

**MY HEALTH LA
CONTRACT AMENDMENTS
LOS ANGELES COUNTY
DEPARTMENT OF HEALTH SERVICES**

Health & Mental Health Services Cluster Meeting
October 21, 2015

Status of MHLA Program

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- MHLA officially launched on October 1, 2014 - MHLA just celebrated its first birthday.
- As of September 30, 2015, over 135,284 individuals are enrolled in MHLA – 93% of the maximum 146,000 enrollment.
- 53 agencies representing 196 clinic sites participate in the program

Goal of Contract Amendments

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- DHS has worked collaboratively with Community Clinic Association of Los Angeles County (CCALAC) and MHLA clinics on opportunities to enhance enrollment strategies in order to maximize program enrollment
- Many of the proposed changes to the MHLA Agreement will allow for more enrollment locations, especially in high-need areas such as the skid row neighborhood of Los Angeles County
- Changes to MHLA Agreement fall into two categories: Programmatic and Pharmacy.

Programmatic Changes to MHLA Agreement

Programmatic Changes to MHLA Contract

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1. Increases Medical Homes in MHLA Program

- ❑ Expands the definition of Medical Home to include Part Time Clinic Sites (operating less than 35 hours per week)
- ❑ Includes Mobile Clinics as Medical Homes, so long as the Medical Home operates with a predictable, fixed, and reoccurring schedule
- ❑ Includes Satellite Sites that are licensed under the parent clinic to become Medical Homes/enrollment sites
- ❑ These changes expand the number of medical homes with enrollment sites by 38 new locations (172 of 196 sites are medical homes in the program currently).

Programmatic Changes to MHLA Contract

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2. Creates Administrative Enrollment Sites

- An Administrative Enrollment Site is a site that is not a clinic, but does eligibility determination and processes enrollments for health insurance (e.g., Medi-Cal, Covered California).
- Must be a commercial or medical space owned/rented by MHLA agency, be open to the public, be open year-round, with a minimum of five (5) days per week, be welcome to walk-ins, and staffed with Certified Enrollment Counselors (CECs) and/or Certified Application Counselors (CACs).
- Must be equipped with all of the necessary equipment to conduct MHLA enrollments (e.g., computers/laptops, internet access, printers, copiers, scanners)

Programmatic Changes to MHLA Contract

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3. Makes it easier for clinics to add a new site

- ❑ Removes requirement that clinics provide a Health Care Options (HCO) code before being added as a MHLA clinic
- ❑ Clinics will now be able to demonstrate enrollment as a current, active provider in a Medi-Cal Managed Care program rather than wait for an HCO

4. Makes it easier for families to renew in MHLA

- ❑ Simplifies renewal process to allow one adult MHLA Participant to renew on behalf of everyone in that household, so long as all required documentation (i.e. proof of income, residency) is provided for every member of the household.

Programmatic Changes to MHLA Contract

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5. Creates flexibility for dental program

- ❑ Removes Dental Care Provider's maximum dental allocation and therefore eliminates the Request for Information (RFI) process for dental fund reallocations
- ❑ Eliminates from MHLA the \$5 million cap on dental care services so long as total of all medical, pharmacy and dental services remain within the \$61 million appropriated for the program

6. Prepares MHLA for SB75

- ❑ Prepares for exclusion of 0-18 from MHLA upon implementation of SB 75 (no sooner than May 2016) which makes children eligible for full scope Medi-Cal regardless of immigration status

Programmatic Changes to MHLA Contract

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7. Other Programmatic Changes

- Amends definition of a child from age 16 to age 21 for contractors that provide pediatric Primary Health Care Services to mirror the State's definition of a child under the Children's Health and Disability Prevention Program (CHDPP).
- Adds Certified Application Counselors (CACs) as individuals who may take and submit program applications
- Clarifies obligations related to submission of encounter data

Termination of Agreement

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- In addition, this Board Letter also terminates for default Agreement No. 706212 between Universal Health Foundation and the County of Los Angeles.
- This clinic has 63 patients that are being contacted and moved to new, participating medical homes.

Pharmaceutical Changes to MHLA Agreement

Pharmaceutical Changes to MHLA Contract

1. Makes DHS Central Pharmacy Optional

- ❑ Requires only those CPs who intend to utilize the DHS Central Pharmacy to fill 340B drugs to register the DHS Central Pharmacy with HRSA and enter into a 340B Agreement with the County
- ❑ CPs must have a 340B arrangement with either a pharmacy that is in Ventegra's network or the DHS Central Pharmacy

2. Allows CPs to continue using dispensaries

- ❑ Authorizes use of dispensaries in Pharmacy Phase II so long as dispensary has a valid State Board of Pharmacy permit, meets all State regulations for drug dispensing, and submits daily (within 24 hours) dispensing data to the Pharmacy Services Administrator (i.e., Ventegra)

Pharmaceutical Changes to MHLA Contract

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3. Establishes Payment Rates for Dispensaries

- ❑ Generic formulary agents = \$4 per 30-day supply
- ❑ All other formulary agents (with a 340B drug ingredient cost exceeding \$4 per 30-days) or PA-approved non-formulary agents = 340B drug ingredient cost
- ❑ Patient Assistance Program agents = no reimbursement
- ❑ Contingent upon submission of daily (within 24 hours) medication dispensing data to the PSA

4. Ensures Patient Choice

- ❑ Consistent with Business and Professions Code 4170 (a) (7), CPs are required to provide written disclosure that the MHLA Participant has a choice between obtaining the prescription from the dispensing prescriber or from a network pharmacy of the patient's choice.

Pharmacy Phase II

Pharmacy Phase: Next Steps

- Dispensaries
- Ventegra Retail Pharmacy Network
 - 340B Pharmacy Network

Pharmacy Phase II

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- As currently designed, MHLA Participants will have a number of channels through which prescription drugs may be obtained:
 1. **DHS Central Pharmacy** (for 340B medications)
 2. **CP on-site Dispensaries** (for 340B or generic medications)
 3. **Pharmacies contracted in the Ventegra Network** (for generic medications or 340B medications if pharmacy has a 340B arrangement with CP)

- CPs must have a 340B arrangement with either a 340B pharmacy or DHS Central Pharmacy, for those instances when a dispensary does not carry a 340B drug, for example due to high cost.

Pharmacy Phase II

- Clinic Dispensaries are the only non-pharmacy entity that MHLA is permitting as a source for prescription drugs for MHLA participants.

- The current standard of practice for all licensed pharmacies is to provide the stipulated data requirements for the MHLA program in real-time.

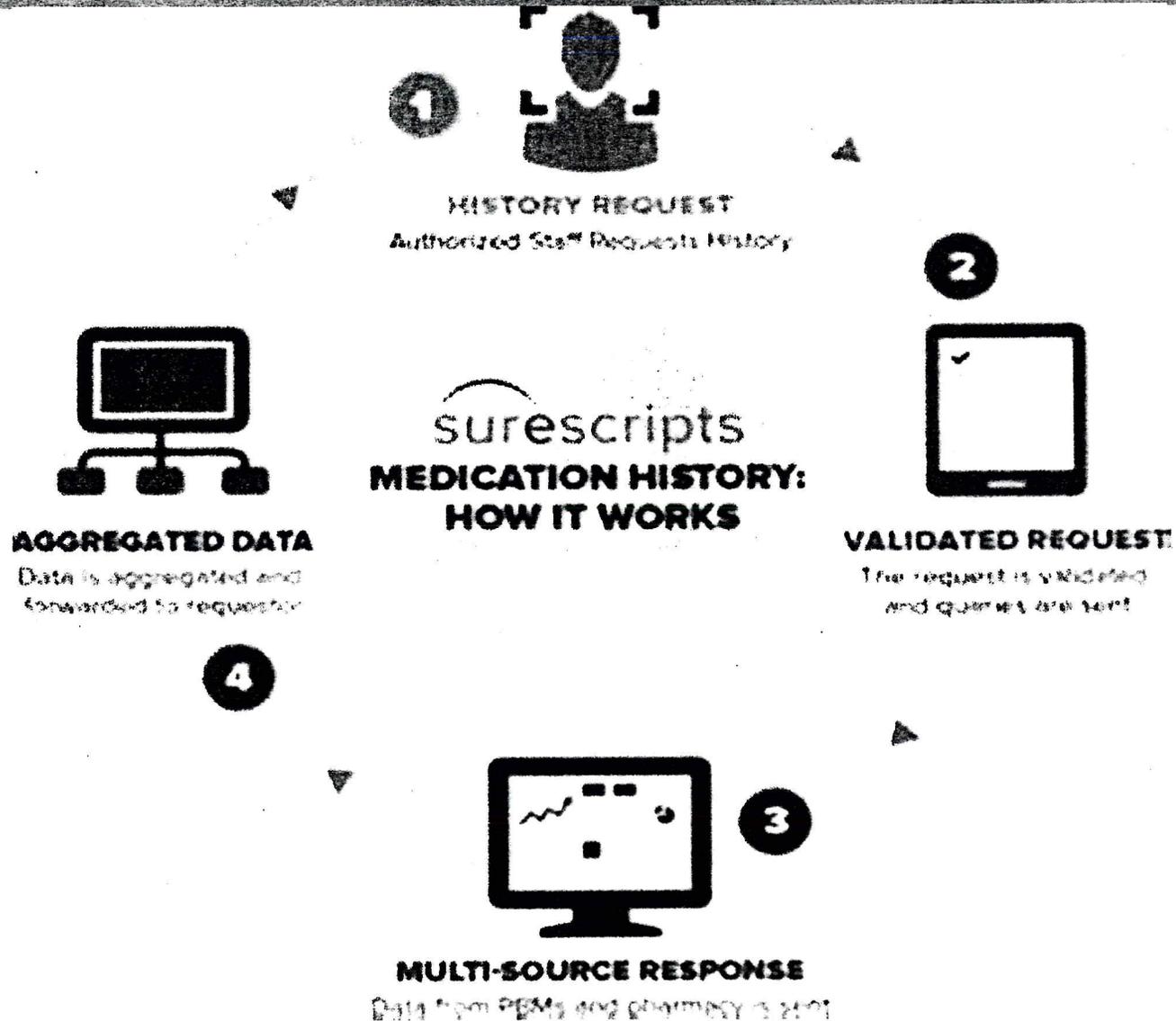
- Clinic Dispensaries are being exempted from the requirement to submit pharmacy data in real time, however they are being required to provide data within 24 hours.

Why is daily data essential to DHS and Ventegra?

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- ❑ DHS has contracted with Ventegra who has agreed to extract, transform and load the drug data from dispensaries into a format compatible with NCPDP (National Council for Prescription Drug Programs)
- ❑ However, DHS needs this data provided to Ventegra from dispensaries within 24 hours to ensure:
 - ❑ Accurate drug interaction and duplicate therapy alerts
 - ❑ Prescription history for medication reconciliation during transitions in care (e.g., emergency room, hospitalization, other clinic or physician visits, etc.)
 - ❑ Timely processing of payments to clinics for dispensed drugs
 - ❑ Appropriate drug utilization review
 - ❑ No duplicate therapies
 - ❑ Assess alternative therapies and/or effectiveness with existing treatments.
 - ❑ Implementation of medication action “triggers” that would identify potential medication related problems and allow for pre-emptive intervention.

Medication History – How it Works



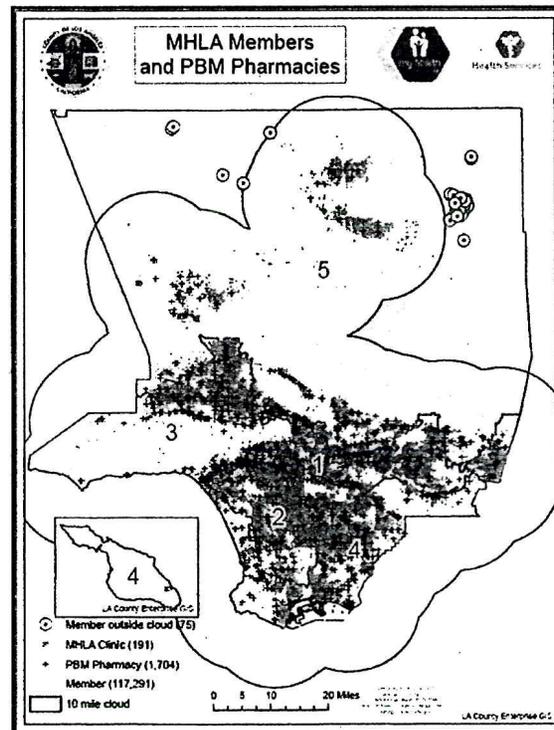
How can this data be submitted?

- Options for clinic dispensaries to provide pharmacy data to Ventegra within 24 hours include:
 - ▣ HL-7 data transfer from the CPs Electronic Health Record (EHR) system
 - ▣ Automated file transfer via Secure File Transfer Protocol (SFTP) – clinic can upload the files and send to Ventegra.
 - ▣ Excel file sent via secure email to Ventegra with password protection.
- CPs should not have to purchase new software to submit the data to Ventegra in any of the three formats noted above.

Retail Pharmacy Network

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- Ventegra has a list of 1700+ pharmacies able to participate in the MHLA retail pharmacy network
- Ventegra is beginning the process of reaching out to these pharmacies to participate in the MHLA program.



340B Pharmacy Network

- Clinics must have at least one 340B arrangement with a licensed pharmacy (either a retail pharmacy in the Ventegra network or the DHS Central Pharmacy).
- As of October 15, 2015, the latest HRSA Registration deadline, the following clinics have registered a 340B pharmacy as follows (preliminary analysis):

Registered with <u>JUST</u> DHS Central Pharmacy	Registered with <u>JUST</u> 340B Retail Pharmacy (and/or has a 340B Pharmacy on-site)	Registered with <u>BOTH</u> a 340B Retail Pharmacy <u>AND</u> DHS Central Pharmacy	Not Registered with <u>EITHER</u> a Retail Pharmacy <u>OR</u> a DHS Central Pharmacy	N/A – Not a 340B Clinic in SPA 1	TOTAL
71	71	29	21	4	196

Next Steps

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- Meetings with DHS and Ventegra now occurring weekly to work on all operational issues
- Ventegra and Community Clinic Meet-and-Greet on October 26th at L.A. Care
- **Modified timeline**
 - September 15, 2015 – BOS Approval of Ventegra Contract
 - October 15, 2015 – Deadline to register a 340B Pharmacy
 - October 26, 2015 – First Meet and Greet between Ventegra and CPs
 - November 4, 2015 – Pending BOS Approval of MHLA Amendments
 - February 1, 2016 – Anticipated go-live date of MHLA Pharmacy Phase II (90 day implementation period, beginning after the Oct. 26 Meet and Greet).

Questions

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