



PROVIDER INFORMATION NOTICE (PIN)

PIN: 17 – 02
TITLE: Pharmacy Phase Two Implementation – 2C
DATE: May 25, 2017

**Los Angeles County
Board of Supervisors**

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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.

THIS PIN ONLY APPLIES TO THE PHARMACY PHASE TWO SITES INCLUDING THE 15 CP SITES BELOW

Background

The Department of Health Services (DHS) has contracted with Ventegra, Inc. to establish a MHLA Pharmacy Network from which MHLA Participants can obtain MHLA Formulary and/or approved medications.

In November 2015, MHLA stakeholders DHS, Ventegra, select Community Partners (CP), and the Community Clinic Association of Los Angeles County (CCALAC) created a Pharmacy Phase Two workgroup to plan for and pilot a successful execution of Pharmacy Phase Two. This workgroup has discussed, tested and agreed upon key policy and operational processes for dispensaries and pharmacies for Pharmacy Phase Two. The workgroup has prioritized increased participant access to medications, successful billing, claiming and reimbursement processes, creation and use of a MHLA formulary, CP systems readiness, and CP and patient communications prior to go-live. On July 1, 2016, seven (7) and on February 1, 2017, ten (10) CPs commenced Pharmacy Phase Two and the workgroup is now ready to bring on a third cohort of clinics into the Pharmacy Phase Two. We will have one final cohort for the remaining CPs to roll-out the Pharmacy Phase Two.

The MHLA Statement of Work states:

“Pharmacy Phase Two begins at the conclusion of Pharmacy Phase One and remains in effect for the remainder of the Agreement’s term including any renewal period if extended by the County. The Department shall give Contractor at least thirty (30) days’ advance written notice of the date upon which the Department anticipates Pharmacy Phase Two will commence.”

Provider Instructions

Pharmacy Phase One will conclude on **June 30, 2017** and Pharmacy Phase Two will commence on **July 1, 2017** only for the following 15 CPs and the MHLA Participants that are assigned to them:

- 1. Central City Community Health Center, Inc.
- 2. Clinica Msr. Oscar Romero
- 3. Complete Care Community Health Center
- 4. Comprehensive Community Health Centers
- 5. Kedren Community Health Center
- 6. Los Angeles LGBT Center
- 7. Mission City Community Network
- 8. Pomona Community Health Center
- 9. South Bay Family Health Care

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10. South Central Family Health Center
11. Southern California Medical Center
12. Tarzana Treatment Center. Inc.
13. The Northeast Community Clinic
14. Universal Community Health Center
15. Watts Healthcare Corp.

Therefore, the following will cease for these 15 CPs:

- \$4 Pharmacy Monthly Grant Funding (Pharmacy MGF) for dates of services after July 1, 2017, in which CPs are paid a monthly fixed amount of \$4 for each Participant assigned to the CP without regard to the actual number or nature of Pharmacy Services provided to each Participant. The new MHLA Monthly Grant Funding amount in Pharmacy Phase Two after July 1, 2017 (which will now be paid for primary care services only) will be \$28.56.
- Pharmacy Encounter Data submission to AIA for dates of services after July 1, 2017. Because Ventegra will manage the acceptance and processing of pharmacy and claims data in accordance with the MHLA Statement of Work, these 15 CPs no longer need to submit pharmacy encounter data to AIA.

Please note that medications associated with Dental Services will continue to be submitted to AIA along with dental claims.

The following information in this PIN only applies to the Pharmacy Phase Two sites including the 15 CP sites that will commence Pharmacy Phase Two on **July 1, 2017**. Non-Pharmacy Phase Two CPs will continue to receive the \$4 Pharmacy Monthly Grant Funding (for a total MGF payment of \$32.56), will continue to submit their monthly pharmacy encounter data to AIA, and their MHLA patients will continue to access medications the same way that they do today.

MHLA Participant Medication Options and Communication

MHLA participants may have MHLA medications filled at their clinic's licensed on-site dispensary, on-site pharmacy, or an off-site pharmacy that is in the Ventegra network.

During Pharmacy Phase Two, the CP is responsible for providing prescriptions to Participants for medically necessary medications associated with conditions for which Participant is receiving Included Services in accordance with the MHLA Formulary, including obtaining prior authorizations for non-formulary medications.

CPs may **not** charge any Participant for medically necessary, primary care medications related to the provision of MHLA Included Services as defined in the MHLA Agreement, but may charge Participants for medications related to a MHLA non-covered service (i.e. hair loss, erectile dysfunction etc.).

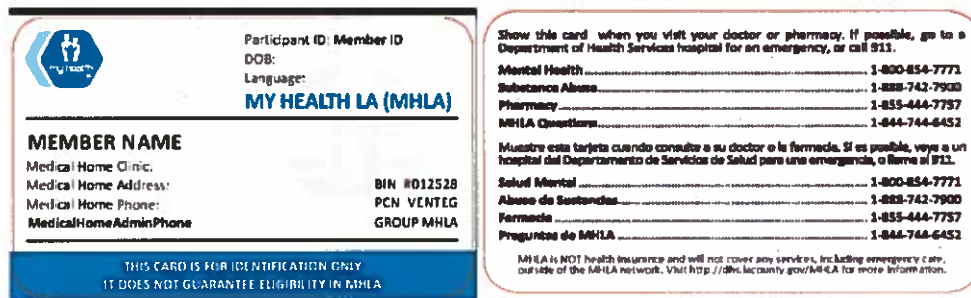
Ventegra will receive nightly updates of the MHLA eligibility file from DHS in order to be able to verify participant eligibility prior to dispensing at a Ventegra contracted pharmacy. Ventegra will also have One-e-App look-up access should a Participant enroll and attempt to have a prescription filled on the same day. A MHLA Participant that has been enrolled into the program will not be on the MHLA eligibility enrollment file on the same day.

Therefore, if a Participant is in immediate need of their medication, the CP may contact Ventegra's Customer Care Team (CCT) telephone number (1-855-444-7757) to process a prescription by verifying "live" eligibility in One-e-App or the CP may hold the claim for twenty-four (24) hours in order to submit the claim after the MHLA eligibility file has been uploaded by Ventegra. A reimbursable medication claim will only adjudicate on the day the Participant is enrolled and not retro to first of the month.

To help ensure access to needed medications, Ventegra is authorized to dispense up to 72 hours of non-340B formulary medications in those instances where the current eligibility status of a MHLA Participant is in question or cannot be immediately verified.

Existing and new MHLA Participants of *just* the CP sites listed in this PIN will receive a replacement MHLA ID card around July 1, 2017. This new card will include Ventegra's BIN, PCN and group number as well as Ventegra's Customer Care Team (CCT) telephone number (1-855-444-7757). The CCT will assist these MHLA Participants with pharmacy related questions and issues. All other MHLA Participants (i.e. Participants who are assigned to non-Pharmacy Phase Two sites) will receive their replacement ID cards at a later date.

It is essential that these participants keep and use this new ID card when attempting to fill a prescription at a retail pharmacy. This ID card has essential information that retail pharmacies need in order to bill Ventegra for the medication and avoid disruption in patient care. The new MHLA participant ID card looks like this:



Information about the new pharmacy program will be included along with the replacement ID card. The English and Spanish pharmacy fact sheets are posted in the MHLA Website.

In the event that a Participant of a Pharmacy Phase Two site needs to pick up a medication from a retail pharmacy but does not have or has lost his or her ID card, please do the following:

1. Call Member Services at 844-744-6452 to order a new ID card, and
2. Print out from One-e-App the MHLA New Member Notice using the "Generate Notice" link **OR** use the MHLA Pharmacy Half-Page ID Form (**Attachment A**), and have the Participant show either of these forms to the pharmacy. Either of these forms should be used as a temporary ID card while the Participant waits for their replacement ID card to arrive. Please note you will need to hand-write the PID into the document.

Dispensaries

Any CP with a dispensary must have a valid State Board of Pharmacy permit in order to dispense medications and meet all State Board of Pharmacy regulations for clinic medication dispensing. Eligible Dispensaries, as defined in the MHLA Agreement, will be compensated for all MHLA formulary and prior authorization approved medications provided to Participants contingent upon submission of the medication dispensing data to Ventegra.

Dispensaries must submit all dispensed reimbursable medication claims to Ventegra in accordance with the MHLA/Ventegra Dispensary File Layout ([Attachment B](#)) within 24 hours of dispensing. If the next day is a holiday or weekend, data must be transmitted the next business day. Please see [Attachment B](#) for more detailed information on the ways that dispensary data can be submitted to Ventegra as well as contact information at Ventegra contact should the dispensary have questions about how to submit this data.

CPs will receive regular EF1 and EF2 reports from Ventegra in a secure format that will identify which claims cannot be processed at all by Ventegra (due to missing required data fields in the claim), as well as those claims that have been processed by Ventegra but rejected due to a lack of MHLA eligibility, non-formulary medication, refill to soon, etc. Dispensaries have thirty (30) days to fix and resubmit rejected claims (and/or those that could not be processed by Ventegra). It is important to note that a claim will only adjudicate on or after the day the Participant is enrolled in MHLA – dispensary claims are not retroactive to the first of the month. A dispensary claim cannot be processed prior to the Participant's day of enrollment into the MHLA Program.

Dispensaries will be reimbursed as follows:

- \$4.00 per 30-day supply of DHS-4 formulary designated drugs, up to \$12 for a 90-day of drugs. (Dispensaries may fill up to a 100 day supply).
- \$2.00 for over-the-counter (OTC) formulary agents as indicated in the MHLA Formulary.
- Diabetic Supplies are reimbursed at a rate of \$8 for 50 test strips or 100 syringes.
- For drugs designated as 340B, and/or all other formulary agents (not DHS-4, OTC or Diabetic Supplies) or prior authorization approved non-formulary agents will be paid the medication's 340B drug ingredient cost and an administrative fee of \$5.00.
- Drugs dispensed through a Patient Assistance Program (PAP) are not reimbursable. Dispensaries are required to submit PAP applications for PAP drugs that are identified on the MHLA Formulary.

A Remittance Advice (R.A.) for payment of pharmaceuticals dispensed by a dispensary will be sent to CPs directly from Ventegra and will reflect one calendar month of dispensing. DHS will then issue the dispensary check to CPs based on that R.A. The R.A. for pharmaceuticals and the R.A. for MGF will reflect the same service calendar month for ease of patient/pharmacy payment reconciliation by the CP.

Consistent with Business and Professions Code section 4170(a)(7), all CPs must provide the Participant with written disclosure that the Participant has a choice between obtaining the prescription from the CP's onsite pharmacy or dispensary, or obtaining the prescription at a MHLA network pharmacy of the Participant's choice.

On-site State Licensed Pharmacies

On-site licensed pharmacies are pharmacies that are located on the CP's clinic premises. To be part of the MHLA pharmacy network, the on-site State licensed pharmacy must contract with Ventegra to be part of the network.

On-site Pharmacies will be reimbursed as follows:

- \$4.00 for a 30-day supply of drugs (up to a 90 day supply) for drugs designated in the MHLA formulary as DHS-4.
- \$2.00 for Over-the-Counter (OTC) formulary agents as indicated in the MHLA Formulary. On-site pharmacies may bill Ventegra \$2.00 for formulary OTC medications and cannot charge Participants for medications on the \$2.00 OTC list. However, on-site pharmacies may send the Participant to a retail (off-site) pharmacy to purchase OTCs.
- Diabetic Supplies: \$8 for 50 test strips or 100 syringes
- \$8.00 for a 30-day supply of drugs (up to a 90 day supply) designated in the MHLA formulary as DHS-8.
- For drugs designated as 340B, and/or all other formulary agents (not DHS-4, OTC or Diabetic Supplies) or prior authorization approved non-formulary agents will be paid the medication's 340B drug ingredient cost and a dispensing fee in accordance with the terms and conditions established by Ventegra.

Ventegra will pay CPs with on-site licensed pharmacies for reimbursable medications on a weekly basis, a process that will begin approximately three weeks after the launch of Pharmacy Phase Two, to allow Ventegra sufficient time to process the first batch of claims, manage return-to-stock and reconcile cancelled prescriptions. It is important to note that a claim will only adjudicate on or after the day the Participant is enrolled in MHLA – pharmacy claims are not retroactive to the first of the month. A pharmacy claim cannot be processed prior to the Participant's day of enrollment into the MHLA Program.

CPs with on-site pharmacies in the Ventegra network must obtain all applicable, necessary information required to submit PAP applications for drugs designated in the MHLA formulary as PAP eligible.

340B Contract Pharmacies

In accordance with the MHLA Agreement, CPs are required to have access to 340B drug pricing and be registered with the Health Resource Services Administration (HRSA) Office of Pharmacy Affairs (OPA) with the exception of non-FQHC clinic sites located in Service Planning Area (SPA) 1. CPs without an on-site licensed pharmacy are also required to register at least one MHLA contracted 340B pharmacy with HRSA OPA to dispense 340B medications to MHLA Participants. CPs can opt to register DHS Central Pharmacy, a retail 340B pharmacy, or both to fulfill their contractual obligation to register at least one 340B pharmacy with HRSA OPA.

For those CPs who registered DHS Central Pharmacy (as well as RX E-Fill Solution, who will be performing the medication filling, labeling and mailing on behalf of DHS Central Pharmacy), CPs must execute a three-party 340B Contract Pharmacy Services Agreement between the CP, DHS, and Cardinal. This three-party pharmacy agreement allows DHS Central Pharmacy to process 340B medications prescribed by CPs and for RX E-Fill Solutions Pharmacy to fill, label and mail

these medications to MHLA Participants. These clinics will also need to set up a wholesaler account with Cardinal Health™ which includes a one-time account set up fee of approximately \$150.00 (there are no monthly maintenance fees paid by CPs who set up an account to use Cardinal for pharmaceuticals processed through the DHS Central Pharmacy).

Participants requesting that their medications be mailed to their home or clinic by DHS Central Pharmacy (a P.O. Box is not allowed) must complete a New Patient Mail Order Pharmacy Enrollment Form ([Attachment C](#)). This form needs only be completed once and faxed or emailed to DHS Pharmacy at (310) 669-5609 or priorauth@dhs.lacounty.gov. Participants should call DHS Pharmacy at 1(800) 500-1853 if they need a refill, or in the event their mailing address changes. A Participant fact sheet related to obtaining mail-order medications from DHS Central Pharmacy is attached to this PIN ([Attachment D](#))

For those CPs who registered a 340B contract pharmacy to dispense 340B medications to Participants, (i.e. the CP registered a 340B pharmacy other than the DHS Central Pharmacy), a two-party Agreement is required between the licensed pharmacy and Ventegra only.

Ventegra as a 340B Administrator Option

Ventegra has the ability to provide 340B compliance and administration services for 340B covered entities such as 340B inventory and drug replenishment for MHLA Participants. Ventegra is offering all MHLA CPs their 340B administration services free of charge for MHLA Participants only. Clinics may, but are not obligated, to use Ventegra as their 340B administrator for MHLA Participants. Any CP that wishes to use Ventegra as their 340B administrator will need to execute a three-party agreement between the CP, Ventegra and the CP's 340B pharmacy/pharmacies.

No CP is obligated to use Ventegra as their 340B administrator if they do not wish to. However, any CP that does not wish to use Ventegra as their 340B administrator will need to sign a MHLA Program Services County's Program Services Administrator Letter of Acknowledgement ([Attachment E](#)) indicating their desire to forgo Ventegra's 340B administration services for their MHLA Participants. DHS will not cover any costs incurred by a CP related to their use of another, non-Ventegra 340B administrator.

The attached MHLA Pharmacy Phase II Contract Requirements – April 2016 ([Attachment F](#)) is a flow chart that depicts the various agreements that are required under Pharmacy Phase Two.

340B Medical Prescriber Verification Process

The MHLA Program will have a closed Prescriber Panel for 340B drugs. This means that if a retail pharmacy is going to fill a 340B drug that a CP clinic has prescribed, Ventegra must have that clinic's prescriber listed in their provider database in order to ensure 340B compliance.

Ensuring that Ventegra has an up-to-date prescriber panel, including temporary and per diem providers, is contingent on each CP communicating all updates or changes to their provider list to the MHLA Contract Administration Unit immediately, using the Health Professional Profile Form ([Attachment G](#)), as required by the MHLA Agreement. **NOTE:** Each approved clinic site that is providing Primary or Dental Services must also have a provider assigned to each approved dental clinic.

It is essential that all CPs update their provider list on an ongoing basis, including all temporary and per diem providers, and notify MHLA Contract Administration immediately if there are any changes. If a MHLA CP prescriber is NOT on Ventegra's list as a prescriber, the 340B prescription will be rejected by the retail pharmacy until Ventegra can obtain verification of the prescriber. MHLA will provide the CPs with a monthly reminder to update their Health Professional Profile.

MHLA Formulary

DHS maintains a MHLA Formulary (**Attachment H**), which describes reimbursable medications under the MHLA Program. CPs must prescribe medications whenever possible using the MHLA Formulary. The MHLA Program requires the use of generic products whenever possible, in accordance with applicable law and regulations. Non-formulary medications require prior authorization prior to dispensing.

MHLA Formulary Request Process

The MHLA formulary is based on the DHS core formulary, which is reviewed and maintained by the DHS Core P&T Committee. In accordance with the DHS Core P&T Committee Policy, CPs can request to have medications added or changed on the MHLA formulary by having the CP provider use the formulary request process, described below. The MHLA formulary can be found on the MHLA website under the section "For DHS and Community Partners" (Login: mhlacpp, Password: Lacounty1).

Any MHLA CP health care provider can submit a request to add a drug to the MHLA formulary. The MHLA Formulary Advisory Committee, made up of DHS, CCALAC and CP members, will consider the request and make a recommendation to the DHS Core P&T Committee. The DHS Core P&T Committee meets regularly to review formulary requests recommended by the MHLA Formulary Advisory Committee and is responsible for making the final determination.

- The DHS Community Partners Primary Care Formulary Addition/Revision Request Form (**Attachment I**) must be used by CPs to request medications for formulary addition or revision. In addition, a Conflict of Interest Disclosure Form (**Attachment J**) must accompany the request in order to be considered by the Committee. Both forms must be fully completed.
- The Primary Care Formulary Addition/Revision Request Form must be reviewed and signed by the Chief Medical Officer (CMO) prior to submission. Requests not signed by CMO will not be reviewed.
- Completed and signed forms must be submitted via fax to DHS Pharmacy Affairs Office at (310) 669-5609. All requests will be reviewed at the following, regularly scheduled DHS Core P&T Committee meeting.

MHLA Prior Authorization (PA) for Non-Formulary Medications

If a MHLA Participant's clinical condition requires the use of a medication not on the MHLA Formulary (for primary care), the provider must submit a MHLA Prior Authorization Form (PA) (**Attachment K**) in advance, seeking authorization for use of a non-formulary drug. The PA must be fully completed including prescriber name, specialty, name of requestor (if different than prescriber), office contact person, NPI, DEA, contact information, medication history and a clinical justification as to why a formulary drug is not appropriate for the Participant. The PA must be completed and faxed to the DHS Pharmacy Affairs Office at (310) 669-5609 or emailed to priorauth@dhs.lacounty.gov. DHS pharmacy staff will conduct a clinical review of the request and make a determination no later than one (1) business day after the PA is submitted by the CP (assuming the PA is complete). Additional documentation may be requested by DHS Pharmacy of the CP after review. DHS Pharmacy will file the PA as "incomplete" if the PA is missing essential information and/or if the clinic cannot be reached and/or is non-responsive to a request for additional information.

If the non-formulary medication is deemed appropriate, the PA approval will be faxed or securely emailed back to the CP and/or the designated preferred pharmacy/dispensary as indicated on the PA. The CP should then notify the patient to fill the prescription at the specified/preferred pharmacy/dispensary.

If the non-formulary medication is not deemed appropriate, the PA will be denied and faxed or securely emailed back to the CP explaining the reason for the denial. A pharmaceutical claim will not be reimbursed for this medication.

MHLA Prior Authorization Form (PA) for Patient Assistance Program (PAP) Reimbursement

The MHLA Formulary also identifies non-formulary medications for which pharmaceutical manufacturer PAPs are available for MHLA Participants. If the drug is listed on the MHLA formulary as a "PAP" medication, a PAP application must be submitted to the pharmaceutical manufacturer's PAP program for Participants to access these formulary items. If the manufacturer rejects the Participant request for PAP, a copy of the rejection letter and PA must be faxed to the DHS Pharmacy Affairs Office at (310) 669-5609 or emailed to priorauth@dhs.lacounty.gov in accordance with the PA process outlined above.

Recognizing that a PAP response may not be received immediately by the CP from the manufacturer for PAP drugs on the MHLA formulary, the CP may submit a PA for a "PAP available" formulary agent if care is needed by the Participant immediately so that MHLA Pharmacy staff can review to potentially authorize an interim pre-PAP supply.

If a Pharmacy Phase Two clinic stabilizes a Participant on a non-formulary PAP drug, a PA is not required by DHS but is strongly encouraged.

Please notify DHS that your clinic has stabilized a Participant on a non-formulary PAP drug by filling out a MHLA PAP Notification Form ([Attachment L](#)) or PAP Notification Excel Form ([Attachment M](#)) so that DHS will have the complete medication history of your MHLA Participants. Forms are to be submitted to DHS Central Pharmacy via fax at 310-669-5609 or emailed to priorauth@dhs.lacounty.gov. It is the goal of MHLA to maintain the most current medication history database for Participants so that clinical issues such as duplicate therapy and drug interactions can be identified and addressed. An additional option to notify DHS that the Participant has been stabilized on a PAP drug is for the 340B contracted pharmacy to submit a claim for the PAP drug with a clarification code of "55". This will result in a non-claim payment but still allow for the drug data to be captured.

If a MHLA Participant should go off a PAP or the PAP program is no longer available, the CP should convert patient therapy to a MHLA formulary agent or submit a PA in accordance with the PA process outlined above.

Requests for HIV Pre-Exposure Prophylaxis (PrEP)

PA requests for Truvada for the purposes of HIV Pre-Exposure Prophylaxis (PrEP) should be approached as followed:

1. CP should call the Ventegra Customer Care Team (CCT) at 1-855-444-7757 for an immediate prior authorization approval. The CP should inform the help desk representative that the Participant is being treated for Pre-Exposure Prophylaxis (PrEP) and a one-time authorization is needed.

2. CPs should submit the MHLA Prior Authorization Form (PA) along with acknowledgment of Patient Assistance Program (PAP) Reimbursement application via fax to DHS Pharmacy Affairs Office at (310) 669-5609 or email to priorauth@dhs.lacounty.gov.
3. CP simultaneously submits a PAP application to the manufacturer.
4. Concurrently, CPs are requested to dispense a thirty (30) day supply of Truvada to the Participant, as requests for Truvada for the purposes of PrEP are always approved by DHS. DHS will approve one month of PrEP for a reimbursement of ingredient cost plus a dispensing fee (pharmacies)/administrative fee (dispensaries) until PAP application is approved.
5. If PAP is approved, the Participant should continue to receive Truvada through PAP.
6. In the case of PAP denial, DHS Pharmacy Affairs will continue to provide approval for Truvada for the purposes of PrEP. CP must provide a copy of the denial letter.

Requests for HIV Post-Exposure Prophylaxis (PEP)

Requests for **Truvada** or **Tivicay** for **Post-Exposure Prophylaxis** are considered an emergency. If the CP cannot dispense PEP, the Participant should be referred to the nearest emergency room for immediate care and Truvada or Tivicay administration in the emergency room setting. However, PEP can be prescribed and dispensed immediately by the CP without sending the Participant to the ER using the following process:

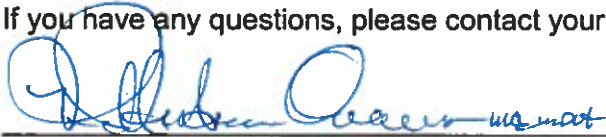
1. CP should call the Ventegra Customer Care Team (CCT) at 1-855-444-7757 for an immediate PA approval. The CP should inform the CCT representative that the Participant is being treated for post-exposure prophylaxis (PEP) and a one-time authorization is needed.
2. CPs should submit the MHLA Prior Authorization Form (PA) along with acknowledgment of Patient Assistance Program (PAP) reimbursement application via fax to DHS Pharmacy Affairs Office at (310) 669-5609 or email priorauth@dhs.lacounty.gov.
3. Concurrently, CPs are requested to dispense a thirty (30) day supply of Truvada or Tivicay to the Participant, as requests for Truvada or Tivicay for the purposes of PEP are always approved by DHS. DHS will approve PEP for a reimbursement of ingredient cost plus a dispensing fee (pharmacies)/administrative fee (dispensaries) until PAP application is approved.
4. If PAP is approved, the Participant should continue to receive Truvada or Tivicay through PAP.
5. In the case of PAP denial, DHS Pharmacy Affairs will continue to provide approval for Truvada or Tivicay for the purposes of PEP. CP must provide a copy of the denial letter.

If PreP or PEP is being dispensed via PAP, the drug does not qualify for reimbursement from DHS, nor does a claim need to be processed via Ventegra.

As previously mentioned, this PIN only applies to the Pharmacy Phase Two sites including the 15 CP sites that will commence Pharmacy Phase Two on July 1, **2017**. All other CPs will receive an updated PIN at least thirty (30) days prior to the launch of Pharmacy Phase Two for their clinic and

another orientation will be scheduled at a later date (closer to full launch) for all non-Pharmacy Phase Two CPs.

If you have any questions, please contact your Program Advocate.



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Attachments:

- A - MHLA New Member Notice (MHLA Pharmacy Half-Page ID)
- B - MHLA/Ventegra Dispensary File Layout
- C - New Patient Mail Order Pharmacy Enrollment Form (English and Spanish)
- D - Fact Sheet: Attention Patients – Obtain Your Refills By Mail (English and Spanish)
- E - MHLA Program Services County's Program Services Administrator Letter of Acknowledgement (DHS waiver)
- F - MHLA Pharmacy Phase II Contract Requirements – April 2016 (Flow Chart)
- G - Health Professional Profile
- H - MHLA Formulary
- I - The DHS Community Partners Primary Care Formulary Addition/Revision Request
- J - Conflict of Interest Disclosure
- K - MHLA Prescription Drug Prior Authorization Form
- L - MHLA PAP Drug Notification Form
- M - MHLA PAP Notification Excel Form