Health Services
LOS ANGELES COUNTY

December 22, 2011

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To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

TO: Each Supervisor

FROM: Mitchell H. Katz, M.D.
Director of Health Services

SUBJECT: **ENSURING CONTINUITY OF CARE FOR RYAN WHITE BENEFICIARIES**

On September 20, 2011 your Board directed the Departments of Health Services (DHS), Public Health (DPH) and Mental Health (DMH) to 1) Notify the Board of Supervisors (Board) before any provider agreements or amendments are finalized; 2) Provide bi-weekly reports to the Board on the status of County efforts to obtain a Medicaid Waiver amendment to offset the additional County costs; and 3) Provide the Board offices with a written Ryan White (RW) patient care transition plan and monthly reports on efforts to ensure continuity of care.

PROVIDER AGREEMENT NOTIFICATION

On September 30, 2011, DHS notified your Board of its intent to execute amendments to existing Healthy Way LA (HWLA) agreements and enter into new HWLA agreements with seven RW providers that are not currently part of the HWLA network. DPH and DMH will also notify your Board in advance of executing provider agreements related to this matter.

EFFORTS TO OBTAIN MEDICAID WAIVER AMENDMENT

The California Department of Health Care Services (DHCS) provided details of the financing mechanism of the proposed Waiver amendment to the Centers for Medicaid and Medicare (CMS), and indicated a positive response from CMS on that document. In addition, CMS requested more information on the care delivery system improvements that Los Angeles and other Counties would implement for the RW transition population as part of the Waiver amendment. DHS and DPH are working together to produce this information and anticipate submitting it to DHCS in early January.

RYAN WHITE PATIENT CARE TRANSITION PLAN

Transition Timing and Submission of State Plan

At this time, it is not clear when the California State Office of AIDS, through its AIDS Drug Assistance Program (ADAP), will adjust its eligibility screening process to include LIHP eligibility. It is our understanding that patients will be transitioned on a monthly basis, according to birth month, as part of their annual redetermination of eligibility for ADAP.

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Although it is likely that transition will not begin for a few months, DHS, DPH and DMH are putting transition plan elements in place now to avoid disruption in care when implementation does begin.

DPH submitted the joint DPH/DHS plan for transitioning RW supported clients to HWLA to the California Department of Public Health (CDPH), Office of AIDS on November 15, 2011. As part of this plan, Los Angeles County indicated to CDPH that implementation of our proposed Contract Pharmacy Administrator (CPA), described below, is a critical pre-condition to the transition of RW clients to HWLA.

DHS Healthy Way LA Contracts

HWLA contracts for current Community Partners (CPs) were updated to include HIV services and add the pharmacy dispensing fee approved by your Board on September 20, 2011. In addition, HWLA contracts were offered to the seven RW providers that were not previously HWLA CPs. DHS made the amendments and contracts available to current and potential CPs for execution by November 1, 2011. As of December 14, 2011; 50 of 53 current HWLA CPs have signed contract amendments. Of the seven RW providers offered new agreements, six have signed.

Ensuring Access to Pharmaceuticals

Under the leadership of its Chief Pharmacy Officer (CPO), DHS has taken multiple steps to ensure that appropriate medication access is available for RW patients transitioning to HWLA. DHS continues to work with County Counsel to negotiate a CPA agreement, which will be presented to your Board for approval as soon as possible. Per the information provided in the last update, the CPA agreement will assist HIV CPs and DHS by providing pharmacy access options and streamline billing and reimbursement for CPs with on-site or contracted pharmacies. It will be recommended that the CPA negotiate pharmacy dispensing fees in conjunction with DHS, taking into account local market pharmacy dispensing fees per geographical location. DHS plans to work with the CPA to identify community pharmacies with geographical proximity to provider clinics with the goal of maximizing pharmacy access.

Provider clinics interested in using the CPA claims reimbursement mechanism will also need to have a contract with the CPA and at least one contract pharmacy. Providers that do not wish to use the CPA for electronic claims submission will have the opportunity to bill for pharmacy under the current HWLA process of submitting retroactive claims for reimbursement.

HRSA informed the DHS CPO that approval has been granted for 340B pricing access for HIV medications dispensed within High Desert MACC, MLK MACC, Hudson CHC, Humphrey CHC and Long Beach CHC pharmacies effective January 1, 2012.

DHS has identified a contingency plan; utilizing DHS-operated pharmacies, to ensure patient access to at least one pharmacy should the need to implement a contingency plan arise. However, it has been requested that the State allow for the implementation of the CPA plan prior to initiating the RW transition within LA County.

DHS has approved a drug formulary for HWLA HIV patients, which took into consideration the current ADAP formulary. Three additional therapeutic agents were added to the DHS Core Formulary in November 2011 in order to meet HIV patient care needs.

Ensuring Continuing Access to Specialty Care

Currently, RW patients access specialty care in the following ways: 1) referral to DHS; 2) through a network of specialists known as the CHAIN network, funded by DHSP and managed by AIDS Healthcare Foundation (AHF); and 3) onsite at RW provider sites.

DHS has constructed revised HWLA Matched contracts to allow HIV providers to continue to access specialty care through these mechanisms to ensure continuity of care. Specialty allocations for CPs are based on recent utilization through DHSP RW contracts.

HWLA referrals to the CHAIN network will be managed through DHSP RW contracts (with billing to HWLA), and will be governed by the same referral protocols and utilization review procedures currently in place for RW contracts. Only HIV-related specialty needs will be referred to CHAIN, which is consistent with the current RW system.

In addition, DHS continues to decompress DHS specialty clinics and increase access for all patients, including those transitioning from RW.

Eligibility Screening and Enrollment for RW Patients

DHS and DPH have developed a process to streamline eligibility screening and enrollment for HWLA-eligible RW patients. Patients will be screened for HWLA during their annual ADAP eligibility screenings, which usually take place at their HIV provider location or an AIDS service organization. These providers will receive training from DPH and DHS on HWLA screening and enrollment. This process facilitates HWLA transition for the patient using providers and processes they are already familiar with.

HWLA resources are available to providers via DHS' HWLA website www.ladhs.org/hwla, including training videos and materials, all necessary forms and documentation, HWLA brochures, FAQs, and the weekly HWLA enrollment call for all providers and staff. DHS will provide an in person training for providers in January with an additional follow-up training within the first few months after ADAP eligibility workers have gained some experience doing HWLA enrollment. The month of January is targeted because it is anticipated that State implementation of the transition will not occur until at least January, and training will be more effective closer to implementation. There are approximately 100 staff identified that will be doing screening and enrollment for this population that will likely need this training.

Department of Mental Health

DMH continues to work with each RW agency on the scope and detail of their new or amended Agreement. DMH remains prepared to execute or amend Agreements as agencies express readiness. DHSP and DMH will host a meeting with providers of mental health services funded with RW dollars to discuss services covered under HWLA, and explore strategies for avoiding duplication of services. The meeting has been scheduled for January 18, 2012 at DHSP headquarters.

RW-Funded Contracts

DHS and DPH have determined that a significant portion of Angelenos living with HIV will continue to rely on a mix of HWLA and RW-supported services in order to thrive. To this end, DHSP will amend relevant contracts to deploy linkage and care coordination services not covered under HWLA. These services will be deployed in the medical homes chosen by patients seeking HWLA/RW-supported HIV medical services.

Community Communication Strategy

DPH has developed a communication strategy to ensure that stakeholders are able to access information regarding the HWLA transition. The communication strategy includes the following:

- Patients: DPH is working in collaboration with the Commission on HIV to develop materials for patients who will be impacted by the transition to HWLA;
- Non-Medical Providers: On November 17, 2011, DHSP facilitated a meeting for approximately 80 case managers, benefits specialists and program managers. The purpose of the meeting was to provide front line providers with current and accurate information regarding the transition of care from RW to HWLA that they can share with their clients.
- Medical Providers: DPH has set up an e-mail account for medical providers to submit their HWLA transition questions. Questions will be answered weekly via a Frequently Asked Questions document, now posted on the DHSP website.
- DPH, DHS and DMH have hosted three meetings with providers and will schedule future meetings as necessary.
- DHS and DPH have also participated in numerous calls and meetings with pharmacies to answer questions about pharmacy plans for the transition.
- DHS is training HWLA member services representatives to answer questions from transitioning RW clients.

NEXT STEPS

DHS, DPH and DMH will continue to work in conjunction with the HIV community providers to ensure continuity of care for patients transitioning from RW to HWLA. Monthly status updates will be provided to your Board; the next report is targeted for January 20, 2012.

If you have any questions or require additional information, please let me know, or you may contact Wendy Schwartz, Director of Board Relations, at 213-240-8104.

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c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors