

Progress Notes

SUMMER 2022 • VOLUME 17 • ISSUE 3

L.A. Care Supports Legislation to Ensure Funding at Martin Luther King, Jr. Community Hospital

Martin Luther King, Jr. Community Hospital (MLKCH), located in South Los Angeles, was designed to serve 40,000 patients in its emergency department each year, but it cares for more than 100,000. The hospital provides high quality, lifesaving care to one of the most underserved areas in the state. It loses millions of dollars on emergency department visits because 87 percent of the patients are Medi-Cal beneficiaries or uninsured, so reimbursement is not equitable. The equity funding in Assembly Bill 2426 would help make up for the losses.

AB 2426 would require the state's Department of Health Care Services to create a directed payment program in Medi-Cal managed care for outpatient hospital services, with reimbursement that is approximately equal to the hospital's costs for those services. This would ensure that MLKCH has money to recruit doctors and allow it to focus on preventive care and outpatient services that could prevent emergency department visits.



L.A. Care recently sent a letter to Assembly Member Chris Holden, the Chair of the Assembly Appropriations Committee, urging support for AB 2426. The bill was introduced by Assembly Member Chris Gipson and Senator Steven Bradford, both of whom represent communities served by MLKCH. L.A. Care is committed to advancing health equity, and this legislation would be a major step to ensure it in all communities.

Inside:

Provider Access and Availability Survey	2
Resuming the Initial Health Assessment (IHA)	4

Have Your Medi-Cal Patients Seen A Dentist this Year?	6
Stay Updated on Pharmacy and Formulary at L.A. Care.....	8

Provider Access and Availability Survey



L.A. Care will be conducting its annual Provider Appointment Availability and After Hours Timely Access to Care surveys soon. Provider offices will be contacted via fax, email or phone to evaluate patient access to health care providers. These surveys are part of L.A. Care's effort to review and monitor compliance with appointment availability and after-hours accessibility standards. We encourage you to review your current procedures and update any necessary processes to be compliant with the Timely Access to Care Standards, as required by the Department of Managed Health Care.

Appointments must be offered within the timeframes listed below:*

Primary Care Doctors

- Routine appointment (non-urgent): 10 business days
- Urgent appointment (no authorization required): 48 hours

Behavioral Care

- Routine appointment (non-urgent): 15 business days (physicians)
- Routine appointment (non-urgent): 10 business days (non-physicians)
- Urgent appointment: 48 hours
- Life threatening emergency: Immediately
- Non-life threatening emergency: 6 hours
- Emergency Care: Immediate, 24 hours a day, 7 days per week

Specialists

- Routine appointment (non-urgent): 15 business days
- Urgent appointment (requiring prior authorization): 96 hours

After-hours:

- Access - After Hours recording or answering service must state emergency instructions to address medical emergencies
- Access - After Hours recording or answering service must state a way of contacting the provider
- Timeliness - Recording or live person must state that provider will call back within 30 minutes

Note: Providers must be compliant in all three of the After-Hours measures to be considered compliant with the L.A. Care After Hours standards.

** The applicable waiting time for a particular appointment may be extended if the referring or treating health care provider has determined and noted in the patient record that a longer waiting time will not have a detrimental effect on the health of the member.*



Language Assistance Requirements and Best Practices for Patient-Provider Communication

L.A. Care offers no-cost interpreting services for your L.A. Care patients. The use of trained, qualified interpreters not only fulfills state and federal regulatory requirements, it leads to increased patient health knowledge, and improved patient-provider communication. As you continue to deliver quality care to your diverse patient population, here are some reminders on *prohibited language practices*:

- The use of a minor or attending adult to interpret or help facilitate communication, except in the case of medical emergencies involving an imminent threat to the safety or welfare of the limited English proficient (LEP) patient when there is no qualified interpreter available. You must note the emergency in the medical record. A parent cannot give permission for a minor child to interpret in any other circumstance.
- The use of relatives or friends as interpreters, unless specifically requested by a member who has been informed of the right to free interpreting services, or in an emergency involving an imminent threat to the safety or welfare of the LEP patient. You must document in the patient's medical record the circumstances that resulted in the use of an attending adult as an interpreter.
- To ask or require a patient to bring their own interpreter.
- To rely on staff other than qualified bilingual/multilingual staff to communicate directly with LEP patients.
- Delaying the appointment time due to availability of interpreter services.

L.A. Care supports you with access to no-cost telephonic interpreting services, in over 200 languages 7 days a week, 24-hours a day. **Please call 1.855.322.4034 (TTY 711), to connect with an interpreter instantly over the phone.**

To schedule a face-to-face interpreter for medical visits, call the L.A. Care **Member Services** Department at **1.888.839.9909 (TTY 711)**, at least 10-15 business days prior to the appointment.



The L.A. Care language assistance poster, translated in 19 languages, is available on our online portal. Order them for display in your office today: <http://healtheducation.chi.v6.pressero.com/login>



Vital Signs

Resuming the Initial Health Assessment (IHA)

The Department of Health Care Services' (DHCS) temporary suspension of Initial Health Assessment (IHA) requirements was lifted as of September 30, 2021 in accordance with revised All Plan Letter 20-004. DHCS is requiring providers to resume conducting IHAs for all newly enrolled members, as well as those members enrolled during the suspension, and are in need of a complete IHA. A list of members assigned to your medical group or practice for whom an IHA is currently appropriate has been uploaded to the L.A. Care Provider Portal IHA folder at lacare.org/providers/provider-central/la-care-provider-central.

As a reminder, a comprehensive IHA must be completed within 120 days of enrollment for new members of any age. The IHA can be completed either in person or via telehealth and requires:

- a full health history
- needed preventive services
- a physical and mental health status exam
- diagnoses and plan of care
- AND an individual health education behavioral assessment (IHEBA); the Staying Healthy Assessment (SHA) is the IHEBA recommended by DHCS



Documentation of outreach efforts and patient refusal to complete either the IHA or the SHA can be used towards fulfilling the IHA requirement. Even if the 120 days have elapsed, and the IHA has not been done, it is still strongly encouraged.





Discussing the Do's and Don'ts of Healthy Eating

It is no secret that a healthy lifestyle is key to better health, but finding effective ways to address nutrition with patients in a busy practice can be challenging. Here are a few tips that may help:

Do:

- Inform yourself about science based nutrition. Read about plant based eating patterns and the Mediterranean way of eating.
- Request patients agreement to talk about nutrition and discuss how receptive they are to making changes
- Perform a quick assessment to determine what they ate and drank the night before and if it was typical. This will give you an idea of their normal nutritional intake.
- Acknowledge that making changes is not easy, but may be necessary to maintain good health. It is not about “dieting” but a gradual transformation of eating habits.
- Provide practical tips such as decreasing sugar sweetened beverages, increasing fruits and vegetables, eating lean proteins and using healthier fats. Write your “nutrition prescription” down for them to take home.
- Refer members with common health conditions to L.A. Care Registered Dietitians for Medical Nutrition Therapy (MNT) consults. To make a referral please submit via fax the MNT Referral Form located under the Health Education section at <https://www.lacare.org/providers/provider-resources/forms-manuals>.

Don't:

- Use fear or shame tactics
- Expect an overnight total transformation of their lifestyle
- Just hand them a “diet sheet”!
- Forget Registered Dietitians need a treating provider referral to provide Medical Nutrition Therapy consults



Vital Signs

Have Your Medi-Cal Patients Seen A Dentist this Year?

Medi-Cal Covers routine dental check-ups for children and adults!



Oral health is an essential part of overall health and well-being. Poor oral hygiene can lead to dental cavities and gum disease, and has also been linked to heart disease, cancer, and diabetes. Good oral hygiene and regular dental check-ups help keep gums and teeth healthy and strong.



Remind your Medi-Cal patients that:

- ✓ Dental check-ups are free or low-cost
- ✓ Medi-Cal members under age 21 can have a check-up every six months
- ✓ Medi-Cal members over the age of 21 can have a check-up every 12 months
- ✓ If they don't have a dentist or would like more information about their dental benefit, they should visit **SmileCalifornia.org** or **SonrieCalifornia.org** for Spanish speakers, to find a dentist that is accepting new patients in their area

Visit the “**Materials for Medi-Cal Members**” page on the Partners & Providers tab at **SmileCalifornia.org** to view and download oral health resources and information about Medi-Cal Dental covered services for babies, kids, teenagers, adults, seniors, caregivers, and pregnant individuals.



Email **hello@smilecalifornia.org** to sign up to receive future *Smile, California* campaign updates and materials, or if you have any questions. Smile On!

Pediatric Patient Care: Staying On Track with Developmental Milestones

Early identification and intervention for developmental delays are critical to the well-being of young children. Pediatric providers are essential to better health outcomes given their role in the primary care setting.

Pediatricians, and other child health care professionals in California, have worked hard over the past decade to meet the goal of early identification and treatment of children with developmental delays. Despite this effort, only 38% percent of infants and toddlers in the state receive timely developmental screenings. To help increase the number of screenings and interventions, L.A. Care has partnered with Help Me Grow LA – a collaboration between First 5 LA and the Los Angeles County Department of Public Health that partners with health care and other providers to guide families and enhance their child's development and health.



Talking About and Implementing Developmental Screenings

Well-child visits in the first three years of life provide a key opportunity for developmental conversations between medical providers and parents that can:

- Support the child's developmental progress
- Enhance parent-child relationships
- Provide linkages to needed resources
- Strengthen connections between families and pediatric providers

Benefits of Using Standardized Developmental Screening

- When a provider has less experience with child development, a standardized tool helps to identify subtle delays that might be missed through monitoring.
- Even when a provider has extensive experience with recognizing developmental delays, a standardized tool helps to frame conversations with parents about those delays.

To support your efforts in implementing developmental screening and making referrals, visit lacare.org/ChildDevelopment for a toolkit featuring information, guidance and resources that will further help you achieve better outcomes for your youngest patients.



Proposition 56 Supplemental Payment

Don't miss out on supplemental payments for developmental screenings provided in accordance with the American Academy of Pediatrics/Bright Futures guidelines! Learn more at lacare.org/ChildDevelopment.



Vital Signs

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. This type of request 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 shall be 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. This type of request for coverage may be made by completing a Medication Request form.

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 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

Kaiser Permanente:

1.888.576.6225

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 **[calmediconnectla.org](https://www.calmediconnectla.org)**.



Vital Signs

Mental Health Care Available For Your L.A. Care Patients



Behavioral Health Services are a covered benefit for L.A. Care members. Do you encounter members who may benefit from a conversation with a Behavioral Health Professional? If so, L.A. Care offers an easy way to connect members to Behavioral Health Services. Members can contact **Beacon Health Options** at **1.877.344.2858** (TTY **1.800.735.2929**) and they will be connected with a live person who can provide a brief screening, review benefits and provide referrals for the appropriate services needed.

Beacon provides referrals to link members to a licensed therapist, psychiatrist, medication monitoring or even a psychological evaluation. The initial call can be done with the member or simply by providing them with Beacon's contact information.

As a provider, you may already wear many hats and assume different roles and responsibilities when caring for members. When you come across a member who presents with depressive, anxiety or other behavioral health related symptoms, please refer them to Beacon for additional support to address their needs that may make a positive impact on their overall health.

Nutritional Support With



Medically Tailored Meals *Meals As Medicine*

Managing chronic illness with dietary therapy is increasingly difficult for patients experiencing food insecurity and physical limitations. Assistance is provided by access to therapeutic nutrition with home-delivered meals, tailored to their nutritional needs. To qualify a member must be living with advanced congestive heart failure, chronic kidney disease (stages 3-4), or diabetes (with multiple or high doses of medication). Member must also have a history of inpatient stays or Emergency Department visits during the past 12 months.



Eligible L.A. Care Medi-Cal and Cal MediConnect members receive 2 or 3 meals a day for 12 weeks, paired with nutrition education from a health educator or a Registered Dietitian. An extension up to 26 weeks is possible upon review. Refer members by downloading the Community Supports Medically Tailored Meals (CS MTM) referral form at [lacare.org](https://www.lacare.org), and select "Forms and Manuals" under provider resources. Expand "Health Education Forms" and select "CS Medically Tailored Meals Referral Form." For additional program information regarding criteria and exclusions, please contact the L.A. Care Health Education Department at MealsAsMedicine@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 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**
Kaiser – **1.888.576.6225**,
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
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017
lacare.org

©2022 L.A. Care Health Plan, All rights reserved. A public entity serving Los Angeles County.



L.A. Care®



YEARS STRONG

Prsrt Std
U.S. POSTAGE
PAID
Los Angeles, CA
Permit No. 3244

1055 West 7th Street, 10th Floor
Los Angeles, CA 90017
lacare.org
lacarecovered.org

Distribution

- Doctor**
- Office Manager**
- Receptionist**
- Back Office**
- Billing**



Progress Notes

A NEWSLETTER FOR OUR PHYSICIAN PARTNERS

Progress Notes

In this issue

- 01** L.A. Care Supports Legislation to Ensure Funding at Martin Luther King, Jr. Community Hospital
- 03** Language Assistance Requirements and Best Practices for Patient-Provider Communication
- 07** Pediatric Patient Care: Staying On Track with Developmental Milestones
- 10** Nutritional Support With Medically Tailored Meals



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 under the "For Providers" section to select the "Newsletter Sign Up" link today!

News Alert



Resuming the Initial Health Assessment

SEE PAGE 4