



MHLA's Pharmacy Network Received the 2018 CSAC Challenge Award

Happy Thanksgiving! I hope all of you are starting to slow down at work and are taking some time to enjoy a little extra time with friends and family.

I am proud to share that on November 8, 2018, members of the MHLA program were honored by the Los Angeles County Board of Services as we received a California State Association of Counties (CSAC) 2018 Challenge Award for the establishment of the My Health LA (MHLA) Pharmacy Network. The MHLA Pharmacy Network is the arguably the first, and most certainly the largest, retail and 340B pharmacy network program for uninsured, low-income residents in the nation.

Not long after MHLA began, the Department of Health Services (DHS) and Community Partner (CP) clinics recognized the need for MHLA participants to have access to medications on nights and weekends and at locations closer to their homes, as well as a need for clinics to be reimbursed more fairly for the often high-cost medications prescribed to MHLA patients. In response, in 2014, MHLA partnered with Ventegra, our Pharmacy Services Administrator (PSA), the DHS Pharmacy Unit and a brave group of seven pilot sites to prepare for the roll-out of the retail and 340B pharmacy network. Over the course of the next three years, working with the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs (OPA), we worked together to roll out the retail and 340B pharmacy network to all 210 clinic sites in the MHLA program.

Today, MHLA participants can visit over 800 pharmacies near their home and work. They can get their medications at pharmacies or dispensaries in the clinics. They can even get their medicines by mail. Creating a retail and 340B pharmacy network for uninsured patients was truly groundbreaking. Congratulations to us all!

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The year that is drawing towards its close has been filled with the blessings of fruitful fields and healthful skies.

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—Abraham Lincoln

MHLA Revised Contract Passes the Board of Supervisors

On November 20, 2018, the Los Angeles County Board of Supervisors unanimously passed changes to the MHLA agreement, a result of positive negotiations with the Community Clinic Association of Los Angeles County (CCALAC) and their clinic members. While formal guidance is coming from the MHLA office in the form of Provider Information Notices (PINs) and Provider Bulletins, below is a summary of some of the major changes in the contract. These changes will take effect on January 1, 2019 unless otherwise noted.

Access Standards



The CP Connection

The Community Partner Newsletter
of My Health LA

Amy Luftig Viste Program Director
Daisy Nip Newsletter Editor



Medical home clinics must now meet access standards for MHLA participants seeking an appointment. Those standards are 21 days for non-urgent Primary Health Care appointments and 96 hours for urgent primary care appointments. Any clinic that cannot meet these new access standards must close to new patients (to do this, contact Mayra Palacios in the MHLA program office).

New Empanelment Request Form (NERF)

Clinics must return Primary Care Linkage Forms (PCLF) to DHS within 30 days. If the clinic does not return PCLF forms after five attempts

(outreach is at escalating levels of leadership within in the clinic), MHLA may fine the clinic up to \$100 a day until the form is returned.

Monthly Grant Funding Payments

Beginning 7/1/19, MHLA participants must visit medical home clinics once every 24 months as a condition of Monthly Grant Funding (MGF) payment. MGF payment will not commence until after the first visit, but then the patient does not need to return (at least for the purposes of payment) for another 24 months.

MHLA will determine whether participants visited their clinics every 24 months using data reported on CP encounter claim forms which are currently submitted to AIA. Patients who do not have a visit every 24 months will not be disenrolled from the program. Payment to the clinics will not be made on their behalf, but this will not be made known to the patient. Also, beginning 7/1/19, the MGF rate for clinics will increase to \$32.

Dental Services

For those clinics that provide dental services, MHLA will continue to pay according to Denti-Cal Schedule of Maximum Allowances (SMA) rates. However, the MHLA program will no longer pay Denti-Cal's supplemental rate increases, and may need to freeze MHLA payment rates at current levels if there is a budgetary need to do so.

CPT Codes

MHLA is adding seven new CPT codes into our list of Included Services. Please see PIN 18-06.

Durable Medical Equipment and Medical Supplies

Durable medical equipment (DME) is now defined in the MHLA agreement. DME is designed to withstand repeated use, serve a medical purpose, and be used at home. MHLA clinics must provide certain DME and medical supplies to participants for free. This includes basic wound care supplies, soft braces (not for fractures), splints, slings, soft cervical collars, canes and crutches, home monitoring equipment supplies for diabetes related conditions, walkers and nebulizers. Clinics can loan DME to participants. However, they must ensure that the DME is safe and in good, working condition. They must also loan them to participants within a reasonable period of time.

Audits

MHLA is making changes to simplify the MHLA audit tool. Clinics may be fined if they are found to have five or more of the same deficiencies for three years in a row with no improvement.

Request for Statement of Qualification (RFSQ)

MHLA will expand its capacity by adding new clinics and community partners to the program. The Department will be issuing a Request for Statement of Qualifications (RFSQ) for new MHLA clinics in early 2019.