

Appendix

FY 2016-17 Estimated Cost to Increase Medicaid Coverage of Hepatitis C to All Diagnosed Clients			
Row	Item	Amount	Source/Description
A	Current Untreated Clients with Hepatitis C Diagnosis ¹	9,612	Number of currently eligible Medicaid clients with at least one hepatitis C diagnosis code between 1/1/14 and 3/31/16 who have not yet received treatment
B	Average Number of Clients Diagnosed with Hepatitis C Each Month	289	Average number of clients with a new hepatitis C diagnosis each month between 1/1/15 and 3/31/16
C	Number of Additional Months with Incurred Diagnosis Claims	15	Number of months from April 2016 through June 2017 in which more clients could be diagnosed with hepatitis C
D	Estimated New Clients Diagnosed with Hepatitis C	4,335	Row B * Row C
E	Total Estimated Number of Untreated Clients	13,947	Row A + Row D
F	Estimated Average Treatment Cost	\$81,812.65	Based on average treatment cost for all clients treated since December 2013
G	Total Estimated Treatment Costs	\$1,141,041,030	Row E * Row F
H	General Fund	\$173,826,260	Row G - Row I - Row J
I	Cash Funds	\$26,301,360	Calculated based on cash fund source by eligibility group
J	Federal Funds	\$940,913,410	Calculated based on FMAP by eligibility group

Note: Although this table estimates an FY 2016-17 cost, these costs may be spread out over multiple years depending on how quickly individuals receive treatment.

¹ Of the total clients, 66% are MAGI Adults, 19% are individuals with disabilities to 59, and 8% are parents/caretaker adults.