



## HEPATITIS C TREATMENT AT A GLANCE: APRIL 2021

### INTRODUCTION

The Hepatitis C (HCV) Treatment At a Glance tool provides an overview of the coverage of key HCV services in Massachusetts as of April 2021 in order to give health care providers quick access to basic coverage information to help inform discussions with patients about treatment. The tool provides a series of tables that outline coverage (and related costs and restrictions) for three categories of health insurance plans: (1) silver-level Qualified Health Plans (QHPs), (2) ConnectorCare plans, and (3) Medicaid (MassHealth) plans. The information in these tables is based upon publicly available information on the Massachusetts Health Connector website and individual insurer websites.

Please note that health insurance plans occasionally alter coverage, associated costs, or restrictions over the course of a plan year. Health care providers and plan members should therefore always confirm coverage by contacting the individual plan. To confirm the current coverage status of any service, providers and members can use the contact numbers provided under each section.

The landscape of treatment for HCV has evolved considerably with the introduction of direct-acting antivirals (DAAs) in 2013 and the market entry of generic treatments in 2019. Treatment with DAAs cures over 95% of patients and can be completed in as little as 8 weeks.<sup>1</sup> The American Association for the Study of Liver Diseases and the Infectious Diseases Society of America's (AASLD/IDSA) guidance, *Recommendations for Testing, Managing, and Treating Hepatitis C*, recommends treatment with DAAs for virtually all individuals with chronic HCV infection.<sup>2</sup> In addition, in March 2020, the U.S. Preventive Services Task Force (USPSTF) released an updated recommendation that all asymptomatic adults aged 18 to 79 years without known liver disease should receive screening for HCV.<sup>3</sup> The USPSTF provided this recommendation with moderate certainty that screening for HCV infection in adults has substantial net benefit.

**Did you know?** Patients who are on another person's health insurance plan (such as that of their parent, spouse, or partner) may be able to request that they receive an insurance company's summary of payment (SOP) or explanation of benefits (EOB) form directly, rather than having it sent to the insurance policy holder. In addition, health insurance plans may not identify or describe HCV-related and other "sensitive health care services" in an SOP or EOB. More information is available at <https://www.hcfama.org/confidentiality>.

<sup>1</sup> Oluwaseun Falade-Nwulia et al., *Oral Direct-Acting Agent Therapy for Hepatitis C Virus Infection: A Systematic Review*, 166 ANN. INTERN. MED. 637 (2017).

<sup>2</sup> AASLD & IDSA, *HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C*, <https://www.hcvguidelines.org/> (last visited Mar. 30, 2020).

<sup>3</sup> U.S. Preventive Servs. Task Force, *Screening for Hepatitis C Virus Infection in Adolescents and Adults: US Preventive Services Task Force Recommendation Statement*, 323 JAMA 970 (2020).

## **MASSACHUSETTS SILVER-LEVEL QUALIFIED HEALTH PLANS**

The tables below summarize coverage of HCV services in the silver-level Qualified Health Plans (QHPs) available to individuals via the Massachusetts health insurance marketplace (Massachusetts Health Connector). The silver-level QHPs were chosen for inclusion in this resource because they are generally representative of coverage and are often the most cost-effective choice for low-income consumers. More information on these plans is available on the Massachusetts Health Connector website: <https://mahealthconnector.optum.com/individual/>.

**Please note that prior authorization requirements vary across QHPs. Insurers are increasingly providing unrestricted access to HCV treatment in accordance with best practices. If you experience treatment denials based on such criteria as minimum fibrosis severity, substance use, and/or prescriber specialty, please contact Phil Waters at the Center for Health Law and Policy Innovation of Harvard Law School: [pwaters@law.harvard.edu](mailto:pwaters@law.harvard.edu).**

**Abbreviations:** Cost = Patient Cost-Sharing; PCP = Primary Care Provider

| Plan Name  | Cost of Services |            | Epclusa          |      | Harvoni          |      | Mavyret          |      | Sovaldi          |      | Vosevi           |      | Zepatier         |      | sofosbuvir / velpatasvir |      | ledipasvir / sofosbuvir |      |
|--|------------------|------------|------------------|------|------------------|------|------------------|------|------------------|------|------------------|------|------------------|------|--------------------------|------|-------------------------|------|
|  | PCP              | Blood Work | Covered (Yes/No) | Cost | Covered (Yes/No) | Cost | Covered (Yes/No) | Cost | Covered (Yes/No) | Cost | Covered (Yes/No) | Cost | Covered (Yes/No) | Cost | Covered (Yes/No)         | Cost | Covered (Yes/No)        | Cost |
| AllWays Health Partners – Complete HMO 2000 25/50 300    | \$25             | \$50       | Yes              | \$50 | Yes              | \$50 | No               | --   | No               | --   | Yes              | \$50 | No               | --   | No                       | --   | No                      | --   |
| Blue Cross Blue Shield of Massachusetts – HMO Blue Basic | \$25             | \$50       | Yes              | \$50 | Yes              | \$50 | No               | --   | No               | --   | Yes              | \$50 | No               | --   | No                       | --   | No                      | --   |
| BMC HealthNet Plan – Standard Silver A II                | \$25             | \$50       | No               | --   | No               | --   | Yes              | \$75 | No               | --   | Yes              | \$75 | No               | --   | Yes                      | \$75 | Yes                     | \$75 |
| Fallon Health – Community Care Silver Connector II       | \$25             | \$50       | Yes              | \$75 | Yes              | \$75 | Yes              | \$75 | Yes              | \$75 | Yes              | \$75 | Yes              | \$75 | Yes                      | \$25 | Yes                     | \$25 |
| Fallon Health – Direct Care Silver Connector II          | \$25             | \$50       | Yes              | \$75 | Yes              | \$75 | Yes              | \$75 | Yes              | \$75 | Yes              | \$75 | Yes              | \$75 | Yes                      | \$25 | Yes                     | \$25 |
| Fallon Health – Select Care Silver Connector II          | \$25             | \$50       | Yes              | \$75 | Yes              | \$75 | Yes              | \$75 | Yes              | \$75 | Yes              | \$75 | Yes              | \$75 | Yes                      | \$25 | Yes                     | \$25 |

| Plan Name   | Cost of Services |            | Epclusa          |      | Harvoni          |      | Mavyret          |      | Sovaldi          |      | Vosevi           |      | Zepatier         |      | sofosbuvir / velpatasvir |      | ledipasvir / sofosbuvir |      |
|---|------------------|------------|------------------|------|------------------|------|------------------|------|------------------|------|------------------|------|------------------|------|--------------------------|------|-------------------------|------|
|   | PCP              | Blood Work | Covered (Yes/No) | Cost | Covered (Yes/No) | Cost | Covered (Yes/No) | Cost | Covered (Yes/No) | Cost | Covered (Yes/No) | Cost | Covered (Yes/No) | Cost | Covered (Yes/No)         | Cost | Covered (Yes/No)        | Cost |
| Harvard Pilgrim Health Care – Standard Silver       | \$25             | \$50       | Yes              | \$75 | Yes              | \$75 | Yes              | \$75 | Yes              | \$75 | Yes              | \$75 | Yes              | \$75 | Yes                      | \$75 | Yes                     | \$75 |
| Health New England – HNE Silver A II                | \$25             | \$50       | No               | --   | No               | --   | Yes              | \$75 | Yes              | \$75 | Yes              | \$50 | Yes              | \$75 | Yes                      | \$25 | Yes                     | \$25 |
| Tufts Health Plan – Tufts Health Direct Silver 2000 | \$25             | \$50       | Yes              | \$50 | Yes              | \$50 | No               | --   | No               | --   | Yes              | \$50 | No               | --   | No                       | --   | No                      | --   |
| Tufts Health Plan – Premier Silver 2000             | \$50             | \$75       | Yes              | \$60 | Yes              | \$60 | No               | --   | No               | --   | Yes              | \$60 | No               | --   | No                       | --   | No                      | --   |
| UnitedHealthcare – Navigate Silver 2000             | \$25             | \$50       | Yes              | \$50 | Yes              | \$50 | Yes              | \$50 | Yes              | \$75 | Yes              | \$50 | Yes              | \$50 | Yes                      | \$50 | Yes                     | \$50 |

**Contact Numbers for Providers:** AllWays Health Partners: 1-855-444-4647; BCBS of MA: 1-800-882-2060; BMC HealthNet: 1-888-566-0008; Fallon Health: 1-866-275-3247; Harvard Pilgrim Health Care: 1-800-708-4414; Health New England: 1-800-842-4464; Tufts Health Plan: 1-888-884-2404 or 1-888-257-1985; UnitedHealthcare: 1-877-842-3210

**Contact Numbers for Members:** AllWays Health Partners: 1-866-414-5533; BCBS of MA: 1-800-262-2583; BMC HealthNet: 1-855-833-8120; Fallon Health: 1-800-868-5200; Harvard Pilgrim Health Care: 1-888-333-4742; Health New England: 1-800-310-2835; Tufts Health Plan: 1-800-462-0224 or 1-888-257-1985; UnitedHealthcare: 1-877-856-2429

## **CONNECTORCARE PLANS**

The tables below summarize coverage of HCV services in the Massachusetts ConnectorCare plans. ConnectorCare plans are low-cost plans available to individuals with household incomes up to 300% of the federal poverty level. In general, there are three levels of ConnectorCare plans, with standardized cost-sharing on each level. More information on these plans is available on the Massachusetts Health Connector website: <https://mahealthconnector.optum.com/individual/>.

**Please note that prior authorization requirements vary across plans. Insurers are increasingly providing unrestricted access to HCV treatment in accordance with best practices. If you experience treatment denials based on such criteria as minimum fibrosis severity, substance use, and/or prescriber specialty, please contact Phil Waters at the Center for Health Law and Policy Innovation of Harvard Law School: [pwaters@law.harvard.edu](mailto:pwaters@law.harvard.edu).**

**Abbreviations:** Cost = Patient Cost-Sharing; PCP = Primary Care Provider

| Plan Name  | Cost of Services |            | Epclusa          |        | Harvoni          |        | Mavyret          |        | Sovaldi          |      | Vosevi           |        | Zepatier         |      | sofosbuvir / velpatasvir |        | ledipasvir / sofosbuvir |        |
|--|------------------|------------|------------------|--------|------------------|--------|------------------|--------|------------------|------|------------------|--------|------------------|------|--------------------------|--------|-------------------------|--------|
|  | PCP              | Blood Work | Covered (Yes/No) | Cost   | Covered (Yes/No) | Cost   | Covered (Yes/No) | Cost   | Covered (Yes/No) | Cost | Covered (Yes/No) | Cost   | Covered (Yes/No) | Cost | Covered (Yes/No)         | Cost   | Covered (Yes/No)        | Cost   |
| AllWays Health Partners – Complete HMO ConnectorCare 0/0   | \$0              | \$0        | Yes              | \$3.65 | Yes              | \$3.65 | No               | --     | No               | --   | Yes              | \$3.65 | No               | --   | No                       | --     | No                      | --     |
| AllWays Health Partners – Complete HMO ConnectorCare 10/18 | \$10             | \$0        | Yes              | \$20   | Yes              | \$20   | No               | --     | No               | --   | Yes              | \$20   | No               | --   | No                       | --     | No                      | --     |
| AllWays Health Partners – Complete HMO ConnectorCare 15/22 | \$15             | \$0        | Yes              | \$25   | Yes              | \$25   | No               | --     | No               | --   | Yes              | \$25   | No               | --   | No                       | --     | No                      | --     |
| BMC Health Net Plan – ConnectorCare Plan Type I            | \$0              | \$0        | No               | --     | No               | --     | Yes              | \$3.65 | No               | --   | Yes              | \$3.65 | No               | --   | Yes                      | \$3.65 | Yes                     | \$3.65 |
| BMC Health Net Plan – ConnectorCare Plan Type II           | \$10             | \$0        | No               | --     | No               | --     | Yes              | \$40   | No               | --   | Yes              | \$40   | No               | --   | Yes                      | \$40   | Yes                     | \$40   |

| Plan Name  | Cost of Services |            | Eplclusa         |        | Harvoni          |        | Mavyret          |        | Sovaldi          |        | Vosevi           |        | Zepatier         |        | sofosbuvir / velpatasvir |         | ledipasvir / sofosbuvir |         |
|--|------------------|------------|------------------|--------|------------------|--------|------------------|--------|------------------|--------|------------------|--------|------------------|--------|--------------------------|---------|-------------------------|---------|
|  | PCP              | Blood Work | Covered (Yes/No) | Cost   | Covered (Yes/No) | Cost   | Covered (Yes/No) | Cost   | Covered (Yes/No) | Cost   | Covered (Yes/No) | Cost   | Covered (Yes/No) | Cost   | Covered (Yes/No)         | Cost    | Covered (Yes/No)        | Cost    |
| BMC Health Net Plan – ConnectorCare Plan Type III      | \$15             | \$0        | No               | --     | No               | --     | Yes              | \$50   | No               | --     | Yes              | \$50   | No               | --     | Yes                      | \$50    | Yes                     | \$50    |
| Fallon Health – Community Care Type I                  | \$0              | \$0        | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes                      | \$1     | Yes                     | \$1     |
| Fallon Health – Community Care II                      | \$10             | \$0        | Yes              | \$40   | Yes              | \$40   | Yes              | \$20   | Yes              | \$40   | Yes              | \$40   | Yes              | \$40   | Yes                      | \$10    | Yes                     | \$10    |
| Fallon Health – Community Care III                     | \$15             | \$0        | Yes              | \$50   | Yes              | \$50   | Yes              | \$25   | Yes              | \$50   | Yes              | \$50   | Yes              | \$50   | Yes                      | \$12.50 | Yes                     | \$12.50 |
| Health New England – HMO ConnectorCare 1               | \$0              | \$0        | No               | --     | No               | --     | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes                      | \$1     | Yes                     | \$1     |
| Health New England – HMO ConnectorCare 2               | \$10             | \$0        | No               | --     | No               | --     | Yes              | \$40   | Yes              | \$40   | Yes              | \$20   | Yes              | \$40   | Yes                      | \$10    | Yes                     | \$10    |
| Health New England – HMO ConnectorCare 3               | \$15             | \$0        | No               | --     | No               | --     | Yes              | \$50   | Yes              | \$50   | Yes              | \$25   | Yes              | \$50   | Yes                      | \$12.50 | Yes                     | \$12.50 |
| Tufts Health Plan – Direct ConnectorCare Plan Type I   | \$0              | \$0        | Yes              | \$3.65 | Yes              | \$3.65 | No               | --     | No               | --     | Yes              | \$3.65 | No               | --     | No                       | --      | No                      | --      |
| Tufts Health Plan – Direct ConnectorCare Plan Type II  | \$10             | \$0        | Yes              | \$20   | Yes              | \$20   | No               | --     | No               | --     | Yes              | \$20   | No               | --     | No                       | --      | No                      | --      |
| Tufts Health Plan – Direct ConnectorCare Plan Type III | \$15             | \$0        | Yes              | \$25   | Yes              | \$25   | No               | --     | No               | --     | Yes              | \$25   | No               | --     | No                       | --      | No                      | --      |

**Contact Numbers for Providers:** AllWays Health Partners: 1-855-444-4647; BMC HealthNet: 1-888-566-0008; Fallon Health: 1-866-275-3247; Health New England: 1-800-842-4464; Tufts Health Plan: 1-888-257-1985

**Contact Numbers for Members:** AllWays Health Partners: 1-866-414-5533; BMC HealthNet: 1-855-833-8120; Fallon Health: 1-800-868-5200; Health New England: 1-800-310-2835; Tufts Health Plan: 1-800-462-0224 or 1-888-257-1985

## MASSHEALTH PLANS

The tables below summarize coverage of HCV services in MassHealth, Massachusetts’s Medicaid program. MassHealth offers a variety of coverage options, depending upon applicant eligibility. Coverage may be provided directly by MassHealth, through the MassHealth Primary Care Clinician Plan (PCCP), or by an Accountable Care Organization (ACO) or a Managed Care Organization (MCO) contracting with MassHealth.

**As of August 1, 2016, all MassHealth beneficiaries have a right to access HCV direct-acting antivirals without restrictions related to fibrosis score, substance use abstinence, or prescriber specialty.<sup>4</sup> If you experience treatment denials based on these criteria, please contact Phil Waters at the Center for Health Law and Policy Innovation of Harvard Law School: [pwaters@law.harvard.edu](mailto:pwaters@law.harvard.edu). Additional information on prior authorization for HCV treatment in MassHealth is available at: [https://www.chlpi.org/wp-content/uploads/2013/12/FAQ-HCV-MassHealth\\_October-2020.pdf](https://www.chlpi.org/wp-content/uploads/2013/12/FAQ-HCV-MassHealth_October-2020.pdf).**

**Abbreviations:** Cost = Patient Cost-Sharing

| Insurer <sup>5</sup>                       | Eplusa           |        | Harvoni          |        | Mavyret          |        | Sovaldi          |        | Vosevi           |        | Zepatier         |        | sofosbuvir / velpatasvir |        | ledipasvir / sofosbuvir |        |
|--|------------------|--------|------------------|--------|------------------|--------|------------------|--------|------------------|--------|------------------|--------|--------------------------|--------|-------------------------|--------|
|  | Covered (Yes/No) | Cost   | Covered (Yes/No) | Cost   | Covered (Yes/No) | Cost   | Covered (Yes/No) | Cost   | Covered (Yes/No) | Cost   | Covered (Yes/No) | Cost   | Covered (Yes/No)         | Cost   | Covered (Yes/No)        | Cost   |
| MassHealth*                                | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes                      | \$3.65 | Yes                     | \$3.65 |
| AllWays Health Partners – My Care Family   | Yes              | \$3.65 | Yes              | \$3.65 | No               | --     | No               | --     | Yes              | \$3.65 | No               | --     | No                       | --     | No                      | --     |
| BMC HealthNet**                            | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes                      | \$3.65 | Yes                     | \$3.65 |
| Fallon Health***                           | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes                      | \$3.65 | Yes                     | \$3.65 |
| Health New England – BeHealthy Partnership | No               | --     | No               | --     | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes                      | \$3.65 | Yes                     | \$3.65 |
| Tufts Health Plan****                      | No               | --     | No               | --     | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes              | \$3.65 | Yes                      | \$3.65 | Yes                     | \$3.65 |

\* Describes coverage for MassHealth fee-for-service, PCCP, and Primary Care ACOs

\*\* Describes coverage for BMC HealthNet MCO coverage and BMC HealthNet-associated ACOs (BMC HealthNet Plan Community Alliance, BMC HealthNet Plan Mercy Alliance, BMC HealthNet Plan Signature Alliance, and BMC HealthNet Plan Southcoast Alliance)

\*\*\* Describes coverage for Fallon Health ACOs (Berkshire Fallon Health Collaborative, Fallon 365 Care, Wellforce Care Plan)

\*\*\*\* Describes coverage for Tufts Health Together MCO coverage and Tufts Health Together-associated ACOs (Tufts Health Together with Atrius Health, Tufts Health Together with Beth Israel Deaconess Care Organization (BIDCO), Tufts Health Together with Boston Children’s ACO, and Tufts Health Together with Cambridge Health Alliance (CHA))

**Contact Numbers for Providers:** MassHealth: 1-800-841-2900; AllWays Health Partners: 1-855-444-4647; BMC HealthNet: 1-888-566-0008; Fallon Health: 1-866-275-3247; Health New England: 1-800-842-4464; Tufts Health Plan: 1-888-257-1985

**Contact Numbers for Members:** MassHealth: 1-800-841-2900; AllWays Health Partners: 1-800-462-5449; BMC HealthNet: 1-888-566-0010; Fallon Health: 1-800-868-5200; Health New England: 1-800-786-9999; Tufts Health Plan: 1-888-257-1985

<sup>4</sup> See Daniel Tsai, *MassHealth Managed Care Organization Bulletin 6* (July 2016), <http://www.mass.gov/eohhs/docs/masshealth/bull-2016/mco-6.pdf>.

<sup>5</sup> For members of the Lahey Clinical Performance Network ACO, claims are submitted to the appropriate MCO (Tufts Health Together or BMC HealthNet Plan).