



# **Low Income Health Program (LIHP) and LIHP Transition**

Stakeholder Advisory Committee Meeting  
April 23, 2012

# Implementation Status

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47 Counties Participating

7 Counties in authorization process

- Monterey June 1
- Placer June 1
- San Joaquin June 1
- Merced July 1
- Stanislaus July 1
- Yolo (CMSP) July 1
- Sacramento August 1

3 Counties Pending Implementation Date

2 Counties Withdrawn

- San Luis Obispo
- Fresno



# Enrollment and Eligibility

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- February 2012 cumulative enrollment approximately 337,000
- Eligibility Issues
  - Delays in eligibility determination process
  - Homeless applicants
  - Identity documentation
  - Streamlined reenrollment



# Claiming and Reimbursement Status

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- Transition period payments to Legacy Counties
- Health Services Protocols
  - Certified public expenditures
  - Capitation rates
    - Alameda, Kern, Los Angeles, Riverside, San Bernardino, San Francisco, San Mateo, Santa Clara Counties
- Administrative Activities Protocol



# HIV Transition

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- LIHP HIV Transition Incentive Pool Projects
- Transition from Ryan White benefits and AIDS Drug Assistance Program to LIHP occurring in eight Legacy Counties
- Screening preparedness assessments for operational local LIHPs



# HIV Transition (continued)

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- Joint DHCS and CDPH Office of AIDs Coordination
  - Policy guidance: ADAP grace periods, ADAP data sharing, retroactive billing, LIHP/Medi-Cal application process
  - FAQs
  - Stakeholder calls: RW and LIHP Administrators
  - RW/LIHP Advocates calls
  - RW/LIHP Stakeholder Advisory Committee



# LIHP Drug Formularies

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- Program Requirements
  - Comprehensive prescription drug benefit that utilizes generic and/or brand name drugs representing at least one drug from all classes of drugs
  - Prior authorization review process for any medically necessary drug
  - Cover and ensure the provision of all prescribed drugs, within the formulary and limits, and Medically Necessary pharmaceutical services



# LIHP Drug Formularies (Continued)

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- Program Requirements (Continued)
  - Prior authorization requirements for pharmacy services and provision of prescribed drugs must be clearly described in the Enrollee Services Guide
  - Pharmaceutical services shall be available during regular business hours, and shall ensure the provision of drugs prescribed in emergency circumstances in amounts sufficient to last until the Enrollee can reasonably be expected to have the prescription filled



## LIHP Drug Formularies (Continued)

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- Reviewing the formularies of operational LIHPs for inclusion of ADAP HIV/AIDS medications
- Used ADAP anti-retroviral drugs classification (31 drugs) as proxy to sample for ADAP medications in LIHP drug formularies



## LIHP Drug Formularies (Continued)

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- Source documents: ADAP formulary from the Ramsell website, local LIHP drug formularies; additional information from local LIHPs
- Preliminary results indicate:
  - 80-100% of the ADAP anti-retroviral drugs were covered, with an average formulary inclusion of 92%
  - The majority of the LIHPs do not require prior authorization (PA)



# LIHP Demographics

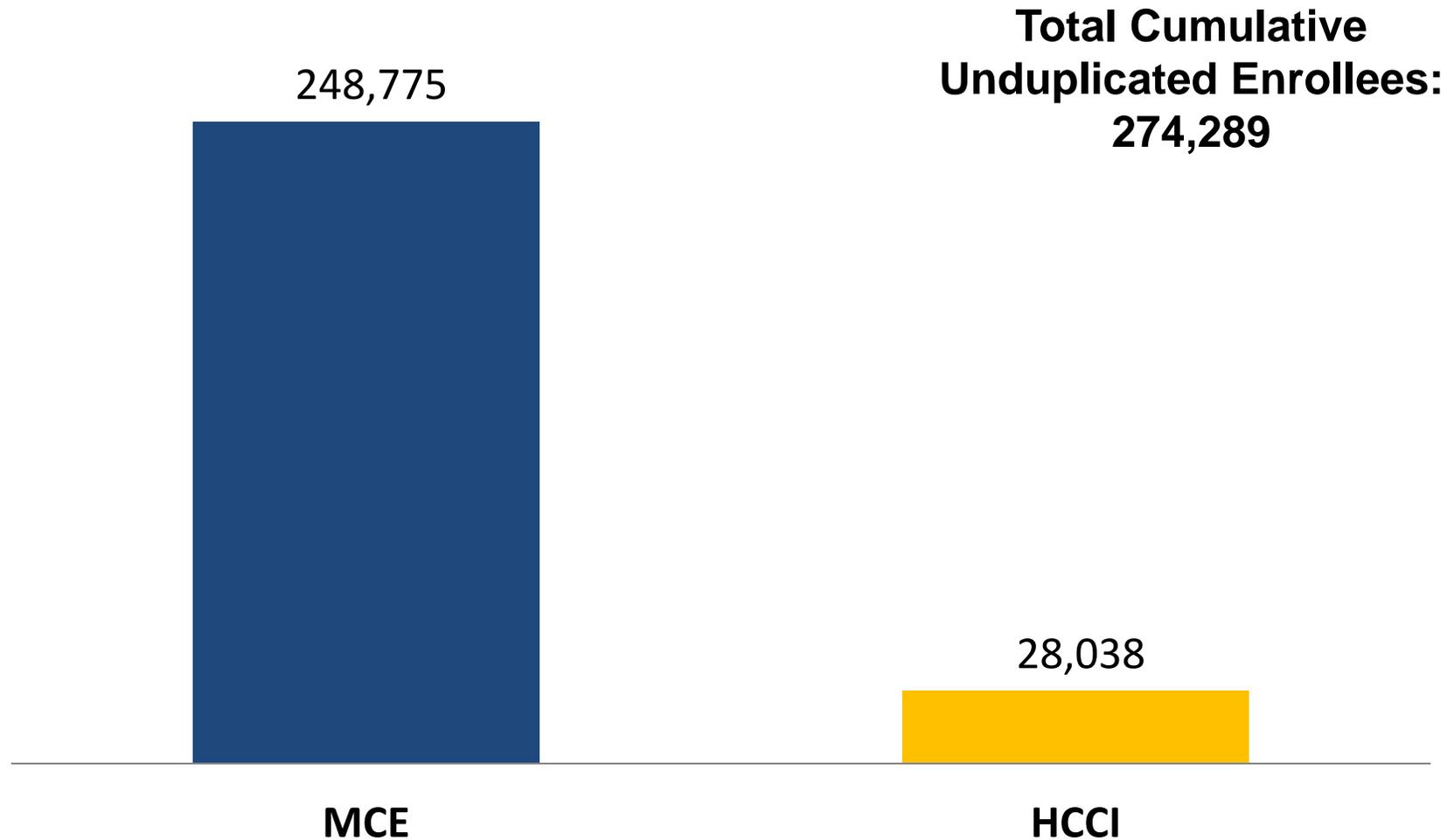
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- LIHP Performance Dashboard – July 1 to December 31, 2011
- UCLA Center for Health Policy Research
- Cumulative unduplicated enrollment:  
274,289
- Analysis of LIHP quarterly evaluation data

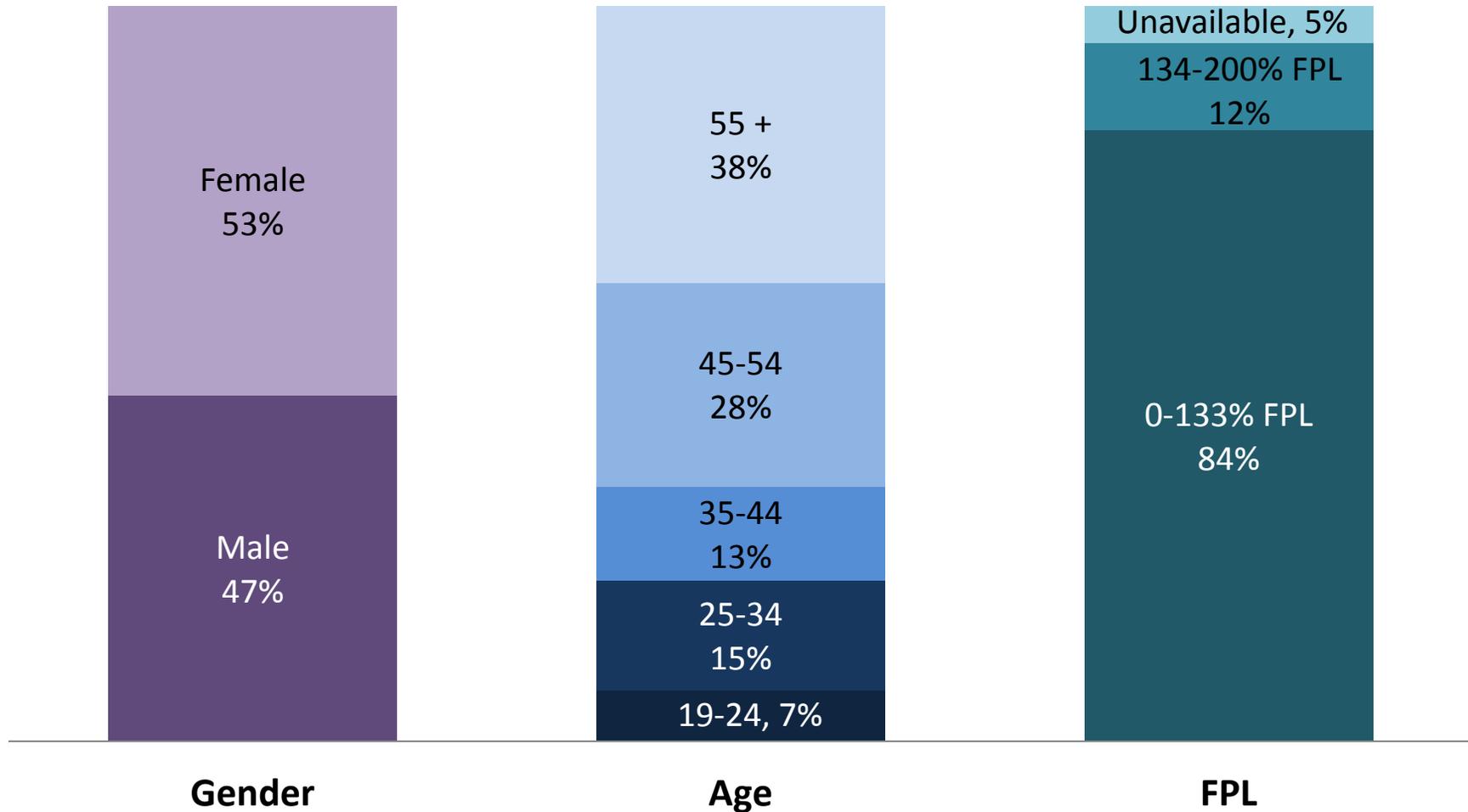


# Cumulative Total Unduplicated Number of Enrollees by Program Component, All Counties, December 2011

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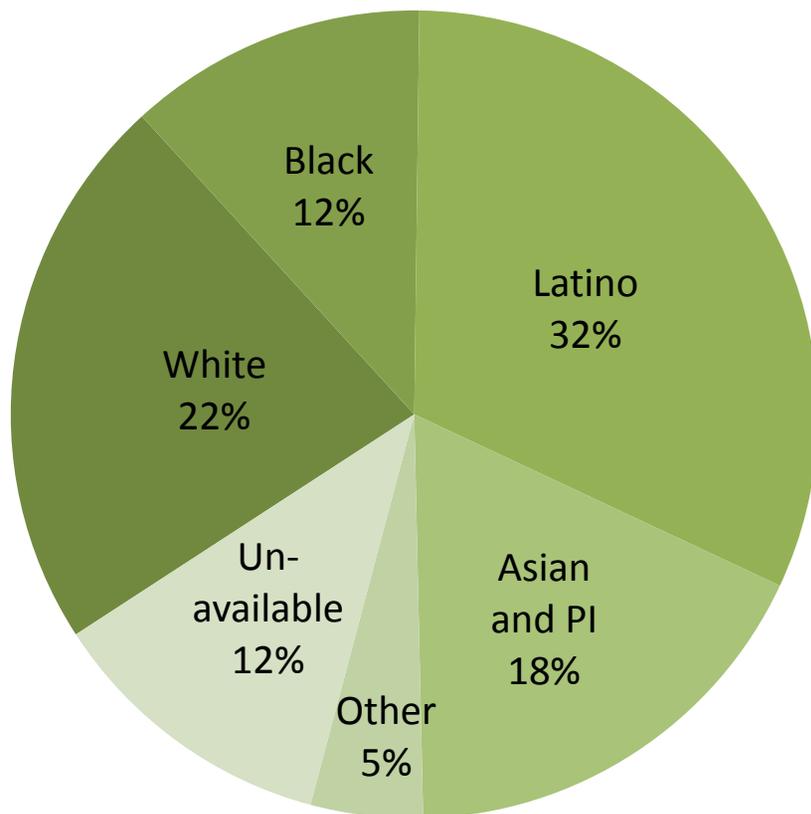
# Demographic Characteristics of Enrollees – Gender, Age, and Federal Poverty Level



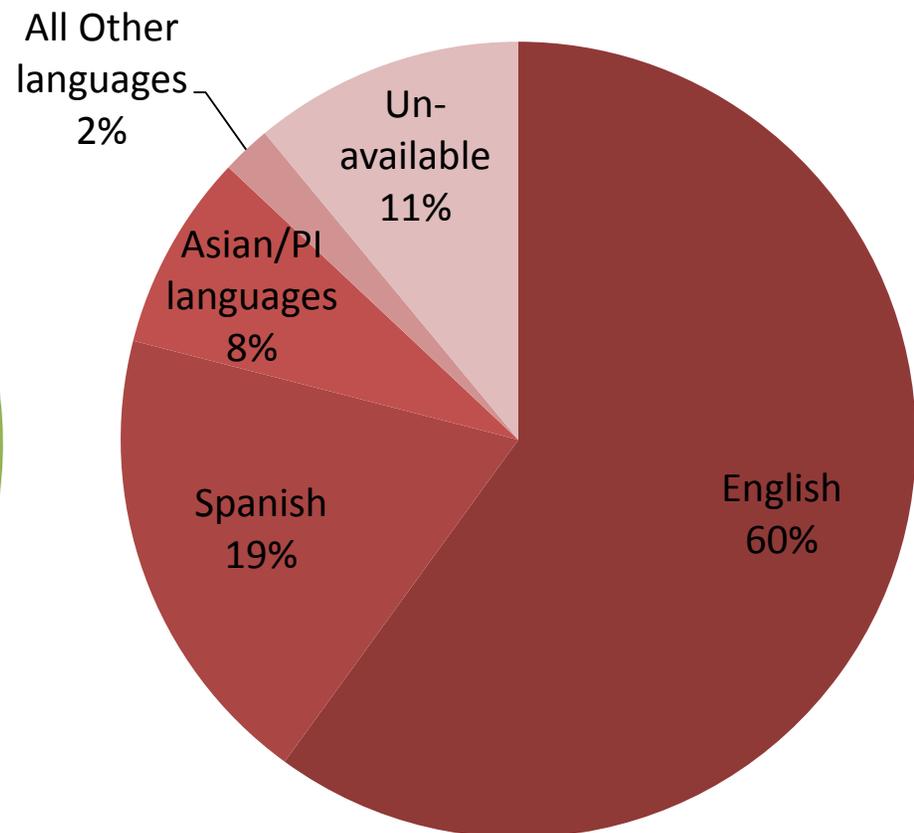
**Total Cumulative Unduplicated Enrollees: 274,289**

# Demographic Characteristics of Enrollees – Race/Ethnicity and Language

Race/Ethnicity



Language



**Total Cumulative Unduplicated Enrollees: 274,289**

# Program Focus

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- Claiming and reimbursement protocols
- Quarterly payments
- New programs operational
- Monitoring Ryan White transition and overall program operations
- LIHP Transition Plan

