:

<https://www.medicaid.gov/medicaid/benefits/prevention/index.html>.



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STATE:

## A. Your Project and Goals

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The goal of the Hepatitis C Medicaid Affinity Group is to increase the number and percentage of Medicaid enrollees diagnosed with HCV infection that are successfully treated and cured. To be considered for participation, please respond to the following items and attach additional pages as needed.

- 1. In the past five years, has your state Medicaid program undertaken work on HCV? If yes, please describe efforts to date, current status, and which state partners and the extent to which they have been involved.**
- 2. Provide the current number of Medicaid enrollees diagnosed with HCV infection and the percentage of the total number of enrollees they represent in your state. If available, provide the number and percentage of Medicaid enrollees with HCV infection who have been treated and cured or an estimate of same.** If you do not have information about treated and cured patients available currently and your state is selected to participate, this information will be requested to be provided within 30 days of notice of selection. This information will be used as a baseline for your state in measuring strategy success.
- 3. Is there any specific technical assistance your state will need? If so, please describe.**
- 4. Are there barriers to success that your state has encountered or anticipates? If so, please describe.**



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5. Briefly describe your state’s proposed project strategy/ies to achieve the goal set by this Affinity Group. (limit length to one page)
  
6. What results does your state hope to achieve by December 2019 using the selected strategy/ies? Please define your measures clearly.
  
7. Briefly describe the impact the opioid epidemic is having in your state.

## B. State Team

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1. Please list the individuals from your state who will participate in the Hepatitis C Medicaid Affinity Group Project in the table below.

Name	Title	Agency/ Department	Phone Number	Email Address

2. Which of these individuals will be the lead contact for your state team:

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## C. Leadership Expression of Support

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Each state team participating in the Hepatitis C Medicaid Affinity Group is expected to have the support of the **Medicaid Director or equivalent AND the State Public Health Official OR Hospital Association Director** to demonstrate the state's interest in achieving the project's goals. Please indicate the names of the supporting officials below.

### Medicaid Official

Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Agency \_\_\_\_\_

### State Public Health Official/State Hospital Association Director

Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Agency \_\_\_\_\_

