

Eliminating Hepatitis C in Louisiana: An Innovative Payment and Outreach Model Case Study

Introduction

Louisiana participated in Year 1 of the Hepatitis C Medicaid Affinity Group (Affinity Group) and developed innovative strategies to increase screening and treatment to eliminate hepatitis C virus (HCV). In July 2019, the Louisiana Department of Health (LDH), home of the Office of Public Health (OPH) and Medicaid, launched a “modified subscription payment model” to obtain five years of unrestricted access to a pan-genotypic, direct-acting antiviral (DAA) at an annual capped cost to treat Medicaid beneficiaries and incarcerated patients with HCV. This initiative was made possible through the LDH, collaboration across state agencies, and input from local providers and community advocates.

This case study is based on interviews with LDH staff about efforts to engage stakeholders to design and implement this innovative payment model and to enhance outreach and data sharing.

State Data Snapshot

Statewide	
HCV RNA+ individuals (2016) ¹	5,297
Deaths from opioid overdoses (2016) ²	996
Medicaid	
Size of Medicaid Population ³	1,249,533
Medicaid Expansion State	Yes
DAA Access	
Fibrosis Restrictions	Removed in 2019
Prescriber Restrictions	Removed in 2018
Sobriety Restrictions	Removed in 2018
Corrections	
Size of correctional population (2016) ⁴	111,000
Reported number of inmates with HCV (2015) ⁵	1,962
Percentage of inmates receiving treatment for HCV (2015) ⁵	0.5%

Key State Initiatives

Initial Coverage of HCV DAAs

When HCV DAAs were introduced in 2014, they changed the landscape of HCV treatment. Although DAAs are curative, their high cost has made it difficult for state Medicaid programs to expand treatment to everyone with HCV. Initially, Louisiana’s Medicaid program implemented restrictive state policies to reduce costs by limiting treatment access to only those patients with advanced fibrosis and who had maintained sobriety for at least 12 months prior to initiating

What Works?

- Regular meetings with involved state agencies
- Staff dedicated to HCV elimination efforts to support coordination among state agencies

treatment. There was also a requirement that DAAs had to be prescribed by specialists such as gastroenterology, hepatology, and infectious disease doctors.

Developing the Modified Subscription Model

When Mavyret, a lower-cost DAA, was approved in August 2017, Louisiana Medicaid experienced a reduction in expenditures, opening the door for liberalization of DAA restrictions. However, these savings were insufficient to treat all individuals with HCV. Therefore, OPH partnered with clinicians to review the restrictions and identify which should be prioritized for removal. OPH then made a case to the Medicaid Drug Utilization Review (DUR) Board, highlighting the restrictions' incongruence with national recommendations and the negative effects of restrictions on individuals with HCV. In mid-2018, the board reviewed the compiled evidence and opted to remove the sobriety, prescriber, and fibrosis score restrictions, but only for individuals co-infected with human immunodeficiency virus (HIV).

Louisiana then began exploring drug purchasing solutions that could make lifting the remaining restrictions for all individuals affordable. In July 2019, Medicaid implemented a modified subscription payment model through a financial arrangement with the drug manufacturer Asegua Therapeutics LLC (Asegua), a wholly owned subsidiary of Gilead Sciences, Inc. Through the arrangement, Medicaid covers the cost of the generic Epclusa drug on a per treatment basis until it meets an annual cap, which is approximately the total amount Medicaid paid for DAAs in fiscal year 2018. After that point, Medicaid receives a full rebate on additional prescriptions of generic Epclusa through a supplemental rebate agreement. In exchange, generic Epclusa is the single preferred drug on the Medicaid drug formulary; other DAAs can still be accessed through prior authorization when medically necessary.

To develop the model, Louisiana released a Request for Information that gathered input from drug manufacturers, advocates, and other stakeholders. Louisiana then consulted with the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS) staff to develop a model that uses existing mechanisms of the Medicaid supplemental rebate program. In June 2019, CMS approved Louisiana's Medicaid State Plan Amendment, which allowed the state to negotiate supplemental rebate agreements under the modified subscription payment model. Louisiana was able to release a solicitation for offers, as opposed to a full Request for Proposal requiring procurement, because the model utilizes existing Medicaid managed care purchase, supply, and distribution mechanisms. This helped Louisiana implement the model quickly. Asegua was selected through a competitive bidding process.

Encouraging HCV Treatment Uptake

Louisiana has embarked on a multi-strategy HCV elimination plan to leverage the newly unrestricted access to Epclusa.

Provider Training. To encourage providers to treat more individuals with HCV, OPH developed online and in-person trainings. In 2018, OPH implemented two statewide HCV boot camps with the support of the AIDS Education & Training Center (AETC) and provided Continuing Medical Education (CMEs) and Continuing Nursing Education (CNEs) credits to attendees. OPH contracted with Johns Hopkins University to modify and replicate its successful HCV training program, *Sharing the Cure*. Trainings focus on the clinical considerations of Epclusa and strategies to promote treatment adherence.

Public Education and Awareness Campaigns. Louisiana contracted with an advertising firm to design a campaign to promote public awareness of HCV screening and the availability of an HCV cure. Louisiana plans to target populations with increasing HCV incidence, including people who inject drugs (PWID). In

addition, OPH will contract with community health workers to provide education about HIV, HCV, sexually transmitted infections (STIs), risk reduction, and linkage to care, using funds from the Centers for Disease Control and Prevention (CDC) related to the Administration's *Ending the HIV Epidemic: A Plan for America* (EHE) initiative.

Direct Outreach. Medicaid provided OPH with a list of 6,500 individuals diagnosed with HCV who were denied HCV treatment or who did not have a DAA claim on file. OPH secured funding to hire Linkage to Cure Coordinators who will contact these individuals to inform them of the DAA policy change and link them to care.

HCV Screening Efforts. The Department of Corrections (DOC) is also implementing a policy change to provide opt-out screening at intake and discharge to everyone incarcerated within the state prison system to identify both new cases as well as reinfection cases among individuals who received treatment during incarceration. OPH will hire mobile teams of phlebotomists to draw blood to test for HCV, HIV, hepatitis B, and syphilis through CDC supplemental funding. Moving forward, OPH will gather best practices and expand screening efforts to jails.

Prevention Efforts

Louisiana is also expanding harm reduction and prevention strategies. In January 2017, the state received approval from CDC to use federal funds to support syringe services programs (SSPs) due to increasing incidence of HCV related to injection drug use. Over the following six months, OPH and advocates worked with state legislators to pass Act 40, which legalized SSPs with local jurisdictional approval. As of July 2019, New Orleans, Baton Rouge, and Shreveport have passed local ordinances to legalize SSPs.

What Works?

A local champion driving the process and advocating for SSPs in the community.

OPH supports local efforts to approve SSPs by creating parish-level fact sheets on opioid epidemic trends and benefits of SSPs. CrescentCare, a federally qualified health center (FQHC) located in New Orleans, has also been a key player in advocating for SSPs. CrescentCare offers HCV screening at its SSP sites and links individuals who test positive for HCV to treatment at the clinic. The Capital Area Reentry Program operates an SSP in Baton Rouge, and is expanding services using EHE funds. East Baton Rouge Parish was chosen as one of the three pilot sites for the first wave of EHE funding.

In addition to these efforts, Governor John Bel Edwards approved methadone maintenance coverage and funding under Medicaid as of January 1, 2020. Incorporating methadone providers into the primary healthcare system will help fill gaps in substance use disorder and HCV care.

Monitoring Success

Louisiana plans to monitor progress in ending the HCV epidemic through the following data collection and analysis strategies:

- Medicaid will provide OPH with Medicaid DAA utilization data to merge with HCV surveillance lab data. This will enable OPH to identify regions that need more targeted outreach and analyze screening, linkage, and cure rates through DAA claims data to ensure appropriate implementation of the modified subscription payment model.
- The state will invest in a more robust HCV surveillance system to implement a data-to-care approach, similar to the state's successful HIV model. HCV surveillance data will help OPH identify individuals who have been diagnosed but not treated. To strengthen this data reporting system as part of Louisiana's elimination strategy, OPH has hired three full-time staff who are specifically dedicated to HCV surveillance data analysis, case tracking, and data-to-care, and has also initiated hiring nine Linkage to Cure Coordinators and a Linkage Supervisor.

- Louisiana is changing the state’s public health reporting law to require the reporting of all negative HCV lab results for HCV. The share of individuals with confirmed HCV who later receive negative results can then serve as an important indicator of progress.
- Louisiana plans to contract with a technology partner to create an evaluation dashboard using Medicaid claims and HCV surveillance data. This system will allow Louisiana to track screening and treatment progress, identify regions in need of additional interventions, and improve follow-up with individuals.

HCV Policy Facilitators

Louisiana has benefited from strong leadership and coordination across multiple state agencies:

Leadership support from Louisiana’s Secretary of LDH. Louisiana’s Secretary of LDH prioritized curbing high drug prices in her agenda and brought national attention to innovative strategies to eliminate HCV.

Merging of the STI, HIV, and HCV programs and leveraging HIV funding. Program integration facilitated conversations across different groups and allowed OPH to leverage HIV and STI prevention funds for HCV-related activities.

Coordination with management support. In November 2018, OPH hired a Hepatitis C Elimination Project Manager to work directly with Medicaid and DOC to develop the modified subscription payment model. Since the model was launched, Medicaid, DOC, and OPH have met on a weekly basis to discuss strategies and progress.

Louisiana is on the national forefront of HCV elimination with the advent of its innovative subscription model and related outreach efforts. These collaborative efforts are not only advancing elimination of HCV, but also producing lasting change to the state’s health care delivery system.

What Works?

Leveraging HIV and STI resources for integrated HCV-related activities.

ABOUT THE HEPATITIS C MEDICAID AFFINITY GROUP

The Affinity Group is convened by the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health through its Office of Infectious Disease and HIV/AIDS Policy. The Affinity Group was created to increase the number and percentage of individuals diagnosed with HCV infection who are successfully treated and cured. Participation in the Affinity Group was open to all states and state participation is voluntary.

Mission Analytics Group, Inc. and Positive Outcomes, Inc. (formerly George Washington University) were contracted by OIGP to facilitate the Affinity Group and prepare this case study.

References

1. AbbVie, Inc. MappingHepC. <https://mappinghepc.com/>
2. Centers for Disease Control and Prevention, Opioid Overdose. Drug Overdose Death Data, 2016. <https://www.cdc.gov/drugoverdose/data/statedeaths.html>
3. May 2019 Medicaid & CHIP Enrollment Data Highlights. <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>
4. Bureau of Justice Statistics, Annual Surveys of Probation and Parole, Deaths in Custody Reporting Program, and National Prisoner Statistics program, 2016; and U.S. Census Bureau, unpublished U.S. resident population estimates within jurisdiction on January 1, 2017.
5. Beckman, A et al. New Hepatitis C Drugs Are Very Costly and Unavailable to Many State Prisoners. Health Affairs, vol. 35, no. 10. October 2016. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0296>