



progress notes

A Newsletter for Our Physician Partners

FALL 2014 | VOLUME 9 | ISSUE 3



L.A. Care
HEALTH PLAN®

inside:

- 2 | Gertrude “Trudi” Carter, M.D., CMO: On Medication Adherence
- 4 | News in Brief
- 5 | Reduce Wait Times for Your Patients
- 6 | Vital Signs
- 9 | Referring Patients Receiving MSSP
- 10 | eConsult Program Making Progress

PCMH Delivery Model Gains Momentum

The “Patient Centered Medical Home” [PCMH] care delivery model has gained wide acceptance in the past five years and is now in use by 7,000 medical practices around the country. According to the American College of Physicians, the PCMH “is a care delivery model whereby patient treatment is coordinated through their primary care physician to ensure they receive the necessary care when and where they need it, in a manner they can understand.” For example, in the PCMH model, the patient’s primary care physician’s practice regularly reviews the patient’s progress and makes follow-up calls or appointments if necessary.

While almost all health policy experts agree that we need to organize health care so that it is “patient centered,” most care in the U.S. is often fragmented and wasteful, with little coordination among various specialists and hospitals and little effort to track a patient’s progress over time.

During the past four years, L.A. Care has moved to train and qualify 17 medical groups serving more than 100,000 patients with the PCMH model. These medical groups were selected based upon their readiness to engage in the PCMH model, as well as their commitment to using health care information technology and to redesigning their workflows to improve access and coordinate care.



Eleven of these practices have been recognized by the National Committee for Quality Assurance (NCQA) for meeting national standards for PCMH organizations. Most recently, La Clinica Familiar de los Latinos, a private practice in Maywood became the latest L.A. Care affiliated medical practice to earn NCQA PCMH recognition.

Reuben Casabar, M.D., owner of La Clinica Familiar de los Latinos, said he is proud of earning the NCQA PCMH recognition and his practice has implemented electronic medical records, one factor in achieving it.

L.A. Care’s Health Outcomes and Assessment Department has been working on a multiyear study to measure the impact of PCMH organized care to see how it is

improving care for patients. The study looked at the care delivered during a one-year period to 2,000 patients in eight L.A. Care provider groups that participated in the health plan’s PCMH program. Researchers looked at patients of various ages, including children and adults with chronic or complex conditions. Results showed that patients receiving care through the PCMH program showed a significant downward trend in hospitalization. They also noted encouraging results in reducing Emergency Department (ED) visits and improving continuity of care. In addition, PCMH program patients showed a higher number of physician office visits compared to the control group, which can impact a decrease in hospitalization and ED utilization.



Gertrude “Trudi” Carter, M.D.

Chief Medical Officer

Medication Adherence

Medication adherence is a complex issue without a silver bullet solution. At L.A. Care, we take a multi-pronged approach to this challenge by working collaboratively with our physicians, pharmacists and members.

Achieving Compliance

Patient Challenges

Patients with chronic conditions often become overwhelmed by the fact that they must take medication for the rest of their lives. Compounding the situation, there isn't an immediate and noticeable impact when they discontinue taking their chronic disease medications. This lack of patient awareness hides the known consequences of non-adherence. For the patient, medication side effects can seem worse than the medicine's benefits. It's easy to understand why they don't want to take something that might make them feel worse than the illness symptoms that are being treated. Finally, often there is a complicated multiple medication regimen that requires timing and coordination with other therapies and daily activities. Combined with multiple visits to the pharmacy and various prescribers, this leads many patients to non-compliance.

Physician Challenges

One physician challenge is the fragmented nature of our care system. Patients have multiple prescriptions, which makes reconciliation of medication regimens challenging. Studies show that the average senior patient can have a minimum of nine prescriptions, with some patients having as many as 20. This doesn't count self-prescribed, over-the-counter and herbal remedy medications that many patients choose to take. Again, a continuous challenge is to coordinate what can often be a complex regimen.

With increasing demands on physician time and increasing patients with multiple chronic conditions, patient education around the medication regimen can be left to other health care professionals in disease management, case management and pharmacy. The challenge for primary care physicians is to ensure that this education is coordinated and timely.

System Challenges

Access to real-time data at the point of service remains a significant issue. Awareness and management of the medication data are key to making sure that medication regimens are not only appropriate, but also safe. Integration of the medication data and necessary lab data into care plans has been shown to improve the probability of improved clinical outcomes. The ultimate goal is to have the integration of physical health, medication, lab and behavioral health data in a data management system that allows access to all stakeholders, including the patient, in one easy-to-use system.

So What Can We Do?

At L.A. Care, we believe the quickest way to success is to work in partnership with our members, physicians and pharmacists to provide needed support and education. Simple steps to help improve medication adherence are:

1. On initial prescription, the prescriber should take on the responsibility of educating the patient on the medication benefits and side effects.
2. As part of follow-up, prescribers should allow time for patients to discuss their medication effects and concerns.
3. “Keep it as simple as possible” – a simplified regimen helps the patient to comply.
4. Promote patient aids such as medication fill boxes, calendars or cards that help the patient manage the medication regimen.
5. Know the available patient education programs conducted by the medical groups and the health plans, such as medication therapy management (MTM) and pharmacy case management.
6. When appropriate, prescribe 90-day fills for chronic conditions.

For medication adherence resources to share with your patients, please visit our website at www.lacare.org/adherence.



Howard A. Kahn

Chief Executive Officer

L.A. Care's Membership on the Rise

“It has been a privilege working with you and the many other dedicated health care professionals during my 13 years at L.A. Care.”

- Howard A. Kahn,
Chief Executive Officer

Looking back over the last decade in health care in Los Angeles County, I can truthfully say that L.A. Care's long-standing commitment to providing access to high-quality care for low-income and vulnerable populations is still the same. What has changed, however, is that our membership has become increasingly more complex in terms of the medical care they require.

You may recall that L.A. Care's first members were predominantly mothers and children under the Temporary Assistance for Needy Families (TANF) program. These members did not require nearly as much medical attention as our most recent enrollees. The new populations added in the past three years – seniors and people with disabilities (SPDs), Medi-Medi (dual eligibles), and newly covered low-income adults – are medically and socially much more challenged and challenging.

For example, we are seeing increasing numbers of members who have chronic conditions, behavioral health issues, or who need long-term care, in home services and support, or home and community-based services. In addition, we have added a quarter million previously uninsured working and non-working adults who have limited knowledge about health care in general.

By next October, based on projections, L.A. Care's current 1.5 million membership will grow by another 270,000 Angelenos. Our direct lines of business will approach 50% of total membership, primarily resulting from Medi-Cal expansion, the Coordinated Care Initiative, Covered California and Cal MediConnect (CMC).

For CMC, I'm proud to report that beginning in January 2015, L.A. Care will accept passive enrollments as a result of improving our overall Medicare Stars Rating to 3.0 stars, eliminating the low performing icon issued by the Centers for Medicare and Medicaid Services (CMS).

While there is no doubt that the new incoming low-income and medically needy populations will require diligent interventions to manage their high medical and social support needs, L.A. Care stands ready and dedicated, as always, to help deliver their needed care.

For physicians affiliated with a PPG, hospital, or ancillary CMC-contracted providers, L.A. Care will continue to publish up-to-date PCP directory listings and provide additional referrals and support to build even stronger relationships with our valued business partners.

Finally, this is my farewell message to you as CEO of L.A. Care. Nearly a year ago, I notified our Board of Governors and staff that I will be leaving to pursue other goals and opportunities. Perhaps our paths will cross again, but in the meantime, let me say that it has been a privilege working with you and the many other dedicated health care professionals during my 13 years at L.A. Care. I hope you will continue to share L.A. Care's mission of serving those in need. Even with all the health care changes we've experienced in recent times, it's still the right thing to do.

CDC Predicts Adequate Supply of Flu Vaccines

The federal Centers for Disease Control (CDC) reports that adequate quantities of vaccines should be available during the 2014/2015 flu season. Projection is that private manufacturers will provide some 159 million doses of vaccine for the U.S. market. They will be shipping primarily trivalent (three component) influenza vaccines, including intramuscular, intradermal and nasal spray vaccines. About 40 percent of vaccines will be quadrivalent (targets four flu viruses). In addition, all six U.S. manufacturers will produce at least one formulation that is thimerosal-free or preservative-free.

The CDC recommends that for flu season, physicians use the nasal spray vaccine for healthy children two to eight years old. Reports show that the nasal spray vaccine works better than the flu shot in younger children. A yearly flu vaccine is recommended for everyone six months of age and older. Children younger than six months are at higher risk of serious flu complications, but are too young to get a flu vaccine; which makes it especially important that parents and family members living with an infant be vaccinated. High-risk groups include children and infants, pregnant women, seniors and people with disabilities or chronic health conditions.

L.A. Care is promoting the importance of annual flu vaccination to members through reminder phone calls and postcard distribution. Providers should anticipate an influx of members needing the flu vaccine. L.A. Care is requesting that providers make every effort to schedule timely flu shot appointments and incorporate flu shot administration into all scheduled visits as appropriate.

For more information about this year's flu vaccination, including a list of free flu shot private vaccination sites, please visit the Los Angeles County Department of Public Health at <http://publichealth.lacounty.gov/ip/flu/FluLocatorMain.htm>.

Payment for Medicare Part D Drugs



Under new regulations, effective June 1, 2015, all health care providers (including dentists) who write prescriptions for covered Medicare Part D drugs must be enrolled in an Approved or Opt Out status with Medicare. To enroll in Medicare, use either the Internet-based PECOS at <https://pecos.cms.hhs.gov/pecos/login.do>, or complete the paper 8551 or 8550 application.

Important note: The fact that you have an NPI number does NOT mean that you are enrolled in Medicare. After June 1, 2015, drugs will NOT be filled for physicians who do not meet these criteria. This means your patients will have to pay for their own drugs.

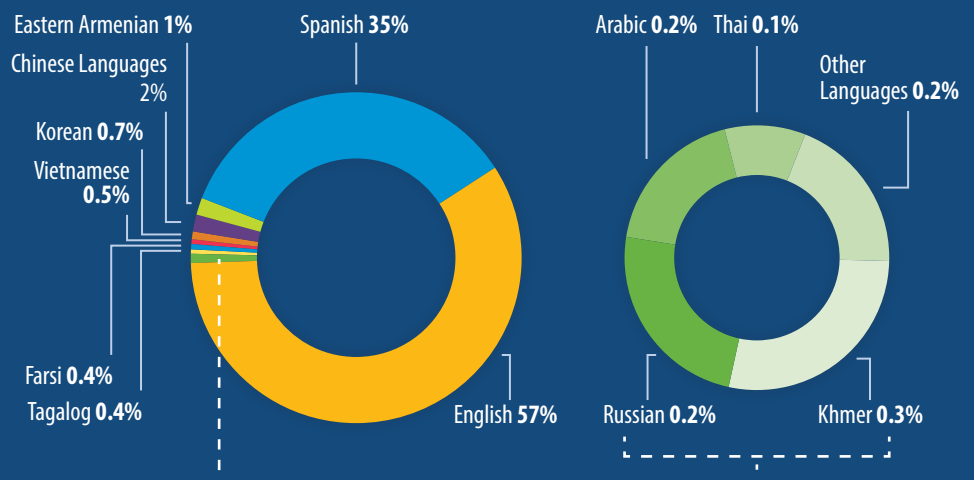
Also beginning June 1, 2015, if a provider's Drug Enforcement Administration (DEA) Certificate of Registration is suspended or revoked or an abusive pattern or practice of prescribing Part D drugs is discovered, the Centers for Medicare and Medicaid Services (CMS) will have the authority to revoke your Medicare billing privileges.

Can You Communicate in Your Patient's Language?

Nearly 580,000 L.A. Care members speak more than 60 languages. This diversity of spoken language creates an opportunity for L.A. Care to partner with you to effectively communicate with your patients. L.A. Care offers no-cost expert interpreters to providers and limited English proficient members, in order to communicate accurate diagnoses and appropriate treatment.

To request a face-to-face interpreter, for medical visits, call L.A. Care's Member Services Department at 1-888-839-9909 at least five business days prior to the patient's appointment. Telephonic interpreters are available 24 hours a day. To access telephonic interpreting services for L.A. Care members, please call 1-888-930-3031.

Direct Lines of Business Membership by Language



Reduce Wait Times for Your Patients

According to the California Healthcare Foundation, patients wait an average of 5 hours and 26 minutes in the Emergency Room¹. Unnecessary ER visits increase wait time, delay treatment and overwhelm staff. L.A. Care encourages you to reduce the wait times for your patients and help alleviate crowded emergency rooms by utilizing the Nurse Advice Line (NAL).*

L.A. Care offers a free 24-hour health advice telephone line, which is staffed by RNs. The NAL can be used to complement your own practice.



- Patients who are encouraged by their PCP to call the NAL are more likely to do so.
- This service has been proven to reduce the number of unnecessary ER visits.
- *Using the NAL could potentially reduce the number of afterhours calls you receive.*
- All clinical calls are handled by nurses with a current state RN license and a minimum of three years clinical experience.
- Most calls are handled within 30 seconds.
- Callers are triaged using a standardized algorithm to identify the best course of action based on their symptoms: Self Care, PCP Appointment, Urgent Care, or ER.
- In 2013, more than 60% of callers were redirected to an appropriate lower level of care.

**Help When
You Need It!**



Health Questions?

Free Expert Advice.

Right Care Anytime!

L.A. Care and its subcontracted plans all operate Nurse Advice Lines. Members can find the number to call on the back of their Member ID cards. For reference, the numbers are as follows:

L.A. Care Medi-Cal, PASC-SEIU, Healthy Kids,
L.A. Care Covered and L.A. Care Health Plan
Medicare Advantage HMO:
1-800-249-3619

Kaiser: **1-888-576-6225**
Care1st: **1-800-609-4166**
Anthem Blue Cross: **1-800-224-0336**

*Editorial: *Obamacare boosts ER patients, wait times.* Orange County Register (June, 2014).

Unraveling the Mystery of Medicare Appeals

Do you find the appeals and grievance processes for Medicare Parts C and D confusing and difficult to understand? If so, CMS may have just the thing for you. They have created two one-hour web-based training modules available to you and your staff at no cost. The courses come complete with colorful graphics and useful, easy-to-understand job aids that you can print out for future reference. Pre-tests and post-tests help you assess your knowledge. The courses are available on the Medicare Learning Network at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/>. Select the web-based training link, then scroll down to “Part C Appeals...” or “Part D Coverage Determinations...” Note: You can get continuing education credits for taking these courses. While there, check out the many courses on Fraud, Waste and Abuse as well.

Access L.A. Care's Clinical Practice & Preventive Health Guidelines

L.A. Care works to improve the delivery of primary care services to meet the needs of members for clinical prevention and chronic disease care. L.A. Care's Clinical Practice and Preventative Health Guidelines are posted on our website. You may find these guidelines helpful in managing care in common areas of your medical practice.

- 2014 Immunization Schedule for 0-18
- 2014 Immunization Schedule for Adults
- 2014 Clinical Practice Guideline Source Matrix
- 2014 Preventive Health Guideline Source Matrix

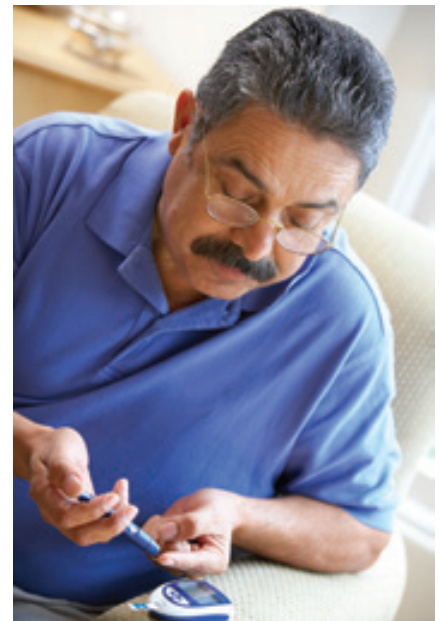
Please visit www.lacare.org for links to new and updated guidelines. You may also call us at 1-213-694-1250, Ext. 4719 to request a hard copy.



L.A. Cares About Diabetes® Disease Management Program Supports Your Patients

Did you know that L.A. Care offers a Diabetes Disease Management Program for direct line of business members? It supports your management of patients with diabetes. *L.A. Cares About Diabetes*® identifies members with diabetes, stratifies them by disease severity and works with them to complete exams and screenings and improve medication adherence and clinical outcomes. The program is free to members and offers:

- Member educational mailings
- A diabetes phone resource line staffed by nurses
- Member phone condition monitoring and coaching by a nurse (high-severity members)
- Referrals to nutrition counseling and group health education appointments
- Provider outreach and care coordination



If you have a patient who could benefit from the Diabetes Disease Management Program, please contact us at:

Phone: 1-877-796-5878

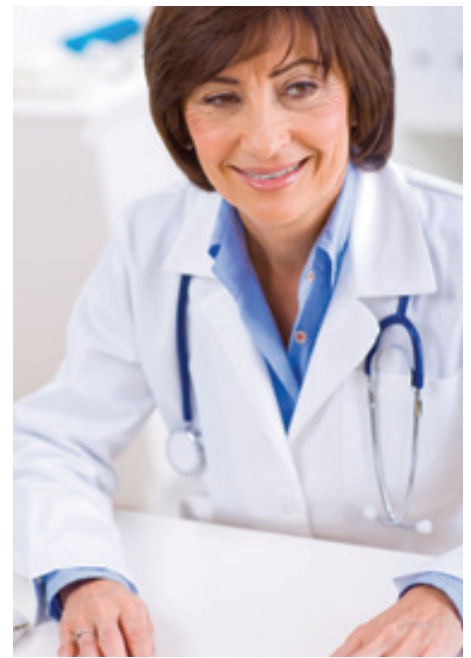
Email: diabetesdm@lacare.org

Fax: 1-213-438-4860

Valuable Information 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 provider website at www.lacare.org for information about L.A. Care's:

- 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 benefits
- 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 obtain information about the status of your application and how to exercise these rights
- Member's Rights and Responsibilities
- Web-based provider and hospital directory



If you would like paper 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).**

MSSP: A Benefit Under Managed Long-Term Services and Support (MLTSS)

The Multipurpose Senior Services Program (MSSP) is an extensive care management program for frail seniors (65 and older) who are eligible for nursing home placement, but wish to maintain their independence and remain living safely at home. Upon enrollment, an MSSP team which includes a social worker and a nurse, conducts a thorough health and social evaluation on the member. The team then works with the member to develop a plan of care, provides ongoing monitoring of the member's needs and helps the member obtain access to free community resources and supportive programs like Meals on Wheels, In-Home Supportive Service and Community Based Adult Services. Additional services may be purchased by the MSSP provider to cover any gaps in care such as respite care, minor home modifications, supplemental homecare services, nutritional services having to do with dietary restrictions and more. The goal of MSSP is to prevent premature hospitalizations and nursing placement and to ensure that our seniors are able to live in a dignified manner in the community.

How Do Members Access MSSP Services?

If your patient is 65 or older and requires a higher level of care (nursing facility) but would like to stay at home, you can refer him or her to L.A. Care's Managed Long Term Services and Supports (MLTSS) Department. L.A. Care is contracted with six nonprofit agencies that administer MSSP services. These MSSP providers include AltaMed Health Services, Human Services Association, Huntington Hospital Association, Jewish Family Services, Partners in Care Foundation and Scan-Independence at Home. The MLTSS Department will work to connect the member with the appropriate MSSP provider, who will conduct an evaluation on the member and determine program eligibility.

Physician Recommendation Impacts Mammogram Compliance



Less than 50% of eligible women received a mammogram in 2013. Why aren't we doing better? This should be alarming to physicians, nurse practitioners and physician assistants who provide care to our members. There is no doubt that early diagnosis leads to earlier treatment and reduction in death from breast cancer. One in eight women will develop breast cancer in their lifetime. **A physician's recommendation is one of the most documented facilitators to a woman obtaining a mammogram.**

In one study, 94% of women whose physicians recommended a mammogram had one in the last two years, while only 36% of women whose physicians had not made the recommendation had a mammogram. You have a significant opportunity to make a difference! Despite L.A. Care's previous efforts to assist in improving, in 2012, the HEDIS breast cancer screening rate for Medi-Cal members was 50.7%, which is 0.2% above the national 50th percentile. The L.A. Care breast cancer screening rate for Medicare members was 43.1% in 2012, which is only a 2 star rating for the Medicare Star Program. It should be noted that the Los Angeles County Health Survey found that 73.7% of women 40 years or older reported obtaining a mammogram in the past two years in 2012. This illustrates that L.A. Care members are screened for breast cancer at significantly lower rates than that of the reported rate of L.A. County as a whole.

What Are We Asking of You?

- Note that the current U.S. Preventive Task Force breast cancer screening recommendation is biennial screening mammography for women aged 50-74 years.
- Discuss the importance of getting a mammogram with your eligible female patients (aged 50-74) and document this discussion in the patient's medical record.
- Continue to review your opportunity report to help you know whom to contact.
- Since no authorization is needed, give the patient a list of names of mammography sites she may go to for a mammogram.
- Engage your front office staff, so they are aware and can articulate to your patients the importance of having a mammogram.
- If needed, request free transportation to the appointment through L.A. Care's vendor, **LogistiCare** at 1-866-529-2141 (Spanish 1-866-529-2142).
- When the mammogram results come to your office, please call the patient promptly to avoid additional stress caused by waiting.

L.A. Care is pleased to announce the *new*: **Breast Cancer Screening Physician Incentive**

For a limited time only through December 31, 2014, physicians can receive **\$75 per mammography report for L.A. Care Medicare members who are eligible for breast cancer screening and have not yet received a mammogram.**

Don't wait! All mammography reports need to be submitted to L.A. Care by February 1, 2015, to qualify for incentive payment.

Eligible Members

Female members between the ages of 50 and 74 who, according to our records, have not received a mammogram since October 1, 2012. Start today and reach out to these members to maximize your incentive income!

Program Goal

The goal of the **Breast Cancer Screening Physician Incentive Program** is to increase the compliance rate of members receiving mammograms in order to detect cancer in early stages and sustain their quality of life.

Participation

There is no need to sign up. Physicians participate in the Breast Cancer Screening Physician Incentive by submitting qualifying documentation of mammography for eligible members:

- **A mammography report is required for incentive payment.** Allowable documentation includes a copy of the member breast cancer screening results of a mammogram conducted between October 1, 2012, and December 31, 2014.
- Please clearly identify the member (by name, DOB, and member ID number) on all submitted materials. Please also provide physician contact information in case of needed follow-up.

- Mail or fax this information to L.A. Care:

L.A. Care Health Plan
Attn: QI Incentives
1055 W. 7th Street, 10th Floor
Los Angeles, CA 90017

Fax: 1-213-438-5744

Attn: QI Incentives

- **L.A. Care must receive documentation by February 1, 2015, to make incentive payment!**

Receiving Payments

- **Payments in this incentive are made monthly** to individual physicians or to their employers (for those physicians directly employed by community clinics and other medical groups).
- L.A. Care can only make payment to physicians for whom L.A. Care has a valid W-9 on file. If L.A. Care is unable to make payments due to incomplete information, physicians will be contacted and payments will be attempted again.
- Incentive payments that cannot be made after a second attempt are forfeited.

What If My Patient Is Receiving MSSP?

If your patient is currently receiving Multipurpose Senior Services Program (MSSP) services, they do not have to do anything in order to continue benefiting from the program. The MSSP provider will continue serving the patient and will coordinate services with L.A. Care.

For more information on MSSP or other benefits provided through the Managed Long Term Services and Support (MLTSS) Department, e-mail us at mltss@lacare.org.

Making Referrals to the MLTSS Department

If you believe your patient needs help to remain living at home or needs long-term

care in a skilled nursing facility, refer them to L.A. Care's MLTSS Department. To make a referral, visit the "Provider Resources" section of the L.A. Care website, and download the **MLTSS Referral Form** and the **Long Term Care Authorization Request Form**. These tools are intended to help you refer patients to the MLTSS Department for assistance with In-Home Supportive Services (IHSS), MSSP, Community Based Adult Services (CBAS), Long Term Care (LTC), Care Plan Options (CPO) and for assistance accessing other community based services. The MLTSS referral forms can be emailed or faxed to the MLTSS Department at:



E-mail: mltss@lacare.org

Website: www.lacare.org

Submit: LTSS Referral form

Call: 1-855-427-1223

Fax: 1-213-438-4877

eConsult Program Making Significant Progress

Key Milestone Passed

More than 100,000 electronic consultations between primary care providers (PCPs) and specialists have been initiated through eConsult, a web-based care coordination platform that enables PCPs and specialists to securely share health information and discuss patient care. The use of eConsult results in reduced wait times for appointments and, in many cases, addresses the needs of the patient in the primary care setting, reducing the need for patients to see specialists.

“Many thousands of underserved patients throughout the county face significant challenges getting the specialty care that they need, when they need it,” says Howard A. Kahn, L.A. Care Chief Executive Officer, “eConsult has proven that it can improve care coordination, and we are excited that more and more providers are adopting the technology. We look forward to expanding the program to ensure that as many patients as possible receive the care that they need and deserve.”

The eConsult platform is used by 2,500 PCPs in 195 community clinic/health center sites across L.A. County that collectively serve 500,000 low-income individuals and families. More than 30 different types of specialist physicians are available to review eConsults from PCPs.

Grant Award for Further Expansion

L.A. Care was awarded a \$200,000 grant from Blue Shield of California Foundation to further develop eConsult. The grant funding helps support several program initiatives:

- Expanding the program to serve additional patients



- Increasing platform capabilities to support the new behavioral health benefit
- Designing a mobile “app” for use by providers to further expand the virtual, anytime, anywhere nature of the platform
- Evaluating the impact of the platform on the local safety net

“Our initial support for the eConsult system has resulted in significant improvements in access to specialty care for historically underserved patients across L.A. County,” said Peter Long, Ph.D., President and CEO of Blue Shield of California Foundation. “This additional funding expands the successful model to more patients and focuses this potentially game-changing innovation to better coordinate behavioral health care within the safety net.”

For more information on eConsult, visit www.econsultla.com.

CME Opportunity

Colorectal Cancer Prevention and Early Detection Online Training/90-minute webinar

- Presented by the University of California San Francisco (UCSF) Office of Continuing Medical Education (CME) in partnership with the California Department of Public Health’s *California Colon Cancer Control Program*
- **Module One** provides an overview of colorectal cancer in California.
- **Module Two** provides a step-by-step action plan based on the Centers for Disease Control and Prevention and American Cancer Society’s *How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician’s Evidence-Based Toolbox and Guide*.

UCSF designates this enduring material for a maximum of 1.5 *AMA PRA Category 1 Credits*™. There is no fee for the first 300 registrants who use the discount code: C4PSpecial. Thereafter, the cost is \$35, expiration date: June 30, 2016. The CME can be accessed at: <https://www.cmecalifornia.com/Activity/2589156/Detail.aspx>.

This CME is funded through the Centers for Disease Control and Prevention Cooperative Agreement Award Number 5U58DP002030-05.

Code of Conduct



This Code of Conduct (“Code”) is intended to provide general ethical conduct standards to follow, and to assist L.A. Care Health Plan (“L.A. Care”) in meeting its compliance goals. Compliance with the Code of Conduct is a condition of employment at L.A. Care. The Code is intended to complement, but not replace existing policies and procedures. If there is no existing policy on a particular subject matter, this Code shall become the applicable policy. Any questions regarding the Code should be directed to the Compliance Officer.

When seeking additional guidance and direction concerning operational policies and procedures, employees and other L.A. Care designated individuals are encouraged to refer to L.A. Care’s policies, or contact any member of the management team, or the Human Resources or Legal Services departments.

The Code is a “living document” that will be updated periodically to respond to changing conditions. Therefore, L.A. Care reserves the right to modify any or all of the Code at any time.

Compliance Program

L.A. Care Health Plan (“L.A. Care”) is committed to establishing and maintaining its business operations in compliance with ethical standards, contractual obligations, and all-applicable statutes, regulations and rules, including those pertaining to the State of California requirements and the Medicare program. As part of our commitment, L.A. Care has formalized its compliance activities by developing a comprehensive Compliance Program that incorporates the fundamental elements identified by the government and L.A. Care

The Compliance Program has been developed to fit the unique environment of L.A. Care’s plan model. Moreover, the Compliance Program is dynamic; L.A. Care regularly reviews and enhances the Compliance Program to meet evolving compliance needs as well as changes in state and federal laws and regulations. The Compliance Program applies to Board members, L.A. Care employees, and Contractors including contracted Knox-Keene licensed health plans, and participating providers including suppliers.



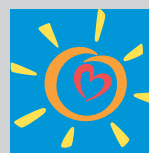
Accreditation of Medi-Cal,
Healthy Kids and
Healthy Families Program

PROGRESS notes is a publication of L.A. Care Health Plan for our Medi-Cal and Medicare Advantage (HMO SNP) 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:** (800) 400-4889
24 hours a day, 7 days a week
- **Provider Services:** (866) LA-CARE6 (866) 522-2736
(Eligibility & Claims questions only)
- **Provider Relations:** (213) 694-1250 x4719
- **Utilization Management:** phone (877) 431-2273,
fax (213) 438-5777 for authorization requests
- **LTSS Department:** (855) 427-1223 for Long Term
Services and Supports
- **HCC Outreach Specialist, Betty Garcia:** (213) 694-1250
x4935 phone, fax (213) 438-4874 fax for Annual Wellness
Exam (AWE) Forms
- **Health Education:** (855) 856-6943 for forms and programs
- **Nurse Advice Line:** L.A. Care—(800) 249-3619,
Kaiser—(888) 576-6255, Care1st—(800) 609-4166,
Anthem Blue Cross—(800) 224-0336
- **Beacon Health Strategies:** (877) 344-2862
(TTY/TDD 800-735-2929) for mental health care
24 hours a day, 7 days a week
- **L.A. Care Covered:** (855) 270-2327 (Providers: Option “2”)



L.A. Care Health Plan
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017
www.lacare.org

L.A. Care
HEALTH PLAN®

For a Healthy Life

© 2014 L.A. Care Health Plan, All rights reserved. A public entity serving Los Angeles County.

HEDIS® 101 for Providers

Every year, L.A. Care uses the Health Care Effectiveness Data and Information Set (HEDIS®) to measure the quality of the health care our members received and to see where we need to focus our improvement efforts. Developed by the National Committee for Quality Assurance (NCQA), HEDIS® measures the care and service provided by health plans, evaluates health plans' effectiveness of care, access, use of services and member satisfaction. The majority of HEDIS® information comes from claims. However, medical record results are also incorporated into our data.

HEDIS® performance is reported annually to the California Department of Health Services, NCQA and CMS. Our rates help establish our health plan rankings and default membership enrollment by the state. Our performance also provides purchasers and consumers with the information they need to reliably compare the performance of health care plans.

How can you help improve HEDIS® rates?

As physicians you play a critical role in promoting the health of our members. You can help facilitate the HEDIS® process by:

- Providing the appropriate care within the designated timeframes
- Accurately coding and submitting all claims and encounters
- Documenting **all** care in the patient's medical record
- Responding to L.A. Care's requests for medical records

Unfortunately all too often, though our members are receiving quality care, it is not documented properly. As a result, our rates may appear lower than they actually are and if you are a high volume physician, you may be missing out on incentive dollars.

What L.A. CARE is doing to improve HEDIS®?

One of L.A. Care's goals for 2014 is to focus on improving our clinical quality scores. In particular, we are focusing our efforts on several measures that we have had difficulty improving over the last three years. Table 1 provides a brief overview of our priority measures and current efforts. In addition to these initiatives, we are working more closely with community partners, our sub-contract health plans, IPAs and physicians to help improve our rates.

To learn more about the measures go to www.lacare.org/HEDIS® - resources or for more information about the programs described, contact quality@lacare.org.

Table 1. Overview of High Priority HEDIS® Measures

Measure	Description	Initiatives*
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	The percentage of adults 18 to 64 years of age diagnosed with acute bronchitis should not be dispensed an antibiotic within three days of the visit.	Mailing provider toolkits from the California Medical Association Foundation's Alliance Working for Antibiotic Resistance Education (AWARE) project. The toolkit contains an array of clinical resources and patient education materials to help reduce inappropriate antibiotic use.
Breast Cancer Screening	The percentage of women ages 50 to 74 who had one or more mammograms to screen for breast cancer in the last two years.	Offering members direct access to mammograms, i.e., no referrals needed to receive mammogram and physician incentive (see page 9).
Cervical Cancer Screening	The percentage of women ages 21 to 64 years of age who were screened for cervical cancer.	Member incentive (\$50) through 2014.
Colorectal Cancer Screening	The percentage of adults ages 50 to 75 years of age who had appropriate screening for colorectal cancer during the year.	Provide members with home testing kits.
Comprehensive Diabetes Care - HbA1c Testing	The percentage of adults age 18-75 with diabetes who received A1c testing during the year.	Comprehensive Disease Management program that includes member reminders and health education.
Annual Monitoring (labs) for Patients on Persistent Medications - ACE inhibitors/ARBs, Digoxin, and Diuretics	<p>Percentage of members 18 years old and older and on the following medications who received annual therapeutic monitoring:</p> <ul style="list-style-type: none"> • Angiotensin converting enzyme (ACE) inhibitors/angiotensin receptor blockers (ARB) • Digoxin • Diuretics <p>Appropriate testing for members includes a Serum Potassium and a Serum Creatinine for all three medications. Members on Digoxin need an additional Serum Digoxin test.</p>	Member and physician mailings and phone outreach.
Prenatal Care	The percentage of women who had a live delivery who received a prenatal care visit (to an OB/GYN practitioner or midwife, family practitioner or other PCP) in the first trimester or within 42 days of enrollment.	Member phone outreach.
Postpartum Care	The percentage of deliveries that had postpartum care visits to an OB/GYN practitioner or PCP between 21 and 56 days after delivery.	Member reminders and incentive (\$40) through 2014.
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	The percentage of children 3 to 6 years of age who had one or more well-child visits with a PCP during the measurement year.	Member/Parent incentive (\$20) through 2014.

*Subject to change without notice



news alert

L.A. Care is pleased to announce the new: **Breast Cancer Screening Physician Incentive**

SEE PAGE 9

PROGRESS notes

In this issue

- 1 | **PCMH Delivery Model Gains Momentum**
- 5 | **Reduce Wait Times for Your Patients**
- 6 | **L.A. Cares About Diabetes® Disease Management Program Supports Your Patients**
- 8 | **MSSP: A Benefit Under Managed Long Term Services and Support**
- 9 | **What if My Patient is Receiving MSSP?**
- 10 | **eConsult Program Making Progress**

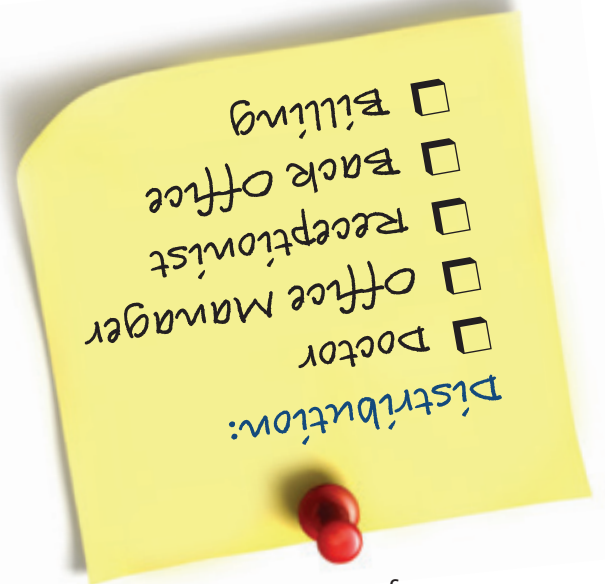
Get the Latest from thePULSE



Sign up today for thePULSE, L.A. Care's newsletter created by L.A. Care's Provider Network Operations and Marketing departments and e-mailed exclusively to network providers. Get important updates on incentives, initiatives, HIT and relevant L.A. Care news. Progress Notes is also available electronically. Visit www.lacare.org "provider newsletters" section to e-subscribe today!

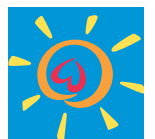
PROGRESS notes

A NEWSLETTER FOR OUR PHYSICIAN PARTNERS



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

L.A. Care
HEALTH PLAN®



LA0474 10/14

Prsrt Std
U.S. POSTAGE
PAID
Anahem, CA
Permit No. 288