

Progress Notes

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Initial Health and Staying Healthy Assessments: They Go Together

Some things are just better together, like peanut butter and jelly or spaghetti and meatballs. The same is true for the Initial Health Assessment (IHA) and the Staying Healthy Assessment (SHA). The IHA is a comprehensive assessment that must be completed within 120 calendar days of enrollment for new members. It enables the primary care physician to assess and manage the member's acute, chronic, and preventive health needs. The following are **required components** of the IHA:

- Comprehensive history
- Preventive services
- Comprehensive physical and mental health status exam
- Diagnoses and plan of care
- **Individual health education behavioral assessment (IHEBA)**

The SHA is the IHEBA developed and recommended by the Department of Health Care Services (DHCS). It assists providers in easily identifying behaviors that put patients at risk for preventable chronic conditions. The

SHA is available in nine age categories and 11 Los Angeles County threshold languages. It also helps providers prioritize member needs and initiates discussion and follow-up.

It is not enough to administer the SHA solely during an IHA. The SHA must be **reviewed and updated annually** by the provider during well visits and subsequently re-administered as the patient enters a new age category. The SHA for adults and seniors must be re-administered a minimum of every 3 to 5 years. Providers are highly encouraged to administer the adolescent and senior SHA annually because behavioral risk factors change frequently during these years.

L.A. Care offers the SHA as writable PDFs for easy insertion into electronic medical records. SHA questions may also be manually entered or scanned and inserted into the EMR. Please complete and submit the Electronic SHA Notification Form if you plan to use the SHA electronically.



If you have not already done so, please watch the required SHA training video posted on L.A. Care's website. Upon completion, send a notification email to healtheducation@lacare.org so that we can keep track of your compliance. Include the names of individuals who viewed the training, provider office, address, phone number and date.

Visit L.A. Care's website for all your SHA needs at www.lacare.org/providers/provider-resources/staying-healthy-forms.

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L.A. Care
HEALTH PLAN®

Affordable Care Act in California: Making Significant Strides

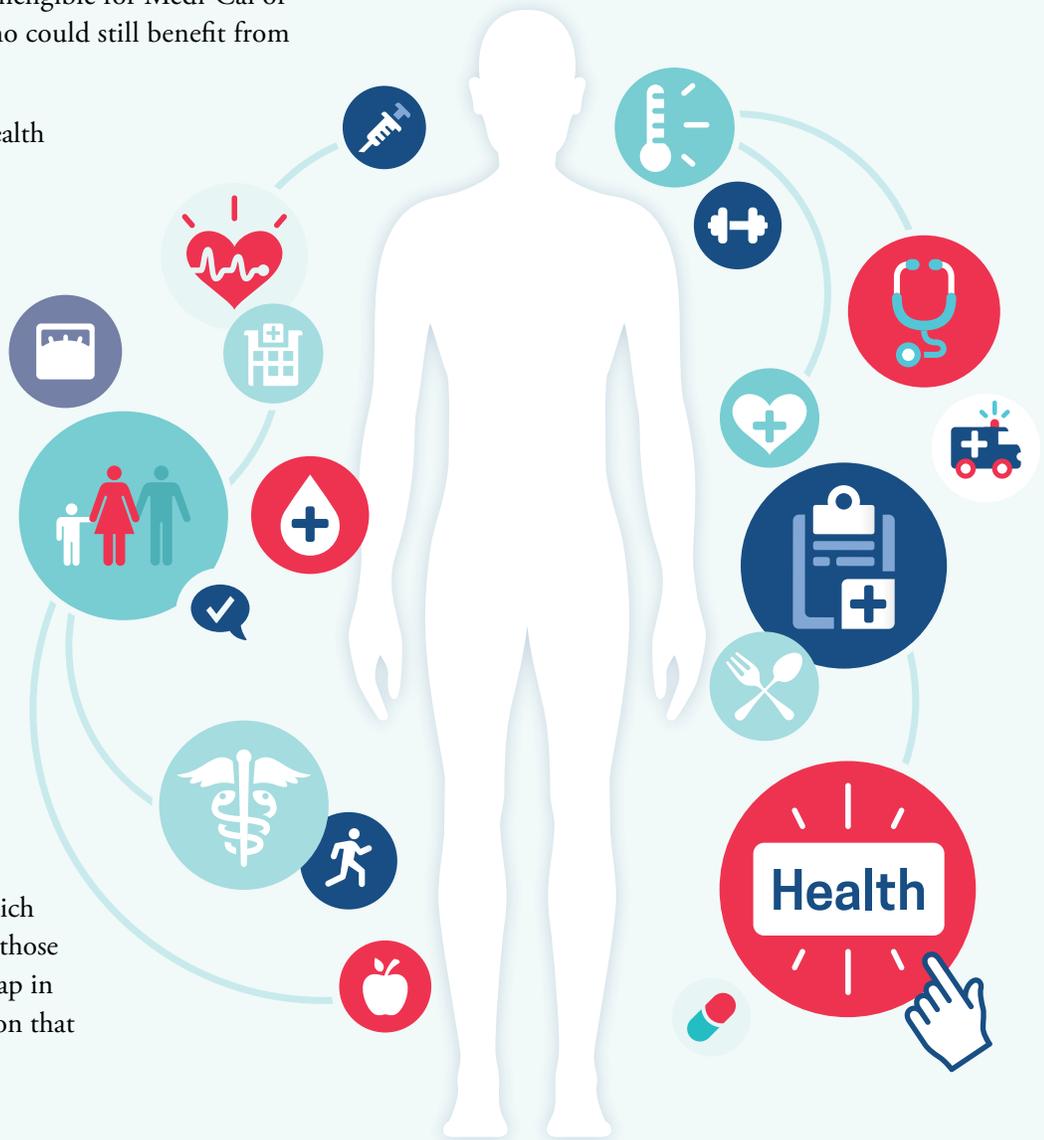
Three years after the Affordable Care Act's (ACA) coverage expansion was fully implemented in California, nearly three quarters (72%) of the state's previously uninsured residents now have health coverage, according to the Kaiser Family Foundation. One in three recently insured residents are covered through Medi-Cal, and one in ten through Covered California.

Of the remaining 27% uninsured Californians, 10% are thought to be undocumented immigrants, thus ineligible for Medi-Cal or Covered California. That leaves 17% who could still benefit from health care coverage.

According to the U.S. Department of Health and Human Services statistics:

- ▶ **Over 1.4 million** California consumers selected or were automatically re-enrolled in health insurance coverage through the Marketplace.
- ▶ **Ninety percent** of California consumers who were signed up qualified for a tax credit through the Marketplace.
- ▶ The uninsured rate in California decreased from **21.6%** in 2013 to **15.3%** in 2014.

Significant health care strides have been made with the ACA implementation, which has made access easier and affordable for those previously uninsured. Yet there is still a gap in coverage for a percentage of the population that still needs to be addressed.



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. General focus areas include:



Guideline Focus Areas

Clinical Practice

- Behavioral Health
- Cardiovascular
- Endocrine
- Infectious Diseases
- Otitis Media
- Pain
- Perinatal Care
- Respiratory

Preventive Health

- U.S. Preventive Services Task Force A and B Grade Recommendations, and 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
- The 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:

lacare.org/providers/provider-resources/clinical-practice-guidelines

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

Information at Your Fingertips: Available to Providers on L.A. Care's Website

L.A. Care's 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 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; maintain confidentiality of member information and records; 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
- Disease Management Program information 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, including ADHD and depression
- 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
- 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 Relations team at 1.213.694.1250, ext. 4719. 1.866.LA.CARE6 (1.866.522.2736).

Community-Based Adult Services

The Community-Based Adult Services (CBAS) program consists of centers where members can go during the day for help with their daily needs.

- L.A. Care is contracted with nearly 150 CBAS centers and serves about 6,500 members throughout L.A. County
- Goal is to delay the placement of individuals into nursing homes or more costly care settings
- CBAS centers may also decrease caregiver burnout

According to the California Department of Aging (CDA), the CBAS program stresses partnership with the participant, the family and/or caregiver, the *primary care physician*, and the community to maintain personal independence. Each center has a team of health care professionals who do an assessment of potential participants to identify and plan services to meet specific health and social needs.

Core Services:

- Professional nursing and medication management
- Therapeutic activities
- Social and/or personal care services
- One meal per day

Additional Services:

- Physical, occupational or speech therapy
- Mental health/psychiatric services
- Registered dietician services
- Transportation (to/from center to member residence)



Who Is Eligible for CBAS?

CBAS services may be provided to Medi-Cal beneficiaries over 18 years of age who:

- Meet nursing facility A or B requirements
- Have organic/acquired or traumatic brain injury and/or chronic mental health conditions
- Have Alzheimer's disease or other dementia
- Have mild cognitive impairment
- Have a developmental disability



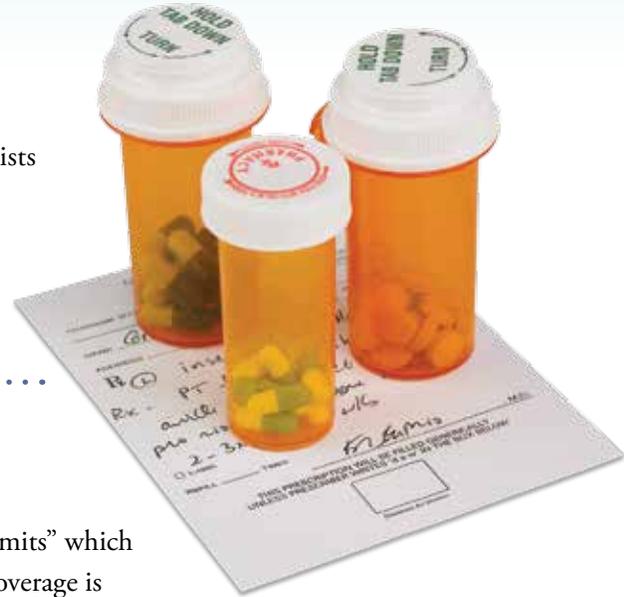
If you have a patient who can benefit from the CBAS program, please fax the Managed Long-Term Support Services (MLTSS) Referral form to 1.213.438.4866. The form can be found on the Provider Portal or call 1.855.427.1223 for more information.



Vital Signs

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

The L.A. Care Formulary is a preferred list of covered drugs and applies to outpatient and self-administered drugs. It 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.**



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 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 medications require prior authorization. These drugs are listed throughout the Formulary, and on a separate list 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. Some drugs require “Step Therapy” which involves one or more “prerequisite” drugs to be 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 published by L.A. Care shall be considered a non-Formulary drug. A prescriber may request an exception to coverage for a non-Formulary drug if there is a documented medical need. This type of request for coverage may be made by completing a Medication Request Form.

Stay up-to-date with the Pharmacy and Formulary listings, updates, procedures and other management methods to which your prescribing decisions are subject, by referring to L.A. Care’s Formulary information on our website at lacare.org.

Check out L.A. Care Quality Tools

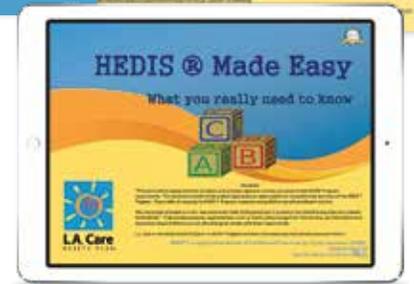
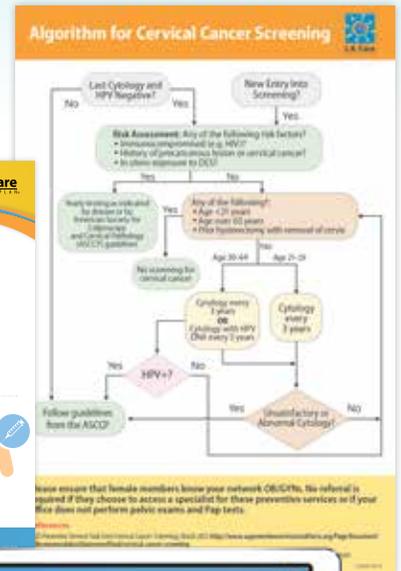
L.A. Care has created tools to assist your practice in providing quality care. Use these tools to improve your HEDIS scores and increase your P4P payout.

Here are some of the tools available:

- Childhood Immunization Tip Sheet
- Cervical Cancer Screening Algorithm & Location Form
- HEDIS Made Easy
- Appropriate Use of Antibiotics Toolkit
- Quality Improvement Webinar slides + recording



You can access these tools at lacare.org/providers/provider-resources. If you have questions or would like more information, please email quality@lacare.org.



Video Remote Interpreting for American Sign Language Is Now Available!

Did you know that video remote interpreting (VRI) is now available for your L.A. Care patients who use American Sign Language (ASL)? This brand-new tool is available for deaf and hard of hearing members at the L.A. Care Visitor Center.

Your patients can now talk to us in person to get their questions answered. VRI will help guarantee that an interpreter is available as needed for good communication.

Patients can get video remote interpreting in three easy steps:

- 1 Stop by the L.A. Care Visitor Center. It is in the lobby reception area.
- 2 Present their “I Speak ASL” card or let us know that they use ASL.
- 3 Get connected. An L.A. Care representative will answer your patient’s questions with the help of an interpreter connected through video. It’s that simple.

The L.A. Care Visitor Center is located at 1055 W. 7th St., Los Angeles, CA 90017. It is open Monday through Friday, 8 a.m. - 5 p.m.



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 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 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 www.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.

Best Practices for Providing Quality Care to a Diverse Patient Population

Bilingual physicians, practitioners and staff serve an invaluable role in providing meaningful health care services to patients with limited English proficiency. It is important to identify the language proficiency of bilingual staff prior to them assisting patients with interpretation. To make this process easier, physicians can download an Employee Language Self-Assessment tool from L.A. Care's website, at lacare.org/providers/provider-resources/provider-tool-kits.

Here are some additional best practices for providing culturally appropriate care to members from diverse communities:

- Identify members' preferred language and record it in their medical record.
- Document request or refusal of interpreting services.
- Avoid using family members as interpreters, especially minors, except in emergency situations. L.A. Care provides no-cost in-person and telephonic interpreting services for L.A. Care members. To request interpreting services, please call Member Services at 1.888.839.9909 (TTY 711).

No-cost interpreting services are only one way L.A. Care helps you provide the best care to your patients. We also offer free educational training sessions on topics such as cultural competency, regulations about language assistance services, and the importance of using qualified interpreters.

Please contact CLStrainings@lacare.org to schedule a training, for more information or to request any of the following helpful materials:

- **Telephonic interpreting card:** Provides instructions on how your L.A. Care patients can access telephonic interpreting services
- **Language poster:** Contains instructions on how to access free interpreting services for L.A. Care patients
- **Provider toolkit:** Includes ICE Employee Language Skills Self-Assessment Tool

Community services are also available. Please visit healthycity.org for up-to-date information on local community resources.



Preventing 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 your 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.



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 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")



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 phone at 1.800.249.3619 (TTY 711) 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 1.800.368.4424

Care1st Health Plan:
1.800.609.4166
TTY 1.800.735.2929

Kaiser Permanente:
1.888.576.6225

L.A. Care Health Plan:
1.800.249.3619 TTY 711



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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

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News Alert



Best Practices in Quality Care in Diverse Populations

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