

Progress Notes

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L.A. Care's eManagement Program Helps Providers Treat Behavioral Health Conditions

Behavioral health is an important part of a patient's well-being. In the ongoing effort to improve quality of care across L.A. County, L.A. Care launched a collaborative care program in 2016 called eManagement to help address this aspect of patient care. This behavioral health initiative is designed to enhance collaboration between primary care providers and mental health specialists. The goal is to improve patient care through increased behavioral health screenings, co-management of patients, and reduction of demand for psychiatrist office visits.

By conducting mental health screenings and completing online dialogues with network psychiatrists, eligible physicians from small group practices in L.A. County can earn incentives for each qualifying patient under the eManagement program. Online consultations are straightforward and utilize a secure, web-based platform. eManagement provides an integrated approach to whole-person care to help manage and treat patients with mild-to-moderate behavioral health conditions within their medical home, and to more effectively utilize available mental health resources.

Even though the program is just getting started, a few early observations can be noted. First, almost all dialogues



pertain to enhanced medication management which is a major goal of the program. Second, almost all dialogues to date are closed with no referral required, allowing L.A. Care members to receive appropriate care in their own medical homes. Third, there is a small group of progressive primary care providers who are leading adoption and collaboration.

As of mid-2017, more than 140 providers have enrolled in the program reaching over 150,000 patients. Over \$80,000 in incentives has been paid to participating physicians who completed 7,700 screenings for depression, anxiety, and substance abuse and performed 75 dialogues for L.A. Care members. The program is still accepting providers. To learn more or join, please contact L.A. Care at 1.888.524.4832.

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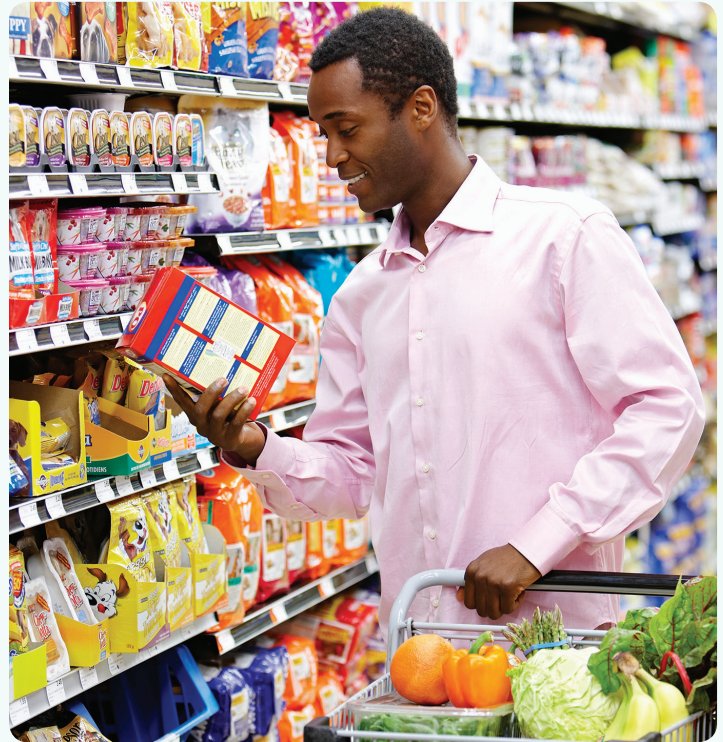
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HEALTHCARE**
IN THE CITY OF ANGELS
SINCE 1997

Updated Nutrition Labels Make It Easier to Track Sugar Intake

In early 2017 the FDA updated the Nutrition Facts label for packaged foods. Products reflecting these changes are increasingly appearing in the marketplace. The revised labels make it easier for consumers to see serving size, servings per container and calories per serving. Labels now also specify the amount of added sugars.

Dietary guidelines recommend limiting added sugars to less than 10% of total calories (less than 200 calories or 50 grams of added sugars a day for a 2,000 calorie diet). Consumers can improve their health by identifying and limiting sugar consumption. However, the new changes can particularly help patients with prediabetes, diabetes or weight concerns better control their sugar intake. Excessive sugar can cause obesity, which increases the likelihood of developing diabetes.

A useful resource for patients who wish to boost their health habits can be found on the USDA's website. *SuperTracker* at supertracker.usda.gov allows users to look up nutritional information, track their food and activity levels, and choose health goals.



“Skinny Repeal” Health Care Bill Defeated

Health care for low income Americans was preserved recently when the Senate defeated the “skinny repeal” bill (49-51) with the assistance of Democratic Senators and Republican Senators McCain, Murkowski, and Collins. Two other repeal bills were defeated earlier, which would have directly impacted the Medicaid and health benefit exchange programs.

Despite the “skinny repeal” bill being a slimmed down version of the original proposal, it still would have increased the number of people who are uninsured by 15 million next year compared with the current law (according to the Congressional Budget Office). Also, premiums for people buying insurance on their own would have increased about 20%. L.A. Care will continue to remain vigilant of additional proposals designed to undercut the Exchanges and Medicaid over the coming months.

Breast Cancer Rates Increasing Among Asian Americans

Asian American women have shown an increase in breast cancer rates, according to data from the Cancer Prevention Institute of California. Research revealed that Asian American women in California show lower use of mammograms than other racial/ethnic groups. Korean and South Asian women show the least mammogram use.

The findings, published in *Breast Cancer Research and Treatment*, resulted from tracking breast cancer incidence among seven Asian American ethnic groups in California. Chinese, Korean, Filipino, Vietnamese, South Asian and Southeast Asian groups all showed increases in breast cancer incidence over a 15-year period (1988 through 2013). Only Japanese women defied the trend, which researchers hypothesized was because they showed a spike several decades earlier. The largest increase occurred among Koreans, South Asians and Southeast Asians.

Scarlett Lin Gomez, lead researcher, recommended addressing disparities in access to care among these groups, and advocated additional research to identify breast cancer risk factors for specific breast cancer subtypes.

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Women ages 50 to 74 should have a screening mammogram every two years. Women at high risk may benefit from starting at age 40. Breast Cancer Awareness Month in October presents physicians with a timely opportunity to remind their patients about the lifesaving benefits of mammography.

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Vital Signs

Vaccinate Your Patients Against the Flu

As flu season approaches, L.A. Care asks providers to schedule flu shot appointments for all patients 6 months of age and older.

Here are tips for your practice:

- Remind your patients by phone, text, mail, and/or email to get a flu shot.
- Emphasize that the vaccine is needed every year, is at no cost to L.A. Care members, and is especially important to protect children, seniors, and high-risk patients.
- Start scheduling vaccinations as soon as the vaccine is available (typically in September).
- Utilize scheduled visits as an opportunity to vaccinate.
- Remember that providers are the most trusted source of vaccine information and advice.



L.A. Care promotes the importance of annual flu vaccination to members through reminder phone calls and postcards. As such, providers should anticipate an influx of members needing the flu vaccine. This time is also an opportunity to provide the pneumococcal vaccine to patients 65 years and older.



For more information about this year's flu vaccination, please visit the Los Angeles County Department of Public Health website at publichealth.lacounty.gov/ip/influenza.htm.

Assisting Your Patients With Depression

Depression is a health condition that affects your patient's feelings, thoughts and ability to carry out daily activities. People with depression may have difficulty getting up in the morning, and feel very tired during the day. They can also lose hope for the future. Often depressed people avoid others. Depression may also make it hard for them to pay attention or to complete a task.

Common Signs of Depression:

- Feeling sad, empty or hopeless most of the day, almost daily for two or more weeks
- Loss of interest in activities
- Sleeping too much or too little
- Weight loss or gain
- Feeling worthless
- Trouble concentrating
- Having negative thoughts that don't stop

What Can You Do?

Routine screening is vital for depression diagnosis and management. Patients should be assessed during all routine visits. Assessment can be achieved by using two simple tools, the Patient Health Questionnaires (PHQ). The PHQ-2 is a two-question assessment that should be administered initially, and can be self-administered by the patient in the waiting room. The PHQ-9 is a nine-question assessment that should be administered by the physician only if the



member scores positive on the PHQ-2. These tools can be found on the L.A. Care Provider Portal.

If a member appears to be depressed, please refer them for behavioral health services where they can receive mental health therapy as well as psychiatric services. L.A. Care members can access these services by calling our behavioral health vendor, Beacon Health Options at 1.877.344.2858.

Standard of Care

Newly diagnosed members with depression should receive two follow-up visits by a behavioral health therapist within 12 weeks of initial diagnosis. In addition, they should be seen by a psychiatrist or prescribing primary care provider (PCP) within 90 days of diagnosis. A second visit with the psychiatrist or PCP should take place within 90 days of the patient's first visit.

Discuss With Your Patients

- It may take time to find the right medication that works for them.
- It may take up to three weeks for the medication to work.
- It may take six months or more to fully treat depression.
- It is important to take all medications the way they are prescribed.
- Don't stop taking the medication, even if they are feeling better.
- Be sure to refill prescriptions on time.

Questions to Ask Your Patients

- Do you use home remedies or supplements such as herbs, vitamins, or over-the-counter medication?
- Do you smoke or drink?
- Do you use other drugs?

If the answer is yes, share that these can affect how the antidepressant medicine works.

To find out more about the L.A. Care list of covered drugs, the Formulary, and monthly updates, please visit the L.A. Care website at lacare.org. You will also find information about Formulary limits or quotas, generic and brand medications, restriction on medication coverage, medication request process, drug preferences, and how to use the Formulary procedures.



Vital Signs

Simple Urine Test to Screen for Chlamydia

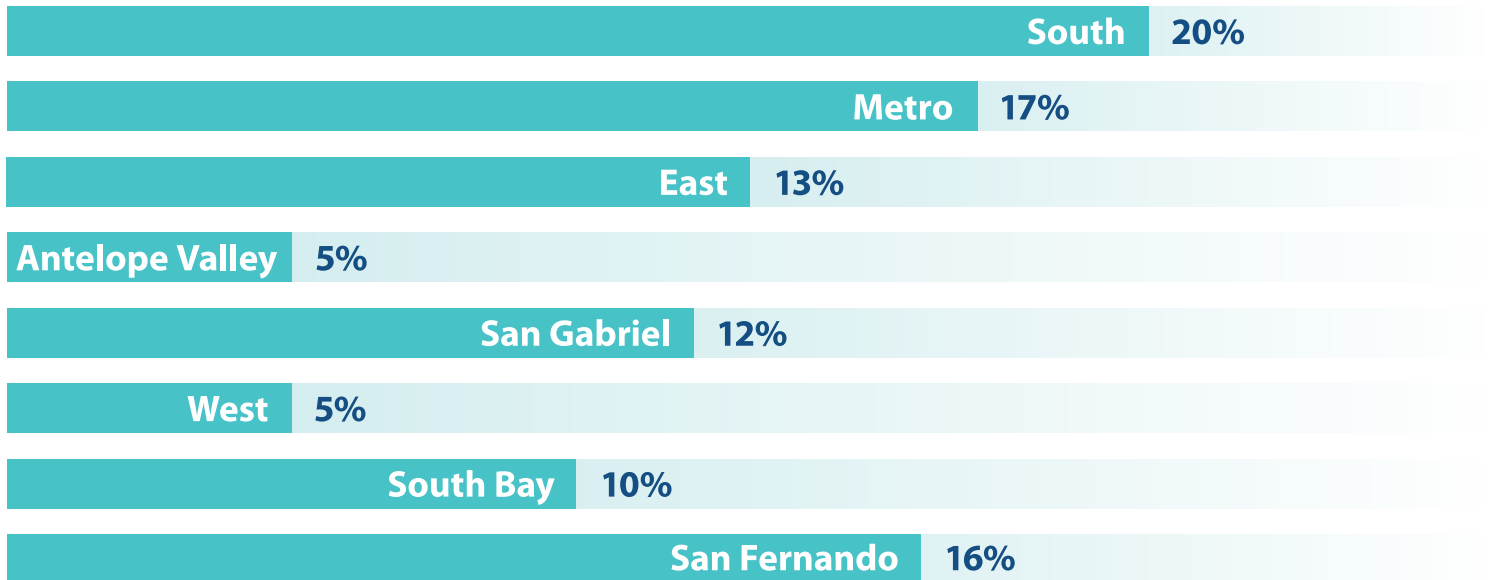
According to the Department of Public Health, chlamydia rates in Los Angeles County increased 17% between 2010 and 2014, with rates in males increasing faster (27%), than females (7%). The largest number of reported cases were seen in African American males age 20-27 and African American females age 15-24. Chlamydia cases were relatively evenly distributed throughout the county; however, the South Service Planning Area (SPA) reports the largest proportion at 20% (see figure).

The U.S. Preventive Services Task Force recommends sexually active women ages 24 and under be screened annually for chlamydia. Screening has never been easier and can be done with a simple urine test. It can be done in conjunction with other office visits or routine lab tests including annual wellness exams, sick visits, when prescribing contraceptives, during pregnancy testing, and at OB/GYN or Depo Provera injection visits.

The U.S. Preventive Services Task Force concludes there is insufficient evidence to assess the balance of benefits and harms of screening for chlamydia in men. However, the screening of sexually active young men should be considered in clinical settings with a high prevalence of chlamydia (e.g., adolescent clinics, correctional facilities, and STD clinics) or in populations with a high burden of infection, men who have sex with men.



Proportion of Chlamydia Cases by SPA 2014



Year 7: January 1–December 31, 2017

PHYSICIAN PAY-FOR-PERFORMANCE PROGRAM



Rewards for Providing 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 is **an opportunity to receive significant revenue above capitation**. Eligible providers can receive annual incentive payments for outstanding performance and improvement on multiple HEDIS measures.

Why P4P?

- Meaningful performance measurement and reporting to support your clinical quality efforts
- Performance benchmarking to show how you compare to other L.A. Care providers
- Performance-based revenue to recognize clinical quality and improvement

ELIGIBILITY

- Solo and small group physicians with 250 or more L.A. Care Medi-Cal members as of January 2017 are eligible. Clinic organizations with 1,000 or more L.A. Care Medi-Cal members as of January 2017 are eligible. This includes members in L.A. Care Medi-Cal, as well as Care1st and Anthem Blue Cross.
- Performance scoring is based on membership in Medi-Cal*.

PARTICIPATION

- **There is no need to sign up.** All eligible providers automatically participate in the Physician P4P Program.
- Providers 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. Providers 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 2017, the Physician P4P Program includes 17 HEDIS measures that can impact your incentive income. Your continuing efforts to provide proactive and comprehensive care to L.A. Care members is essential:

- ✓ **Childhood Immunization Status – Combo 3***
- ✓ **Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life***
- ✓ Immunizations for Adolescents – Combo 1
- ✓ Breast Cancer Screening
- ✓ Chlamydia Screening in Women
- ✓ Prenatal & Postpartum Care (2 measures):
Timeliness of Prenatal Care*; *Postpartum Care*
- ✓ **Cervical Cancer Screening***
- ✓ Comprehensive Diabetes Care (4 measures):
HbA1c Screening; HbA1c Control (< 8.0%); Eye Exams; Medical Attention for Nephropathy
- ✓ Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- ✓ Appropriate Testing for Children with Pharyngitis
- ✓ Annual Monitoring for Patients on Persistent Medications – Diuretics

NEW in 2017:

- ✓ Children and Adolescents' Access to Primary Practitioners – Ages 12-19
- ✓ Asthma Medication Ratio – Ages 5-64
- ✓ Payment Gate: Access and Availability
 - Appointment Availability
 - After-Hours Care

Reporting-Only:

Avoidable Emergency Room (ER) Use:

Avoidable ER measures are reporting-only in 2017. 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

*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.

SCORING & PAYMENT

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

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

- 2 The better of these two scores becomes the provider **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 provider overall **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 \$\$\$**

- 5 **Payment Gate:** Once incentive payments are calculated, L.A. Care will determine the provider's Access and Availability compliance. If compliance is met in both measures, the provider will receive the whole amount calculated. If compliance is not met in one of both of the measures, a percentage of the total payment will be deducted depending on the level of non-compliance.

*The Physician P4P Program determines clinic performance scores at the clinic organization level.

Clinical Practice and Preventive Health Guideline Focus: TB Risk Assessment



L.A. County has **30% of tuberculosis (TB) cases** in California. In 2016, the incidence rate of TB in the County was **5.8 per 100,000 persons**,¹ which is twice the national incidence.²

L.A. Care recently adopted the L.A. County Adult Tuberculosis Risk Assessment Tool issued by the Department of Public Health. A key focus is the homeless population which has increased significantly and poses a threat for the spread of TB. The L.A. County Risk Assessment Tool offers a simple approach to screen asymptomatic adults for latent TB infection (LTBI) testing. LTBI testing is appropriate for any of the following:

- **Foreign-born persons** from a country with an elevated TB rate (e.g. countries OTHER than the U.S., Canada, Australia, New Zealand, Western or Northern Europe)
- **Immunosuppression**, current or planned
- **Close Contact** with someone with infectious TB disease
- **History of homelessness**

Interferon Gamma Release Assay (IGRA) is preferred over skin testing for BCG vaccinated individuals, which includes most persons born outside the U.S. Since only at-risk patients should be tested, those who test positive for LTBI should generally be treated once active TB disease has been ruled out with a chest radiograph and, if indicated, sputum smears/cultures, and nucleic acid amplification testing.



For more information, please visit:
publichealth.lacounty.gov/tb/docs/LAC%20Adult%20risk%20assessment%20and%20user%20guide.pdf

¹ California Department of Public Health, TCB. *Report on Tuberculosis in California, 2015*. 2016: Richmond, CA.

² Centers for Disease Control and Prevention. *Leveling of Tuberculosis Incidence - United States, 2013-2015*. MMWR, 2016. 65(11): p. 273-278.



Preventing Medical Fraud and Identity Theft

You can help your patients protect their health and avoid health care fraud or abuse. If your patient reports their member ID has been lost or stolen, here are some ways to assist them:

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 oag.ca.gov/cures
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 fraud alert service is free and will help protect your patients from future abuse. When calling, the patient should ask for a copy of their credit report and check it closely.

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



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

Nurse Advice Line

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



As a complement to your service, please encourage your patients to call the NAL for free health advice. If your patient is a L.A. Care member or a Medi-Cal member with one of our Plan Partners, they can call the Nurse Advice Line at the numbers listed below:

Anthem Blue Cross:
1.800.224.0336
TTY 1.800.368.4424

Kaiser Permanente:
1.888.576.6225

Care1st Health Plan:
1.800.609.4166
TTY 1.800.735.2929

L.A. Care Health Plan:
1.800.249.3619
TTY 711

The NAL phone number is also located on the back of the patient's health plan member ID card. Additionally, they can be found on the L.A. Care websites: lacare.org, lacarecovered.org, and calmediconnectla.org.

Immunizations in CAIR2



Make sure your physician office or clinic is enrolled and trained in CAIR2, the California Immunization Registry, so you can enter your immunization records!

Remember, Childhood Immunization Status (CIS) and Immunizations for Adolescents (IMA) are HEDIS measures that are counted in L.A. Care's Physician P4P and VIIP+P4P programs. CAIR2 is an effective way to identify immunization gaps and ensure that L.A. Care has all the data. Continue to check back at the CAIR website for updates: <http://cairweb.org/cair-2-project/>

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



L.A. Care's website has information about many different topics that might be helpful to you. It provides a useful way to get information about L.A. Care and its processes. Please visit our website at lacare.org and click on "For Providers" for the following information:

- Quality Improvement Program, including goals, processes and outcomes related to care and services
- Policy encouraging practitioners to freely communicate with patients about their treatment, including medication treatment options, regardless of benefit coverage limitations
- Requirement that practitioners, providers and facilities cooperate with quality improvement activities; provide access to their medical records, to the extent permitted by state and federal law; maintain confidentiality of member information and records, to the extent permitted by state and federal law; maintain confidentiality of member information and records; and allow L.A. Care to use performance data for activities such as quality improvement activities and public reporting to consumers

- Policy on notification of specialist termination
- Access standards
- Care management services and how to refer patients
- Disease Management Program information and how to refer patients
- Health education services and how to refer patients
- Coordination of Medicare and Medicaid benefit
- Care services to members with special needs
- Clinical Practice Guidelines, including ADHD and depression
- Preventive Health Guidelines
- Medical record documentation standards; policies regarding confidentiality of medical records; policies for an organized medical recordkeeping system; standards for the availability of medical records at the practice site and performance goals
- Utilization Management Medical Necessity Criteria, including how to obtain or view a copy

- Policy prohibiting financial incentives for Utilization Management decision makers
- Instructions on how to contact staff if you have questions about Utilization Management processes and the toll-free number to call
- Instructions for triaging inbound calls specific to Utilization Management cases/issues
- Availability of, and the process for, contacting a peer reviewer to discuss Utilization Management decisions
- Policy on denial notices
- Policy regarding the appeals notification process
- Pharmaceutical management procedures and lists of pharmaceuticals included in the benefit plan and Formulary updates
- Policy regarding your rights during the credentialing/recredentialing process, including how to review information and correct erroneous information submitted to support your credentialing application, as well as how to obtain information about the status of your application and how to exercise these rights
- Members' Rights and Responsibilities
- Web-based provider and hospital directory



If you would like hard copies of any of the information available on the website, please contact our Provider Relations team at 1.213.694.1250, ext. 4719. 1.866.LA.CARE6 (1.866.522.2736).

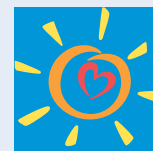


Progress Notes is a publication of L.A. Care Health Plan for our Medi-Cal and Cal MediConnect provider networks.

If you have any questions or comments about topics in this issue, please write to us at editor@lacare.org or call us at 1.866.LA.CARE6 (1.866.522.2736).

IMPORTANT CONTACT NUMBERS

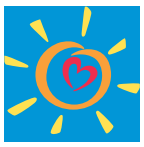
- **L.A. Care Compliance Helpline:** 1.800.400.4889, 24 hours a day, 7 days a week
- **Provider Services:** 1.866.LA.CARE6, 1.866.522.2736 (Eligibility & Claims questions only)
- **Provider Relations:** 1.213.694.1250 x4719
- **Utilization Management:** phone 1.877.431.2273, fax 1.213.438.5777 for authorization requests
- **LTSS Department:** 1.855.427.1223 for Long-Term Services and Supports
- **HCC Outreach Specialist, Betty Garcia:** 1.213.694.1250 x4935, fax 1.213.438.4874 for Annual Wellness Exam (AWE) forms
- **Health Education:** 1.855.856.6943 for forms and programs
- **Nurse Advice Line:** L.A. Care – 1.800.249.3619, Kaiser – 1.888.576.6255, Care1st – 1.800.609.4166, Anthem Blue Cross – 1.800.224.0336
- **Beacon Health Options:** 1.877.344.2858 (TTY 1.800.735.2929) for behavioral health services 24 hours a day, 7 days a week
- **L.A. Care Covered™:** 1.855.270.2327 (Providers: Option "2")



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

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For a Healthy Life

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Progress Notes

A NEWSLETTER FOR OUR PHYSICIAN PARTNERS

Progress Notes

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Sign up today for thePULSE, L.A. Care's newsletter created by L.A. Care's Provider Network Operations and Marketing departments and emailed exclusively to network providers. Get important updates on incentives, initiatives, HIT and relevant L.A. Care news. Progress Notes is also available electronically. Visit lacare.org under the "For Providers" section to select the "Newsletter Sign Up" link today!

News Alert



Vaccinate Patients Against the Flu

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