

# Progress Notes

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**L.A. Care**  
*Medicare Plus*<sup>™</sup>  
(HMO D-SNP)

## A New Dual Eligible Special Needs Plan Launched

L.A. Care Health Plan recently announced the launch of its new L.A. Care Medicare Plus plan, with enrollment as of October 15, 2022 and coverage beginning January 1, 2023.

L.A. Care Medicare Plus, a dual eligible special needs plan (D-SNP), offers complete care that coordinates benefits for members eligible for both Medicare and Medi-Cal.

“We are excited about this transition from our Cal MediConnect (CMC) plan, which demonstrated the value of coordinated care for our dual eligible members,” said John Baackes, L.A. Care CEO. “L.A. Care Medicare Plus will build upon the lessons learned with CMC and will help our members gain access to resources like housing and food.”

In addition to \$0 monthly plan premiums and \$0 copays for certain prescriptions, L.A. Care Medicare Plus will offer many other benefits at no cost, like care managers, an over-the-counter allowance of up to \$150 every three months for approved items, a companionship benefit, a fitness benefit, and 24/7 customer service. There is also a 24-hour Nurse Advice Line, acupuncture, chiropractic and therapeutic massage treatments, meal delivery after a hospital discharge, vision care and much more.

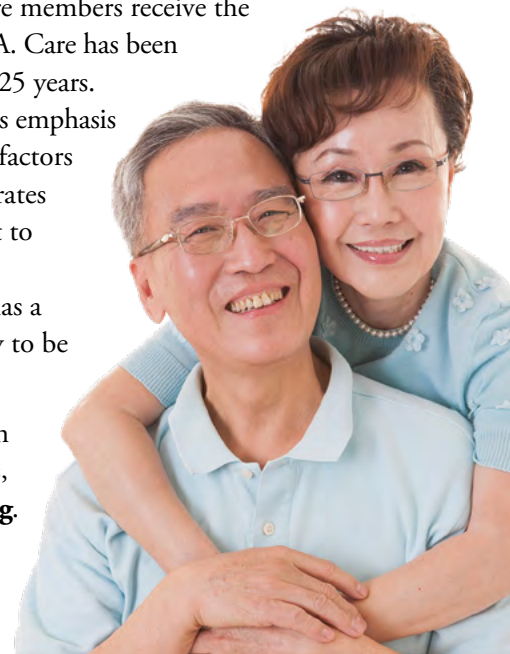
“Our Cal MediConnect members will be automatically transitioned into L.A. Care Medicare Plus, to ensure

continuity of care for our members with their trusted providers,” said Baackes. “Of course, we expect to gain new members who learn about the health plan’s expansive network of providers and the many benefits and services L.A. Care is offering.”

The complete and coordinated care offered by L.A. Care Medicare Plus will ensure members receive the high quality care that L.A. Care has been providing for more than 25 years.

L.A. Care Medicare Plan’s emphasis on addressing the social factors that impact health illustrates L.A. Care’s commitment to advancing health equity, which means everyone has a fair and just opportunity to be as healthy as possible.

For more information on L.A. Care Medicare Plus, go to [medicare.lacare.org](https://www.medicare.lacare.org).



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## Population Needs Assessment

The L.A. Care 2022 Population Needs Assessment (PNA) used demographic, utilization, and health appraisal data along with member input to assess health education, cultural and linguistic, and other member health care needs.



### Key findings include:

- Most of L.A. Care's members continue to be women and children.
- Hispanics/Latinos make up the largest racial/ethnic group (57%), followed by Whites (15%), Blacks/African Americans (11%) and Asians (8%).
- The most frequently spoken languages are English (63%) and Spanish (29%).
- African Americans/Blacks have lower rates for many HEDIS measures than other racial groups including the Comprehensive Diabetes Care and Prenatal/Postpartum measures.
- The most common adult outpatient chronic diagnoses remain consistent with previous PNAs and include diabetes (11%), heart disease (9%) and hypertension (8%).

Based on Health Appraisal data, the self-reported use of tobacco doubled from 7% in 2020 to 15% in 2021. As such, the L.A. Care Health Education unit, in addition to working with Quality Improvement and Pharmacy to reduce the disparity in Blacks/African Americans with diabetes, will strategically focus on decreasing the percent of all members who report using tobacco (cigarettes, pipe/cigar or chewing tobacco).



The L.A. Care **Health Education and Cultural & Linguistic Services Department** offers multiple services and resources to help providers meet their patients' needs and can be reached at **1.855.856.6943** (TTY 711).

# Medi-Cal Redetermination

During the COVID-19 public health emergency (PHE), there has been no negative action (disenrollment) from Medi-Cal based on a beneficiary's change in circumstance (e.g., income eligibility). This continuous enrollment requirement went into effect in an effort to support access to care during the pandemic.

Throughout the PHE, many beneficiaries may have had minimal or no contact with the Department of Public Social Services' (DPSS) offices for an extended period of time, as many have not had to participate in a renewal of eligibility due to the continuous enrollment requirement. There is an inherent risk that eligible individuals may not receive important notices from DPSS due to outdated contact information and subsequently may lose coverage after the PHE and continuous eligibility requirement ends.

Beneficiaries may not be aware that their renewal will occur during the 14 months' post PHE, also known as the unwinding period, or that they may need to complete their renewal of eligibility during the unwinding period to maintain coverage. It is critical that L.A. Care, in partnership with our Providers, conduct extensive outreach to ensure eligible individuals maintain coverage. Providers are encouraged to sign up as a DHCS Coverage Ambassador and join the DHCS Coverage Ambassador mailing list to receive the latest information and updated toolkits with



approved global outreach language (GOL) to support Providers in delivering important messages to Medi-Cal beneficiaries about maintaining their Medi-Cal coverage. To sign up, please visit **Planning For the End of the Continuous Coverage Requirement (ca.gov)**.

Providers can also support redetermination efforts by educating Medi-Cal beneficiaries about upcoming Medi-Cal renewals during their point-of-care visits and the importance of contacting DPSS to update information that may impact their coverage. Additionally, beneficiaries should be encouraged to fill out and return Medi-Cal redetermination paperwork.

## Patient Safety: What Does It Mean to You?

Patient Safety monitoring ensures the protection of welfare for those receiving care. Patient safety monitoring is accomplished through identification and reporting of risks and events from the Potential Quality of Care Issue (PQI) investigation, peer review process and critical incident (CI) review process. The L.A. Care Provider Quality Review (PQR) team collaborates with internal and external

stakeholders to conduct a systematic review of clinical care and to assess care quality and health services received by our members. The PQR team collects medical records, authorizations, and claims to create a comprehensive picture of the patient's health journey.

Hence, the partnerships of PPGs, Providers, and other medical entities are crucial to the review process for Potential Quality Issues (PQIs). Providers are responsible to provide L.A. Care with accurate and timely records for quality review.

L.A. Care providers can access referral forms through **lacare.org/providers/provider-resources/forms-manuals** and notify the PQR team of any potential care issues and critical incident (CI). After receiving a PQI or CI referral, the PQR staff investigate the issue. If a quality concern is substantiated, a Corrective Action Plan (CAP) is required. The CAP enables our Providers to take action, correct the issues, and identify opportunities for improvement.

Patient safety is achievable with collaboration and teamwork. Quality improvement is not a one-time occurrence, it is continuous. The PQR team is grateful for your ongoing cooperation and appreciates your support.





# Vital Signs

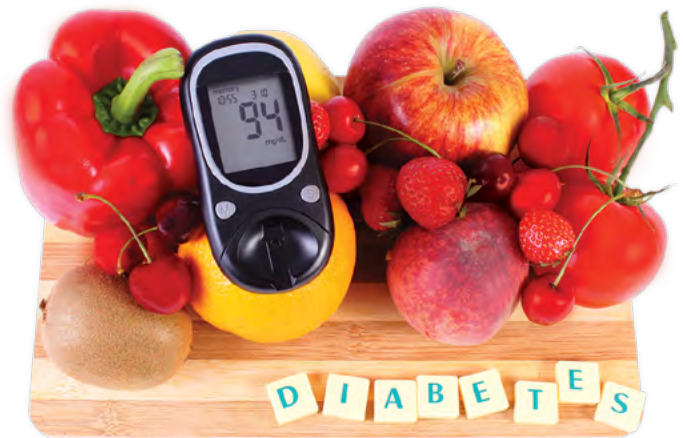
## Diabetes and Cultural Foods Guide for Providers

The L.A. Care **Health Education Department** has created the *Diabetes and Cultural Foods Guide for Providers*. This guide helps health care providers counsel patients of various cultural backgrounds on diabetes, diet, and nutrition. Patients' knowledge about diabetes and diet is influenced by a diverse set of beliefs, family structure, and life experiences – all of which need to be taken into consideration during the office visit. Cultural assumptions may create misconceptions and affect the provider's advice and decision-making.

The four cultural groups included in the *Diabetes and Cultural Foods Guide* are Hispanic/Latino, African American, Middle Eastern, and Asian. The generalized comments in the guide may not apply to all patients in each ethnic group, but it may offer providers additional understanding and strategies to help manage diabetes. To locate the guide please visit the Health Education/Cultural & Linguistic Tools page in the Provider Tools and Toolkits section of L.A. Care's website [www.lacare.org/providers/provider-resources/tools-toolkits/health-education-tools](http://www.lacare.org/providers/provider-resources/tools-toolkits/health-education-tools).

The guidelines are not a substitute for nutritional consultation with a Registered Dietitian. Health Education Department Registered Dietitians are available to provide telephonic nutrition counseling for members upon provider referral. To refer for a nutrition consultation for common

conditions such as Type 2 diabetes, please use the Health Education Referral Form or Medical Nutrition Therapy (MNT) Form also located on the Health Education/Cultural & Linguistic Services Tools page of the L.A. Care website.



## Need Interpretive Services?



L.A. Care offers interpreting services at no cost to you or your patients. Use of trained qualified interpreters leads to increased patient health knowledge, and decreases problems with patient-provider encounters while complying with state and federal regulatory requirements.

For Telephonic Interpreting Services, please call: **1.855.322.4034**. In order to access the telephonic interpreting service to assist L.A. Care limited English proficient patients, dial the number above and have the following information ready:

1. L.A. Care member ID
2. Physician's NPI

If you have questions regarding interpreting services, please call the L.A. Care **Provider Solution Center** at **1.866.522.2736**

## Stay Updated on Pharmacy and Formulary at L.A. Care



The L.A. Care Formulary is a preferred list of covered drugs. It applies to outpatient and self-administered drugs and does not apply to medications used in the inpatient setting or medical offices. L.A. Care Health Plan has an active Pharmacy Quality Oversight Committee comprised of physicians and pharmacists who review and approve the drugs that are included on the Formulary, which is updated monthly. Revisions are based on safety, clinical efficacy, and cost-effectiveness. Updates to the Formulary are available online at [lacare.org](https://www.lacare.org).

### How to Use the Formulary

Medicines on the Formulary are listed in alphabetical order and by class or category. Both brand name and generic medications are covered by L.A. Care. However, FDA approved generics should be used when available. Generics are generally more cost-effective than brand named drugs. A prescriber may request a brand name product in lieu of an approved generic, if the prescriber determines that there is a documented medical need for the brand equivalent. Requests for coverage may be made by completing a Medication Request Form.

Some Formulary medicines require prior authorization. These drugs are listed throughout the Formulary, and on a separate list within it called the “Prior Authorization Drug List”. You can determine if a drug requires a Prior Authorization by referring to the Formulary on the L.A. Care website at [lacare.org](https://www.lacare.org). Some drugs require “Step Therapy” which involves one or more “prerequisite” first step drugs being tried first. Some drugs have “Quantity Limits” which means that coverage is limited to specific quantities per prescription and/or time period.

Any drug not found in the Formulary listing published by L.A. Care Health Plan is considered a non-Formulary drug. A prescriber may request an exception to coverage for a non-Formulary drug if the prescriber determines that there is a documented medical need. Requests for coverage may be made by completing a Medication Request form.





# Vital Signs

## California Right Meds Collaborative



Beginning in January 2020, L.A. Care Health Plan Pharmacy Department partnered with the California Right Meds Collaborative (CRMC), an initiative of the University of Southern California (USC) School of Pharmacy.

The goal is to develop a network of pharmacies that will deliver Comprehensive Medication Management (CMM) services to address the high burden of chronic diseases in underserved areas. Clinical pharmacists provide individualized care plans for each CRMC patient that includes, but is not limited to, medication therapy recommendations, disease state education, and care coordination with providers and various services provided by L.A. Care.

As of September 2022, the L.A. Care CRMC program has expanded to 17 community pharmacies, 20 partnering clinics/primary care providers, and 513 enrolled L.A. Care members with at least one visit with a CRMC Pharmacist. From an analysis done in February 2022, we have seen an average A1c reduction of 3.3% in members with five or more visits, and the average drop in blood pressure for this member population was 34 mmHg systolic blood pressure and 11 mmHg diastolic blood pressure. The following three new cohorts have been added to the existing diabetes cohort:

- **Medication Adherence:** L.A. Care Medicare Plus and L.A. Care *Covered*<sup>™</sup> (LACC) members with at least two medication adherence metrics (diabetes, hypertension, and/or cholesterol), that appear to be non-adherent to their medications.
- **Cardiovascular Disease:** All members that have had two or more recent inpatient admissions with a cardiovascular disease-related primary diagnosis.
- **Behavioral Health:** L.A. Care Medicare Plus and Medi-Cal (MCLA) members with behavioral health conditions (with a focus on schizophrenia, schizoaffective disorder, and bipolar disorder). The goal of this cohort is to provide antipsychotic medication adherence services and assist members on antipsychotic medications who are at risk of developing metabolic conditions (e.g., obesity, hyperlipidemia and diabetes) and other adverse effects that can impair quality of life.

In addition, the L.A. Care provider incentive program, Value Initiative for IPA Performance + Pay-for-Performance (VIIP+P4P), is tied to performance metrics centered on disease states such as hypertension and diabetes. The CRMC program allows pharmacists to work collaboratively with providers to help improve performance metrics that ultimately benefit the patient's health. Having clinical pharmacists as part of the health care team provides additional support to the patient and serves to increase physician availability, access, and satisfaction.

## Medi-Cal Covers Healthy Smiles for Members All Year Long!

It is important to plan ahead, especially when it comes to one's dental health! To our valued provider community, help us maintain healthy smiles all year long, and encourage Medi-Cal members to schedule their family's dental appointments now for the entire year. Members under 21 years old are covered for two checkups per year and members 21 and older are covered for one checkup.

### Services covered by MediCal Dental may include:

Exams and X-rays	Root canal treatments
Cleanings	Scaling and root planing
Fluoride treatments	Periodontal maintenance
Emergency services	Complete and partial dentures
Tooth removal	Denture relines
Fillings and crowns*	Orthodontics (braces) for children who qualify
Molar sealants**	Outpatient services (if medically necessary)

\*Crowns on molars or premolars (back teeth) may be covered in some cases.

\*\*Permanent molar sealants are covered for kids and teens up to age 21.

Encourage members to learn more about the Medi-Cal Dental Program by reading the Medi-Cal Dental Member Handbook. The Handbook explains dental benefits, how the program works, and how to find dental care. Access the Handbook online at [SmileCalifornia.org/members/member-handbook/](https://SmileCalifornia.org/members/member-handbook/), available in 19 languages, including English and Spanish.



### Medi-Cal Member Bulletins and Additional Resources

To ensure that Medi-Cal members know the latest program updates, advise them to check out the Member Bulletins under the Latest News section on [SmileCalifornia.org](https://SmileCalifornia.org) and Últimas noticias section on [SonrieCalifornia.org](https://SonrieCalifornia.org) for the latest program updates. Previous bulletins have featured information about the Medi-Cal eligibility expansion for adults 50 years of age or older, oral health literacy and why it matters, and *Smile, California* Facebook Live Events. Member Bulletins are published monthly in English and Spanish.

If you have questions about Medi-Cal Dental, visit [SmileCalifornia.org](https://SmileCalifornia.org) or call the Provider Telephone Service Center at **1.800.423.0507**.

Visit [SmileCalifornia.org/partners-and-providers/#stayinformed](https://SmileCalifornia.org/partners-and-providers/#stayinformed) to sign-up to receive future *Smile, California* campaign updates and materials



# Vital Signs

## Access the L.A. Care Clinical Practice and Preventive Health Guidelines

L.A. Care systematically reviews and adopts evidence-based Clinical Practice and Preventive Health Guidelines disseminated from peer reviewed sources and organizations like the U.S. Preventive Services Task Force. Guidelines most salient to L.A. Care members include preventive, acute or chronic medical and behavioral health services.

The Bright Futures 2022 Periodicity Schedule developed by the American Academy of Pediatrics contained notable changes:

- Category name changed from Developmental/Behavioral to Developmental/Social/Behavioral/ Mental Health,
- Category name change from Psychosocial/Behavioral to Behavioral/Social/Emotional Screening,
- Name change from Depression Screening to Depression and Suicide Risk Screening beginning at 12 years of age, and
- Risk assessments to be performed with appropriate action if positive for:
  - Hepatitis B Virus Infection beginning at Newborn through 21 years of age
  - Sudden Cardiac Arrest/Death beginning at 11 years of age through 21

Review of the following guidelines will assist you in your practice to provide evidence-based care and stay informed on changes regarding these guidelines. The complete list of Clinical Practice and Preventive Health Guidelines adopted by L.A. Care are available at [lacare.org](https://www.lacare.org) in the

*For Providers* section under *Tools and Toolkits* and *Clinical Practice Guidelines*. Additional resources are available under *Provider Toolkits*, including recommendations during COVID-19. For hard copies, please email [quality@lacare.org](mailto:quality@lacare.org).

### Clinical Practice Guidelines

- Behavioral Health
- Cardiovascular
- Endocrine
- Infectious Diseases
- Pain Management
- Obstetrics and Perinatal Care
- Respiratory
- Musculoskeletal
- Obesity

### Preventive Health Guidelines

- U.S. Preventive Services Task Force (USPSTF) A and B Recommendations
- Recommended Adult, Child and Adolescent Immunization Schedule for ages 18 years or younger (CDC)
- L.A. Care Health Plan. Health Education Tools. Fluoride Varnish Application Video

## A New Mental Health Crisis Support Number



Did you know there is a new number you can provide to members when they are experiencing a mental health emergency?

As of July 16, 2022, individuals experiencing a mental health crisis can dial **988** and be linked to a network of trained counseling professionals for support during a crisis.

If a member requires ongoing mental health services, please refer them to **Beacon Health Options** at **1.877.344.2858** where they will be connected to staff who can provide a referral to a therapist or a psychiatrist.



## Information at Your Fingertips:

### *Valuable Information Available to Providers on the L.A. Care Website*

The L.A. Care website has information about many different topics that might be helpful to you. It provides a useful way to get information about L.A. Care and its processes. Please visit our website at **lacare.org** and click on “For Providers” for the following information:

- Quality Improvement Program, including goals, processes and outcomes related to equitable quality care and services
- Policy encouraging practitioners to freely communicate with patients about their treatment, including medication treatment options, regardless of benefit coverage limitations
- Requirement that practitioners, providers and facilities cooperate with quality improvement activities; provide access to their medical records, to the extent permitted by state and federal law; maintain confidentiality of member information and records, to the extent permitted by state and federal law; and allow L.A. Care to use performance data for activities such as quality improvement activities and public reporting to consumers
- Policy on notification of specialist termination
- Access standards
- Case management services and how to refer patients
- Health education services and how to refer patients
- Coordination of Medicare and Medicaid benefit
- Care services to members with special needs
- Clinical Practice Guidelines
- Preventive Health Guidelines
- Medical record documentation standards; policies regarding confidentiality of medical records; policies for an organized medical recordkeeping system; standards for the availability of medical records at the practice site and performance goals
- Utilization Management Medical Necessity Criteria, including how to obtain or view a copy. UM criteria and UM procedures and processes are available to L.A. Care practitioners, providers, members and their representatives, and the public upon request. To obtain a copy of any L.A. Care UM criteria, UM procedure or UM process, practitioners, providers, members and their representatives, and the public may contact the L.A. Care **Member Services Department** at **1.888.839.9909** or



the L.A. Care **UM Department** at **1.877.431.2273** and ask to speak with the UM Director or UM Manager to make the request.

- Policy prohibiting financial incentives for Utilization Management decision makers
- Instructions on how to contact staff if you have questions about Utilization Management processes and the toll-free number to call
- Instructions for triaging inbound calls specific to Utilization Management cases/issues
- Availability of, and the process for, contacting a peer reviewer to discuss Utilization Management decisions
- Policy on denial notices
- Policy regarding the appeals notification process
- Pharmaceutical management procedures and lists of pharmaceuticals included in the benefit plan and formulary updates
- Policy regarding your rights during the credentialing/recredentialing process, including how to review information and correct erroneous information submitted to support your credentialing application, as well as how to obtain information about the status of your application and how to exercise these rights
- Members' Rights and Responsibilities
- Web-based provider and hospital directory

If you would like hard copies of any of the information available on the website, please contact our Provider Solutions team at **1.866.LA.CARE6 (1.866.522.2736)**.



# Vital Signs

## Nurse Advice Line

L.A. Care offers its members a Nurse Advice Line (NAL) service 24 hours a day, 7 days a week. A team of registered nurses is available to answer any health-related questions. L.A. Care members can access this service by phone or chat live with a nurse using their L.A. Care *Connect* online member account.

As a complement to your service, please encourage your patients to call the NAL for free non-emergency health advice. If your patient is an L.A. Care member or a Medi-Cal member with one of our Plan Partners, they can call the NAL at the numbers listed below:

### **Anthem Blue Cross:**

**1.800.224.0336 TTY 1.800.368.4424**

### **Blue Shield of California Promise Health Plan**

**1.800.609.4166 TTY 1.800.735.2929**

### **L.A. Care Health Plan:**

**1.800.249.3619 TTY 711**



The NAL phone number is also located on the back of the patient's health plan member ID card. Additionally, the NAL phone numbers can be found on the L.A. Care websites: **[lacare.org](https://www.lacare.org)**, **[lacarecovered.org](https://www.lacarecovered.org)**, and **[medicare.lacare.org](https://www.medicare.lacare.org)**.



Progress Notes is a publication of L.A. Care Health Plan for our Medi-Cal and Cal MediConnect provider networks.

If you have questions or comments about topics in this issue, please write to us at [editor@lacare.org](mailto:editor@lacare.org) or call us at **1.866.LA.CARE6 (1.866.522.2736)**.



### IMPORTANT CONTACT NUMBERS

**L.A. Care Compliance Helpline: 1.800.400.4889**  
24 hours a day, 7 days a week

**Provider Solution Center: 1.866.LA.CARE6, 1.866.522.2736**  
(Eligibility & Claims questions only)

**Medical Management: 1.877.431.2273**  
fax **213.438.5777** for authorization requests

**LTSS Department: 1.855.427.1223** for Long-Term Services and Supports

**HCC Outreach Specialist, Betty Garcia: 213.694.1250 x4935**  
fax **213.438.4874** for Annual Wellness Exam (AWE) forms

**Health Education: 1.855.856.6943** for forms and programs

**Nurse Advice Line:**  
L.A. Care – **1.800.249.3619**  
Care1st – **1.800.609.4166**  
Anthem Blue Cross – **1.800.224.0336**

**Beacon Health Options: 1.877.344.2858**  
**(TTY 1.800.735.2929)** for behavioral health services  
24 hours a day, 7 days a week

**L.A. Care Covered™: 1.855.270.2327** (Providers: Option “2”)



**L.A. Care**  
HEALTH PLAN®

**L.A. Care Health Plan**  
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**lacare.org**

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# Progress Notes

A NEWSLETTER FOR OUR PHYSICIAN PARTNERS

# Progress Notes

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## Get the latest from thePULSE

Sign up today for thePULSE, L.A. Care's newsletter created by L.A. Care's Provider Network Management and Marketing departments and emailed exclusively to network providers. Get important updates on incentives, initiatives, HIT and relevant L.A. Care news. Progress Notes is also available electronically. Visit [lacare.org](http://lacare.org) under the "For Providers" section to select the "Newsletter Sign Up" link today!

**News Alert**

## Diabetes and Cultural Foods Guide for Providers

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