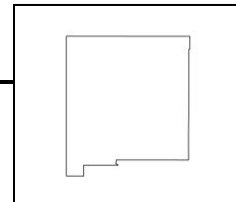


Hepatitis C: State of Medicaid Access Report Card

New Mexico

Estimated Number of Individuals Living with Hepatitis C: 42,600¹



| Grade | Summary |
|---|---|
| <p style="text-align: center; font-size: 2em; color: #8B0000; font-weight: bold;">A</p> | <p>Liver Damage (Fibrosis) Restrictions: Fee-For-Service (FFS) does not impose any liver damage restrictions. New Mexico’s Medical Assistance Division (MAD) requires all Managed Care Organizations (MCOs) to follow FFS criteria. Two MCOs (Molina Healthcare and UnitedHealthcare (UHC)) are complying. One MCO (Presbyterian) is not complying and requires at least minimal liver damage (F1 or greater). Coverage requirements for one MCO (BlueCrossBlueShield (BCBS)) are not publicly available.</p> <p>Sobriety Restrictions: FFS requires patients with a history of alcohol or substance use to be referred for counseling and substance use treatment, but does not deny coverage based on such history. New Mexico also prohibited MCOs from issuing approvals or denials based on active alcohol or substance use screening. Three MCOs (Molina, Presbyterian and UHC) are complying and do not impose sobriety requirements. Coverage requirements for one MCO (BCBS) are not publicly available.</p> <p>Prescriber Restrictions: FFS does not impose prescriber requirements. Three MCOs (Molina, Presbyterian, and UHC) have complied and do not impose prescriber requirements. Coverage requirements for one MCO (BCBS) are not publicly available.</p> <p>Recommendations to Improve Patient Access:</p> <ul style="list-style-type: none"> • Ensure all MCOs comply with New Mexico’s MAD’s directive regarding hepatitis C coverage requirements. • Require transparency regarding hepatitis C coverage criteria. <p><i>Grade Rationale: New Mexico has increased access to hepatitis C treatment and addressed the epidemic systemically across the care continuum. In December 2017, FFS further opened access to hepatitis C medications by removing liver damage criteria. Additionally, patients over 17 years of age can access treatment. The state also requires MCOs to follow FFS coverage criteria. Most MCOs have complied—at least in part—with this directive.</i></p> |

Background

As of June 2017, New Mexico had 777,519 individuals enrolled in Medicaid known as Centennial Care and Children’s Health Insurance Program.² Centennial Care operates a Fee-For-Service (FFS) program and contracts with four Managed Care Organizations (MCOs): Blue Cross Blue Shield of New Mexico (BCBS), Molina Healthcare (Molina), Presbyterian and UnitedHealthcare Community Plan (UHC).³ Most beneficiaries, over 88 percent, are enrolled in a MCO and the remaining almost 12 percent participate in FFS.⁴

State of Medicaid Hepatitis C Treatment Access

On December 15, 2017 New Mexico removed liver damage requirements.⁵ The state also required MCOs to follow FFS requirements and only require a diagnosis of chronic hepatitis C.⁶ Further, the letter required all MCOs by “December 31, 2017, contact members (and their requesting providers) who now meet the...treatment criteria, but were previously denied treatment, for reconsideration of their HCV treatment requests.”⁷ The state updated the *Uniform New Mexico HCV Checklist for Centennial Care (Uniform Checklist)*. A letter informing MCO plans of the updated hepatitis C coverage requirements maintains previous direction on sobriety and specifies that active alcohol and drug use cannot be used for treatment approval or denial.⁸ The *Uniform Checklist* recommends referral of a beneficiary with alcohol or substance use history “to an addiction specialist for counseling and treatment.”⁹ The specialty of the requesting provider also cannot be used as a screening criterion for approval or denial.¹⁰ MCO preferred formulary agent(s) may be given preference.¹¹ Prescribers are required to refer all patients to a “community health worker, care coordinator, or MCO specialty pharmacist at the time of drug treatment request.”¹² MCOs are directed to “expedite the handling of all treatment requests” using the *Uniform Checklist*.¹³

MCO coverage criteria varies across plans.

BCBS requires prior authorization to access hepatitis C treatments, which are considered specialty medications.¹⁴ These medications must be dispensed at a specialty pharmacy.¹⁵ The BCBS 2017 Drug List identifies Mavyret as preferred.¹⁶ The plan's hepatitis C coverage requirements are no longer publicly available.¹⁷

Molina is complying with FFS coverage requirements and utilizes the updated *Uniform Checklist*.¹⁸ Molina requires diagnosis of chronic hepatitis C and does not impose sobriety or prescriber requirements.¹⁹ However, Molina's website still posts a *Provider Bulletin* on hepatitis C that includes outdated coverage criteria.²⁰

Presbyterian requires prior authorization, imposes quantity limits, and requires a specialty pharmacy to dispense.²¹ Presbyterian has not updated its coverage requirements and is not complying with the revised FFS criteria.²² The plan still requires minimal liver damage (F1 or greater) or other criteria to qualify for treatment.²³ Presbyterian does not impose sobriety or prescribing requirements.²⁴ Mavyret is the preferred agent.²⁵

UHC has updated its coverage requirements to reflect the recent FFS directive.²⁶ UHC now requires a diagnosis of chronic hepatitis C and does not impose sobriety or prescribing restrictions.²⁷ The plan utilizes the *Uniform Checklist*.²⁸ UHC's Preferred Drug List includes Mavyret for all genotypes.²⁹

New Mexico is proactively and aggressively working to address hepatitis C across the care continuum from screening and diagnosis to treatment. The state has an active and collaborative patient advocacy and health professional community, which formed the Hepatitis C Coalition and developed a *Statewide Comprehensive Plan* to address the epidemic.³⁰ New Mexico's Medical Assistance Division (MAD) is working with the Hepatitis C Coalition and has taken dramatic steps to incorporate MCOs in these efforts through Department Directives. MCOs are also required to submit monthly data including the number of requests, approvals, and denials by fibrosis stage and genotype for all treatment requests.³¹ Plans must also send a representative to attend quarterly HCV Workgroup meetings with other MCOs and representatives of MAD to review current data and recent guidance revisions and propose evidence-based future revisions to treatment guidelines.³² MCOs must continue to implement a comprehensive outreach plan to the plan's referring provider groups to provide education regarding the *Uniform Checklist*, use of Project ECHO (provider training), clarification of new treatment guidelines, and prior authorization processes.³³ MCO must also continue to implement a comprehensive plan to expand hepatitis C screening to conform with U.S. Preventative Services Task Force (USPSTF)/Centers for Disease Control and Prevention (CDC)/American Association for the Study of Liver Diseases (AASLD)/Infectious Disease Society of America (IDSA) guidelines.³⁴

New Mexico is transparent regarding its hepatitis C coverage requirements. The state responded to the NVHR/CHLPI survey on hepatitis C coverage requirements and proactively informed the organizations of their most recent coverage changes.

Liver Damage (Fibrosis) Restrictions

FFS requires a diagnosis of chronic hepatitis C.³⁵ Additionally, MAD directs MCOs to follow FFS requirements.³⁶

Molina and UHC are complying with the updated FFS coverage criteria and require a diagnosis of chronic hepatitis C.³⁷ Presbyterian is not complying and requires at least minimal liver damage (F1 or greater) or a patient to present other clinical and special population criteria.³⁸ BCBS's hepatitis C coverage requirements are no longer publicly available.³⁹

Sobriety Restrictions

FFS does not impose sobriety requirements.⁴⁰ However, the *Uniform New Mexico HCV Checklist for Centennial Care* recommends if a beneficiary has alcohol or substance use history that the patient be referred to an addiction specialist for counseling and treatment.⁴¹

Three MCOs (Molina, Presbyterian, and UHC) are following FFS sobriety criteria and do not impose sobriety requirements.⁴² BCBS's hepatitis C coverage requirements are no longer publicly available.⁴³

Prescriber Restrictions

FFS does not impose prescriber requirements.⁴⁴

Three MCOs (Molina, Presbyterian, and UHC) are following the FFS criteria and do not impose prescriber requirements.⁴⁵ BCBS's hepatitis C coverage requirements are no longer publicly available.⁴⁶

Points of Contact for Questions & Concerns about Puerto New Mexico's State of Medicaid Hepatitis C Access

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