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Less Than 25 Percent of Medicaid Beneficiaries With Hepatitis C Received Treatment Within 6 Months

Why OIG Did This Review

- More than 2 million Americans have hepatitis C. Thousands die from the disease each year despite the availability of oral medications that can cure hepatitis C with a simple, short course of treatment.
- Hepatitis C treatment is crucial to reducing morbidity and mortality and to achieving HHS's goal of eliminating hepatitis C as a public health threat in the United States by 2030.[1]
- Timely treatment can also generate significant savings for Federal health care programs by preventing costly complications from untreated infection.[2]
- Medicaid is one of the largest insurers of people with hepatitis C, underscoring the program's key role in ensuring access to treatment.[3] Dual-eligible beneficiaries (i.e., those enrolled in both Medicaid and Medicare) would primarily receive treatment for hepatitis C through Medicare rather than Medicaid.

What OIG Found



Fewer than 1 in 4 treated

Only 23 percent of Medicaid beneficiaries with hepatitis C received treatment within 6 months of testing



7 weeks until treatment

For those treated within 6 months, treatment typically took 7 weeks to start—despite recommendations to treat immediately



State rates ranged from 7% to 41%

Among individual States, the rate of beneficiaries treated within 6 months ranged from 7 percent to 41 percent



Rates varied by population

Treatment rates were lower among newly infected beneficiaries, dual-eligible beneficiaries, older adults, and children

What OIG Recommends

OIG recommends that CMS:

- Take additional steps to increase hepatitis C treatment rates in Medicaid, building on data collected through the Medicaid hepatitis C quality measure starting in 2027.
- Take targeted steps to increase hepatitis C treatment rates among dual-eligible beneficiaries who receive treatment primarily through Medicare.

CMS concurred with our recommendations.