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TO: California Department of Public Health
Office of AIDS

FROM: Los Angeles County, Department of Public Health
Division of HIV and STD Programs

SUBJECT: LOW INCOME HEALTH PROGRAM TRANSITION PLAN

Introduction

The following document highlights provisions of the Los Angeles County, Department of Public Health, Division of HIV and STD Programs (DHSP), Low Income Health Program (LIHP) transition plan. Please note that DHSP's Part B funded providers are not contracted to provide any comparable services to those covered under the local LIHP. For this reason, we are submitting this response as a county-wide plan, applicable to all LIHP eligible Ryan White clients and their Ryan White providers, including Part A, B and C grantees.

Background

In response to the Federal determinations related to Ryan White payor of last resort requirements and the LIHP under the California Medicaid Waiver, DHSP has been working in partnership with Los Angeles County's Department of Health Services (DHS), Department of Mental Health (DMH), and Commission on HIV to prepare to transition approximately 5,000 clients from Ryan White supported medical care to the local LIHP, also known as Healthy Way LA (HWLA).

The goal of this coordinated effort is to avoid disruptions to HIV care and treatment, ensure retention in care, and ensure that all impacted clients continue to receive quality HIV treatment and services. Primary areas of collaboration have focused on provider access and continuity, outreach and enrollment, pharmacy services, medical specialty services, mental health services, and the ongoing need for Ryan White wrap-around services.

Screening and Eligibility

Because of the need to assure patient care continuity, particularly minimal disruption on HIV medications, DHSP is aligning its Ryan White eligibility process to the State AIDS Drug Assistance Program (ADAP) process. In short, DHSP will determine Ryan White eligibility based on a client's continued eligibility for State ADAP. DHSP is proposing to employ a screening and enrollment protocol that mirrors existing ADAP enrollment procedures. It is expected that the majority of Ryan White clients will not self-elect to enroll in HWLA. By mirroring the ADAP enrollment system, DHSP intends to provide clients with a

familiar contact in a face-to-face setting to help transition them to the new system of care under HWLA. Additional details of DHSP's proposed screening and enrollment protocol are as follows (See Exhibit B):

- Current Ryan White clients will be screened for HWLA eligibility at the time of their ADAP recertification (birth month).
- Clients who are new to care will be screened for HWLA eligibility at the time of their initial application.
- Los Angeles County currently has over 100 certified ADAP Enrollment Workers, all of whom will be cross-trained to process HWLA applications.
- Enrollment workers will screen clients for existing payers and for potential eligibility for other payers. Applications will be processed for clients who meet the HWLA eligibility criteria. ADAP applications/re-certifications will be processed for non-HWLA eligible clients.
- For clients not enrolled in ADAP, HWLA enrollment support will be provided by contracted Benefits Specialists (DHSP projections indicate that the number of HWLA eligible clients not enrolled in ADAP is very low).
- DHSP is currently monitoring HWLA's application processing time to determine if ADAP will need to issue grace periods to allow time for HWLA application processing. DHSP plans to work closely with ADAP to develop enrollment procedures ensuring that a client's ADAP coverage is not terminated until it is confirmed that the client is fully enrolled in HWLA.
- DHSP will provide updates regarding application processing times and transition timelines in monthly follow-up reports.

Los Angeles County LIHP Eligibility and Delivery System

As an option under California's Section 1115 Medicaid Waiver, Los Angeles County is currently administering the Medicaid Coverage Expansion (MCE) only. Los Angeles County may opt to expand eligibility through the Health Care Coverage Initiative (HCCI) in July 2012. There currently are no plans to cap HWLA enrollment or to initiate a waiting list. Healthy Way LA MCE eligibility is as follows:

- Los Angeles County Resident;
- Income <133% FPL;
- Age 19-64;
- Not eligible for Medi-Cal or Medicare;
- US Citizen or Legal Permanent Resident with +5 years residency.

HWLA provides coverage for a comprehensive set of services coordinated by a primary care medical home provider (see exhibit A). DHS will attempt to maintain continuity with the model of primary care that is currently provided under Ryan White by permitting persons with HIV to designate their HIV provider as their primary care provider and their HIV clinic as their medical home.

Los Angeles County LIHP Provider Network

DHSP currently allocates Ryan White Part A funds to twenty-five medical outpatient providers. Initially, seven of the twenty-five Ryan White medical providers were not contracted to provide services through HWLA. This included two of the largest HIV providers in the county. Recognizing the critical need to ensure continuity by allowing clients to remain with their current medical provider, DHS extended HWLA contracts to the seven non-HWLA community clinics. To date, a majority of clinics have signed HWLA contracts with three agreements still pending. DHSP will provide updates regarding the contracting process in the monthly reports.

Los Angeles County LIHP Pharmacy Services for Persons with HIV

DHS' Chief Pharmacy Officer (CPO) is working to develop a comprehensive plan to minimize impact to medication access as clients transition from ADAP to HWLA. The following activities are included in this plan:

- Drug Formulary- In an effort to ensure access to current therapy, DHS' CPO and DHSP's Medical Director conducted a formulary analysis of ADAP formulary medications and HWLA formulary medications (See exhibit C), with additional medications added to the HWLA formulary.
- Pharmacy Dispensing Fee- Responding directly to requests from local HIV medical providers, HWLA has agreed to provide contracted providers a pharmacy dispensing fee of \$9, with the exception of generic drugs commonly available for \$4 non-prescription medications. HWLA will reimburse claims at 340B price plus the contracted pharmacy dispensing fee.
- Pharmacy Survey -DHSP surveyed all Ryan White medical outpatient sites and ADAP's Pharmacy Benefits Manager to verify 340B status and to determine which community pharmacies are currently being utilized by ADAP clients. DHS' CPO assisted with the 340B process for any sites that were not verified as 340B eligible on the HRSA website.
- Pharmacy Administrator Proposal- DHS is in the process of developing a proposal to work with a Contract Pharmacy Administrator (CPA) to create a pharmacy network to expand access. Development of this pharmacy network maximizes continuity by:
 - Expanding the HWLA pharmacy network to include existing on site Ryan White clinic pharmacies and adding additional community pharmacies to the network;
 - Providing contracted pharmacy options to clinics currently lacking an on site pharmacy, or lacking a 340B contract arrangement with a community pharmacy;
 - Retaining critical access to 340B pricing;
 - Streamlining claims adjudication through electronic adjudication processes, wholesaler drug replenishment, and timely reimbursement for smaller pharmacies and Ryan White clinics.

Please note that DHSP will not be able to begin transitioning clients to HWLA until all elements of the Contract Pharmacy Administrator Plan are in place. DHSP will provide you with updates regarding progress to this plan in the monthly report.

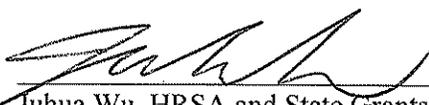
Ongoing need for collaboration and planning

Thank you for providing us with this opportunity to share our transition plans with you. While we believe that we have made progress in preparing for this significant change, we recognize that we will need to work closely with your office to coordinate a safe and responsible transition of clients from Ryan White and ADAP to Healthy Way LA. Please let us know if we can provide you with any additional information. We look forward to communicating additional updates to you via the monthly reports.

Very truly yours,



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Covered Service	Service Details
Outpatient Primary Care*	HWLA services coordinated through primary care/medical home.
Inpatient Hospital Coverage	DHS network hospital.
Emergency Room Services (In & Out-of-Network)	HWLA covers visits for confirmed medical or psychiatric emergencies.
Outpatient Specialty Services	HWLA is coordinating HIV specialty care through DHSP's existing medical specialty network.
Physical Therapy	
Laboratory Services	
Radiology	
Prescription Medications	Formulary covers HIV medications and primary care medications.
Mental Health (Psychiatry included)	Services coordinated between medical home and Department of Mental Health. Initial assessments completed by medical home, higher level acuity services will be provided by Department of Mental Health. Substance abuse treatment is not covered under HWLA.
Women's Health	Preventive screenings, such as, mammograms and pap smears.
24/7 Nurse Advice Line	
Medical Equipment and Supplies	HWLA covers medically necessary supplies including diabetes supplies.
Non-Emergency Medical Transportation	Must be pre-approved by medical home. Limited to wheel chair or litter van only.
Emergency Ambulance Services	
Urgent Care Clinics	HWLA has five sites countywide.
Podiatry	
Prosthetic and Orthotic Devices	

- HIV physicians will be assigned as primary care providers. HIV clinics will function as medical homes for persons with HIV.

**Exhibit B:
Los Angeles County
Healthy Way LA/ADAP
Screening and Enrollment
Decision Tree**

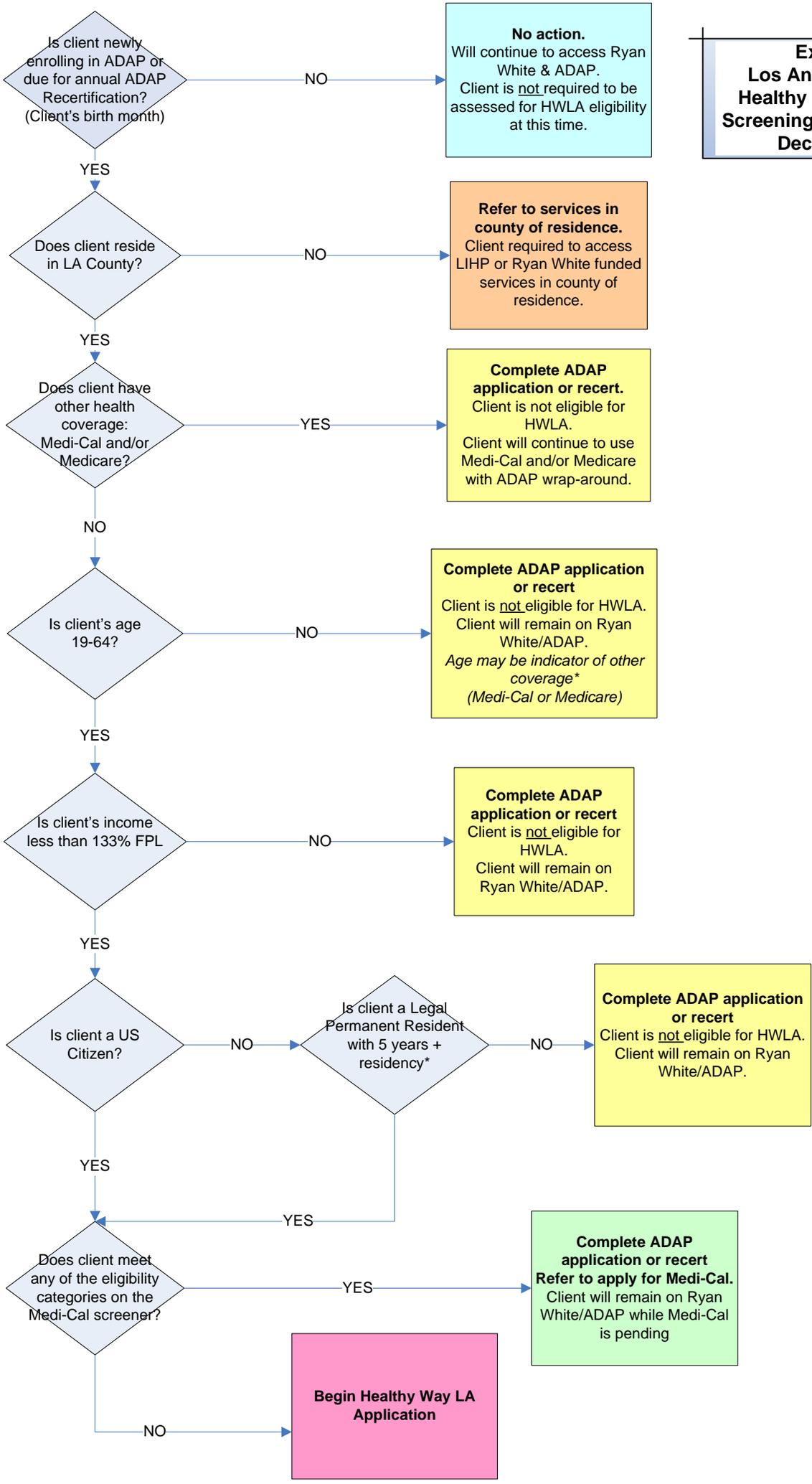


Exhibit C

DHS vs. ADAP Formulary - October 2011

DHS Formulary Alternatives for Non-Formulary Agents

Generic Name	Brand Name	Therapeutic Class	Commonly Used Indication	DHS Formulary Alternatives
Codeine/ASA	Empirin Codeine	Opioid/Salicylate	Pain	acetaminophen/codeine Phosphate, acetaminophen/hydrocodone Bitartrate, acetaminophen/oxycodone Hydrochloride, codeine sulfate
Enfuvirtide	Fuzeon	Antiretroviral Agent, fusion inhibitor	HIV infection, Treatment-experienced patients, multi-drug resistant pts	raltegravir, maraviroc
Epoetin alpha	Procrit	Erythropoietic, Hematopoietic	Anemia, Surgical procedure	darbepoetin alfa
Fenoprofen	Nalfon	NSAID, Analgesic	Pain, RA, Osteoarthritis	ibuprofen, naproxen, diclofenac, indomethacin, piroxicam, salsalate, sulindac
Hydrocodone/Ibuprofen	Vicoprofen	Opioid/NSAID Combination	Pain	ibuprofen, naproxen, acetaminophen/Hydrocodone bitartrate, acetaminophen/oxycodone Hydrochloride
Interferon alfa-2a	Roferon-A	Interferon	AIDS- rel. Kaposi's sarcoma, Hep B, Hep C	peginterferon-2a and 2b, ribavirin
Interferon alfacon 1	Infergen	Interferon	Chronic HCV infection	Interferon alfa-2b (Intron A) for HCV
Interferon alfa-N3	Alferon-N	Interferon	Condyloma acuminatum	podophyllin, trichloroacetic acid, Imiquimod, interferon alfa
Ketoprofen	Orudis	NSAID, Analgesic	Pain, RA, Osteoarthritis	ibuprofen, naprosyn
Levorphanol	Levo-Dromoran	Mu-agonist opioid	Pain	codeine, oxycodone, morphine sulfate
Moxifloxacin	Avelox	Fluoroquinolone antibiotic	Acute infective exacerbation of COPD, bacterial conjunctivitis, bacterial sinusitis, community acquired pneumonia, infection of skin/subcutaneous tissue, infectious disease of abdomen	ciprofloxacin, levofloxacin
Nefazodone	Serzone	Antidepressant	Major depressive disorder	multiple antidepressants available
Oxycodone/ASA	Percodan	Semisynthetic pure opioid agonist	Pain (Moderate to Severe)	codeine, oxycodone, morphine sulfate
Rilpivirine	Edurant	HIV Agent	HIV Infection	efavirenz, nevirapine, and delavirdine AND etravirine
Rosiglitazone maleate	Avandia	Thiazolidinedione Oral Antidiabetic	Diabetes mellitus type 2	pioglitazone (Actos)
Rosuvastatin	Crestor	HMG-CoA inhibitor	Hyperlipidemia	atorvastatin (Lipitor)
Somatropin	Serostim	Recombinant Polypeptide Hormone	Cachexia associated with AIDS	megestrol, dronabinol, testosterone. <u>Somatropin formulary status will be reviewed with DHS Core P&T Committee, with specific prior authorization criteria.</u>