



progress notes

A Newsletter for Our Physician Partners

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L.A. Care
HEALTH PLAN®

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Medicaid: Celebrating 50 Years

Medicaid – Medi-Cal, in California – is a lifeline for people who otherwise lack coverage for their health care needs. Many of us know what this can be like. People lose their jobs. Parents of children with disabilities struggle to care for them. Mothers seek care to ensure their kids stay healthy and thrive with vaccinations and wellness visits. Seniors and their families face the need for, and cost of, long-term services and support. In fact, nearly two-thirds of Americans have either benefited directly from Medicaid or have a family member or friend who has.

At the end of July 2015, the nation celebrated the fact that 50 years ago President Lyndon B. Johnson signed Medicaid into law. A lot has changed since 1965. Back then, there were 190 million people in the United States compared with 320 million today. Neither AIDS nor hepatitis C existed. There was no promise of stem cell research, and genetic testing was only a dream. There was no such thing as personalized medicine. Tobacco had only just been declared a hazard. There was no Internet to use as a source of information about health. In fact, much has also changed in the way we get our



health care and the way Medicaid works. Today, there are treatments we never imagined and the ability to change lives by providing care at home.

Turning 50 is a great time to take stock and assess. What has Medicaid come to mean after half a century and how has it impacted the families it serves? To start, Medicaid is a part of many people's lives. It pays for the delivery of half of all babies born in this country. It fills the gaps in health coverage that frequently occur in people's lives and helps them transition through life events that would otherwise leave them uninsured. In Los Angeles County, Medi-Cal provides health care to nearly 2.7 million residents from all walks of life.

Critics like to paint Medicaid as a pathway to lifelong dependence on government-run health care. But this is the reality:

- The average adult with Medicaid spends only a portion of any given year enrolled in the program.
- Children with Medicaid coverage live healthier and more productive lives as adults than similarly disadvantaged children without access to the program.
- The majority of adults with Medicaid are employed and pay taxes, but work in low-wage jobs for small firms or service industries that typically don't offer health insurance.
- Medicaid is there for the disabled, seniors and their families; two-thirds of Medicaid's budget goes to support these most vulnerable citizens.
- One in five people with Medicare also rely on Medicaid to cover the things Medicare doesn't, such as nursing home care, and dental and vision care.

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Clinical Practice and Preventive Health Guidelines

For Your Practice!

Evidence-based research provides the basis for clinical practice and preventive health guidelines as recommended by organizations like the National Guideline Clearinghouse and U.S. Preventive Services Task Force. These guidelines are regularly reviewed by L.A. Care's Joint Performance Improvement Collaborative Committee (PICC) and Physician Quality Committee (PQC) to help improve the delivery of primary and preventive health care services to our members.

New! Guidelines for 2015 include:

- Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents
- Management of Acute Liver Failure
- Management of Chronic Kidney Disease
- Standards of Care for the Health of Transsexual, Transgender, and Gender Non-conforming People
- Guidelines for the Use of Medications in the Treatment of Addiction Involving Opioid Use

See the resources section below for details on where to download the complete list of clinical practice and preventive health guidelines adopted by L.A. Care.



For Your Patients!

L.A. Care regularly updates the “Stay Healthy” Preventive Health Guidelines which are mailed direct to members. These guidelines are intended to educate members about the different preventive health care services available. The guidelines also help members keep track of the dates services are rendered. Our ‘Stay Healthy’ Preventive Health Guidelines posters are mailed direct to providers and may be displayed in patient areas like exam and waiting rooms. The posters aim to reinforce and remind members of the preventive health services they may need.

See the resources section below for details on how to obtain additional copies of the ‘Stay Healthy’ guidelines and posters for members.



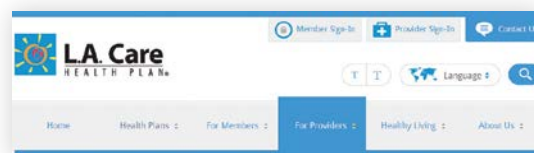
Resources from lacare.org

The complete list of clinical practice and preventive health guidelines adopted by L.A. Care, and the latest preventive health education materials for members, are available for download from our website at:

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

You may also order additional hard copies of the ‘Stay Healthy’ Preventive Health Guidelines and posters for members by visiting:

lacare.org/providers/provider-resources/health-education-tools



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Medicaid: Celebrating 50 Years

Medicaid does more than just pay the bills. It is also a model of efficiency and has been a remarkable source of innovation in American health care. Faced with a system that frequently institutionalized people with disabilities, state Medicaid directors developed a model of home and community-based care that makes independent living possible. It serves as a model for the nation's health care system.

Coverage for an adult costs an average of \$5,671 a year, 20 percent less than the cost of private coverage. Throughout its history, Medicaid has given states enormous flexibility in whom they cover, what benefits they provide, and how they

deliver health care services. Today, more than half of all people with Medicaid are enrolled in a managed care plan. Through federal waivers, states can experiment with new approaches that often lead to changes adopted by the entire country. In the past 50 years, every state has been granted at least one such waiver, and most have had many approved.

Debates about health care will never end. But in the past half century, Medicaid has proved its worth to the people it serves – and to taxpayers. Over the next 50 years, Medicaid will continue to evolve to remain that lifeline that, one day, many of us might need.

ICD-10 Codes Set to Become Mandatory for Medicare Billing

The Center for Medicare and Medicaid Services (CMS) confirmed on July 15 that it will enforce an Oct. 1, 2015 deadline for health care providers to use new ICD-10 codes. In its July statement, the CMS said providers will not be able to successfully bill for their services unless they use the new codes.

CMS noted: “The Medicare claims processing systems will not have the capability to accept ICD-9 codes for dates of service after September 30, 2015 or accept claims that contain both ICD-9 and ICD-10 codes.”

There is one small compromise in the overall deadline. CMS has also stated that it will not deny claims for minor errors in Medicare billing. For example, the agency will accept mistakes regarding the specificity of the ICD-10 code, as long as the codes used by the billing organization came from the right group.

This compromise was agreed upon at the urging of the American Medical Association, which had lobbied for another one-year delay in implementation. With the new compromise billing provision, the AMA dropped its previous demand for a deadline postponement.

In addition, CMS said it will not penalize physicians for minor errors when they make reports under the Physician Quality Reporting System or the meaningful use program as long as the provider uses a code from the appropriate family. CMS has also authorized advance payments to physicians if Medicare contractors can't process claims due to problems related to ICD-10.

The ICD-9 codes, first developed in the early 1990s, contain 13,000 separate codes, while ICD-10 has more than 68,000 possible codes. The ICD-9 codes



are between three and five digits while the new ICD-10 codes are between three and seven digits, amounting to a potential 40 percent increase in keystroke volume for those inputting codes. However, many specialist physicians use only a small subset of codes on a regular basis.

The ICD-10 codes were first adopted by the United Kingdom in 1995 and by most European countries a few years later. The CMS first proposed making them mandatory in January 2009, but the AMA and other physician groups successfully battled for several deadline postponements. By accepting the latest compromise, the AMA has signaled its acceptance of the Oct. 1, 2015 deadline as final.

The World Health Organization no longer supports ICD-9, making ICD-10 implementation long overdue for the United States. ICD-10 currently is the international standard for reporting and monitoring disease and mortality across the globe. The discrepancy in coding system makes it difficult to quantify worldwide statistics on cases of pandemics and other world health issues.

All codes in ICD-10 begin with a letter and every letter is used with the exception of “U.” The majority of the 3-digit diagnostic code categories are composed of a letter followed by two numbers, yet there are some exceptions such as code M1a, the code for chronic gout.

Because the ICD-10 codes are longer, they allow for a greater level of specificity. They include thousands of new codes that seem to cover any medical injury possible.

The CMS and other health policy organizations cite many benefits that will accrue from the nationwide use of the new ICD-10 codes. They report that the increased specificity of ICD-10 will contribute to improvements in quality measurement, health research, population health management and risk management. Also, the CMS has noted that ICD-10 contains more codes for signs and symptoms and is better designed for use in ambulatory encounters when definitive diagnoses are often not yet known.

Writable Staying Healthy Assessment (SHA)



Updated Staying Healthy Assessment (SHA) tools are now available in writable PDF format on L.A. Care's website at lacare.org/providers/provider-resources/staying-healthy-forms. Writable PDFs allow the use of SHA in an electronic format for easy inclusion into an EMR. Providers wishing to implement the SHA electronically must complete and submit the SHA Electronic Notification Form located on L.A. Care's website and submit via email to healtheducation@lacare.org one month prior to implementation.

Covered California Sets Cap on Consumer Pharmacy Costs



Californians who buy their health insurance through Covered California, the state's insurance exchange, will soon see their drug prescription costs capped. Most consumers will benefit from a \$250 monthly cap, others will have caps that range from \$150 to \$500 depending on the plan they've chosen.

This policy will apply only to the 2.2 million people who buy coverage on the individual market. A bill under consideration in the California legislature would extend that protection to many people with employer-based plans as well.

While California is the first to enact such a cap for its state insurance exchange program members, other states are considering similar actions.

Note that individuals in the state's Medi-Cal program, which provides enrollees with drugs at little or no cost, will also benefit from a separate action. The State of California recently allotted \$228 million in additional funds for specialty drugs to treat hepatitis C patients on Medi-Cal and in the state hospitals and prisons.

California's Department of Health Care Services recently issued new guidelines on which patients can receive state-funded hepatitis C treatment. The department estimates that some 3,000 to 4,000 Medi-Cal members will seek treatment in 2016 and says that decisions about who gets the new medications will be based upon medical necessity rather than cost.

The popularity of a new drug for hepatitis C has set off a nationwide debate on drug costs. An estimated 3.2 million people nationwide have the disease, a virus that is the leading cause of cirrhosis and liver cancer.

Gilead Sciences, a pharmaceutical company, won approval for the drug to treat hepatitis C, Sovaldi, in 2013. The company charges approximately \$1,000 for each pill, or about \$84,000 for the 12-week treatment.

Health experts predict that a series of blockbuster prescription treatments will hit the market in the next two years. These advanced drugs will be used to treat cancer, Alzheimer's disease and other severe and commonplace afflictions. Consumer advocates have expressed concern that pharmaceutical firms will charge high prices for each new drug while their patents on a product exclude competitors.

L.A. Care Receives NCQA Multicultural Health Care Distinction Award



L.A. Care Health Plan was recently awarded the Multicultural Health Care (MHC) Distinction for Medi-Cal and L.A. Care Covered product lines by the National Committee for Quality Assurance (NCQA). The NCQA is a private, non-profit organization dedicated to improving the quality of health care. The agency's Multicultural Health Care Distinction recognizes organizations that lead the market in providing culturally and linguistically sensitive services while reducing health care disparities. "Cultural competency is crucial to providing high quality health care," said NCQA President Margaret E. O'Kane. "Organizations achieving Multicultural Health Care Distinction are leaders in closing this gap, and NCQA commends them for their dedication."

The MHC program evaluates how well an organization complies with the standards for:

- Collection of race/ethnicity and language data
- Cultural responsiveness
- Provision of language assistance
- Reduction of health care disparities

NCQA awards distinction to organizations that meet or exceed its rigorous requirements for multicultural health care. L.A. Care is one of seven health plans to be awarded the distinction for a Medicaid product line and one of five for a Commercial product. This achievement is a testimony to L.A. Care's commitment and dedication to providing accessible, high quality multicultural health care to our diverse membership.

Appropriate Medical Record Documentation and Review

L.A. Care wants your office to have successful medical record reviews when audited by our reviewers. As you know, a well-organized medical record keeping system supports information confidentiality, the documentation of effective patient care, and the quality review processes. As advised by the Department of Health Care Services (DHCS), L.A. Care's Nurse Reviewers conduct an onsite review every few years to evaluate and assess PCPs' documented evidence of care provided. We would like to provide you with a few reminders so your office does not score below 80% during this review, which is considered a non-passing score. L.A. Care reviews medical records for format, legal protocols, privacy compliance and documented evidence of the provision of preventive care and coordination and continuity of care. The medical record provides legal proof that the patient received appropriate care as required by DHCS. Incomplete records or lack of documentation implies failure to provide care.



There are six sections in the DHCS medical record review survey tool:

- I. Format
- II. Documentation
- III. Continuity/Coordination
- IV. Pediatric Preventive
- V. Adult Preventive
- VI. OB/CPSP Preventive

The underlying theme of these as well as the other guidelines is a system that supports effective patient care. The complete required DHCS medical record documentation standards may be viewed in the provider manual, or you may contact Mayra Contreras at 1.213.694.1250 ext. 4339 to request a copy via U.S. mail.

L.A. Care is pleased to announce **Year 5** of the:
PHYSICIAN PAY-FOR-PERFORMANCE PROGRAM
January 1 - December 31, 2015



Receive Rewards for Giving Quality Care to L.A. Care Members!

PROGRAM OVERVIEW

L.A. Care's Physician Pay-for-Performance (P4P) Program provides financial rewards for practices that provide high quality care for L.A. Care members, and represents **an opportunity to receive significant revenue above capitation**. Eligible physicians can qualify to receive annual incentive payments for outstanding performance and year-over-year improvement on multiple HEDIS measures. *Learn how you can increase your share of performance-based payments!*

The Physician P4P Program includes members in Medi-Cal and L.A. Care Covered.

ELIGIBILITY

- ✓ Solo and small group physicians with 250 or more L.A. Care Medi-Cal members as of January 2015 are eligible.*

AND

- ✓ Clinic organizations with 1,000 or more L.A. Care Medi-Cal members as of January 2015 are eligible. Within these practices, eligibility is extended to active physicians with L.A. Care Medi-Cal membership.

PARTICIPATION

- **There is no need to sign up.** All eligible physicians automatically participate in the Physician P4P Program.
- Physicians and their employers must **submit timely, complete, and accurate encounter data through their normal reporting channels** for all services rendered to L.A. Care members. Practices should also coordinate with their IPAs and medical groups to ensure that health plans receive **complete lab data** for services rendered. This encounter and lab reporting is the basis of performance scoring, and is essential to success in the Physician P4P Program.

For more information, please refer to the *Physician Pay-for-Performance Program – Program Manual*, or contact Incentive_Ops@lacare.org.

*Medi-Cal membership includes L.A. Care Medi-Cal members, as well as those served in conjunction with L.A. Care's health plan partners.



PERFORMANCE MEASURES

In 2015, the Physician P4P Program includes 16 HEDIS measures that can impact your incentive income. Your continuing efforts to provide proactive and comprehensive care to L.A. Care members is essential:

- ✓ Appropriate Testing for Children with Pharyngitis
- ✓ **Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life***
- ✓ **Childhood Immunization Status - Combo 3***
- ✓ Adolescent Well-Care Visits
- ✓ Immunizations for Adolescents - Combo 1
- ✓ Chlamydia Screening in Women
- ✓ **Breast Cancer Screening***
- ✓ **Cervical Cancer Screening***
- ✓ Prenatal and Postpartum Care:
 - **Timeliness of Prenatal Care***
 - Postpartum Care
- ✓ Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- ✓ Comprehensive Diabetes Care:
 - HbA1c Screening
 - HbA1c Control (<=9.0%)
 - Eye Exam
 - Nephropathy Screening

NEW in 2015:

- ✓ Annual Monitoring for Patients on Persistent Medications - Total Rate

* Measures highlighted in bold are double-weighted and have a greater role in determining physicians' performance scores, performance rankings, and incentive payments. Please pay extra attention to these measures to maximize performance and incentives income.

Reporting-Only:

Avoidable Emergency Room (ER) Use:

Avoidable ER measures are reporting-only in 2015. These measures reflect the percentage of ER visits that could have been prevented with appropriate ongoing care:

- Avoidable ER— Seniors and People with Disabilities (SPD)
- Avoidable ER— non-SPD

SCORING & PAYMENT

- 1 Eligible physicians receive an **attainment** score and an **improvement** score for each performance measure:
 - Attainment reflects a physician's HEDIS performance in the program year compared to peer group performance.
 - Improvement reflects a physician's HEDIS performance in the program year compared to his or her performance one year prior.

Physicians must have at least 10 eligible members to receive a score for a particular measure.

- 2 The better of these two scores becomes the physician's **incentive score** for each measure. **This ensures that high performers receive high scores, and that lower performers demonstrating improvement also have an opportunity to score well.**

- 3 An average of all incentive scores (must have a minimum of three scored measures) determines the physician's overall **performance score**. (In community clinics, all physician performance scores are averaged to determine an **organizational performance score**.)

- 4 P4P payments are distributed annually in the fourth quarter according to the following formula:
 - a. **Performance score X # of eligible, assigned members = member points**
 - b. **Member points X payment amount per member point = payment \$\$\$**

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Helping Your Patients With Their Caregiver Needs

In Home Supportive Services (IHSS) allows low-income individuals who are over 65 years of age, blind or living with a disability to hire a caregiver to assist them in their home with chore services, personal care assistance, meal preparation, basic paramedical assistance and more. Through IHSS, eligible L.A. Care members can get access to services to help them remain living safely at home that they would not otherwise be able to afford.

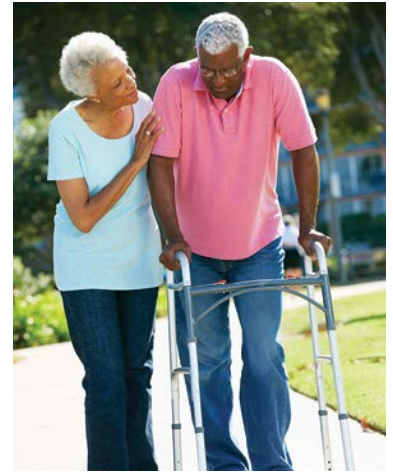
Most people receiving IHSS hire and rely on family members for their caregiver support. Family caregivers often play an important role in the member's circle of care, as their responsibilities tend to extend beyond assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Many family caregivers also interact with various providers, agencies, and professionals on behalf of their relatives and help to ensure that all their care needs are being met.

But what happens to IHSS recipients who cannot rely on their families or have no family to provide support? When a member has been approved for IHSS, they are responsible for finding their own caregiver but that can be difficult if there is no family to assist. In Los Angeles County, the Personal Assistance Services Council (PASC) operates the PASC Homecare Registry to help IHSS recipients by identifying available caregivers who live in the recipient's area, can provide the services needed, and can work the hours and times the recipient needs the care.

IHSS recipients must still decide for themselves who they wish to hire, and are still responsible for overseeing the services provided. However, the assistance provided by PASC with finding caregivers can help them overcome a big obstacle to getting the care they need through the program.

As the IHSS Public Authority in L.A. County, PASC also provides many other services that support IHSS recipients such as training on how to interview, hire and supervise a caregiver, assistance finding temporary caregivers when their regular caregiver is unexpectedly unavailable, facilitating criminal background checks on IHSS caregivers, and providing other trainings for recipients and caregivers. If you have a patient who receives IHSS and you believe they need assistance with finding a caregiver, ask them to contact PASC at 1.877.565.4477. Some indicators that your patient may need assistance include:

- Patient reports living alone and has no one to hire as his/her provider.
- Patient reports living with family, but family is unavailable to provide care.
- Patient has no family support and/or other network of support.
- Patient reports a need for a temporary caregiver to replace his or her regular worker.
- Patient states they need a caregiver who speaks his/her language, lives near, and is available at specific days and times.



Additional Assistance Through L.A. Care's MLTSS Department

L.A. Care's MLTSS Department can help your patients with accessing IHSS services and getting the care they need. This includes assistance with applying for IHSS, requesting reassessments to increase IHSS hours, assistance connecting with the PASC Homecare Registry and other local homecare registries, providing information on IHSS recipient rights and responsibilities, providing advice and assistance with IHSS related issues such as late or missing timesheets/checks, and facilitating communication with the Department of Public Social Services. The MLTSS Department can also assist you with obtaining and understanding information on the services your patient may be receiving from IHSS, and can help to coordinate the care you provide with IHSS and other MLTSS providers.

For more information or to request an MLTSS Awareness Training for you and your team, contact the MLTSS Department by email at mltss@lacare.org, or by phone at 1.855.427.1223.

Preparing for Flu Season



Shorter days and cooler evenings remind us that the flu season is just around the corner. L.A. Care Health Plan would like to remind you that the flu vaccine for everyone 6 months and older is the best way to protect against the flu. The Advisory Committee on Immunization Practices (ACIP) guidelines recommend that infants and children less than 9 years old be administered 2 doses of the flu vaccine, separated by at least 4 weeks. Members at higher risk of complications from the flu include: children, pregnant women, adults 65 years and older, and those with chronic health conditions such as asthma.

COMMON FLU VACCINES

Trade name	Strength	Age indications	Route of administration
Inactivated influenza vaccine, quadrivalent (IIV4), standard dose			
Fluarix Quadrivalent	0.5mL single-dose prefilled syringe	≥3 yrs	IM
Inactivated influenza vaccine, trivalent (IIV3), standard dose			
Fluarix	0.5mL single-dose prefilled syringe	≥3 yrs	IM
Live attenuated influenza vaccine, quadrivalent (LAIV4)			
*FluMist Quadrivalent	0.2 mL single-dose prefilled intranasal sprayer	2-49 yrs	IN

*FluMist should not be administered to: pregnant women, immunosuppressed patients, persons with egg allergy, children 2-4 years old with wheezing or asthma in the past 12 months, or persons with influenza antiviral medications within the previous 48 hours.

This list may not be inclusive of all flu vaccination formulations.

For persons at high risk of complications from influenza or residents of long-term care facilities, consider adding prophylaxis treatment with neuraminidase inhibitors upon exposure to the flu virus. Neuraminidase inhibitors should not be used as a substitute for the vaccine.

Generic name (Trade name)	Strength	Route of administration	Prophylaxis (within 2 days of exposure)	Treatment (within 2 days of symptom onset)	Formulary Status
Oseltamivir (Tamiflu®)	6mg/mL susp 12mg/mL susp 30mg, 45mg, 75mg caps	PO	✓	✓	Formulary; has quantity limits
Zanamivir (Relenza® Diskhaler)	5mg inhalation powder	IN	✓	✓	Formulary for CalMediConnect; has quantity limits

Check clinical compendia for dosing of adults, adolescents, and children. This list may not be inclusive of all neuraminidase inhibitor formulations.

Help L.A. Care End Balance Billing

Billing L.A. Care Cal MediConnect members for cost sharing, including deductibles, coinsurance, and copayments, violates both federal and state law and is prohibited by L.A. Care.

If you feel you may have balance billed an L.A. Care member in error, please stop immediately and discontinue any collection efforts. Contact us at 1.866.522.2736 for information about how to process crossover claims or access our webpage at www.calmediconnectla.org for additional information on the L.A. Care crossover claims process.

¹ Billing dual eligible beneficiaries violates Federal law as outlined in Section 1902(n)(3)(B) of the Social Security Act, as modified by section 4714 of the Balanced Budget Act of 1997. This section of the Act is available at: www.ssa.gov/OP_Home/ssact/title19/1902.htm

REMEMBER



We are partners in care to better serve those in need.

Balance billing is **illegal** under both federal and state law.¹ L.A. Care members who have both Medicare and Medi-Cal should **never** be charged any amount for services covered under Medicare or Medi-Cal.

Identity Theft: Patient Safety

You can help protect your patients' health. Why not help protect them when they report their ID has been lost or stolen?

Here are some things you can do to help your patients.

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://pmp.doj.ca.gov/pmpreg/Signup_input.action?at=11
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.



Nurse Advice Line: Free Health Care Advice for Your Patients

The L.A. Care Nurse Advice Line is available for members who have health symptoms like a runny/stuffy nose, earache, cough, backache, or are throwing up. Members can receive fast answers from a California licensed registered nurse, advice on how to self-treat, and help to decide if they need to make a trip to the doctor's office or ER. This means *many times your patients don't need to go to the ER to get help*. They can get help by discussing their symptoms on the phone, instead of spending long hours waiting in an ER.

The phone number for your patients' health plan Nurse Advice Line is on the back of their member ID cards. 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)

Information at Your Fingertips: Valuable Information 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
- 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).



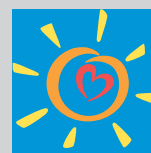
Accreditation of Medi-Cal,
Healthy Kids and
Healthy Families Program

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")



L.A. Care Health Plan
1055 West 7th Street, 10th Floor
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lacare.org

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A NEWSLETTER FOR OUR PHYSICIAN PARTNERS



news alert



**L.A. Care Receives
NCQA Distinction Award**

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PROGRESS notes

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