



progress notes

A Newsletter for Our Physician Partners

SUMMER 2015 | VOLUME 10 | ISSUE 3



L.A. Care
HEALTH PLAN®

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EHR Support for L.A. County Health Care Providers to Continue into 2016 with L.A. Care Extension Award

A project of L.A. Care, HITEC-LA helps small practices and clinics switch from paper files to electronic health records that help improve patient care

HITEC-LA was awarded a 14-month no-cost extension from the Office of the National Coordinator for Health Information Technology to continue until June 2016. Since starting in 2010, HITEC-LA has worked with more than 5,600 L.A. County health care providers. HITEC-LA recently passed 91% of its goal to help 3,000 of these providers reach meaningful use of EHRs to qualify for federal incentives. Providers that use EHRs in a meaningful way can expand the capabilities of their practices, leading to improved clinical quality, lower costs and better patient experience.

“As a technology partner for thousands of small practices and clinics in L.A. County, we’re excited to continue building upon the foundation we started five years ago,” said L.A. Care Health Plan Chief Executive Officer John Baackes. “The extension of this award really goes a long way to improve care for vulnerable



residents who rely on the safety net for their health care needs.”

HITEC-LA belongs to the network of 62 Regional Extension Centers across the country formed under the Health Information Technology for Economic and Clinical Health (HITECH) Act. In addition to developing Regional Extension Centers, the HITECH Act also created Medicare

and Medicaid EHR Incentive Programs, which provide incentive payments to eligible professionals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. Eligible health care providers can receive up to \$63,750 under the Medicaid EHR Incentive Program or up to \$44,000 under the Medicare EHR Incentive Program.

Skilled Nursing Facility Resource Center Webpage Now Available

L.A. Care Health Plan has developed a web-based resource center for Skilled Nursing Facilities. The Resource Center will assist facilities to navigate the care coordination process for L.A. Care members receiving skilled or long-term care services.

Facilities can find updated information on:

- Contracting
- Member Eligibility
- Authorization Process: Skilled and Long-Term
- Accessing Member Benefits
- Claims and Dispute Process

Additional resources are also available such as:

- Long-Term Care Nursing Resource Guide
- SNF Billing Guide
- Referral Forms
- Department Contacts

L.A. Care is responsive to the needs of our network providers through ongoing training and education.



The webpage will allow facility staff to register for upcoming trainings and schedule individualized training based on facility needs.

Access the Skilled Nursing Facility Resource Center Webpage here:

lacare.org/providers/provider-resources/skilled-nursing-facility-resource-center

DME and Supplier Fraud, Waste and Abuse (FWA): Is it on the Rise?

L.A. Care has received a number of possible FWA cases involving durable medical equipment, prosthetics and supplies. Some recent examples include:

- Our members receiving less than what was ordered.
- Reports of claims paid, but no supplies received.
- Suppliers luring patients with free gifts and then billing government programs for them.
- An unsolicited phone offer to a member from a company in Florida promising free gifts and offering to fill all their needs for diabetic supplies. The gift received was unrelated and unneeded. No test strips were delivered, yet L.A. Care received a bill for them.
- Members being transferred from one DME supplier to another without

the authorization or consent of the member. In some cases, we receive signed documents requesting the change, but when L.A. Care calls to confirm the transfer the member states that they have no knowledge of it.

Here is how you can help us prevent this:

- When prescribing DME or supplies to a patient, verify the patient has an established DME provider. If so, send the authorization to the member's preferred supplier.
- Document this information in the patient's medical file.
- Counsel your patients to never give their Medi-Cal or Medicare ID number to anyone over the phone and if an offer sounds 'too good to be true,' it probably isn't true.



The most important thing you can do to help prevent and stop FWA, protect your patients' health and safety, and preserve program dollars is to report any suspicious activity that you encounter or that your patients tell you about. The easiest way to do this is to use the L.A. Care Compliance Help Line by calling 1-800-400-4889 or reporting online at lacare.ethicspoint.com. It is open 24/7, confidential and you can report anonymously if you wish.

L.A. Care Behavioral Health Services Sponsors LGBTQ Health Conference



Dr. Clayton Chau, L.A. Care Behavioral Health Services Medical Director, addressed attendees of the LGBTQ conference.

On Saturday, May 16th, L.A. Care’s Behavioral Health Services Department kicked off a series of Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) cultural competency trainings for providers with a one-day LGBTQ Health Conference: *Everything You Need to Know and More!* The conference, held on the USC campus, featured presentations from internationally and nationally recognized experts in primary care, behavioral health and surgery. L.A. Care CEO John Baackes and Dr. Clayton Chau, Behavioral Health Services Medical Director, addressed the providers and shared L.A. Care’s commitment to culturally competent care to the LGBTQ community. Additionally, L.A. County Supervisor Sheila Kuehl echoed tips from her keynote address on LGBTQ health equity which emphasized the significance of coordination of culturally competent care for vulnerable populations, especially sexual and gender minorities and those in transition.

Key points from the day’s presentations included:

- When interacting with members one-on-one, ask open-ended questions from a place of non-judgment and listen/ask for members’ preferred pronoun and name.
- All staff, from the front desk to providers, must be trained on cultural sensitivity.
- Acknowledging LGBTQ members in brochures, intake forms, and websites can bolster members’ perception that the practice is a safe space.
- Terminology tip: one is not *transgendered* or *a transgender*; one is *transgender*, as in, “For some transgender members, hormone therapy can improve quality of life outcomes and social functioning while reducing anxiety and depression.”
- When medically necessary, covered Medi-Cal benefits can include hormone therapy and sex reassignment surgeries (e.g. orchiectomy, mastectomy, phalloplasty).

For more tips, or to coordinate LGBTQ cultural competency training for your practice, contact Joel Nellis in Behavioral Health Services by email at jnellis@lacare.org or call 1-213-694-1250 ext. 6131.

If you would like to receive notifications about other continuing education opportunities from the L.A. Care Provider Continuing Education Department, contact pce@lacare.org and ask to be added to the event distribution list.

Pharmacy and Formulary Updates

Please visit the “Provider” section of lacare.org to view updates in L.A. Care formularies. Certain medications have additional prerequisites for coverage such as quantity limits, step therapy, and prior authorization requirements. L.A. Care’s Pharmacy Benefit Manager, Navitus Health Solutions, is available as your resource for formulary preferred agents, therapeutic interchanges, and exception requests. Contact Navitus Customer Care toll-free at 1-866-333-2757, 24 hours a day, 7 days a week.

L.A. Care also offers 90-day prescriptions for chronic diseases through our mail order pharmacy service, WellDyneRx Prescription Drug Mail Service. Search for key words “mail order” at lacare.org for WellDyneRx Mail Service FAQs.





L.A. Care and the American Cancer Society Team Up on Colorectal Cancer Screening Initiative

In continuation of L.A. Care's partnership with the American Cancer Society (ACS) and pledge to the National Colorectal Cancer Roundtable's "80% by 2018" initiative, here is what you need to know about colorectal cancer screening options.

Colorectal Cancer Screening Options:

- **Guaiac-based fecal occult blood test or fecal immunochemical test (FIT) completed yearly.**
 - Screening guidelines specify that only high-sensitivity forms of guaiac-based tests or FIT should be used for colorectal cancer screening. Follow-up with all patients who have a positive stool test with a colonoscopy.
- **Flexible Sigmoidoscopy completed every 5 years.**
 - All positive screening results must be followed up with colonoscopy.
- **Colonoscopy completed every 10 years.**

The two most commonly used screening strategies for average-risk patients are either colonoscopy or annual stool blood testing. There is no evidence from randomized controlled trials that one screening method is the "best."

- Based on modeling studies that assume 100% patient adherence for stool testing and colonoscopy, years of life saved through an annual high-quality stool-blood screening program are **COMPARABLE** to high-quality colonoscopy-based screening program when positive stool tests are followed by colonoscopy.
- It is important to note that in-office stool testing and digital rectal exams are not appropriate methods of screening for colorectal cancer.

Achieving target screening rates will require use of both colonoscopy and stool-based screening strategies. **Offer various testing options to patients.** The best test is the one that gets done!

- Research shows that screening adherence was lower in patients offered screening colonoscopy alone, compared to those offered a stool-based method alone or a choice between the two options.

As a physician, your role in increasing colorectal cancer screening rates is vital. **A recommendation from a physician is the most influential factor in determining whether a patient is screened for colon cancer.**

For additional information and ways to improve screening rates for your patients, check out cancer.org/colonmd. And to learn more about the National Colorectal Cancer Roundtable's goal of **increasing the percentage of adults 50 and older who are screened for colorectal cancer to 80 percent by 2018**, visit nccrt.org.



L.A. County Launches ORCHID EHR Sharing System



The Los Angeles County Department of Health Services (DHS) has launched an initiative to exchange Electronic Health Records (EHRs) across its four hospitals: Harbor-UCLA Medical Center, LA County-University of Southern California Medical Center, Olive View-UCLA Medical Center and Ranchos Los Amigos National Rehabilitation Center.

The new DHS system is called Online Real-time Centralized Health Information Database, or ORCHID. The system is being implemented hospital by hospital throughout 2015. When complete, it will enable a master patient index and facilitate rapid sharing of patient health records. The data sharing system is being developed in coordination with the Cerner Corporation, provider of the EHR system used in the hospitals.

The LA DHS is the second largest public health system in the U.S. and serves nearly ten million residents. County health officials believe the ORCHID system could serve as a model for other public health organizations.

According to Robert Bart, chief medical information officer of the DHS, the new system will provide “a single medical record for each person that receives health care at DHS. It will be a huge improvement in patient safety and we hope also in patient satisfaction.”

The county initiative comes as a new study reports that regional sharing of EHR information can reduce certain health care costs. A study published in the January edition of the *American Journal of Managed Care* found that widespread sharing of EHRs reduced the number of repeat imaging tests by 25 percent. The study examined an 11-county health information exchange (HIE) network based in Rochester, N.Y. The HIE or “community portal” enabled physicians and hospitals to readily exchange data.

Public health experts estimate that 10 to 40 percent of all medical imaging, including ultrasounds, CTs, MRIs and mammograms are repeated, often unnecessarily. The study’s authors noted that the federal government has invested heavily in health care technology in the belief that it will lower the growth of health care costs. To date, however, only a few studies have shown proof of a specific benefit of EHR sharing.

Cash-and-Carry Health Insurance Premiums



L.A. Care Covered members can now pay monthly premiums in cash at more than 680 locations, including 7-Eleven, ACE Cash Express and Family Dollar Stores with PayNearMe. Members present a bar code to the store cashier and make their cash payment. The service is free to members and the payments posts to L.A. Care within 24 hours.

One in four Americans who were previously uninsured and eligible for federal insurance subsidies do not have a bank account, relying instead on pre-paid debit cards, money orders and cash to pay bills, according to a study by Jackson Hewitt Tax Service.

Like most health insurers around the country, L.A. Care pays fees to Visa, MasterCard and banks to process debit and credit card transactions. L.A. Care Director of Commercial and Group Plan Operations, Laura Jaramillo, said the health plan negotiated a similar surcharge to PayNearMe for cash payments.

“It should not increase our administrative costs,” Jaramillo said. L.A. Care estimates up to 25 percent of its marketplace customers mail in money orders each month. Now, members who don’t have a bank account can pay in cash, said Jaramillo, “instead of sending us money orders.”



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 employees 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.

* 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.

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



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
- ✓ Prenatal Care and Postpartum Care:
 - **Timeliness of Prenatal Care***
 - Postpartum Care
- ✓ **Breast Cancer Screening***
- ✓ **Cervical Cancer Screening***
- ✓ 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 AND PAYMENT

1	<p>Eligible physicians receive an <i>attainment</i> score and an <i>improvement</i> score for each performance measure:</p> <ul style="list-style-type: none"> • 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. <p>Physicians must have at least 10 eligible members to receive a score for a particular measure.</p>
2	<p>The better of these two scores becomes the physician's <i>incentive score</i> for each measure. This ensures that high performers receive high scores, and that lower performers demonstrating improvement also have an opportunity to score well.</p>
3	<p>An average of all incentive scores (must have a minimum of three scored measures) determines the physician's overall <i>performance score</i>. (In community clinics, all physician performance scores are averaged to determine an <i>organizational performance score</i>.)</p>
4	<p>P4P payments are distributed annually in the fourth quarter according to the following formula:</p> <p>a. <i>Performance score X # of eligible, assigned members = member points</i></p> <p>b. <i>Member points X payment amount per member point = payment \$\$\$</i></p>



Identifying Patients' Need for MLTSS

Managed Long Term Services and Supports (MLTSS) is a wide range of services that provide support to seniors and individuals with disabilities so that they can remain living safely at home including IHSS, CBAS, MSSP, and other community resources.

L.A. Care members receiving MLTSS often have complex needs in different areas of their life. They may be suffering multiple chronic conditions (functional and cognitive) or may lack social, educational, and economic support. To fully understand the supportive needs of this population, it is important to take on a person-centered approach to understand their story; who they are, where they come from, and what their needs are. L.A. Care's MLTSS team is made up of individuals with backgrounds in nursing, social work, community programs and advocacy.

MLTSS Team: equipped to identify, brainstorm, and help resolve members' life-altering situations.

Many of the MLTSS and community programs have different requirements and eligibility guidelines, so the MLTSS team learns more about its members by posing questions about the member's demographics. For example:

- Where are they from? What is/was their occupation? What are their interests? Who is part of their life support system?
- Are they having difficulties performing their ADLs and IADLs? What medications are they taking, if any, and are they remembering to take them?
- Have they fallen, and if so, are they using an assistive device or receiving physical therapy?
- How often do they leave their home? Do they go out unassisted? Do they have a home? What means of transportation do they use?
- What are their daily struggles?

L.A. Care's MLTSS team works to obtain answers to these questions to help your patients get access to the services they need. Nonetheless, the process starts with the PCP; in your office, while you are engaging the patient to tell you about their aches and pains. You might think it is time consuming and does not work. However, the quality of care we are referring to is not measured by the amount of time you spend with your patients, but rather by the quality of service you provide by recognizing their difficulties and challenges. This is done through the tools and assessments you already have in place.

Continued on next page

Identifying MLTSS needs by utilizing assessment tools:

- Patients having challenges in different areas of their life (identified by using psychosocial assessments or other methods or tools)
- Patients having difficulties with ADLs (identified through KATZ assessment or other tools)
- Patients having difficulties with IADLs (identified through Lawton assessment or other tools)
- Patients taking multiple meds (identified through medication inventories)
- Patients falling and not being able to get up or needing an assistive device/PT assessment (identified through Tinetti scale assessment or other balance and gait tools)
- Patients feeling sad and lonely and lacking social support (identified through Geriatric Depression Scale or other depression screening tools)
- Patients concerned about their memory and decreasing recall (identified problem through Folstein Mini Mental State Examination or other screening tools)

- Patients reporting numerous falls due to possible inadequate home conditions (identified through home safety checks or observation tools)

Using these tools and asking questions to determine members' needs can be considered time-consuming. However, by working together, to help members access MLTSS and community programs, we can increase the quality of care provided to our members, prevent unnecessary hospitalizations, usage of urgent care, and reduce the need for duplicative services.



If you are unsure if your patient has an MLTSS or community need, the MLTSS team can help you with assessment. For questions, contact the MLTSS Department at 1-855-427-1223 or email at mltss@lacare.org.

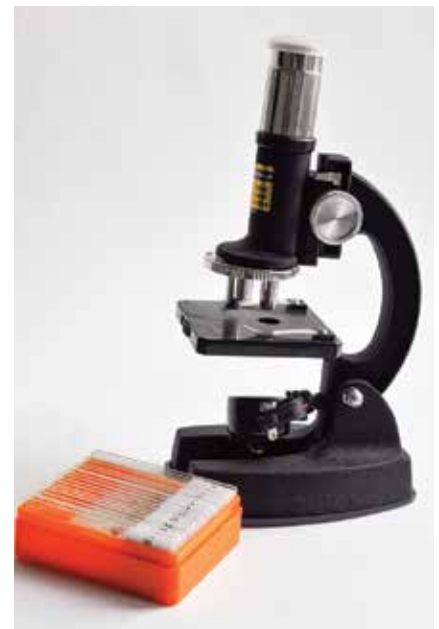
Screen Patients for Chlamydia Yearly

The U.S. Preventive Services Task Force recommends that sexually active women ages 24 and under should be screened for chlamydia annually, due to increased risk. A nucleic acid amplification test, conducted via self or clinician collected vaginal swab, cervical swab, or urine specimen, is the preferred method of screening.

What can you do to incorporate this guideline into your workflow and prevent adverse reproductive health outcomes? Screen patients for chlamydia:

- upon prescribing contraceptives
- when testing for pregnancy
- during the annual wellness exam

L.A. Care offers a toolkit on chlamydia screening with information on clinical guidelines and best practices available at lacare.org/providers/provider-resources/provider-tool-kits. You can also order health education materials on STD testing and chlamydia in English and Spanish to distribute to patients at lacare.org/providers/provider-resources/health-education-tools or by calling 1-855-856-6943. For clinical practice tools and more information, visit the National Chlamydia Coalition website at ncc.prevent.org.



Oral Health: Fluoride Varnish

An Effective Way to Reduce Preventable Conditions



Baby-bottle tooth decay and dental caries persist as significant health issues, especially in low-income communities. Fluoride varnish is an easily administered and effective way to reduce the morbidity, cost, and pain of these preventable conditions.

Medi-Cal offers fluoride varnish as a covered benefit recognizing that parents of children under the age of six do not usually seek preventive dental care, but do have regular contact with their medical providers.

Fluoride varnish is recommended up to three times per year: between the time that the first teeth erupt and up to six years of age. Pediatricians can apply fluoride varnish in their office or properly trained, supervised, and unlicensed assistive personnel (e.g., medical assistant) can apply the fluoride varnish, available in single application and multi-application packaging. Talk to your supplier for details.

Providers can offer this benefit at an office visit and document it in the patient's medical record. Per the Child Health and Disability Prevention (CHDP) guidelines, providers can refer children older than one year to a dentist. For more information regarding oral and health assessment, fluoride varnish application, and anticipatory guidance, visit aap.org/compeds and search oral health.



Nurse Advice Line: Free Health Care Advice for Your Patients

The L.A. Care Nurse Advice Line is available for members who have a health problem 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 patient's health plan Nurse Advice Line is on the back of their member ID card. Here are the numbers:

Anthem Blue Cross: 1-800-224-0336 (TTY/TDD 1-800-368-4424)

Care1st Health Plan: 1-800-609-4166 (TTY/TDD 1-800-735-2929)

Kaiser Permanente: 1-888-576-6225

L.A. Care Health Plan: 1-800-249-3619 (TTY/TDD 711)

Cultural and Linguistic Workshops



L.A. Care offers free classroom and online workshops to support you as our network provider in delivering culturally and linguistically appropriate patient-centered care.

The following workshops are designed to assist providers in working effectively with our diverse patient populations and being compliant with state and federal regulations.

Cultural and linguistic competence are widely recognized as fundamental aspects of quality in health care and as essential strategies for reducing disparities by improving access, utilization, and quality of care.

- Introduction to Cultural Competency (1 hour: classroom or online)
- How to Communicate with Limited English Proficient Members (1 hour: classroom or online)

- Communicating Through Health Care Interpreters (2 hours: online CME)

Please contact CLStrainings@lacare.org for more details or to schedule these workshops.



Access to Care – Interpreting Services

Research indicates that limited English proficient patients face linguistic barriers when accessing health care services. L.A. Care offers no-cost interpreting services including American Sign Language to help remove the linguistic barriers and assist our providers in delivering linguistically appropriate care. Use of trained qualified interpreters leads to increased patient health knowledge and compliance with treatment and decreased problems with patient-provider encounters while complying with the state and federal regulatory requirements.

- Inform and offer no-cost interpreting services to patients.
- Avoid using friends, family members and especially minors as interpreters except in emergency situations.
- Document patient's preferred language in the medical record.
- Document patient's request or refusal of interpreting services.

Telephonic interpreting service is available for 24 hours a day, seven days a week. To access the service, please call 1-888-930-3031. Please be ready to provide the following information:

- Language needed
- L.A. Care member's ID number
- Medical board license number



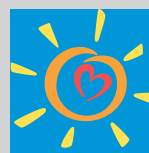
Accreditation of Medi-Cal, Healthy Kids and Healthy Families Program

PROGRESS notes is a publication of L.A. Care Health Plan for our Medi-Cal and Cal Medi-Connect 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—1-800-49-3619, 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 mental health care 24 hours a day, 7 days a week
- **L.A. Care Covered:** 1-855-270-2327 (Providers: Option "2")



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A NEWSLETTER FOR OUR PHYSICIAN PARTNERS



news alert

**DME and Supplier Fraud,
Waste and Abuse (FWA):
Is it on the Rise?**

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