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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.

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August 20, 2012

TO: Each Supervisor

FROM: Mitchell H. Katz, M.D.
Director

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. On December 21, 2011, DMH notified your Board of its intent to execute Agreements or Amendments with RW providers. DPH will also notify your Board in advance of executing provider agreements related to this matter.

EFFORTS TO OBTAIN MEDICAID WAIVER AMENDMENT

The Waiver amendment has been approved by the federal Centers for Medicare and Medicaid Services (CMS), and will be included in the Waiver as Delivery System Reform Incentive Pool (DSRIP) Category 5. Within the next two months DHS, as well as health systems in other counties, will submit their DSRIP Category 5 plans to the California Department of Health Care Services (DHCS) for review.

RYAN WHITE PATIENT CARE TRANSITION PLAN

Transition Timing

The California State Office of AIDS (OA), through its AIDS Drug Assistance Program (ADAP), adjusted its eligibility screening process to include Low Income Health Program (LIHP) eligibility as of July 1, 2012. Patients are now being transitioned on a monthly basis, according to birth month, as part of their annual redetermination of eligibility for ADAP. Because of simultaneous implementation of the County's new eligibility and enrollment system, Your Benefits Now (YBN)/LEADER, and the time required to process HWLA applications, a relatively small volume of patients has actually been enrolled in HWLA so far. ADAP benefits will continue for patients while they are going through the HWLA application process.

For several months, DHS, DMH and DPH have been working together to put appropriate systems in place to support transitioning HIV patients. Status of key elements of the transition plan is summarized below.

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. At this time, all current HWLA CPs have signed contract amendments. All seven RW providers offered new agreements have signed and are now HWLA CPs.

Ensuring Access to Pharmaceuticals

Under the leadership of its Chief Pharmacy Officer, DHS has taken several steps to ensure that medication access is not disrupted for RW patients transitioning to HWLA.

Pharmacy Administrator Contract – On June 19, 2012 your Board approved authority for DHS to execute a temporary month-to-month contract with Ramsell Public Health Rx (Ramsell) for pharmaceutical costs, pharmacy dispensing fees and contract pharmacy administrator services. Ramsell, DHS, and HIV CPs have taken significant steps in the implementation process for the contracted pharmacy network for HIV patients.

Most CPs have signed agreements with Ramsell, and other clinics including DHS clinics, have agreements in process. These contracts allow clinics to have expanded pharmacy networks tailored to the needs of their patients, and to streamline pharmacy billing and reimbursement processes. There are a few CPs without onsite pharmacies that have not yet completed all steps to implement their pharmacy networks. These are low-volume HIV providers and DHS is working with them on a case-by-case basis to make temporary pharmacy arrangements for any patients that transition before their networks are in place.

CPs are not required to participate in the Ramsell contract. However, all CPs, regardless of whether they have signed an agreement with Ramsell, are required to provide medically necessary medications to patients as part of their HWLA contracts.

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 DPH's Division of HIV and STD Programs (DHSP) and managed by AIDS Healthcare Foundation (AHF).

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. 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.

DHS, DHSP and AHF have worked together to complete the proposed specialty contract for Board approval, and this proposed contract is scheduled for the August 21, 2012 Board agenda. In the meantime, DHS has provided HIV clinics with interim procedures for referring HIV patients for specialty care, which include referral into DHS specialty clinics and mechanisms for obtaining care by external specialists when it cannot be provided at a DHS clinic in a timely manner, or to avoid disruption of ongoing care by an out-of-network specialist.

In addition, DHS continues to decompress DHS specialty clinics and increase access for all patients, including those transitioning from RW. HIV providers are also included in the roll-out of eConsult throughout DHS and its community partners.

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 are screened for HWLA during their annual ADAP eligibility screenings, which usually take place at their HIV provider location or an AIDS service organization. DHS has provided training for ADAP enrollment workers to allow them to also submit HWLA applications for patients, and check the status of those applications electronically. This process facilitates HWLA transition for the patient using providers and processes they are already familiar with.

Providers received training from DPH, DHS and OA on changes to the ADAP process, the HWLA program, HWLA screening and enrollment, and YBN during trainings that took place between June 18 and June 29, 2012. Providers were offered additional YBN training opportunities during the first two weeks of July.

DHS has also been holding weekly conference calls with transitioning HIV clinics to discuss any transition issues providers are experiencing, and a HWLA training for HIV case managers is planned within the next few months.

HWLA resources are also available to providers via DHS' HWLA website www.ladhs.org/hwla, including training videos and materials, all necessary forms and documentation, HWLA brochures, and FAQs.

OA has confirmed that ADAP will fulfill medication needs of Los Angeles County patients for 90 days while their HWLA applications are in process. There are provisions for additional 30 day refills and grace periods under certain circumstances for individuals with unresolved status at the end of the initial grace period.

DHS and CPs have experienced some technical challenges related to implementation of the new YBN system. However, DHS has been working closely with the Department of Public Social Services (DPSS) to address these issues, and many of them have now been resolved. In addition, DHS and HIV CPs found that some General Relief (GR) participants who were auto-enrolled were also RW patients, and needed to be immediately assigned to an HIV medical home and provided with access to medications. We have worked with CPs to properly address the needs of these patients as they present.

Mental Health

HWLA mental health contracts and contract amendments have been executed with AHF, Catholic Healthcare West - St. Mary Medical Center, Children's Hospital Los Angeles, the City of Long Beach, the City of Pasadena, the Los Angeles Gay and Lesbian Community Services Center, and Northeast Valley Health Corporation. Three providers, The Catalyst Foundation for AIDS Awareness and Care, Miller Children's Hospital at Long Beach Memorial Medical Center, and Watts Healthcare Corporation declined to execute a HWLA mental health contract, so DMH established referral relationships for these Community Partners with DMH directly-operated and Legal Entity contract providers for patients in need of specialty mental health services. DMH is holding monthly provider meetings for the new HIV CPs to ensure continuity of care for patients transitioning from RW to HWLA mental health services and will continue to collaborate with DHS and DHSP as needed.

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.

DHSP is commencing deployment of new contracts for fee-for-service (FFS) medical outpatient services, as well as new and amended contracts for medical care coordination (MCC). These new contracts are intended to begin November 1, 2012.

Community Communication Strategy
The three departments have developed a communication strategy to ensure that stakeholders are able to access information regarding the HWLA transition. The communication strategy includes the following:

- The departments have hosted multiple HIV provider meetings in the past several months.
- DHS and DHSP staff have presented transition information to stakeholders at several meetings of the Los Angeles County Commission on HIV.
- DHS has posted FAQs and other HWLA information on its website.
- DHS hosts a weekly conference call for HIV clinics to discuss transition issues.
- DPH has also set up an e-mail account for medical providers to submit their HWLA transition questions.
- DHS has created an email address providers can use to submit pharmacy-related questions on the transition.
- DHS and DPH have also participated in numerous calls and meetings with pharmacies to answer questions about the transition.
- DHS trained HWLA member services representatives to answer questions from transitioning RW clients and assistance is available to patients 24 hours a day, seven days a week at the member services phone number 877-333-4952.

NEXT STEPS

DHS, DPH and DMH will continue working together, and with HIV community providers, to ensure continuity of care for patients transitioning from RW to HWLA. Because the transition plan has now been implemented, this will be the last monthly report on this subject, unless otherwise directed by the Board.

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.

MHK:ws

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