
Appendix A

State Data and Methodology

To better quantify and qualify the financial impacts of Sovaldi and Harvoni on individual state Medicaid programs, investigative staff requested quantitative and qualitative data from all 50 states and the District of Columbia regarding a series of issues related to Hepatitis C virus (HCV) infections, pharmaceutical spending, interactions with Gilead Sciences, Inc., and the financial impact of Sovaldi and Harvoni on state Medicaid spending. State Medicaid programs were asked to provide:

- Total spending (pre-rebate) on Sovaldi and Harvoni in calendar year 2014 (CY 2014)
- The number of prescriptions filled for Sovaldi and Harvoni during CY 2014
- The number of unique recipients who were dispensed Sovaldi and Harvoni during CY 2014
- The top 25 drugs, in terms of aggregate spending, in CY 2014
- The rank of Sovaldi and Harvoni in the state's pharmaceutical spending
- The estimated number of enrollees infected with HCV
- The estimated number of enrollees in each state's Medicaid program
- Whether the state signed a supplemental rebate agreement with Gilead in CY 2014

What follows are descriptions of the data compiled by investigative staff.

Supplemental Rebate

State Medicaid programs were asked if the program agreed to a supplemental rebate with Gilead for Sovaldi during CY 2014. Federal law requires pharmaceutical manufacturers to return a rebate equal to either the difference between a drug's quarterly average manufacturer price (AMP) and the best price, or 23.1%, whichever is larger.¹ In addition to these statutory requirements, companies can provide supplemental rebates to Medicaid programs. The supplemental rebates are typically used by companies as leverage to secure placement on states' preferred drug lists and increase market share.

Forty-eight programs responded to this request, or were able to provide this information. The responses are noted in the column titled "Supplemental Rebate for Sovaldi in CY 2014" in Table 1.

HCV Enrollees in Medicaid

State Medicaid programs were asked to provide information about the number of enrollees infected with HCV. Investigative staff believe these data are the most accurate available representation of the HCV prevalence within each program. The methods of data collection were not uniform; reports to investigative staff used varying levels of detail to describe how the data were collected. Investigative staff outlined these methods (where applicable) in notes detailing state-by-state data variations (see "Data Variations by State" after Table 4). The data can be divided into three broad categories: diagnosed patients, population estimates, or hybrid figures based on a combination of diagnoses and estimates. In most cases, the figures were provided as a single number; in cases where there was a range, investigative staff used the lower bound, noting both the upper and lower estimates in the data variations.

Forty-four programs responded to this request. The data can be found in the column titled "HCV Enrollees in Medicaid" in Table 1.

Total Medicaid Population

State Medicaid programs were asked to provide the program's enrollment. The data reflect enrollment estimates, average monthly enrollment, or total enrollment figures for CY 2014, a specific month or date, or other specified time periods. In some cases, programs reported separate fee-for-service (FFS) and managed care organization (MCO) population figures; investigative staff listed a single number for consistency and noted full descriptions in the data variations (see "Data Variations by State") when multiple numbers were submitted.

¹ 42 U.S.C. § 1396r-8(c)(1) (setting the basic rebate for single source drugs and innovator multiple source drugs).

Fifty programs responded to this request. The data can be found in the column titled "Total Medicaid Enrollees" in Table 1.

Total Drug Spending Data

State Medicaid programs were asked to provide a list of the top 25 medications as ranked by total amount paid during CY 2014. The data do not reflect any required or supplemental rebates. For each medication, state programs were asked to provide (1) claim count, (2) wholesale acquisition cost (WAC), (3) drug quantity, (4) days of supply, and (5) the number of unique recipients. If Sovaldi did not fall within the top 25 medications by amount paid, state programs were asked to provide a separate line item with Sovaldi's rank and the above-requested information. Many state programs provided the same data for Harvoni and Olysio when they fell out of the list of top 25 medications.

All programs responded to this request. Data highlighting total spending, rank by total spending, and the number of unique Medicaid recipients for Sovaldi, Harvoni and Olysio can be found in Tables 2, 3 and 4, respectively. The first three data columns for each table show figures specific to FFS programs; the next three columns show stand-alone data for MCO programs; the final three columns show combined FFS and MCO data in cases where states did not report separate data for each program.

Individual state programs deliver Medicaid prescription drug benefits differently, which is reflected in the data. Twenty-eight states reported their total drug spending as all FFS; 13 states reported separate spending data for FFS and MCO programs; other states provided a single top 25 list with combined FFS and MCO data. These differences are specified in each column, as well as in the data variations detailed in "Data Variations by State."

Table 1—Supplemental Rebates and HCV/Total Medicaid Enrollees

State	Supplemental Rebate for Sovaldi in CY 2014	HCV Enrollees in Medicaid †	Total Medicaid Enrollees †
Alabama	No	6,200	1,031,000
Alaska	No	1,200	130,000
Arizona	No	18,000	1,746,175
Arkansas	No	1,381	902,378
California	No	237,000	12,342,888
Colorado	No	6,229	1,192,000
Connecticut	No	10,800	725,500
Delaware	No	1,444	202,064
District of Columbia	No	5,461	247,201
Florida	No	17,230	3,429,343
Georgia	Yes	6,000	1,913,957
Hawaii	No	*	328,000
Idaho	No	*	274,541
Illinois	No	15,520	3,000,000
Indiana	No	9,522	1,117,418
Iowa	No	5,406	560,000
Kansas	No	*	422,576
Kentucky	No	15,542	1,437,235
Louisiana	*	*	1,292,942
Maine	Yes	1,749	336,000
Maryland	No	15,019	1,300,000
Massachusetts	No	21,047	1,852,801
Michigan	No	17,605	2,000,000
Minnesota	Yes	5,600	939,902
Mississippi	No	1,711	703,015
Missouri	No	13,000	947,250
Montana	No	2,930	167,621
Nebraska	No	862	234,056
Nevada	No	3,513	556,015
New Hampshire	No	1,600	146,682
New Jersey	No	19,919	1,675,640
New Mexico	No	4,864	790,000
New York	No	57,897	6,221,396
North Carolina	No	19,246	1,840,215
North Dakota	No	*	81,000
Ohio	No	6,500	2,936,891
Oklahoma	No	6,416	1,025,312
Oregon	No	10,898	999,496
Pennsylvania	No	31,636	2,161,630
Rhode Island	No	2,200	265,000
South Carolina	No	4,000	1,200,000
South Dakota	*	*	117,346
Tennessee	No	9,772	1,360,000
Texas	No	17,325	3,884,958
Utah	No	*	*
Vermont	Yes	1,280	176,128
Virginia	No	10,312	1,136,180
Washington	No	23,310	1,535,509
West Virginia	No	16,342	494,460
Wisconsin	*	14,800	1,200,000
Wyoming	Yes	700	85,000

* Not available.

† State reported data vary by time period. For a full explanation, please see "Data Variations by State" following Table 4 in Appendix A.

Table 2—State Reported Medicaid Spending and Data for CY 2014—Sovaldi

State	Sovaldi Rank—FFS	Sovaldi Total Spending—FFS	Sovaldi HCV Recipients—FFS	Sovaldi Rank—MCO	Sovaldi Total Spending—MCO	Sovaldi HCV Recipients—MCO	Sovaldi Rank—Combined FFS/MCO	Sovaldi Total Spending—Combined FFS/MCO	Sovaldi HCV Recipients—Combined FFS/MCO
Alabama ^A	6	\$11,903,250	151	*	*	*	*	*	*
Alaska ^A	50	\$223,338	4	*	*	*	*	*	*
Arizona ^B	7	\$313,031	4	2	\$23,891,674	259	*	*	*
Arkansas ^A	15	\$3,236,633	38	*	*	*	*	*	*
California ^B	31	\$21,866,410	280	*	*	1,359	*	*	*
Colorado ^A	3	\$8,537,340	93	*	*	*	*	*	*
Connecticut ^A	1	\$66,127,237	744	*	*	*	*	*	*
Delaware ^A	20	\$1,464,752	16	*	*	*	*	*	*
District of Columbia ^A	32	\$605,735	9	*	*	*	*	*	*
Florida ^B	2	\$26,826,502	336	2	\$35,429,282	471	2	\$62,255,785	712
Georgia ^A	1	\$30,475,725	329	*	*	*	*	*	*
Hawaii ^E	*	*	*	1	\$18,678,769	184	*	*	*
Idaho ^A	10	\$1,739,667	18	*	*	*	*	*	*
Illinois ^A	4	\$18,819,196	208	*	*	*	*	*	*
Indiana ^C	*	*	*	*	*	*	*	*	*
Iowa ^A	53	\$1,264,706	17	*	*	*	2	\$40,304,301	462
Kansas ^C	*	*	*	*	*	*	*	*	*
Kentucky ^D	27	\$515,424	6	1	\$47,322,123	506	3	\$11,316,299	137
Louisiana ^B	6	\$5,645,304	67	2	\$5,419,841	60	1	\$47,837,547	511
Maine ^A	2	\$6,943,323	133	*	*	*	*	*	*
Maryland ^B	148	\$472,145	9	1	\$29,321,884	348	*	*	*
Massachusetts ^B	1	\$41,471,082	492	1	\$52,038,369	549	*	*	*
Michigan ^A	167	\$800,482	16	*	*	*	*	*	*
Minnesota ^A	1	\$9,181,119	114	*	*	393	*	*	*
Mississippi ^D	28	\$1,951,548	23	3	\$5,715,467	66	11	\$7,667,015	87
Missouri ^A	2	\$32,988,645	359	*	*	*	*	*	*
Montana ^A	2	\$3,721,163	39	*	*	*	*	*	*
Nebraska ^A	6	\$3,050,208	31	*	*	*	*	*	*
Nevada ^A	2	\$11,882,983	126	*	*	*	*	*	*
New Hampshire ^A	36	\$84,677	1	*	*	*	*	*	*
New Jersey ^C	*	*	*	*	*	*	1	\$55,575,074	695
New Mexico ^B	6	\$296,825	3	1	\$8,433,631	105	*	*	*
New York ^B	1	\$31,137,860	399	1	\$332,459,598	3,509	*	*	*
North Carolina ^A	2	\$38,952,473	473	*	*	*	*	*	*

Table 2—State Reported Medicaid Spending and Data for CY 2014—Sovaldi—Continued

State	Sovaldi Rank—FFS	Sovaldi Total Spending—FFS	Sovaldi HCV Recipients—FFS	Sovaldi Rank—MCO	Sovaldi Total Spending—MCO	Sovaldi HCV Recipients—MCO	Sovaldi Rank—Combined FFS/MCO	Sovaldi Total Spending—Combined FFS/MCO	Sovaldi HCV Recipients—Combined FFS/MCO
North Dakota ^B	5	\$562,542	9	1	\$2,081,450	*	*	*	*
Ohio ^B	2	\$6,442,541	101	5	\$30,294,252	387	*	*	*
Oklahoma ^A	1	\$17,824,761	220	*	*	*	*	*	*
Oregon ^B	47	\$558,280	9	2	\$10,003,701	135	*	*	*
Pennsylvania ^C	*	*	*	*	*	*	2	\$98,136,797	1,059
Rhode Island ^B	42	\$84,010	2	2	\$5,383,450	60	*	*	*
South Carolina ^B	250	\$99,933	2	13	\$4,267,112	48	*	*	*
South Dakota ^{A F}	5	\$1,607,185	20	*	*	*	*	*	*
Tennessee ^A	1	\$29,015,258	321	*	*	*	*	*	*
Texas ^D	*	*	*	317	\$1,145,688	13	410	\$1,145,688	13
Utah ^C	*	*	*	*	*	*	1	\$5,583,957	66
Vermont ^A	2	\$3,338,307	45	*	*	*	*	*	*
Virginia ^B	18	\$1,254,445	21	7	\$10,567,386	119	*	*	*
Washington ^A	9	\$2,143,021	31	*	*	*	*	*	*
West Virginia ^A	32	\$1,413,795	19	*	*	*	*	*	*
Wisconsin ^A	54	\$3,073,300	38	*	*	*	*	*	*
Wyoming ^A	2	\$1,147,913	13	*	*	*	*	*	*

^A State reported total drug spending data through its FFS program.
^B State reported separate total drug spending data for the FFS and MCO programs.
^C State reported combined total drug spending data for the FFS and MCO programs.
^D State reported separate total drug spending data for the FFS and MCO programs, as well as separate FFS and MCO total drug spending.
^E Hawaii reported combined total drug spending data for the FFS and MCO programs, but given Hawaii's Medicaid program is less than 1% FFS, the data is noted as MCO for our purposes (there was one unique recipient for Sovaldi in the FFS program).
^F South Dakota reported a duplicated patient count for Sovaldi recipients.
 * Not available or not applicable.

Table 3—State Reported Medicaid Spending and Data for CY 2014—Harvoni—Continued

State	Harvoni Rank—FFS	Harvoni Total Spending—FFS	Harvoni HCV Recipients—FFS	Harvoni Rank—MCO	Harvoni Total Spending—MCO	Harvoni HCV Recipients—MCO	Harvoni Rank—Combined FFS/MCO	Harvoni Total Spending—Combined FFS/MCO	Harvoni HCV Recipients—Combined FFS/MCO
North Dakota ^B	*	*	*	2	\$901,124	*	*	*	*
Ohio ^B	*	*	*	627	\$457,585	11	*	*	*
Oklahoma ^A	*	*	*	*	*	*	*	*	*
Oregon ^B	131	\$126,039	1	55	\$1,103,510	23	*	*	*
Pennsylvania ^C	*	*	*	*	*	*	112	\$2,962,739	66
Rhode Island ^B	*	*	*	*	*	*	*	*	*
South Carolina ^B	220	\$124,509	4	352	\$159,131	4	*	*	*
South Dakota ^{A F}	*	\$65,774	1	*	*	*	*	*	*
Tennessee ^A	172	\$1,046,544	21	*	*	*	*	*	*
Texas ^D	*	*	*	*	*	*	*	*	*
Utah ^C	*	*	*	*	*	*	*	*	*
Vermont ^A	204	\$126,240	2	*	*	*	*	\$1,073,705	20
Virginia ^B	180	\$133,606	3	268	\$458,679	8	*	*	*
Washington ^A	*	*	*	*	*	*	*	*	*
West Virginia ^A	270	\$224,919	5	*	*	*	*	*	*
Wisconsin ^A	*	*	*	*	*	*	*	*	*
Wyoming ^A	*	*	*	*	*	*	*	*	*

^A State reported total drug spending data through its FFS program.
^B State reported separate total drug spending data for the FFS and MCO programs.
^C State reported combined total drug spending data for the FFS and MCO programs.
^D State reported separate total drug spending data for the FFS and MCO programs, as well as separate FFS and MCO total drug spending.
^E Hawaii reported combined total drug spending data for the FFS and MCO programs, but given Hawaii's Medicaid program is less than 1% FFS, the data is noted as MCO for our purposes (there was one unique recipient for Sivaldi in the FFS program).
^F South Dakota reported a duplicated patient count for Sivaldi recipients.
 * Not available or not applicable.

Table 4—State Reported Medicaid Spending and Data for CY 2014—Olysis—Continued

State	Olysis Rank—FFS	Olysis Total Spending—FFS	Olysis HCY Recipients—FFS	Olysis Rank—MCO	Olysis Total Spending—MCO	Olysis HCY Recipients—MCO	Olysis Rank—Combined FFS/MCO	Olysis Total Spending—Combined FFS/MCO	Olysis HCY Recipients—Combined FFS/MCO
North Dakota ^B	*	*	*	13	\$138,173	*	*	*	*
Ohio ^B	*	*	*	*	*	*	*	*	*
Oklahoma ^A	*	*	*	*	*	*	*	*	*
Oregon ^B	2,349	\$30	1	48	\$1,302,597	23	*	*	*
Pennsylvania ^C	*	*	*	*	*	*	24	\$15,555,728	248
Rhode Island ^B	*	*	*	*	*	*	*	*	*
South Carolina ^B	*	*	*	146	\$520,477	8	*	*	*
South Dakota ^{A, F}	*	*	*	*	*	*	*	*	*
Tennessee ^A	*	*	*	*	*	*	*	*	*
Texas ^D	*	*	*	1,548	\$136,186	2	1,853	\$136,186	2
Utah ^C	*	*	*	*	*	*	25	\$1,121,245	18
Vermont ^A	32	\$819,966	12	*	*	*	*	*	*
Virginia ^B	156	\$155,985	4	118	\$1,204,435	19	*	*	*
Washington ^A	*	*	*	*	*	*	*	*	*
West Virginia ^A	*	*	*	*	*	*	*	*	*
Wisconsin ^A	*	*	*	*	*	*	*	*	*
Wyoming ^A	*	*	*	*	*	*	*	*	*

^A State reported total drug spending data through its FFS program.
^B State reported separate total drug spending data for the FFS and MCO programs.
^C State reported combined total drug spending data for the FFS and MCO programs.
^D State reported combined total drug spending data for the FFS and MCO programs, as well as separate FFS and MCO total drug spending.
^E Hawaii reported combined total drug spending data for the FFS and MCO programs, but given Hawaii's Medicaid program is less than 1% FFS, the data is noted as MCO for our purposes (there was one unique recipient for Medicaid in the FFS program).
^F South Dakota reported a duplicated patient count for Medicaid recipients.
^{*} Not available or not applicable.

Data Variations by State

Acronyms

FFS: fee-for-service

MCO: managed care organization

CY: calendar year (Calendar Year 2014 = January 1, 2014–December 31, 2014)

FFY: federal fiscal year (Fiscal Year 2014 = October 1, 2013–September 30, 2014)

SFY: state fiscal year (State Fiscal Year 2014 = July 1, 2013–June 30, 2014, unless otherwise noted)

HCV: Hepatitis C virus

ICD-9: International Classification of Diseases (ICD), maintained by the World Health Organization. ICD-9 refers to the ninth revision of these codes.

Alabama

Spending: Reported total drug spending data are FFS for CY 2014;

Medicaid Population: Average monthly enrollment during CY 2014;

HCV Enrollees in Medicaid: Enrollees with a claim indicating HCV diagnosis codes during the period July 2013–December 2014.

Alaska

Spending: Reported total drug spending data are FFS for CY 2014;

Medicaid Population: Total enrollees during CY 2014 (none enrolled in managed care);

HCV Enrollees in Medicaid: Estimate of enrollees infected with Hepatitis C based on available claims data.

Arizona

Spending: Reported total drug spending data are separate FFS and MCO data for CY 2014 (Harvoni rank not available because Harvoni was not released until the fourth quarter of 2014);

Medicaid Population: Enrollment during July 2015 (excluding the Medicare Savings Program and emergency services populations, 92.7% of the Arizona Health Care Cost Containment System (AHCCCS) population is enrolled in MCO's and 7.3% is in FFS);

HCV Enrollees in Medicaid: Enrollees identified in the AHCCCS who have a claim or encounter with an HCV diagnosis attached to that claim or encounter.

Arkansas

Spending: Reported total drug spending data are FFS for CY 2014;

Medicaid Population: Number of Medicaid beneficiaries during SFY 2014 (July 1, 2013–June 30, 2014);

HCV Enrollees in Medicaid: Estimated enrollees with a diagnosis code (Acute HCV, Chronic HCV, and Unspecified HCV) in medical claims history during January 1, 2013–January 23, 2015.

California

Spending: Reported total drug spending data are separate FFS and MCO data for CY 2014 (unable to provide total spending and rank data for MCO population);

Medicaid Population: Enrollment during March 2015;

HCV Enrollees in Medicaid: Estimate of enrollees based on a 3% HCV prevalence of Medi-Cal adults.

Colorado

Spending: Reported total drug spending data are FFS for CY 2014;

Medicaid Population: Estimates for both FFS and MCO populations combined;

HCV Enrollees in Medicaid: Enrollees identified from claims and diagnosis codes during April 2014.

Connecticut

Spending: Reported total drug spending data are FFS for CY 2014;

Medicaid Population: Total enrollment for June 2014;

HCV Enrollees in Medicaid: Enrollees with HCV as primary diagnosis during July 2015.

Delaware

Spending: Reported total drug spending data are FFS for CY 2014;

Medicaid Population: Total enrollment for June 2014;

HCV Enrollees in Medicaid: Enrollees with an HCV diagnosis in their active profile between May 1, 2014 and April 30, 2015.

District of Columbia

Spending: Reported total drug spending data are FFS for CY 2014;

Medicaid Population: Enrollment estimates for both FFS and MCO populations combined (Time period: January 1, 2014–April 30, 2015);

HCV Enrollees in Medicaid: Estimate of enrollees with an HCV diagnosis during July 2015 (Additional estimate: 11,000 enrollees may be amenable to treatment).

Florida

Spending: Reported total drug spending data are combined FFS and MCO data, as well as separate FFS and MCO data, for CY 2014;

Medicaid Population: Total enrollment on January 31, 2014;

HCV Enrollees in Medicaid: Enrollees with at least one HCV diagnosis record between January 1, 2014 and December 31, 2014.

Georgia

Spending: Reported total drug spending data are FFS for CY 2014;

Medicaid Population: Enrollment for December 2014 reflects total enrollee count eligible for Medicaid and PeachCare;

HCV Enrollees in Medicaid: Estimated enrollees in the FFS population with HCV.

Hawaii

Spending: Hawaii reported combined FFS and MCO data, but given Hawaii's Medicaid program is less than 1% FFS, the data are noted as MCO for our purposes (in CY 2014, there was one unique recipient for Sovaldi in the FFS program);

Medicaid Population: Estimate based on December 2014 enrollment statistics;

HCV Enrollees in Medicaid: No data provided.

Idaho

Spending: Reported total drug spending data are FFS for CY 2014;

Medicaid Population: Enrollees during CY 2014;

HCV Enrollees in Medicaid: Estimate not provided.

Illinois

Spending: Reported total drug spending data are FFS for CY 2014;

Medicaid Population: Projected Medicaid enrollment for SFY 2015 (July 1, 2014–June 30, 2015), with approximately 1.2 million enrolled in an MCO and 1.8 million in FFS;

HCV Enrollees in Medicaid: Estimated number of enrollees with HCV based on diagnoses submitted on medical claims during SFY 2014 (July 1, 2013–June 30, 2014).

Indiana

Spending: Reported total drug spending data are combined FFS and MCO data for CY 2014 (All Indiana Medicaid enrollees received pharmacy benefits through FFS program);

Medicaid Population: Total enrollment for December 2014 (68.9% Managed Care/31.1% FFS);

HCV Enrollees in Medicaid: Enrollees with an HCV diagnosis in 2014.

Iowa

Spending: Reported total drug spending data are FFS for CY 2014;

Medicaid Population: Estimate for February 2015;

HCV Enrollees in Medicaid: Estimate of enrollees.

Kansas

Spending: Reported total drug spending data are combined FFS and MCO data for CY 2014;

Medicaid Population: Total enrollment during December 2014 (399,968 enrolled in an MCO);

HCV Enrollees in Medicaid: No data provided.

Kentucky

Spending: Reported total drug spending data are combined FFS and MCO data, as well as separate FFS and MCO data, for CY 2014;

Medicaid Population: Total combined enrollment for CY 2014 (FFS: 179,031, MCO: 1,301,166);

HCV Enrollees in Medicaid: Enrollees identified with HCV from medical claims with an adjudication date of August 17, 2015 (Dates of service: January 1, 2014–December 31, 2014).

Louisiana

Spending: Reported total drug spending data are separate FFS and MCO data for CY 2014;

Medicaid Population: Total enrollment on January 6, 2015;

HCV Enrollees in Medicaid: No data provided.

Maine

Spending: Reported total drug spending data are FFS for CY 2014;

Medicaid Population: Enrollees during CY 2014 based on a January 29, 2015 analysis;

HCV Enrollees in Medicaid: Enrollees identified in Medicaid following an analysis of medical claims with an HCV diagnosis during CY 2014.

Maryland

Spending: Reported total drug spending data are separate FFS and MCO data for CY 2014;

Medicaid Population: Estimate for SFY 2015 (July 1, 2014–June 30, 2015);

HCV Enrollees in Medicaid: Estimated enrollees with an HCV diagnosis.

Massachusetts

Spending: Reported total drug spending data are separate FFS/Primary Care Clinician (PCC) Plan and MCO data for CY 2014 (Not all MCO's reported complete data for December 2014);

Medicaid Population: Total enrollment for CY 2014 (1,037,108 unduplicated FFS/PCC members; 815,693 unduplicated MCO members);

HCV Enrollees in Medicaid: Estimated enrollees (MCO and FFS) with relevant diagnosis codes in their claims data; the 21,047 figure is based on the low end range estimates for the MCO (9,161–9,319) and FFS (11,886–12,471) populations.

Michigan:

Spending: Reported total drug spending data are FFS for CY 2014;

Medicaid Population: Estimate of enrollees during CY 2014 (75% are typically enrolled in an MCO and approximately 600,000 are in the FFS program during CY 2014);

HCV Enrollees in Medicaid: Enrollees having at least one Medicaid claim or encounter in Michigan's data warehouse with one of the following ICD-9 codes in FY 2014 (070.44 Chronic hepatitis C with hepatic coma, 070.54 Chronic hepatitis C without mention of hepatic coma, 070.70 Unspecified viral hepatitis C without coma, 070.71 Unspecified viral hepatitis C with coma).

Minnesota

Spending: Reported total drug spending data are FFS for CY 2014 (MCO reported data include MinnesotaCare enrollees);

Medicaid Population: Combined average monthly enrollment during CY 2014 for Medicaid enrollees (838,256) and MinnesotaCare (101,646);

HCV Enrollees in Medicaid: Estimate of enrollees with HCV during September 2014 (approximately 1,300 in FFS).

Mississippi

Spending: Reported total drug spending data are combined FFS and MCO data, as well as separate FFS and MCO data, for CY 2014;

Medicaid Population: Average monthly total enrollment for CY 2014;

HCV Enrollees in Medicaid: Total enrollees having HCV during December 2014 based on paid medical claims containing any ICD-9 code for HCV (Time period: January 1, 2013–December 31, 2014).

Missouri

Spending: Reported total drug spending data are FFS for CY 2014 (Pharmacy benefit carved out, meaning all MCO and FFS enrollees are covered through the FFS program);

Medicaid Population: Average monthly enrollment for October 2015;

HCV Enrollees in Medicaid: Estimated enrollees with a diagnosis of HCV in their claims history on October 2, 2014.

Montana

Spending: Reported total drug spending data are FFS for CY 2014;

Medicaid Population: Total enrollees during CY 2014;

HCV Enrollees in Medicaid: Total enrollees with claims containing HCV diagnosis codes (070.41–070.49) with eligibility in June and July 2015.

Nebraska

Spending: Reported total drug spending data are FFS for CY 2014 (all outpatient prescription medications covered by FFS);

Medicaid Population: Total average monthly enrollment during 2014;

HCV Enrollees in Medicaid: Enrollees as of July 6, 2014, based on diagnoses submitted on medical claims for the following ICD-9 diagnosis codes (070.41, 070.44, 070.51, 070.54, 070.70, 070.71) during FFY 2013 among FFS clients.

Nevada

Spending: Reported total drug spending data are FFS for CY 2014 (70% of Medicaid recipients are in MCOs);

Medicaid Population: Total enrollment for December 2014;

HCV Enrollees in Medicaid: Enrollees diagnosed with HCV during CY 2014.

New Hampshire

Spending: Reported total drug spending data are FFS for CY 2014 (Sovaldi carved out of MCO and paid on FFS basis for CY 2014);

Medicaid Population: Average enrollment for those with full Medicaid benefits in CY 2014;
HCV Enrollees in Medicaid: Estimate of enrollees with an ICD-9 diagnosis in CY 2013.

New Jersey

Spending: Reported total drug spending data are combined FFS and MCO data for CY 2014;
Medicaid Population: Total enrollment on December 31, 2014;
HCV Enrollees in Medicaid: Enrollees diagnosed between July 1, 2012–December 31, 2014.

New Mexico

Spending: Reported total drug spending data are separate FFS and MCO data for CY 2014;
Medicaid Population: Estimate of total enrollees during CY 2014;
HCV Enrollees in Medicaid: Estimate of enrollees with HCV.

New York

Spending: Reported total drug spending data are separate FFS and MCO data for CY 2014;
Medicaid Population: Total enrollment for March 2015;
HCV Enrollees in Medicaid: Estimated enrollees with a diagnosis of chronic HCV as identified by ICD-9 codes (data extracted by SUNY Buffalo on June 3, 2014 with service dates December 13, 2013–April 30, 2014).

North Carolina

Spending: Reported total drug spending data are FFS for CY 2014;
Medicaid Population: Enrollment during March 2015;
HCV Enrollees in Medicaid: Enrollees diagnosed with HCV according to medical claims from July 1, 2013–July 28, 2015 (7,350 or 38.2% are dually eligible for both Medicaid and Medicare; 11,896 patients are eligible for Medicaid only).

North Dakota

Spending: Reported total drug spending data are separate FFS and MCO data for CY 2014;
Medicaid Population: CY 2014 enrollment estimate including the FFS (65,000) and MCO (16,000) populations;
HCV Enrollees in Medicaid: No data provided.

Ohio

Spending: Reported total drug spending data are separate FFS and MCO data for CY 2014;
Medicaid Population: Total enrollment for December 2014;
HCV Enrollees in Medicaid: Estimate of Medicaid patients infected with HCV.

Oklahoma

Spending: Reported total drug spending data are FFS for CY 2014;
Medicaid Population: Total enrollment during CY 2014;
HCV Enrollees in Medicaid: Estimated enrollees with a diagnosis of HCV during SFY 2014 (July 1, 2013–June 30, 2014).

Oregon

Spending: Reported total drug spending data are separate FFS and MCO data for CY 2014;
Medicaid Population: Total enrollment on December 15, 2014;
HCV Enrollees in Medicaid: Current enrollees (as of September 2014) with a chronic HCV-related diagnosis code (January 2010–September 2014).

Pennsylvania

Spending: Reported total drug spending data are combined FFS and MCO data for CY 2014 (FFS: 29%, MCO: 72% during CY 2014);

Medicaid Population: Current enrollees on July 2015, including those dually eligible for Medicare and Medicaid;

HCV Enrollees in Medicaid: Estimate based on a 2014 University of Pittsburgh study estimating 46,397 non-dual eligible enrollees in Pennsylvania infected with HCV. Based on this model, 31,636, or 68%, have not been successfully treated.

Rhode Island

Spending: Reported total drug spending data are separate FFS and MCO data for CY 2014 (approximately 6% of enrollees in FFS);

Medicaid Population: Average monthly enrollment during CY 2014;

HCV Enrollees in Medicaid: Estimate based on an average of total enrollees served in CY 2014, multiplied by a mid-range of incidence/prevalence information for HCV, and adjusted for adult population range (adjusted further if based on policy of treating Stage 3 and 4 disease only).

South Carolina

Spending: Reported total drug spending data are separate FFS and MCO data for CY 2014;

Medicaid Population: Total enrollment on July 1, 2015 (63% in one of six MCO plans);

HCV Enrollees in Medicaid: Number of enrollees with an ICD-9 diagnosis of HCV in their medical claims history.

South Dakota

Spending: Reported total drug spending data are FFS for CY 2014;

Medicaid Population: Average monthly enrollment during SFY 2015 (July 1, 2014–June 30, 2015);

HCV Enrollees in Medicaid: No data provided.

Tennessee

Spending: Reported total drug spending data are FFS for CY 2014 (Tennessee is a 100% managed care state, though pharmacy services are delivered through an administrative services only contract with a Pharmacy Benefit Manager, generally considered FFS);

Medicaid Population: Estimate of total CY 2014 enrollment (including dual-eligibles);

HCV Enrollees in Medicaid: Estimate for CY 2014.

Texas

Spending: Reported total drug spending data are combined FFS and MCO data, as well as separate FFS and MCO data, for CY 2014 (rank by total spending is the only difference between MCO and combined FFS and MCO data; Sovaldi, Harvoni and Olysio not in FFS);

Medicaid Population: Average monthly enrollees during CY 2014 (includes all full-benefit Medicaid clients);

HCV Enrollees in Medicaid: Enrollees with an HCV diagnosis code in the first 10 diagnosis code fields during SFY 2013 (September 1, 2012–August 31, 2013) claims/encounters data.

Utah

Spending: Reported total drug spending data are combined FFS and MCO data for CY 2014;

Medicaid Population: No data provided;

HCV Enrollees in Medicaid: No data provided.

Vermont

Spending: Reported total drug spending data are FFS for CY 2014;

Medicaid Population: Enrollment during December 2014;

HCV Enrollees in Medicaid: Estimate of treatable enrollees with Chronic Hepatitis C (CHC), according to a model based on a 1.6% prevalence among the adult Medicaid population.

Virginia

Spending: Reported total drug spending data are separate FFS and MCO data for CY 2014;

Medicaid Population: Total enrollment on December 31, 2014;

HCV Enrollees in Medicaid: Enrollees during December 2014 with any diagnosis for HCV based on all available claims (January 2005–December 2014).

Washington

Spending: Reported total drug spending data are FFS for CY 2014;

Medicaid Population: Enrollment during December 2014, of which 234,518 enrolled in FFS and 1,300,992 enrolled in an MCO (approximately 15% FFS and 85% MCO);

HCV Enrollees in Medicaid: CY 2014 estimate based on enrollee demographics and CDC published estimates of HCV prevalence data.

West Virginia

Spending: Reported total drug spending data are FFS for CY 2014;

Medicaid Population: January 31, 2015 total enrollment figures for both FFS (291,846) and MCO (202,614) populations;

HCV Enrollees in Medicaid: Enrollees diagnosed with HCV in the FFS program based on a January 31, 2015 analysis.

Wisconsin

Spending: Reported total drug spending data are FFS in CY 2014 (Wisconsin carves out the pharmacy benefit from managed care; 69% enrolled in a managed care plan);

Medicaid Population: Estimated enrollment during December 2014;

HCV Enrollees in Medicaid: Estimate for Wisconsin enrollees with HCV.

Wyoming

Spending: Reported total drug spending data are FFS for CY 2014 (Wyoming is 100% FFS);

Medicaid Population: Estimate of annual enrollment during SFY 2014 (July 1, 2013–June 30, 2014);

HCV Enrollees in Medicaid: Enrollees with a diagnosis of HCV from a January 2014 query.

