

Progress Notes

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L.A. Care Reaches New Mark: 3,000 Primary Care Providers at Meaningful Use With Electronic Health Records

A project of L.A. Care, HITEC-LA helps L.A. County small practices and clinics switch from paper files to electronic records to support better patient care

L.A. Care's HITEC-LA achieved its program goal of helping 3,000 eligible primary care providers reach Meaningful Use with Electronic Health Records, EHRs. Since 2010, HITEC-LA has worked with more than 5,800 L.A. County health care providers. Providers using EHRs can expand the capabilities of their practices, leading to improved clinical quality, lower costs and better patient experience.

"As more providers reach Meaningful Use, we are confident that we are moving the needle for our vulnerable communities," said L.A. Care Health Plan CEO John Baackes. "Ultimately, an improvement in efficiency, care coordination and patient engagement will lead to better health outcomes."

HITEC-LA will continue to offer EHR technical assistance to eligible L.A. County Medi-Cal providers. Recently, HITEC-LA was awarded a three-year \$10.8 million



contract from the California Department of Health Care Services to help more than 2,000 Medi-Cal providers continue Meaningful Use.

Through HITEC-LA, L.A. Care is able to offer safety net providers the same health IT resources available to private providers, which enhances their ability to serve some of the most vulnerable patients in the county.

HITEC-LA belongs to the network of Regional Extension Centers across the country formed under the 2009 Federal Health Information Technology for Economic and Clinical Health (HITECH) Act. In addition to developing Regional Extension Centers, the HITECH Act also created the Medicare and Medicaid EHR Incentive Programs, which provide incentive payments to eligible professionals as they adopt, implement, upgrade or demonstrate Meaningful Use of certified EHR technology.

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L.A. Care
HEALTH PLAN®

Diabetes Prevention Program Forecasts Potential Savings

Health and Human Services (HHS) recently announced that Medicare will expand the Diabetes Prevention Program. Through diet counseling, exercise and weight loss, the program will help Medicare beneficiaries at risk of developing diabetes. According to HHS, participants in the program lost 5 percent of their body weight. The pilot program, administered through the YMCA, was begun in 2011 and nearly 8,000 participants in 45 states, mostly aged 45 to 64, have taken part so far.

Some 30 million Americans have Type 2 adult-onset diabetes, and another 86 million has pre-diabetes in which blood glucose levels are higher than normal, but are not yet at diabetic levels. Diabetes care costs the U.S. \$176 billion in direct medical costs every year. It is estimated that this landmark program will save potentially billions of dollars of health care spending. Medicare estimates that, as a result, the health care cost savings will be \$2,650 per enrollee to the program over a 15-month period.



The expansion will include more wellness programs aimed at preventing diabetes and serve as an attractive model that employers and private insurers can duplicate.

Health Care Coverage Bill for Immigrant Children Passes



In May 2016, Senate Bill 75 took effect, expanding full-scope Medi-Cal health care coverage to approximately 170,000 low-income children under the age of 19. The Department of Health Care Services (DHCS) states that the new bill gives full-scope Medi-Cal to “children under the age of 19”, regardless of immigration status. The new law was applauded by the California Children’s Health Coverage Coalition.

The expansion of Medi-Cal will affect those undocumented children currently enrolled in the limited Emergency Medi-Cal program, and is considered a long-sought victory for child health advocates in California who have worked for years to create a patchwork of various insurance products in order to provide the much-needed coverage.

Medi-Cal Renewal

The annual Medi-Cal renewal (also known as “redetermination”) process has changed. Members that receive renewal forms should read the forms carefully because the requested information may have also changed.



What is auto-renewal?

Auto-renewal is a new process meant to simplify the annual renewal process. If a member qualifies for auto-renewal, they will get a letter confirming enrollment for one more year without having to give more information.

What if a member does not qualify for auto-renewal?

Some people may not qualify for auto-renewal. If a member does not, they will receive a notice to provide additional information within 30 days, such as proof of income.

What if a member receives a termination notice?

If a member receives a termination notice because they did not send the renewal information, it is very important that they complete and return the forms as soon as possible. Members will have 90 days from the termination date to provide the information. If they submit it and are still eligible, they will receive Medi-Cal from the date their Medi-Cal coverage ended.

What if a member has questions about renewal?

If a member has additional questions, they should call the assigned DPSS case worker or DPSS at 1.866.613.3777 for more information. TTY users should call 1.800.660.4026.



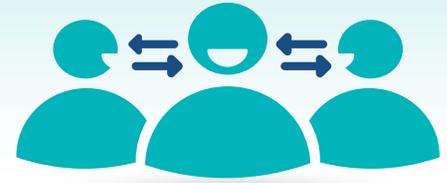
Staying Healthy Assessment

The MMCD Policy Letter 13-001 requires Primary Care Physicians to administer a Staying Healthy Assessment (SHA) with all L.A. Care Medi-Cal and Cal Medi-Connect patients during their Initial Health Assessment (IHA), whenever a child enters a new age category, and every three to five years for adults. For training, forms and resources, visit: lacare.org/providers/provider-resources/staying-healthy-forms



Vital Signs

L.A. Care Health Plan Serves a Diverse Population



Quality health care depends upon good communication between the physician and the patient.

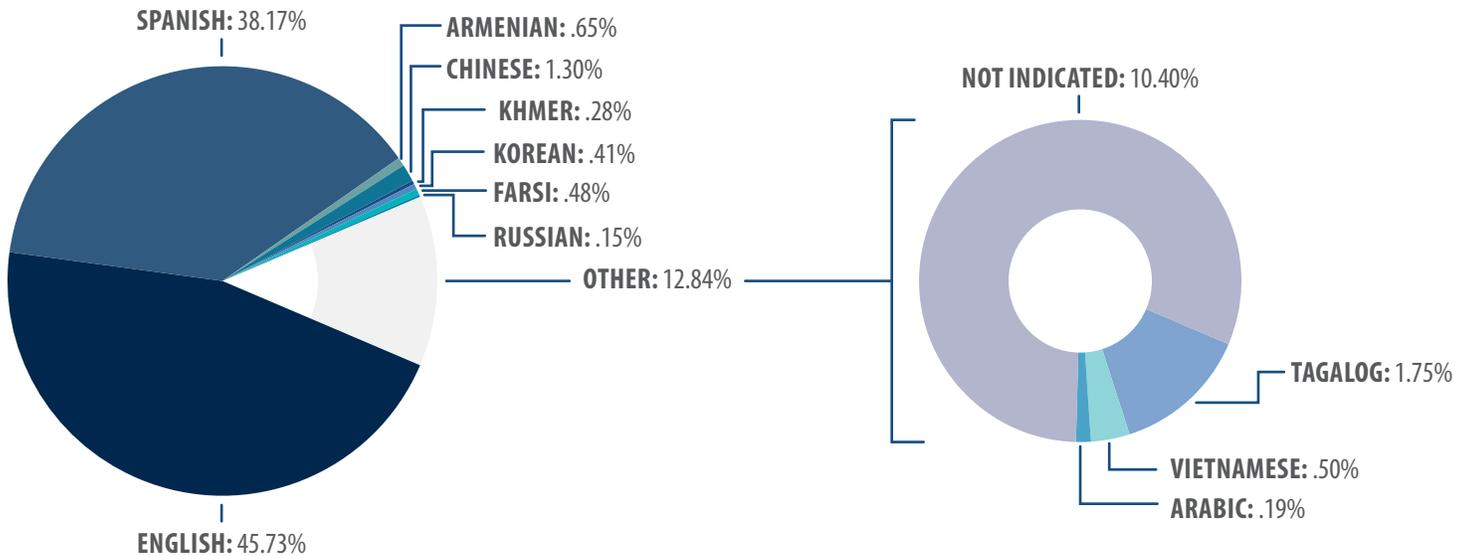
This is especially true for patients whose primary language is not English. Ineffective communication about symptoms and treatment can result in misdiagnosis, inappropriate treatment or medical errors. L.A. Care members speak many languages, as indicated below in the Membership by Language graphs.

As you deliver quality care to your multi-ethnic patient population, remember that family and friends should not serve as interpreters, especially minors. If a patient refuses to use an interpreter, please document this in their medical record. Interpreter request/refusal labels are available at lacare.org. Select the “For Providers” tab and the labels will be found under “Provider Forms.”

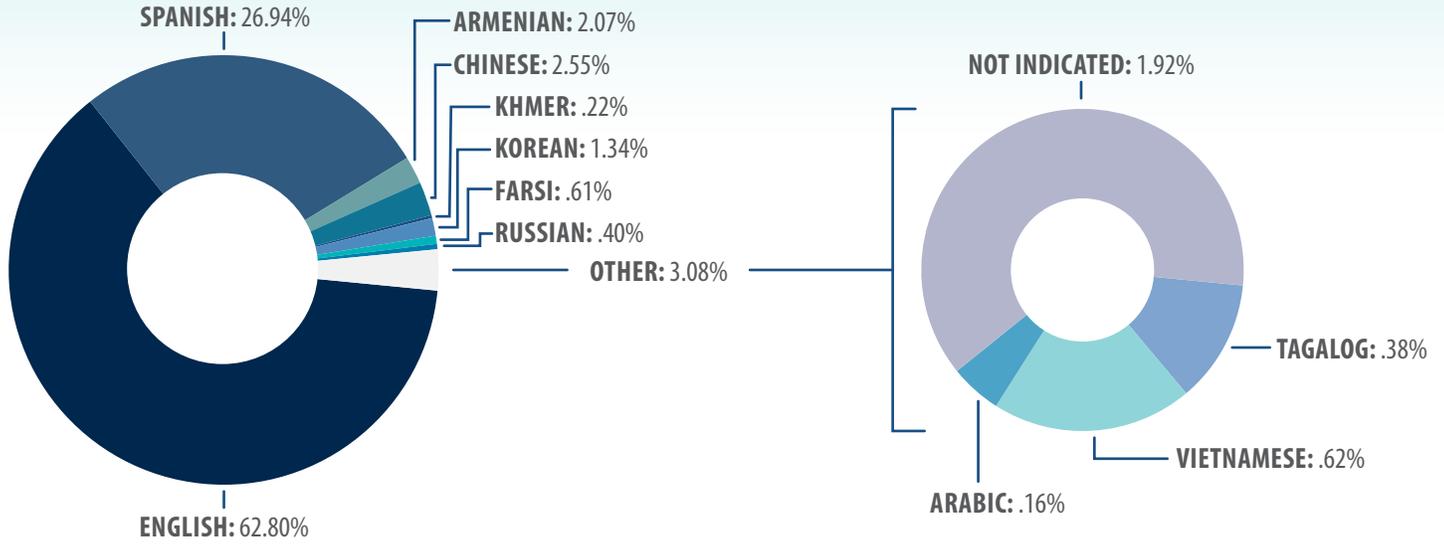
Please review the updated C&L Provider Tool Kit to assist you in serving L.A. Care’s diverse membership. For free in-person interpreting services for members, including American Sign Language, contact Member Services at 1.888.839.9909 at least five business days prior to the patient’s appointment.

Telephonic interpreters are available 24 hours a day for L.A. Care members at 1.888.930.3031.

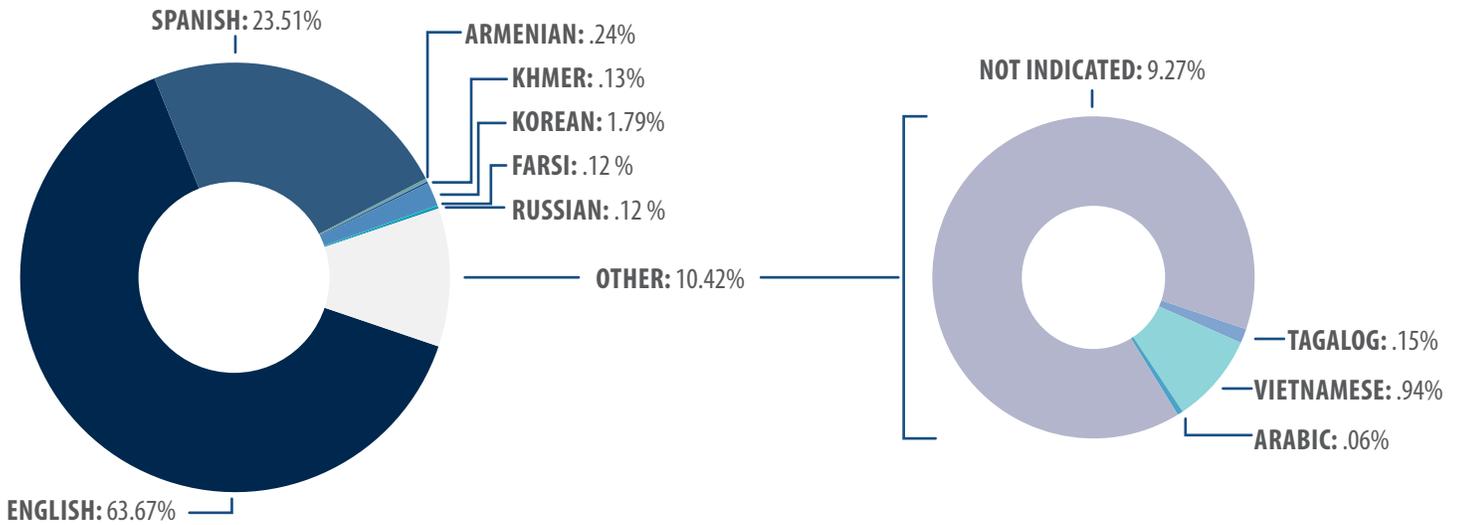
CMC Membership by Language



MCLA Membership by Language



LACC Membership by Language



Patient Adherence Tips

L.A. Care recently conducted member focus groups on preventive care for children. Members shared that they valued their doctor's opinion first, above all others, and were mostly likely to adhere to recommendations that came directly from their physician.

Tips shared for increasing appointment attendance included:

- Scheduling the next well-child appointment at the end of the visit.
- Giving patients a reminder card with the date and time of their next appointment.
- Calling, texting, or mailing a reminder within a few days of the appointment. Members did not prefer one modality over the other.



Vital Signs

Help Your Patients Prevent Medical Fraud and Identity Theft

If your patient reports their ID has been lost or stolen, here are some ways that you can help them protect their health and avoid health care fraud or abuse.

1. Check medical records to make sure they match the patient's condition. Give them a copy of the records if needed.
2. Run a CURES report on the patient to check for controlled substances that you may not have prescribed. Go to <https://cures.doj.ca.gov>.
3. Recommend that patients place a fraud alert with one of the three (3) credit bureaus.
 - a. Equifax – Call 1.888.766.0008
 - b. Experian – Call 1.888.397.3742
 - c. TransUnion – Call 1.800.680.7289

The service is free and will help protect them against future abuse. When calling, the patient should ask for a copy of their credit report and check it closely.



4. Advise your patients to file a complaint with the Federal Trade Commission (FTC). They can do this online by completing the form at identitytheft.gov. The patient will be given an FTC Identity Theft Affidavit which they should print out and save. Patients can also call 1.877.438.4338.

5. Advise the patients to file a report with their local police department.
6. To learn more about how to protect your patients and yourself from identity theft, and what actions victims of identity theft should take, please visit identitytheft.gov.

Introducing My Health In Motion™ Online Health & Wellness Tools for Patients

L.A. Care's *My Health In Motion*™ is an online one-stop shop for health and wellness information and resources for patients. This website offers personalized wellness tools to L.A. Care members, including:



- Meal plans and healthy recipes
- Workout tips and hundreds of educational videos
- One-on-one health coaching with a health educator and/or registered dietitian
- Interactive workshops and easy to use tools for weight management, tobacco cessation, stress management, depression, and many more topics

To access *My Health In Motion*™, members should:

- Go to lacare.org and click “Member Sign-In.”
- Log in to the L.A. Care Connect member portal.
- Click the “*My Health In Motion*” tab.

If you have questions, please contact L.A. Care Health Education staff at 1.855.856.6943.

Clinical Practice and Preventive Health Guidelines Adopted by L.A. Care

L.A. Care systematically reviews and adopts evidence-based Clinical Practice and Preventive Health Guidelines promulgated from peer reviewed sources and from organizations like the National Guideline Clearinghouse and U.S. Preventive Services Task Force. Guidelines for diseases and health conditions identified as most salient to L.A. Care members for the provision of preventive, acute or chronic medical and behavioral health services are regularly reviewed by L.A. Care's Joint 'Performance Improvement Collaborative Committee' and 'Physician Quality Committee' to help improve the delivery of health care services to members. Guideline focus areas include the following:

Clinical Practice Guideline Focus Areas	Preventive Health Guideline Focus Areas
<ul style="list-style-type: none">• Behavioral Health• Cardiovascular• Endocrine• Infectious Diseases• Otitis Media• Pain• Perinatal Care• Respiratory	<ul style="list-style-type: none">• U.S. Preventive Services Task Force<ul style="list-style-type: none">◦ A and B Grade recommendations◦ Recommendations for Children and Adolescents• Immunization Schedules for Children, Adolescents, and Adults as recommended by the Advisory Committee on Immunization Practices• Recommendations for Preventive Pediatric Health Care from the American Academy of Pediatrics• Child Health and Disability Prevention Periodicity Schedule from DHCS

The most current list of Clinical Practice and Preventive Health Guidelines adopted by L.A. Care is available for download from the link below.



For hard copies, please call Provider Relations at 1.213.694.1250, ext. 4719.



<http://www.lacare.org/providers/provider-resources/clinical-practice-guidelines>

Antelope Valley Providers Support L.A. Care Members

L.A. Care now partners with medical groups and community clinics throughout the Antelope Valley. These groups and clinics provide our Antelope Valley members local, easy access to health care and ensure that they meet members' needs by:

- Helping patients make informed decisions about care
- Assessing patients' needs, establishing and following through on care goals
- Supporting patients who have chronic health conditions
- Providing preventive services such as flu shots, cancer screenings, dietary counseling and mental health support
- Making patient appointment reminder calls
- Following up by phone after primary care physician visits
- Learning about the community and showing cultural sensitivity to patients
- Remaining accountable and responsible to the community
- Helping uninsured individuals who need care
- Treating each person with dignity and respect

The L.A. Care Community Outreach and Engagement Department holds advisory council meetings throughout L.A. County, including Antelope Valley. These councils — comprised of L.A. Care members, advocates, providers and community based organizations — address issues related to community and health care delivery. If you would like to join one of the 15 councils, please let us know. Call 1.888.522.2732 to learn more.





Member's Rights and Responsibilities

Members have a right to...

Respectful and courteous treatment.

- Members have the right to be treated with respect and courtesy by their health plan's providers and staff.
- Members have the right to be free from consequences of any kind when making decisions about their care.

Privacy and confidentiality.

- Members have the right to have a private relationship with their provider and to have their medical record kept confidential.
- Members also have the right to receive a copy of and request corrections to their medical record.
- If the member is a minor, they have the right to certain services that do not need their parents' approval.

Choice and involvement in their care.

- Members have the right to receive information about their health plan, its services, its doctors and other providers.
- Members also have the right to get appointments within a reasonable amount of time.
- Members have the right to talk with their doctor about all treatment options for their condition, regardless of the cost, and to participate in making decisions about their care.
- Members have the right to say "no" to treatment, and the right to a second opinion.
- Members have the right to decide how they want to be cared for in case of a life-threatening illness or injury.

Receive timely customer service.

- Members have the right to wait no more than 10 minutes to speak to a customer service representative during L.A. Care's normal business hours.

Voice their concerns.

- Members have the right to complain about L.A. Care, the health plans and providers we work with, or the care they get without fear of losing their benefits.
- L.A. Care will help members with the process. If members don't agree with a decision, members have the right to appeal, which is to ask for a review of the decision.
- Members have the right to disenroll from their health plan whenever they want.
- Medi-Cal members have the right to request a State Fair Hearing.

Service outside of their health plan's provider network.

- Members have the right to receive emergency or urgent services, as well as family planning and sexually transmitted disease services, outside of their health plan's network.
- Members have the right to receive emergency treatment as follows:
 - **Medi-Cal and CalMediConnect members:** Emergency care services are covered at all times anywhere in the United States, Mexico, and Canada. For Medicare-covered services, emergency is NOT covered outside of the United States and its territories. For Medicare-covered emergency care provided outside of the United States and its territories that are not covered by Medi-Cal, the member may receive a bill from the provider.
 - **PASC-SEIU and Healthy Kids members:** Emergency care services are covered 24 hours a day, 7 days a week, anywhere.

Service and information in their language.

Members have the right to request an interpreter at no charge. Members have the right to get all member information in their language or in another format (such as audio or large print).

Know their rights.

- Members have the right to receive information about their rights and responsibilities.
 - Members have the right to make recommendations about these rights and responsibilities.
-



Members of L.A. Care have the responsibility to...

Act courteously and respectfully.

- Members are responsible for treating their doctor, all providers, and staff with courtesy and respect.
- Members are responsible for being on time for their visits or calling the doctor's office at least 24 hours before the visit to cancel or reschedule.

Give up-to-date, accurate and complete information.

- Members are responsible for giving correct information to all providers and to L.A. Care.
- Members are responsible for getting regular checkups and telling the doctor about health problems before they become serious.

Follow their doctor's advice and take part in their care.

- Members are responsible for talking over their health care needs with their doctor, developing and following the treatment plans they and their doctor agree on.

Use the Emergency Room only in an emergency.

- Members are responsible for using the emergency room in cases of an emergency or as directed by their doctor.

Report wrongdoing.

- Members are responsible for reporting health care fraud or wrongdoing to L.A. Care.
- Members can do this without giving their name by calling the L.A. Care Compliance Helpline toll free at 1.800.400.4889, going to lacare.ethicspoint.com, or calling the California Department of Health Care Services (DHCS) Medi-Cal Fraud and Abuse Hotline toll-free at 1.800.822.6222.

Facts on Chronic Opioid Use

Overuse of prescription opioid medication has become one of the fastest growing public health concerns in the United States in recent years. The Center for Disease Control (CDC) has provided an estimate of 20% of patients with non-cancer related chronic pain receiving opioids for long-term use. In 2012, there were 259 million prescriptions for opioids written in the United States, enough for every adult in the United States to have a bottle of tablets.



Potential misuse and future dependence is associated with chronic opioid use. Increased doses of opioids are associated with higher risk of abuse, overdose and death. In Los Angeles County, the number of opioid related emergency room visits and hospitalizations increased as the number of opioid prescriptions increased.

It is unclear if the use of opioids for chronic pain management is beneficial. There is mounting evidence of safety concern with their use for chronic pain. In March 2016, the CDC released guidelines and recommendations for opioid prescribing which include:

- Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain.
 - Consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient.
 - When opioids are used, combine with non-pharmacologic therapy and non-opioid pharmacologic therapy, as appropriate.
- Before initiating opioid therapy for chronic pain,
 - establish treatment goals, including realistic goals for pain and function.
 - evaluate risk factors for opioid-related harms.
 - discuss with patients known risks and realistic benefits of opioid therapy.
 - use urine drug testing to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.
 - review the patient's history of controlled substance prescriptions by using CURES.
 - avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.
- During opioid for chronic pain therapy,
 - prescribe the lowest effective dosage.
 - continue to discuss with patients the known risks and realistic benefits of opioid therapy.
 - evaluate benefits and risks with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation.
 - use annual urine drug testing to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.
 - review the patient's history of controlled substance prescriptions by using CURES.
- When prescribing for acute pain, three days or less will often be sufficient; more than seven days will rarely be needed.

Help Your Patients Quit Smoking

The California Smokers' Helpline now allows providers to refer patients electronically. In addition to calling the Helpline directly at 1.800.NO.BUTTS, providers may utilize one of the two new referral methods:

- 1. Web-Based Referral:** It is a quick and easy online method for referring patients to the Helpline. Providers may request a report summarizing the aggregate number of participants referred, reached, not reached, counseled, received materials, or who refused service. Visit <http://tinyurl.com/hj3gx33> to enroll.
- 2. Electronic Referral:** For providers who utilize Electronic Health Records (EHRs), the Helpline can set up an interface so referrals are received electronically and individual level referral data is sent back to the health professional. For more information, call 1.858.300.1010.



Nurse Advice Line Service

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

As a complement to your service, please encourage your L.A. Care patients to call the NAL for free health advice. The NAL is located on the back of the member's health plan ID card and can also be found on the L.A. Care websites: lacare.org, lacarecovered.org, and calmediconnect.org.

The phone number for your patient's health plan Nurse Advice Line is on the back of their member I.D. card. Here are the numbers:

Anthem Blue Cross:
1.800.224.0336
(TTY/TDD 1.800.368.4424)

Care1st Health Plan:
1.800.609.4166
(TTY/TDD 1.800.735.2929)

Kaiser Permanente:
1.888.576.6225

L.A. Care Health Plan:
1.800.249.3619
(TTY/TDD 711)



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

If you have any 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 Services:** 1.866.LA.CARE6, 1.866.522.2736 (Eligibility & Claims questions only)
- **Provider Relations:** 1.213.694.1250 x4719
- **Utilization Management:** phone 1.877.431.2273, fax 1.213.438.5777 for authorization requests
- **LTSS Department:** 1.855.427.1223 for Long-Term Services and Supports
- **HCC Outreach Specialist, Betty Garcia:** 1.213.694.1250 x4935, fax 1.213.438.4874 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 – 1.888.576.6255, Care1st – 1.800.609.4166, Anthem Blue Cross – 1.800.224.0336
- **Beacon Health Strategies:** 1.877.344.2858 (TTY/TDD 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")



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L.A. Care
HEALTH PLAN
For a Healthy Life

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Progress Notes

A NEWSLETTER FOR OUR PHYSICIAN PARTNERS

Progress Notes

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News Alert



Facts on Chronic Opioid Use

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