

Mathiesen Memorial Health Clinic

Best Practices in --- Hepatitis C

Gina Valente-Moore
BSC, BSN, MSN, ND,
RN, PNPc, FNP

**I'VE LEARNED THAT
PEOPLE WILL FORGET
WHAT YOU SAID,
PEOPLE WILL FORGET
WHAT YOU DID, BUT
PEOPLE WILL NEVER
FORGET HOW YOU
MADE THEM FEEL.**

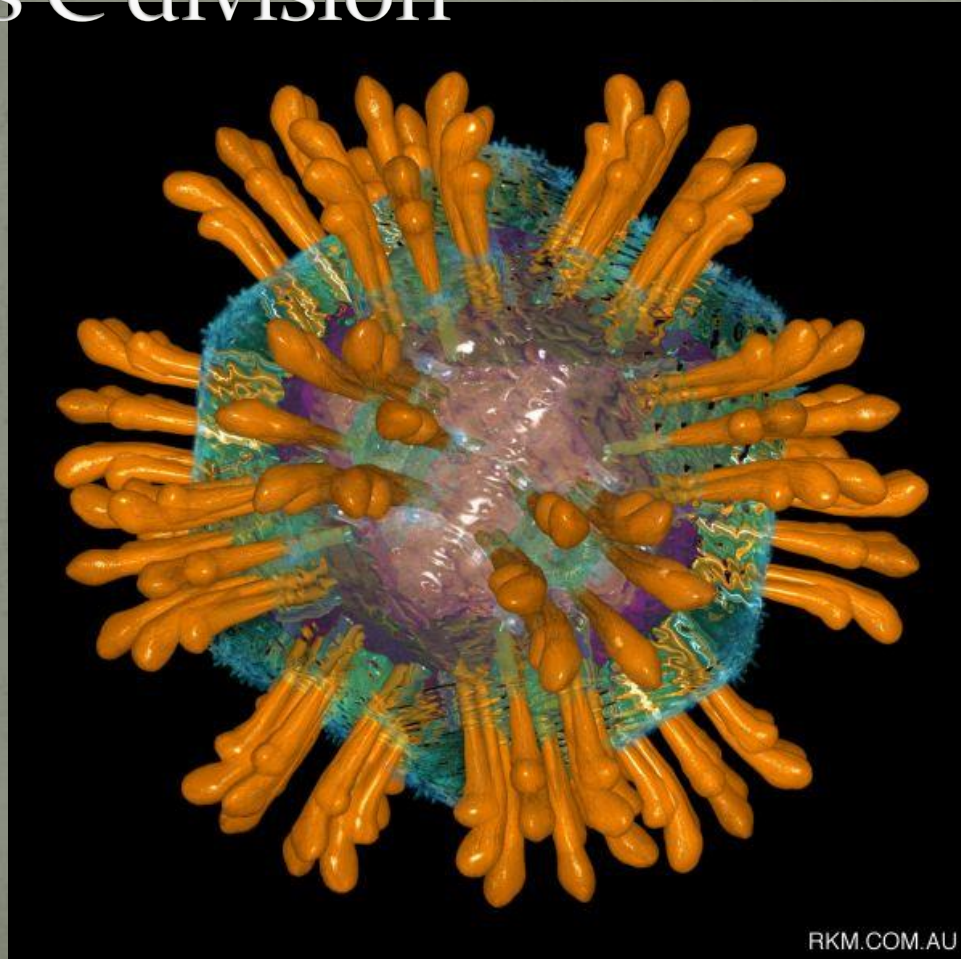
-Maya Angelou



Disclosures

Gilead Speakers Bureau

Hepatitis C division

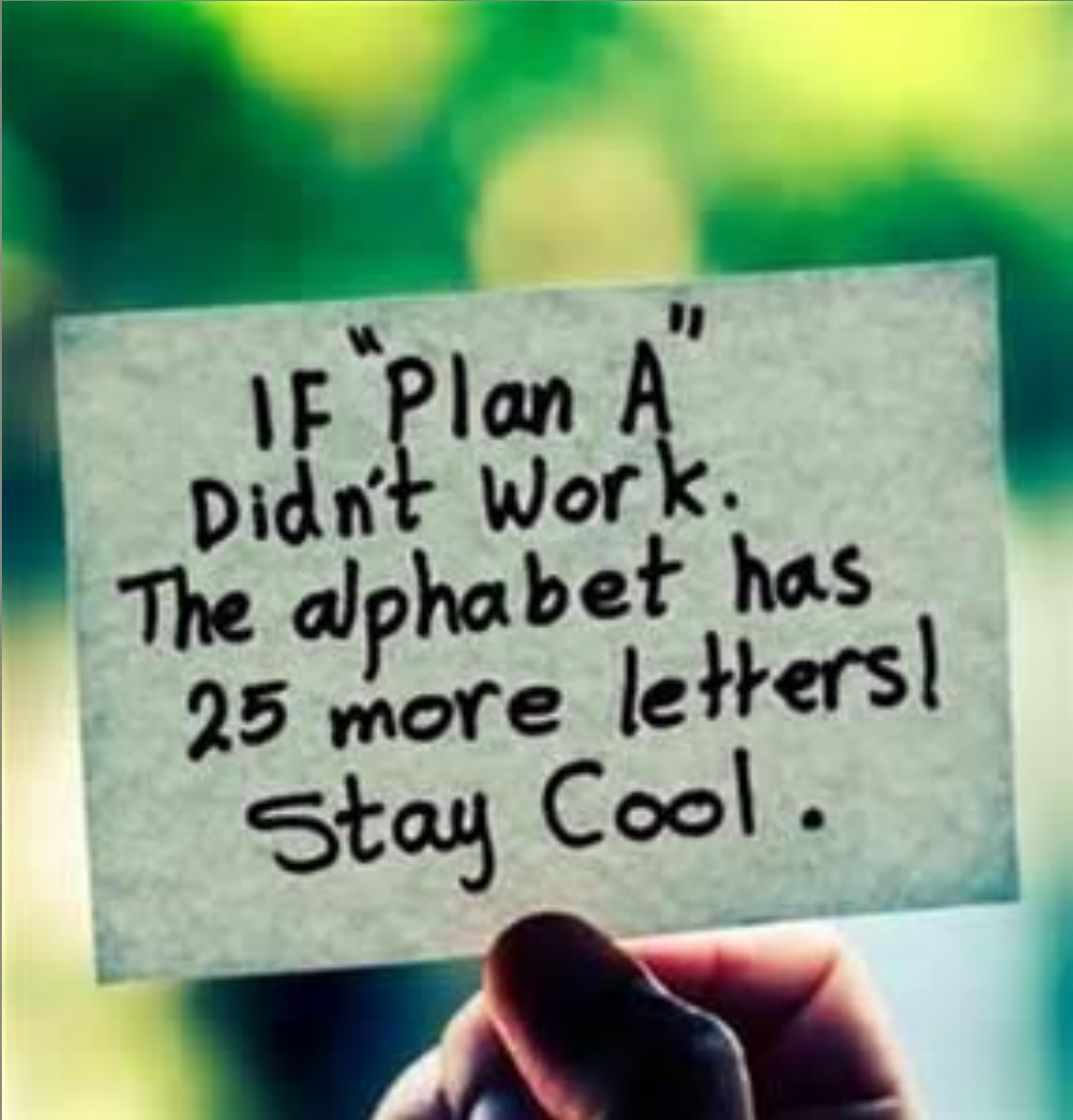


How did I get here?



Santa Clara University, BSC Marketing 1991



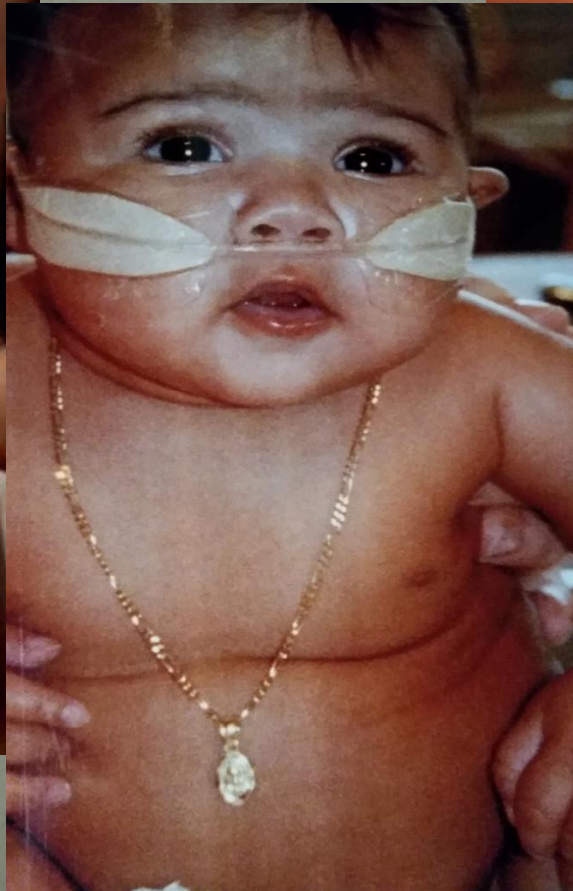
A hand is holding a small, rectangular piece of white paper against a blurred green and yellow background. The paper has handwritten text in black ink. The text is arranged in four lines, with the first line being the largest and most prominent. The overall image has a torn-edge, vintage aesthetic.

IF "Plan A"
Didn't work.
The alphabet has
25 more letters!
Stay Cool.

Finding my inspiration



...in the smallest places



...and the most precious faces.



Plan B

- Case Western Reserve University BS Nursing 1995
- Case Western Reserve University MSN, ND 1997
 - Sigma Theta Tau Honor Society
 - Suma Cum Laude
 - Alumni Award for Clinical Excellence
- Sonoma State University Post Masters FNP 2000

Experience

- Primary care and pediatrics 1997-2007
- GI specialty 2007-2011
- Family practice/GI subspecialty focus in hepatology and Hepatitis C 2011 to present
- Member AASLD
- Attend annual Liver Meeting
- Member AGA
- Active participant UCSF ECHO for Hepatitis C
- Question myself daily

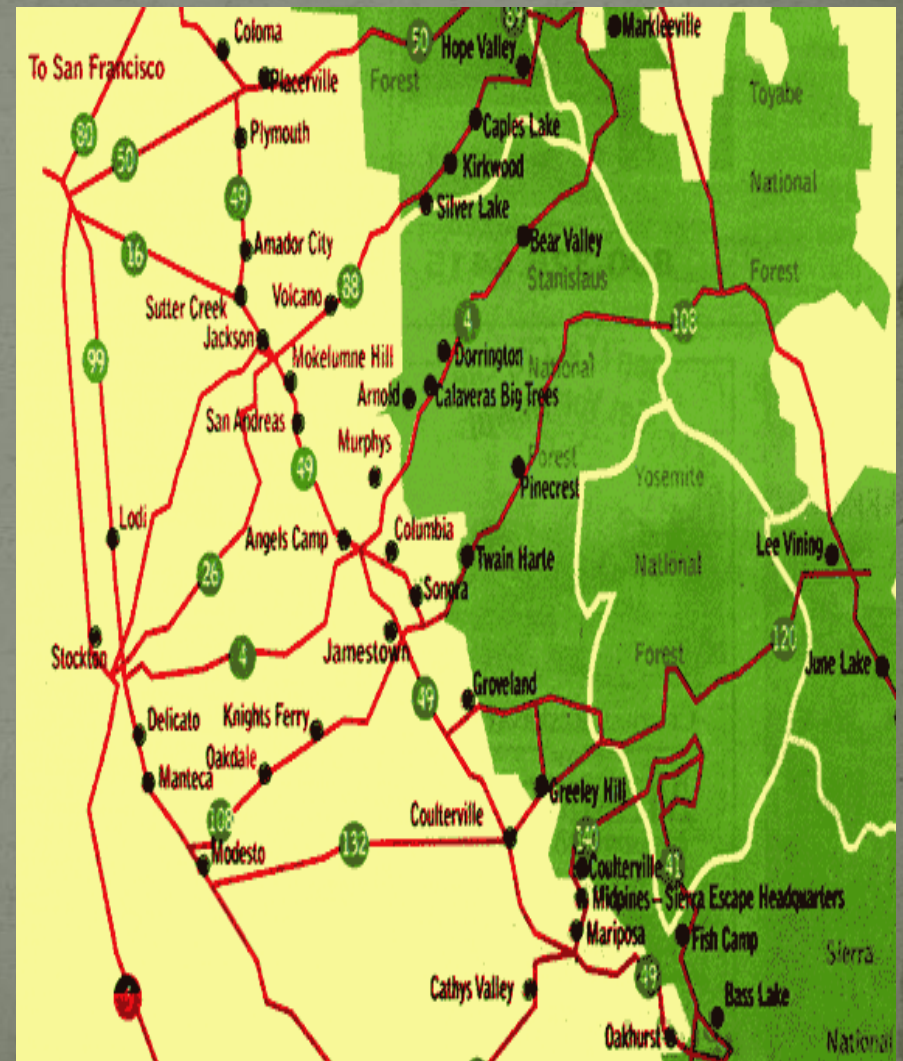
Where am I?



Mathiesen Memorial Health Clinic

- Chicken Ranch Rancheria of MiWuk Indians
- Community/Tribal Primary Care Center
- Yoga
- Diabetes Education group
- Healthy Eating Group
- Hepatitis C Group
- Caregiver Support Group
- Psychology Services

18144 Seco Street Jamestown Ca, 95327

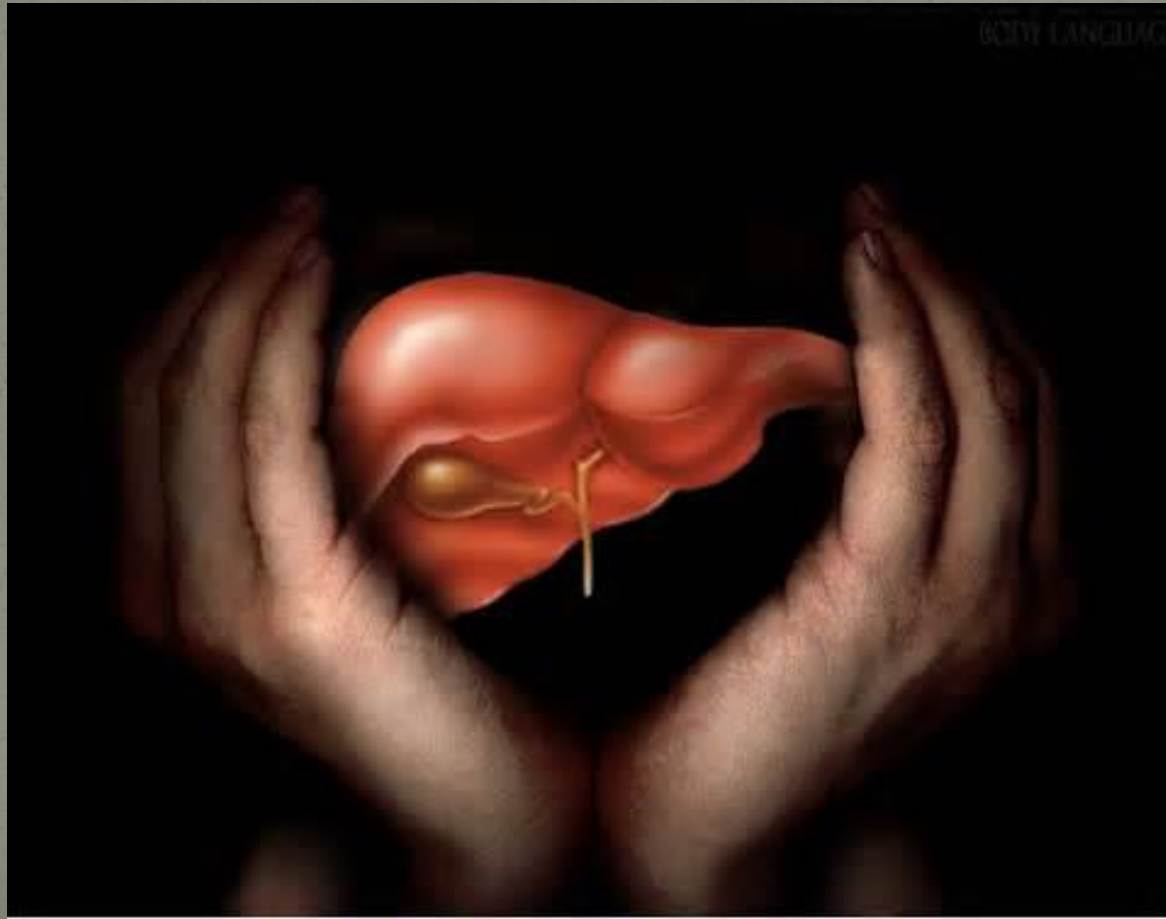


What am I doing?

- Treat Hepatitis C in a primary care environment successfully for the last 5 years
- 102 Hepatitis C cures
- 4 Active failures
- 9 Patients currently in treatment
- 3 Pending prescriptions for treatment
- 25 Pending SVR's
- Over 100 active untreated liver patients on my panel
- 6 New referrals weekly
- Caring for early and late stage liver disease including primary care for some patients, consultant for others

The art of medicine consists of amusing the patient while nature cures the disease.

-Voltaire



How can you do it?

- The success of a hepatitis C program lies in the support of the administration allowing the provider time to build the skills necessary to care for this fragile and needy population. Critical to the success is a knowledgeable team in place to minimize errors, produce smooth work flow and effectively case manage hepatitis C patients.

What do you need?

Knowledge and Support!

Knowledge

- About your patient and how to use the knowledge
- About identifying eligible patients
- About knowing what to prescribe
- About knowing how to successfully prescribe
- About knowing how to follow patients

Support

- In building systems that work to simplify monitoring and following patients
- For education of providers and staff

**Don't judge
a situation
you've never
been in.**

Knowledge

Hepatology/Telemedicine

Patient: _____ Age: ___DOB ___/___/___ Diagnoses: _____

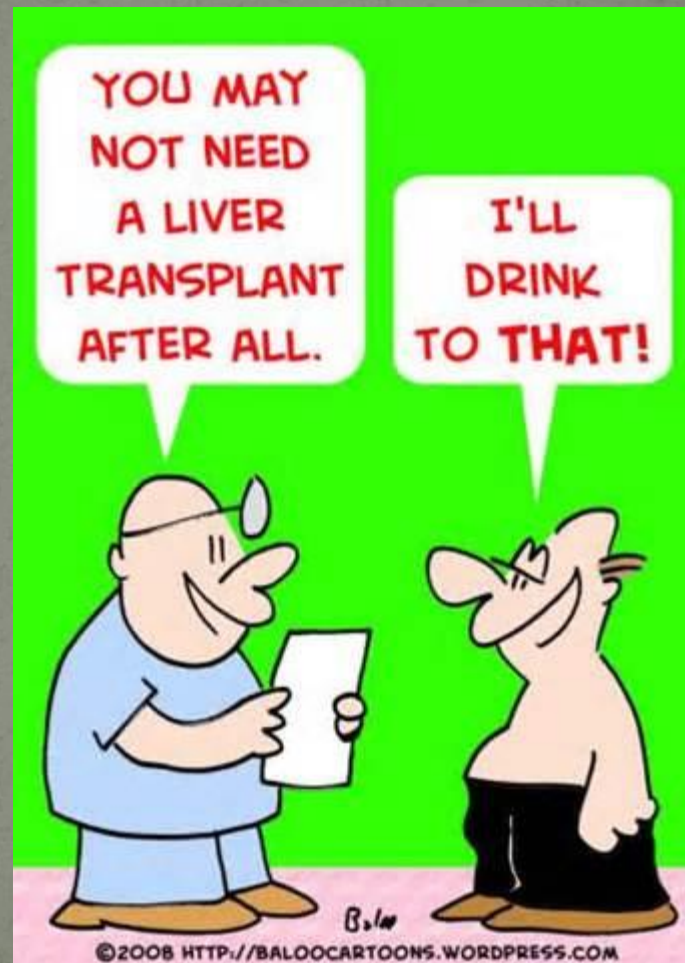
CBC				BMP				Liver Enzyme			
WBC				Na				Albumin			
Hgb				K				ALP			
Hct				Cl				ALT			
Plt				Glu				AST			
ANC				Creat				Total Bilirubin			
AFP				eGFR				MELD Na			
Pt/INR				Ammonia				APRI			
TSH								CTP			
								Fib+			
Hep A Ab total			ANA			Ferritin		Hep A			
Hep B core Ab total			AMA			Fe		Hep B			
Hep B sAg			ASMA			TIBC		HPV			
Hep B sAb			Ceruloplasmin			%Sat		Flu			
Hep C Ab			A1AT			HH Genotype		MMR			
Hep C GT			TTGA			Cryoglobulins		PPSV23			
Hep C RNA			Total Iga			Urine Tox		Tdap			
Fibrosure			HIV					Varivax			
			Q80K					Zostavax			
			IL28B								
EGD							Colonoscopy				
Liver Biopsy			Other				Imaging				

Web sites

- www.hep-druginteractions.org
- University of Liverpool drug interactions
- www.hepatitisc.uw.edu
- Clinical calculators
- www.hcvguidelines.org
- Access the full report on treating Hep C
- www.mayoclinic.org
- MELD Na calculator

What do I have to know

- Stage of liver disease
- Genotype
- Prior treatment
- Comorbidities
- Medications



Will then leave you asking yourself



- Can I treat?
- What do I use?
- How long do I use it?
- Will insurance cover the medications?
- How does the patient get medication?
- How do I follow the patient?
- We didn't even talk about screening

Knowledge Database

Dr. Paula
Guadalupe Robles MD

Hepatology/Telemedicine

Age: DOB P/367 Diagnoses: Hep C 1A naive Cirrhosis
need mS - have card 1000 18-19yo tattoo here made 1990
⊕ meth no transfusion NDU last use 7ys

CBC	9/15/15	12/22/15	2/18/16	3/25/16	CMP	9/15/15	12/22/15	2/18/16	3/25/16	Liver Enzyme	9/15/15	12/22/15	2/18/16	3/25/16	
WBC	11.4	4.5	9.0	10.4	Na	140	137	140		Albumin	4.2	4.0	4.2	3.7	
Hgb	13.9	14.1	15.1	13.9	K	4.4	4.3	4.1		ALP	89	77	87	100	
Hct	43.0	44.5	45.9	43.2	Cl	102	101	103		ALT	216	248	132	188	
Plt	153	104	146	113	Glu	94	0.65	82		AST	149	171	109	179	
ANC		3.3	4.5	2.8	Creat	0.68	0.68	0.56		Total Bilirubin	0.9	0.7	0.8	0.5	
AFP			4.9		eGFR	70	105	110		MELD	7			7	
Pt/INR		1.0		1.1						APRI >1	2.84			4.689	
HgbA1c	5.2									CTP	5, CPA			A-6	
										APRI > 3.25	3.18			5.55	
Hep A Ab total	⊖	⊖	⊖	⊖	ANA				Ferritin					Hep A	1/22/15
Hep B core Ab total	⊕				AMA				Fe					Hep B	Immune
Hep B sAg	⊖				ASMA				TIBC					HPV	
Hep B sAb	⊕				Ceruloplasmin				%Sat					Flu	
Hep C Ab					A1AT				HH Genotype					MMR	
Hep C GT	9/15/15	1A	12/22/15	1.5	TTGA				Cryoglobulins					PPSV23	
Hep C RNA		158489			Total Iga				Urine Tox	⊕ meth				PCV13	
Fibrosure	12/22/15	F4	0.99		HIV	9/15/15	⊖			mS				Varivax	
					TSH		1.52		IL28B	not had				Zostavax	
					Uric Acid		5.4		Q80K					Tdap	
EGD					Colonoscopy										
Liver Biopsy	Other				Imaging	12/22/15 US "fatty liver" "spleen"									

Can I treat?

Stage of liver disease required to treat

Stage of fibrosis

- For most managed Med-Cal F2-4 required and will accept blood tests (fibroSure etc), FibroScan or biopsy
- Some private insurance are starting to accepting any stage of fibrosis for treatment
- Decompensation/overall health and patient likely to tolerate treatment regimen/treatment likely to benefit patient

Genotype

- Need to know what med to use and how long to use it

Comorbidities

- Remember to check out your patients comorbidities as a low stage of fibrosis and comorbidities can buy them treatment; look at the DHHS and AASLD guidelines

Medication interactions

- Check Liverpool medication interaction checker
- No herbs/supplements

DHCS Policy for the Treatment of Chronic Hepatitis C Virus Infection

This document will help answer can I treat



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

California Department of Health Care Services

Treatment Policy for the Management of Chronic Hepatitis C

Effective July 1, 2015

This policy was developed by the California Department of Health Care Services (DHCS) based on a review of the medical literature, the most recent guidelines and reports published by the American Association for the Study of Liver Diseases (AASLD), Infectious Diseases Society of America (IDSA), European Association for the Study of the Liver (EASL), California Technology Assessment Forum (CTAF), Institute for Clinical and Economic Review (ICER), World Health Organization (WHO), federal Department of Veterans Affairs (VA), and recommendations from experts in the management of hepatitis C virus. The treatment of hepatitis C virus is rapidly evolving. Accordingly, this policy may be revised as new information becomes available.

1. Treatment considerations and choice of regimen for hepatitis C virus infected patients:
 - A. Please refer to AASLD guidelines (hcvguidelines.org) for recommended treatment regimens and durations.
 2. Identifying treatment candidates:
 - A. Disease Prognosis and Severity—Any of the following clinical states identify candidates for treatment:
 - i. Evidence of Stage 2 or greater hepatic fibrosis/cirrhosis including one of the following: Liver biopsy confirming a METAVIR score F2 or greater; OR Transient elastography (Fibroscan®) score greater than or equal to 7.5 kPa; OR FibroSure® score of greater than or equal to 0.48; OR APRI score greater than 0.7 OR FIB-4 greater than 3.25.
 - ii. Evidence of extra-hepatic manifestation of hepatitis C virus, such as type 2 or 3 essential mixed cryoglobulinemia with end-organ
-

manifestations (e.g. vasculitis), or kidney disease (e.g. proteinuria, nephrotic syndrome or membranoproliferative glomerulonephritis).

- iii. Persons with hepatocellular carcinoma with a life expectancy of greater than 12 months
- iv. Pre- and post-liver transplant, or other solid organ transplant
- v. HIV-1 co-infection
- vi. Hepatitis B co-infection
- vii. Other coexistent liver disease (e.g. nonalcoholic steatohepatitis)
- viii. Type 2 diabetes mellitus (insulin resistant)
- ix. Porphyria cutanea tarda
- x. Debilitating fatigue impacting quality of life (e.g., secondary to extra-hepatic manifestations and/or liver disease)
- xi. Men who have sex with men with high-risk sexual practices
- xii. Active injection drug users
- xiii. Persons on long-term hemodialysis
- xiv. Women of childbearing age who wish to get pregnant.
- xv. HCV-infected health care workers who perform exposure-prone procedures

B. Patient Readiness and Adherence:

- i. Patients shall be evaluated for readiness to initiate treatment.
- ii. Patients selected for treatment shall be able and willing to strictly adhere to treatment protocols prescribed by their provider.
- iii. Caution shall be exercised with patients who have a history of treatment failure with prior hepatitis C treatment due to non-adherence with treatment regimen and appointments.
Patients shall be educated regarding potential risks and benefits of hepatitis C virus therapy, as well as the potential for resistance and failed therapy if medication is not taken as prescribed.

C. Age requirements: Treatment candidate must be 18 years of age or older.

3. Other considerations

A. Quantity Limits:

- i. Prescription of hepatitis C therapy will be dispensed in quantities up to 28 days at a time.

B. Criteria for Reauthorization/Continuation of Therapy:

- i. Initial authorization criteria have been met, and
- ii. Evidence of lack of adherence may result in denial of treatment reauthorization.
- iii. Missed medical appointments related to the hepatitis C virus may result in denial of treatment authorization.

C. Laboratory Testing:

- i. Documentation of baseline hepatitis C virus-RNA level
- ii. Documentation of hepatitis C virus Genotype
- iii. Laboratory testing should be consistent with current AASLD/IDSA guidelines

D. Populations Unlikely to Benefit from Hepatitis C Virus Treatment:

According to AASLD/IDSA hepatitis C virus Guidelines, "patients with limited life expectancy for whom hepatitis C virus therapy would not improve symptoms or prognosis do not require treatment. Chronic hepatitis C is associated with a wide range of comorbid conditions. Little evidence exists to support initiation of hepatitis C virus treatment in patients with limited life expectancy (less than 12 months) due to non-liver-related comorbid conditions. For these patients, the benefits of hepatitis C virus treatment are unlikely to be realized, and palliative care strategies should take precedence." In patients with a life expectancy less than 12 months, treatment is not recommended.

E. Retreatment: Retreatment will be considered where there is evidence that such retreatment will improve patient outcomes. Please refer to AASLD guidelines for recommended retreatment regimens (hcvguidelines.org).

F. Criteria for coverage of Investigational Services (Title 22 § 51303)

- i. Investigational services are not covered except when it is clearly documented that all of the following apply:
- ii. Conventional therapy will not adequately treat the intended patient's condition;
- iii. Conventional therapy will not prevent progressive disability or premature death;
- iv. The provider of the proposed service has a record of safety and success with it equivalent or superior to that of other providers of the investigational service;
- v. The investigational service is the lowest cost item or service that meets the patient's medical needs and is less costly than all conventional alternatives;
- vi. The service is not being performed as a part of a research study protocol;
- vii. There is a reasonable expectation that the investigational service will significantly prolong the intended patient's life or will maintain or restore a range of physical and social function suited to activities of daily living;
- viii. All investigational services require prior authorization. Payment will not be authorized for investigational services that do not meet the

above criteria or for associated inpatient care when a beneficiary needs to be in the hospital primarily because she/he is receiving such non-approved investigational services.

- G. Unlabeled use of medication: Authorization for unlabeled use of drugs shall not be granted unless the requested unlabeled use represents reasonable and current prescribing practices. The determination of reasonable and current prescribing practices shall be based on:
- i. Reference to current medical literature.
 - ii. Consultation with provider organizations, academic and professional specialists.

www.hcvguidelines.org

This fluid web site will help answer can and how do I treat

[Home](#) [Full Report](#) [Panel](#) [Organizations](#) [Process](#)
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HCV Guidance:
Recommendations for
Testing, Managing, and
Treating Hepatitis C



Search the
Guidance

Enter your keywords

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the Full Report -
March 2016 Version

HCV Guidance

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Updated February 24, 2016.

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Updated February 24, 2016.

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WHEN AND IN WHOM TO INITIATE HCV THERAPY

Updated February 24, 2016.

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When and in Whom to Initiate HCV Therapy Box. Summary of Recommendations for When and in Whom to Initiate HCV Therapy

Updated February 24, 2016.

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OVERVIEW OF COST, REIMBURSEMENT, AND COST-EFFECTIVENESS CONSIDERATIONS FOR HEPATITIS C TREATMENT REGIMENS

This section was reviewed and revised February 2016.

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INITIAL TREATMENT OF HCV INFECTION

Complete revision made to this section on February 24, 2016.

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Initial Treatment Box. Summary of Recommendations for Patients Who are Initiating Therapy for HCV Infection by HCV Genotype

Changes made on February 24, 2016.

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MONITORING PATIENTS WHO ARE STARTING HEPATITIS C TREATMENT, ARE ON TREATMENT, OR HAVE COMPLETED THERAPY

Complete revision made to this section on February 24, 2016.

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Monitoring Box. Summary of the Recommendations for Monitoring Patients Who Are Starting HCV Treatment, Are On Treatment, Or Have Completed Therapy

Updated February 24, 2016.

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UNIQUE PATIENT POPULATIONS: PATIENTS WITH HIV/HCV COINFECTION

Complete revision made to this section on February 24, 2016. Changes made March 10, 2016.

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Unique Patient Populations: HIV/HCV Coinfection Box. Summary of Recommendations for HIV/HCV-Coinfected Patients Who are Being Treated for HCV, by Genotype

Complete revision made to this section on February 24, 2016. Changes made March 10, 2016.

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UNIQUE PATIENT POPULATIONS: PATIENTS WITH DECOMPENSATED CIRRHOSIS

Complete revision made to this section on December 19, 2014. Additional changes made on February 24, 2016.

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Unique Patient Populations: Cirrhosis Box. Summary of Recommendations for Patients with Decompensated Cirrhosis

Changes made on February 24, 2016.

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UNIQUE PATIENT POPULATIONS: PATIENTS WHO DEVELOP RECURRENT HCV INFECTION POST-LIVER TRANSPLANTATION

Changes made on February 24, 2016.

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Unique Patient Populations: Post-Liver Transplantation Box. Summary of Recommendations for Patients Who Develop Recurrent HCV Infection Post-Liver Transplantation

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UNIQUE PATIENT POPULATIONS: PATIENTS WITH RENAL IMPAIRMENT

Complete revision made to this section on February 24, 2016.

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Unique Patient Populations: Renal Impairment Box. Summary of Recommendations for Patients with Renal Impairment Including Severe Renal Impairment (CrCl <30 mL/min) or ESRD Requiring Hemodialysis or Peritoneal Dialysis

Updated February 24, 2016.

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Changes made on February 24, 2016.

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Prescribing medications

HEPATITIS C PRESCRIPTION CHECKLIST

Patient Information		Insurance:	
Name	Pharmacy:		
DOB	<input type="radio"/> Avella	<input type="radio"/> CVS	<input type="radio"/> Acaria
Phone#	<input type="radio"/> Accredo	<input type="radio"/> Express	<input type="radio"/> _____
Address			
Genotype	MEDS:		

TO DO

	TIME FRAME	COMPLETED
CBC	30 DAYS	
CMP	30 DAYS	
URINE TOX W/ETOH	30 DAYS	
HCG QUAL (if childbearing)	30 DAYS	
GENO TYPE	90 DAYS	
VIRAL RNA	90 DAYS	
HIV	1 YEAR	
FIBROSURE/LIVER BX/FIBROSCAN	NOT SPECIFIED	
HEP A IZ OR IMMUNITY	NOT SPECIFIED	
HEP B IZ OR IMMUNITY	NOT SPECIFIED	
COPY OF MARIJUANA CARD		
Last Chart Note		

FORMS

PHQ-9	
AUDIT-C	
CONSENT FOR MEDS	
AUTHORIZED REPRESENTATIVE	
Rx PRIOR AUTH	

COMMENTS

APPROVED	DENIED	DELIVERY DATE	START DATE
Notes:			

Universal Rx Drug Authorization

PRESCRIPTION DRUG PRIOR AUTHORIZATION REQUEST FORM

Plan/Medical Group Name: _____ Phone# () _____
 Fax# () _____

Instructions: Please fill out all applicable sections on both pages completely and legibly. Attach any additional documentation that is important for the review, e.g. chart notes of lab data, to support the prior authorization request.

Patient Information: This must be filled out completely to ensure HIPAA compliance

First Name : _____ Last Name: _____ MI: _____ Phone#: () _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Date of Birth : _____ Male Female Height : _____ weight: _____
 Allergies: _____

Patient's Authorized Rep (If applicable) _____ Phone Number# () _____

Insurance Information

Primary Insurance Name: _____ ID Number: _____
 Secondary Insurance Name: _____ ID Number: _____

Prescriber Information

First Name :	Last Name	NP/#	DEA#
Gina	Valente- Moore	1336337484	MV0826074
Address:	City :	State:	Zip Code
18144 Seco Street	Jamestown	CA	95327
Office Contact Person:	Phone #	Fax #	
	(209) 984-4820	(209) 984-4825	

Email Address _____

Medication / Medical and Dispensing Information

Medication Name: _____

New Therapy Renewal
 If Renewal date therapy Initiated: _____ Duration of Therapy (specific dates) _____

How did the patients receive their medication?
 Paid under insurance
 Name of Insurance _____ Prior Auth # _____
 Other (Please Explain) _____

Dose/ Strength:	Frequency:	Length of Therapy/ # of refills	Quantity:
-----------------	------------	---------------------------------	-----------

Administration:
 Oral/SL Topical Injection IV Other
 Administration Location : Patient's Home Long Term Care
 Physician's Office Home Care Agency Other (explain) _____
 Ambulatory Infusion Center Outpatient Hospital Care

Patient Name:	ID#
---------------	-----

Instructions: Please fill out all applicable sections on both pages completely and legibly. Attach any additional documentation that is important for the review, e.g. chart notes of lab data, to support the prior authorization request.

1. Has the patient tried any other medication for this condition? YES (if yes complete below) No

Medication / Therapy (specify Drug Name & Dosage)	Duration of Therapy (Specify Dates)	Response/Reason For Failure/Allergy

2. Last Diagnoses: _____ ICD-9/ ICD-10: _____

3. Required Clinical Information- Please provide all relevant clinical information to support a prior auth review :

Please provide symptoms, lab results with dates & justification for initial or ongoing therapy or increased dose and if patient has any contraindications for the health plan/member preferred drug. Lab results with dates must be provided if needed to establish diagnosis, or evaluate response. Please provide any additional clinical information or comments pertinent to this request for coverage (e.g. formulary tier exceptions) or required under state and federal laws.
 Attachments

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the health plan, insurer Medical Group of its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information report on this form.

Prescriber Signature: _____ Date _____

Confidentiality Notice: the documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately (via return FAX) and arrange for the return or destruction of these documents.

Plan Use Only: _____ Date of Decision _____

Approved Denied
 Comments/Information Requested: _____

Authorized Representative/HIPPA

Authorized Representative Form

You have the right to choose someone to represent you regarding your appeal or grievance with your insurance. To appoint a person to represent you, please fill out this form and return it to your insurance carrier. If you want someone to represent you and we do not receive a signed Authorized Representative form in time to resolve your Appeal, your appeal may be dismissed. If any such action is taken, we will let you know in writing.

You may cancel this permission at any time by sending us a request in writing.

1. I give permission to _____ to act as my Authorized Representative.

With my insurance carrier _____ and to share information listed in section 2 about my appeal or grievance with my insurance carrier or its delegates.

2. My Insurance carrier may share the following information (check all that apply):

Eligibility notice and information about eligibility, And for access to my insurance benefits.

Information about my medical treatment (Including drug & alcohol treatment, medical & psychiatric records)

Other: _____

3. My insurance Carrier may share information listed in section 2 with the person who is serving as my Authorized Representative.

4. This permission is good until: _____ / _____ / _____
Month Date Year

5. I Understand that I can cancel this permission at any time by sending a letter to: _____ Insurance Carrier

At _____ Insurance Address or by faxing a letter to _____ Fax Number

I have read and understand this Authorization. I agree to its terms.

Signature of Member

Date

Authorized Representative

Date

Printed Name of member

Printed Name of Authorized Representative

Audit C

Audit-C Questionnaire

Patient Name: _____ Date of Visit: _____

1. How often did you have a drink containing alcohol in the past year?

- Never
- Monthly or less
- 2 or 3 times per week
- 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day?

- 1-2
- 3-4
- 5-6
- 7-9
- 10 or more

3. How often do you have 6 or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

PHQ-9

Mathiesen Memorial Health Clinic

18144 Seco St. Jamestown Ca. 95327
209-984-4820 Fax 209-984-4825

PHQ-9

Patient Name: _____

Birth Date: _____

MRN: _____

Over the last 2 weeks, how often have you been bothered by any of the following?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling down, depressed or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Trouble falling or staying asleep or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Trouble concentrating on things, such as, reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Moving or speaking so slowly that other people could noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. If you checked off any problems, how difficult have these problems made it for you to do your work, study, go to class or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

Date _____

Consent for treatment

MATHIESEN MEMORIAL HEALTH CLINIC

P.O.Box 535, 18144 Seco St.
Jamestown, CA 95327

Consent for Medications

I have received written and verbal information regarding my treatment for Hepatitis C. I have had an opportunity to have all of my questions answered to my satisfaction.

The medications that I will be taking for my treatment are:

Harvoni 90/400 mg (Ledipasvir/Sofosbuvir) _____

Ribavirin variable dosing _____

Daklinza variable dosing (Daclatasvir) _____

Sovaldi400 mg (Sofosbuvir) _____

Viekira Pak (Ombitasvir/Paritaprevir/ritonavir and dasabuvir) _____

Zapatier 50/100 mg (elbasvir/grazoprevir) _____

Interferon variable dosing _____

Name

____/____/____
Date

Phone 209-984-4820
Fax 209-984-4825

Now Think Positive!

I AM GOING
TO SUCCEED
BECAUSE I AM
CRAZY ENOUGH
TO THINK I CAN.

Denial

- If your prescription is denied by the insurance company appeal, appeal then patient assistance
- Don't give up, it is hard work, you will have to write letters, talk to lots of people on the phone, fight your case but most often you will win what is right for your patient.

WHERE
AM I?
GOING ?

Getting to cure and beyond

- Variable duration of treatment 12, 16, 24 weeks but they all have a 12 week SVR as a marker of cure
- Remember to follow cirrhotic patients every 6 months with imaging and AFP even if cured until we have better knowledge or tests
- What if they fail!!! Back to the drawing board, devise a new plan, start at the top, reassess, they are now treatment experienced, reevaluate, consult the guidelines and always question yourself and your knowledge.

IHS Hep C Consultation

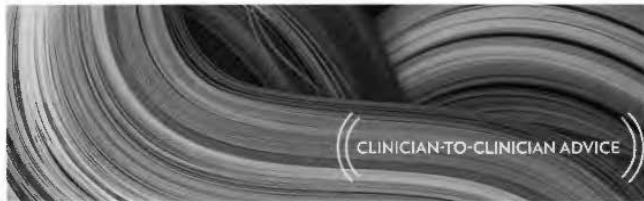
Indian Health Services HCV Consultation Service

9 am – 8 pm EST, Monday - Friday

Hepatitis C Mono- and Co-infection Consultation: 844-437-4636

The Clinician Consultation Center (CCC) provides IHS clinicians of all experience levels free, confidential, and timely expert consultation by physicians and clinical pharmacists with expertise in HIV and HCV care.

Advice is based on Federal treatment guidelines, current medical literature, and clinical best practices.



National rapid response for HIV management
and bloodborne pathogen exposures.

UCSF Project ECHO Hepatitis C

- Contact Keri Gailloux
- Keri.gailloux@ucsf.edu
- 415-353-4994
- HCVecho@ucsf.edu

- Gina Valente-Moore, ND
- 209-984-4820
- valentgm@ah.org



I think a hero
is any person
really intent
on making this
a better place
for all people.

MAYA ANGELOU

