OHA developed the following definition of adequate case management to ensure CCOs continue to provide quality case management for this high cost drug regimen into 2017, when the cost risk is mitigated by the risk corridor. The following requirements will be reviewed during the risk corridor settlement period and may affect a CCO’s administrative settlement (~10% load), but the case management will not impact the medical/pharmacy cost component of the settlement.

**Goal:** The goal is to ensure the following; adherence to medication regimen, compliance with viral load testing, data needed to evaluate program, support patient and providers, and prevent gaps in medication supply.

### Data collection requirements for adequate case management

OHA requires CCOs collect the following information from providers for any member that starts treatment of Hepatitis C DAA drugs in calendar year 2017, as specified in the Hepatitis C DAA risk corridor. This information is compulsory and most items are required as part of the prior authorization terms for treatment.

- List of Medicaid ID for members scheduled for completed Hepatitis C DAA treatment in 2017
- Genotype
- Metavir Fibrosis Stage
- HIV & HBV status
- Liver transplant status
- Treatment Regimen
- Polymorphism Resistance Testing (if indicated)
- Record of adverse effects of treatment; reasons for discontinuation if applicable
- Viral load test results after 4 weeks of therapy, and 12 weeks post treatment completion (SVR) are required at a minimum. 24 week post treatment completion is strongly recommended to confirm the value of DAA medications to prevent relapse.
- Attestation of case management protocol or opt-out (see below)

### Case Management Protocol

The following outlines the general protocol CCOs have to attest occurred with each member that starts treatment of Hepatitis C DAA drugs in calendar year 2017, as specified in the Hepatitis C DAA risk corridor.

- Initial Evaluation of barriers to adherence within the prior authorization for approval and plan to address (e.g. transportation, compliance with MH or SUD treatment, etc.)
- Expectation that a care management team, or case manager, is assigned to the member for the duration of the treatment and will evaluate if additional support is required
- Check on appropriate billing (e.g. churn or switch to TPL)
- Medication Reconciliation; Check on drug-drug interactions
Hepatitis C DAA Risk Corridor

Final Definition of Adequate Case Management

2017 CCO Contract, Exhibit C, Section 6.(3).a.v

- Coordinate with patient, PCP, prescriber, and pharmacy regarding treatment
- Prevent gaps in medication supply and ensure refills are accessed in timely fashion
- Contact patient at least once a week, or daily if needed, to verify medication is taken
- Ensure compliance with viral load testing and reporting: 4 weeks into treatment, and 12 weeks post completion (SVR). 24 week post treatment completion is strongly recommended to confirm the value of DAA medications to prevent relapse.
- Provide education for patient and PCP as needed
- Warm hand-off in case of eligibility/enrollment changes (churn)
- Transition to chronic illness case management if needed

Opt-out Protocol

OHA has consulted with the Department of Justice and has developed the following protocol for the rare occurrence when a member pursues an opt-out of the protocol. Case management is strongly recommended and valuable for the member to successfully complete treatment; however, members may opt-out after signing an attestation that they understand:

- The goal of case management is to support the client to successfully complete treatment and get required tests performed (prescription coordination, testing scheduling, transportation)
- Benefits of participation include:
  - Coordination with prescriber(s), pharmacy and labs
  - Options for education and support in accessing care – mental health, SUD, specialist
  - Support for adherence
- Members will be responsible to schedule, coordinate transportation and to have the required lab tests performed after 4 weeks of treatment and 12 weeks after they finish their prescription
- Member’s treating physician endorses the opt-out
- Failure to refill prescriptions and adhere to therapy, or schedule and have required lab tests performed, may result in their prior authorization being rescinded
- Members may rejoin the case management program at any time

Please note, if a significant amount of clients opt-out of a CCO’s case management, the administrative revenue associated with the Hepatitis C adjustment may be reviewed during the settlement and a portion may be withheld due to low utilization of the program. (Per Exhibit C, Section 6.(3).d)