COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS

Ambulatory Medical Outpatient (AOM) and Medical Care Coordination Services (MCC)
Frequently Asked Questions – Issue Number 1

A. Ryan White Program (RWP) Eligibility

Question 1: What are the income criteria for the Ryan White Program?

Answer: Overall, in order to qualify for AOM services supported by the RWP, a person's income must be at or below 400% of the Federal Poverty Level (FPL).

Question 2: Will there be a prompt for the eligibility screening?

Answer: Yes. For patients currently receiving medical outpatient services supported by the RWP, Casewatch has been reprogrammed to prompt clinic staff to update the patient's eligibility information in Casewatch once the new fee-for-service (FFS) AOM contracts go into effect. For existing patients, only the insurance section of the eligibility screen needs to be updated as outlined in the AOM Enrollment Decision Tree included in the orientation packet distributed at the providers meeting held on November 5, 2012.

If at the time of the first visit following the effective date of the new AOM contract a RWP patient appears to meet the eligibility criteria for Healthy Way LA (HWLA) but the visit is taking place prior to his/her birth month, the insurance status should continue to be reported as RW. The patient should continue to be considered a RWP client for AOM services until the time of his / her ADAP re-determination appointment. At that time the patient should be enrolled in HWLA as per the AOM Enrollment Decision Tree.

New patients of RWP AOM services need to complete the eligibility screening process upon accessing services.

Question 3: How long can you ignore the prompt?

Answer: DHSP is reviewing this and will provide more information at a later time.

Question 4: What happens after the 30-day grace period if a patient's HWLA or Medi-Cal application has not been processed?

Answer: This question was raised in the context of patients who are presumed to be eligible for either Medi-Cal or HWLA and whose insurance status is reported as Medi-Cal

Pending or HWLA Pending. Providers should follow the guidance outlined in the AOM Enrollment Decision Tree.

Question 5: Will clients with high medical deductibles be eligible for AOM services under the RWP?

Answer: See Question 7 response.

Question 6: Will the RWP satisfy the deductibles for patients with private insurance?

Answer: See Question 7 response.

Question 7: Is there gap coverage?

Answer: The answer to questions 5, 6, and 7 is that there is no program in the local continuum of RW services to assist patients with co-pays, deductibles, or gap payments. AOM funds cannot be used to address these needs. The Division of HIV and STD Programs will be working with the Commission on HIV to examine a future service category that may address these specific needs.

Question 8: Do we have a formula to calculate share of cost?

Answer: See Question 9 response.

Question 9: Who will pay for medications for patients who cannot meet their Medi-cal or Medicare 'share of cost'?

Answer: Regarding questions 8 and 9, RW funds cannot be used to pay the 'share of cost' requirements for patients with Medi-Cal or Medicare. Patients who cannot otherwise meet their 'share of cost' requirements are considered uninsured by the RWP. Therefore, the RWP becomes the payer of last resort for those patients. The AIDS Drug Assistance Program (ADAP) pays for drug costs for those RW patients. In addition, DHSP has included funds in the new FFS AOM contracts to cover the costs of medications not covered by ADAP.

B. Utilization Review (UR)

Question 10: What criteria will be used for the utilization review of patients who need more than 10 visits in a year?

Answer: There are no specific criteria set for approving additional visits. So long as a reasonable medical justification is provided for the additional face-to-face visits, the visits will not be denied. Once the DHSP Physician Reviewer completes the review process and renders the decision to approve or deny the request, the DHSP Program Manager will notify the requesting provider according to the contact information provided in the Initial Request / Appeal Form.

The UR Initial Request / Appeal Forms can be submitted electronically to the following address: DHSP-URQM@ph.lacounty.gov

Question 11: Will providers receive confirmation of the UR decision?

Answer: Yes. Program managers at DHSP will serve as liaisons regarding UR review requests and decisions.

C. Quality Assurance

Question 12: What is the submission policy for medication error(s)?

Answer: Medication errors that do not result in death or major permanent loss of function need not be reported. Providers are required to submit a completed Incident Report Form to DHSP within 24 hours of the event or knowledge of such event.

D. Casewatch Consent Form

Question 13: What if a patient refuses to sign the Casewatch Consent Form?

Answer: The consent form is a requirement to access services in the local RWP. The consent form serves three purposes: 1) document agreement to receive services under the RWP, 2) streamline the enrollment process so that the patient does not have to be screened for eligibility every time they access any of the services in the RWP, and 3) ensure continuity of care within the local RW system by reducing redundancies in the provision of medical and wraparound services.

E. Pay for Performance

Question 14: What is the patient sample that will be used for measuring performance?

Answer: The sample will include only the RWP and HWLA patient populations. This is a change from previous plans to include the entire clinic's HIV patient population. The change was made to accommodate concerns raised by providers related to the challenges of including patients in managed care programs or with other insurance coverage that may affect the provision of care.

Question 15: What is the program auditor going to be looking for regarding patient satisfaction surveys? Is it a core measure? Will there be a verification of response rate?

Answer: Patient satisfaction survey is one of the core performance measures. For verification of the response rate relative to survey implementation, DHSP will look for report(s) that show the number of completed surveys received from patients and verify that this number is consistent with the minimum required number of completed surveys per provider per year. DHSP will also review completed survey tools and instruments.

Question 16: What if a client refuses to give consent for the County to review their information?

Answer: See the answer to Question 13 above. In order to receive RWP services, patients must sign the consent form, which allows DHSP to review their information.

F. Laboratory, Radiology, Pharmacy

Question 17: What about imaging services that are not simple film such as mammography?

Answer: As part of the new FFS AOM contracts, DHSP has included an allocation for low cost radiology procedures that include X-rays, ultrasound, but may be used for other lower cost procedures such as mammograms and DEXA scans. The discretion of the HIV medical provider is essential to ensure judicious use of allocated funds. More complex imaging services to diagnose disease, such as CT and MRI, may be accessed through the CHAIN Program funded by DHSP and administered by AIDS Healthcare Foundation.

Question 18: Will DHSP be creating a formulary to go along with the pharmacy allocation?

Answer: DHSP has allocated funds to support access to non-ADAP medications needed by patients in the local RWP. This will help create parity between RW and HWLA patients in terms of access to the same medications and create a uniform set of medications that should be available across all DHSP-contracted RWP providers. DHSP has created a non-restrictive formulary which consists of medications on the HWLA formulary except those on the ADAP formulary. This formulary will be posted on our website at the time the new AOM contracts go into effect.

Question 19: Is the $200 cap per month or annual?

Answer: Any drugs not on the ADAP formulary are allowable (within the pharmacy allocation), but if cost is greater than $200 per month, documentation of medical justification will be required in Casewatch.

Question 20: Are other pharmacy costs allowed such as a fill-fee?

Answer: No. The allocation only covers the costs of medications as outlined in the new AOM contracts.

Question 21: Is there a share of cost for pharmacy?

Answer: No.

G. Casewatch Data Interface and Mapping

Question 22: Who do we contact regarding Casewatch?

Answer: **MCC** Casewatch issues: Angela Boger 213-351-8057 or aboger@ph.lacounty.gov
AOM Casewatch issues: David Pieribone 213-351-8122 or dpieribone@ph.lacounty.gov
Providers may also contact Mike Janson at DHSP at 213-351-8000 or mjanson@ph.lacounty.gov

Question 23: How much information is coming through the Casewatch interface?

Answer: This varies by provider due to the use of different EHR systems. Providers are encouraged to contact Mike Janson to set-up meetings to discuss the process to establish or update existing Electronic Data Interfaces (EDIs) with Casewatch.

Question 24: Can providers transmit the laboratory and pharmacy data using the HCFA 1500?

Answer: No. Our data system is not currently set-up to receive information or bills using this format. However, Casewatch can receive data from a number of different sources and formats. Mike Janson will work with providers to set-up exports for laboratory, imaging, and pharmacy data.

Question 25: How can providers update MCC screens if they have not hired staff?

Answer: Casewatch screens and MCC requirements will be adjusted for providers as they become ready to implement MCC.

Question 26: Will providers have to submit data using EDIs?

Answer: Providers have the choice of uploading data into Casewatch through EDIs or entering data directly into Casewatch. Many AOM providers use EDIs as their preferred method for entering data into Casewatch, and some enter the data directly. Other providers may choose to use EDIs for transmitting AOM service data and enter care coordination / case management information directly into Casewatch. It is the provider's choice and DHSP will work with providers on whichever method they use.

H. Training and Technical Assistance

Question 27: What kind of trainings will DHSP provide to help providers prepare for the deployment of new contracts and services?

Answer: Starting with the provider orientation held on November 5, 2012, DHSP has scheduled a series trainings, teleconferences, and meetings to prepare and assist providers with the deployment of new contracts and services. A schedule of trainings was included in the information packets disseminated at the meeting on November 5th. The schedule will also be available on the DHSP website.