

Hepatitis CDAA Risk Corridor

Definition of Adequate Case Management

2020 CCO Contract, Exhibit C, Section 6.a.(1)(c)

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 2020 and future years, as the cost risk continues to be 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 of case management is to ensure the following: adherence to medication regimen, compliance with viral load testing, adequate access to treatment including mitigation of barriers, collection of data needed to evaluate the program, support for patients and providers, and prevention of treatment interruption and delays.

Data collection requirements for adequate case management

OHA requires CCOs to collect the following information from providers for any member that requests treatment of Hepatitis C DAA drugs in calendar year 2020 and beyond, 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 IDs for members with a PA request for Hepatitis C DAA treatment in the calendar year, the date of request, the outcome or status of the request and the date of that determination, and an explanation for decision periods lasting greater than 72 hours.
- For those approved for treatment, the date treatment began (by date dispensed) and an explanation for treatment start dates greater than 30 days following approval.
- Genotype (if known)
- Cirrhosis status
- Treatment Regimen
- Reasons for discontinuation of treatment, when applicable
- Previous HCV treatment status and regimen used
- Sustained Virologic Response (SVR) 12 weeks post treatment completion is required. SVR 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 must attest occurred with each member that starts treatment of Hepatitis C DAA drugs in calendar year 2020 and beyond, 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, offered MH or SUD treatment, participated in harm reduction and prevention education efforts, etc.)

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- Adequate access to prescribers and treatment without unreasonable delay
- 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, quantity and NDC included on medical claims)
- Medication Reconciliation; Check on drug-drug interactions
- Coordinate with patient, PCP, prescriber, and pharmacy regarding treatment
- Prevent gaps in medication supply and ensure refills are accessed in timely fashion
- Contact the patient prior to initiating treatment and as frequently as needed to ensure compliance, access to refills, and collection of 12-week SVR
- Ensure compliance with viral load testing and reporting: 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 documented in case of eligibility/enrollment changes (churn)
- Transition to complex or 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 case-management 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 assistance 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 12 weeks after they finish their prescription
- Member's treating physician documents they are aware of 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