LA HAP Bulletin

September 29th, 2017

Revised documentation requirements for LA HAP/Medicaid Hepatitis C subprogram recipients

As we continue conversations with Medicaid, Ramsell, medical providers and HRSA around Hepatitis C medication access, we have determined that we are able to ease some of our eligibility requirements for Medicaid beneficiaries seeking coverage for HCV treatment regimens.

In recognizing that it can often be difficult for patients and their providers to collect necessary documentation for Medicaid for the purpose of determining eligibility for treatment, **starting October 1st LA HAP will accept FibroSure test results (dated within the past 6 months) as an indication of presumed treatment coverage denial in lieu of a letter from Medicaid in some circumstances**.

If a patient's FibroSure test result indicates a fibrosis stage of:

- **F0-F1 or F1-F2**: LA HAP will presume them to be denied treatment coverage by Medicaid and **will NOT require a letter of denial from Medicaid** before processing their LA HAP application
- **F3-F4**: Coverage of their treatment by Medicaid is still likely and LA HAP **will continue to require a letter of denial from Medicaid** before processing their LA HAP application
    - Please note that in order to align our Medicaid letter policy with our clinical documentation requirements, **the letter from Medicaid must be dated within the past 6 months**. This is a change from our previous requirement of 12 months; however, based on the documentation we have received at our office thus far we do not believe many people will be affected by this change.

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LA HAP is part of the Office of Public Health's STD/HIV Program
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Both the LA HAP Application for HCV Treatment Regimens and the Ramsell Supplemental Form for HCV Treatment Regimens will be updated to reflect this change in requirements.

Please note that this information pertains to Medicaid beneficiaries seeking LA HAP HCV treatment services only. Privately insured LA HAP clients should continue to follow their primary insurer's process for authorizing HCV treatment.

Confirming premium payments

LA HAP and HIP are always working with with insurers to streamline processes for timely premium payments. This process is not always easy, as different insurers have different management systems. This means that LA HAP or HIP staff may be doing additional follow-up on applications where clients report past-due premiums which have not yet been paid to the insurer. **HIP requests confirmation that payments have been made or are scheduled to be made by the client or another source (such as HIA funds) in order to avoid duplicate or rejected payments**.

If available, it is helpful to include any of the following documentation with a client's LA HAP application or Add/Change Form when there are past-due premiums which have been paid by another source: date of payment, confirmation/transaction number of payment, copy of check, copy of transaction statement, copy of email exchange between case manager and HIA administrator.

This documentation is not required for approving LA HAP eligibility; however, it will significantly help to streamline the premium payment process. **LA HAP staff will only *require* additional information when the application states there are past-due premiums to be paid but does not indicate that payment has yet been made.**

As always, we greatly appreciate your cooperation and patience with this policy. Because LA HAP does not restrict the selection of insurance plans from which a client may choose, it is sometimes necessary that we put additional measures in place to accommodate the differing policies of various insurers.

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