




HEPATITIS C DIRECT-ACTING ANTIVIRAL (DAA) THERAPY PRIMARY CARE PROVIDER ATTESTATION

 <p>Fax #: 808.973.6327 Phone #: 808.973.1650 Website: www.alohacare.org</p>	 <p>Fax #: 808.944.5611 Phone #: 808.948.6464 (Oahu) 800.344.6122 (NI) 800.877.5394 (Mainland) Website: hin.hmsa.com</p>	 <p>Fax #: 888.881.8225 Phone # for Expedited: 888.505.1201 (Medicare) 888.846.4262 (Medicaid) Website: provider.wellcare.com</p>	 <p>Fax #: 855.334.1015 Phone #: 808.535.1047 Website: Healthcare Provider Resources-UHCprovider.com</p>
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PURPOSE OF THIS FORM

To allow qualified primary care providers treating a patient with uncomplicated Hepatitis C (described in QI Memo No. QI-2227¹) to prescribe DAA therapy that follows AASLD-IDSA HCV Guidance without a prior authorization. Completion of a Hepatitis C management educational program and submission of this completed attestation form will allow these QUEST and HMSA commercial plans to process you as a qualified provider.

“QUALIFIED PROVIDER” STATUS

All of these health plans have the ability to revoke qualified provider status if a provider fails to adhere to the QI-2227 guidelines for Hepatitis C DAA coverage, or coverage policies for commercial plans.

Formulary Restrictions

Being a “qualified provider” does not eliminate formulary restrictions for prescriptions. All QUEST plans are required to cover a recommended treatment regimen by AASLD-IDSA HCV Guidance per QI-2227. Given that these guidelines may provide more than one treatment regimen, QUEST plans may offer different formulary coverage that will still apply even for prescriptions from “qualified providers”.

INSTRUCTIONS:

- 1.) Review and complete ALL sections of this form
- 2.) Fax form separately to each plan you are applying to be a Hepatitis C DAA Therapy “Qualified Provider”

ATTESTATION:

I am attesting to prescribe in accordance with guidelines for Hepatitis C Direct-Acting Antiviral (DAA) Therapy provided by the American Association of Liver Diseases (AASLD) and Infectious Diseases Society of America (IDSA)².

I have completed the following educational program in the management of Hepatitis C developed in consultation with a Hepatitis C specialist (such as hepatologists, gastroenterologists, infectious disease and/or HIV specialist):

- Hawaii Hepatitis C Echo Series³, and/or
- Other _____

Signature: _____

Date: _____

A. Provider information

Provider Name

Provider ID/NPI/TIN

Address

Contact Name

Phone No.

Fax No.

¹ QI-2227 can be found: <https://medquest.hawaii.gov/en/plans-providers/provider-memo.html>

² <https://www.hcvguidelines.org>

³ <https://www.hepfreehawaii.org/project-echo>