

Hepatitis C DAA Risk Corridor

Definition of Adequate Case Management

2023 CCO Contract, Exhibit C, Section 6.a.(1)(c)

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OHA developed the following definition of adequate case management to ensure CCOs continue to make quality case management available for Hepatitis C direct-acting antivirals (DAAs) into 2023 and future years, even as the cost risk continues to be mitigated by the risk corridor. Starting January 1, 2023, prior authorization (PA) will not be required for most hepatitis C treatment. Because of this change, it is especially important for CCOs to ensure providers and members know how to request and access care coordination services when those services would be helpful to successful completion of treatment. 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, 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 and narrative requirements

OHA requires CCOs to collect information for any member who receives treatment with Hepatitis C DAA drugs in calendar year 2023 and future years, as specified in the Hepatitis C DAA risk corridor contract provisions and settlement template. CCOs are also required to execute a monitoring and outreach plan by February 1, 2023.

Combined, three categories of data requirements apply: (1) data when PA is required; (2) data when PA is not required; and (3) a description of a compliant monitoring and outreach plan.

(1) Data when PA is required:

- List of Medicaid IDs for members with a PA request
- Date of the PA request
- Outcome or status of the PA request
- Date of PA request determination
- Genotype (if known)
- Cirrhosis status
- HCV treatment regimen
- Previous HCV treatment status

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- Attestation of case management protocol or opt-out (see below)
- For those approved for treatment:
 - Date treatment began (by date dispensed)
 - Indication of whether treatment was completed
 - Reasons for discontinuation of treatment, when applicable

(2) Data when PA is *not* required:

- List of Medicaid IDs for members whose claims history shows they likely did not complete treatment (i.e. less than 8 weeks of Mavyret or less than 12 weeks of sofosbuvir/velpatasvir)
- Medicaid IDs for members who accessed care coordination services while receiving treatment with a Hepatitis C DAA (though PA was not required)

(3) Description of a compliant monitoring and outreach plan:

- CCOs are required to operate a retrospective drug use review (DUR) program designed to minimize barriers to treatment and waste. DUR methods are at the CCO's discretion. Illustrative examples include as follows:
 - Prescriber or patient outreach when a member fails to refill a prescription when expected.
 - Prescriber outreach when it appears the provider consistently prescribes larger supplies than is typically expected and does so without requesting prior authorization.
- CCOs are required to execute a communication plan by February 1, 2023. The outreach must include the following elements:
 - Notice to potential hepatitis C DAA prescribers to alert them of the change in PA requirement
 - A description of care coordination services and information on how the prescriber may help their patients access them
- Communication method is at CCO's discretion but must at least include targeted communication to providers that disproportionately serve members without stable housing or who have underlying substance abuse or behavioral health conditions.

Case Management Protocol (when PA is required)

The following outlines the general protocol CCOs must attest occurred when PA is required.

- Documented outreach by the CCO to the member and either the prescriber or pharmacy to offer and coordinate case management. CCOs must take reasonable steps to offer and explain the benefits of these services.
- When a member elects to receive case management, CCOs must further attest the case management includes at least the following:
 - Initial evaluation of barriers to adherence and plan to address (e.g.

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- transportation, offered mental health or substance use disorder treatment, harm reduction and prevention education, etc.)
- 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
- Adequate access to prescribers and treatment without unreasonable delay
- Check for appropriate billing
- Medication reconciliation; check for drug-drug interactions
- Prevent gaps in medication supply and ensure refills are accessed timely
- Contact the patient prior to initiating treatment and as frequently as needed to ensure compliance and access to refills
- Provide education for patient and primary care or prescriber as needed
- Warm hand-off documented in case of eligibility/enrollment changes
- Transition to complex or chronic illness case management if needed

Opt-out Protocol (when member reached)

Case management is valuable for the member to successfully complete treatment. Case management is strongly recommended for individuals for whom PA is still required, as they are more likely to have more advanced or complex conditions. Case management is also strongly recommended for anyone who would benefit from care coordination and related supports. Members for whom PA is required may affirmatively opt-out by acknowledging they understand the following:

- 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 and coordinate transportation
- Members' treating physician must be notified of the opt-out
- Failure to refill prescriptions and adhere to therapy, or schedule and have required lab tests performed, may result in their PA being rescinded
- Members may rejoin the case management program at any time

The CCO must clearly document the member's opt-out and acknowledgement.