



progress notes

A Newsletter for Our Physician Partners

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L.A. Care
HEALTH PLAN®

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John Baackes Selected to Take the Helm at L.A. Care



"I couldn't be more honored and humbled to be selected to lead L.A. Care during this phase of growth for the organization..."

L.A. Care Health Plan's Board of Governors recently announced the selection of John Baackes as the new Chief Executive Officer. Baackes, with over 30 years of health care experience, joined L.A. Care on March 23. He is replacing former CEO Howard A. Kahn, who announced his departure a year ago.

Baackes previously oversaw the Medicare Advantage business unit at AmeriHealth Caritas based in Philadelphia, PA. Prior to this position, Baackes was CEO of Senior Whole Health in Cambridge, MA, a voluntary health care plan for more than 10,000 low-income seniors in Massachusetts and New York.

"I couldn't be more honored and humbled to be selected to lead L.A. Care during this phase of growth for the organization, especially during this time of ongoing, seismic changes in the health care arena," said Baackes. "It's clear that Mr. Kahn left big shoes to fill, but I'm fully committed to ensuring L.A. Care continues to deliver on its increasingly important mission to provide quality, affordable healthcare for Los Angeles County residents."

Baackes has served in a number of executive leadership roles across the health care industry, including senior vice president for Group Health Incorporated in Albany, NY; president of Kaiser Permanente's Northeast division in Latham, NY; and CEO of Community Health Plan, also in Latham. He is also a trustee at Southern Vermont College.

"After a rigorous nationwide search, the Board is confident that Mr. Baackes is the best choice to lead L.A. Care into a new era, all while maintaining a focus on our mission, members and community," said the Chair of L.A. Care's Board of Governors, Dr. Thomas Horowitz. "L.A. Care's growth due to the Affordable Care Act has been rapid and dramatic, so we are pleased that he has accepted this challenging, yet rewarding opportunity during a pivotal time in our history."

Baackes holds a bachelor's degree from Southern Illinois University, Carbondale, and is a native of Evanston, IL.



Gertrude "Trudi" Carter, M.D.

Chief Medical Officer

Enhancing Member Engagement through New National Committee for Quality Assurance Standards

As of July 1, 2015, the National Committee for Quality Assurance (NCQA) is requiring health plans to follow new standards for member engagement, the Member Connection Standards for Health Plans (MEM Standards).

With a focus on improving member access to health care information, the MEM Standards promote members' ability to manage their own care and make informed decisions:

- **Health appraisals** indicate current and perceived state of health
- **Self-management tools** include health weight maintenance and smoking and tobacco use cessation
- **Functionality of claims processing**, make claims information available online and/or via phone
- **Pharmacy benefit information** allow tasks like refilling a prescription or finding an available pharmacy online and/or via phone
- **Personalized information on health plan services** such as replacement member ID cards and changing providers
- **Member support** with at least four innovative technologies, including electronic refill reminders and eConsult
- **Health information line** available 24 hours a day, with interpreter services
- **Support for healthy living** including identification of members and targeted follow-up
- **Delegation provisions** for transmitting member data to ensure adherence to private protective health information standards

Several of these standards are practices that L.A. Care currently employs and supports, and is able to do so with cutting-edge advances in technology.

Thanks to the Affordable Care Act, emphasis is being placed on increasing member participation and engagement in the delivery of care. At L.A. Care, we firmly believe in giving our members as much control of their health care as possible. With that control, they can make the best decisions for their health, supported by a team that includes doctors, caregivers, and of course, their health plan.

FRAUD-PROOFING YOUR PRACTICE

Tips for Providers and Medical Groups



1. Conduct a thorough background check before hiring any employees or contractors. Also, do not forget to check the suspensions and exclusions lists from the State and the Office of Inspector General (OIG). To do this, go to: exclusions.oig.hhs.gov/ and files.medi-cal.ca.gov/pubsdoco/SandILanding.asp
2. Do not sign any claims, forms or statements without first reviewing them. If you do, and there is a false claim or statement in those documents, you could be liable under state and federal law for filing a false claim or statement. Remember: no payment is necessary for liability.
3. Take all complaints from employees and contractors seriously. Investigate them thoroughly and act promptly. How you handle these issues could prevent whistleblower suits.
4. Make sure all your records are thoroughly documented in a timely manner.
5. If you use prescription drug pads, know where they are at all times so that you can guard against theft.
6. Report all cases of suspected fraud and abuse to L.A. Care as required by your contract. You can do this by calling L.A. Care's Helpline at 1-800-400-4889 or filing online at lacare.ethicspoint.com. You can also call the Provider Inquiry Line at 1-866-522-2736. See the L.A. Care Provider Manual for more information on Fraud, Waste and Abuse and other ways to report to L.A. Care.
7. Keep your employees and contractors informed about Fraud and Abuse and their reporting obligations.



Save the Date

The California Medical Association (CMA) offers its members programs to educate physicians and staff on a range of practice management issues.

2015 Western Health Care Leadership Academy

The 18th Annual Western Health Care Leadership Academy has been set for May 29-31, 2015, in the heart of Hollywood.

The Leadership Academy will continue its mission of providing the information and skills needed to succeed in today's rapidly changing health care marketplace. Early registration is open now. Early bird registrants save \$100 and secure their spots at the west coast's premier health policy and leadership development conference.

For more information, visit westernleadershipacademy.com.

Contact: Homa Neely, 1-800-795-2262 or leadership@cmanet.org



Tobacco Cessation – What Physicians Can Do

Effective November 1, 2014, Primary Care Physicians (PCPs) are mandated to adhere to requirements for tobacco cessation services as per MMCD Policy Letter 14-006. Read the full policy letter at: tinyurl.com/pxpe2j5

PL 14-006 requires PCPs to:

- Conduct an initial and annual assessment of tobacco use for each patient.
- Document tobacco use in the patient’s medical record.
- Ask tobacco users about their tobacco status at every visit.
- Ask pregnant patients about tobacco use and exposure; offer at least one face-to-face counseling session per quit attempt.
- Complete an Individual Comprehensive Health Assessment, including the Staying Healthy Assessment (SHA), for all new patients within 120 days of enrollment.
- Provide interventions, including education or brief counseling, to prevent initiation of tobacco use to school-aged children and adolescents.

Tobacco Cessation Medications

Health Plan	Nicotine Patches	Nicotine Gum	Nicotine Lozenges	Nicotine Nasal Spray	Nicotine Inhaler	Bupropion (Zyban) & SR (Wellbutrin)	Varenidine (Chantix)
Care1st Health Plan	PA required, smoking certificate no longer needed	PA required, smoking certificate no longer needed	PA required, smoking certificate no longer needed	PA required, smoking certificate no longer needed	PA required, smoking certificate no longer needed	Formulary, no PA or ST requirement	PA required, smoking certificate no longer needed
Anthem	Formulary	Formulary	Formulary	PA	PA	Formulary	PA
L.A. Care Health Plan	Formulary, no PA or ST requirement	Formulary, no PA or ST requirement	Formulary, no PA or ST requirement	Formulary, no PA or ST requirement	Formulary, no PA or ST requirement	Formulary, no PA or ST requirement	Formulary, with PA requirement

Tobacco cessation medications are covered for at least two separate quit attempts per year.

Individual, group and telephonic counseling are also available at no cost. Refer to L.A. Care Health Education at tinyurl.com/qce58cd or to the CA Smoker’s Helpline, 1-800-NO-BUTTS.

For more information and additional training, including L.A. Care’s Tobacco Cessation Provider Toolkit, please visit lacare.org. Provider training information will be posted as it becomes available. L.A. Care will monitor provider adherence to the new tobacco cessation requirements. Please call L.A. Care’s Provider Service Line at 1-866-522-2736 with questions.

L.A. Care Partners With American Cancer Society On Colorectal Cancer Screenings



L.A. Care is proud to announce a partnership with the American Cancer Society (ACS) to inform members about the importance of colorectal cancer screening. To show our commitment to eliminating colorectal cancer as a major public health problem, L.A. Care has added its name to the expanding list of health care

organizations supporting the “80% by 2018” initiative. This initiative was created by the National Colorectal Cancer Roundtable (co-founded by ACS and the CDC) with the goal of **increasing the percentage of adults 50 and older who are screened for colorectal cancer to 80 percent by 2018.**

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.**

Tips and Resources:

- **Offer various testing options to patients.** The best test is the one that gets done!
- **Screen and refer patients as recommended, even when they come in for a sick visit.** Take advantage of every opportunity; some patients only come in when they are sick.
- **Remind your team and front office staff that preventive health services are free.** Encourage them to share this information with patients.
- **Tap into resources for your practice.** The American Cancer Society offers various tools to help you and your office staff save time and educate patients about colorectal cancer screening. Resources such as “*How to Increase Screening Rates in Practice: An evidence-based toolbox and guide*” and “*FluFOBT Implementation Guide*” can be found at cancer.org/colonmd.

As part of L.A. Care’s partnership with the ACS, members overdue for colorectal cancer screening will receive a reminder postcard in Spring/Summer 2015 encouraging them to call their physician and ask about colorectal cancer screening.



Incentives Team: Physician Pay-For-Performance Program Update



L.A. Care recently announced Year 5 of the Physician P4P Program. It provides financial rewards for practices that provide high quality care for members in Medi-Cal and L.A. Care Covered in 2015.

L.A. Care made \$11 million in performance-based P4P incentive payments in December 2014. More than 650 physicians and community clinics received performance reports and incentive payments, with the highest performers receiving more than \$3.00 PMPM. This reflects L.A. Care’s commitment to rewarding clinical excellence and improvement. Congratulations to all providers who received payments, and keep up the good work!

Act now! We encourage you to learn more about the 2015 Physician P4P Program. This is a great opportunity to provide great care to L.A. Care members, and to increase your share of performance-based rewards. For more information please see the following pages or email Incentive_Ops@lacare.org.



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

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

PROGRAM OVERVIEW

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

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

ELIGIBILITY

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

AND

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

PARTICIPATION

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

* 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 & 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>



Treating Behavioral Health Needs Improves Overall Health

Treating our members’ behavioral and mental health illnesses such as depression, schizophrenia, bipolar disorder and substance misuse can improve their quality of life. This can result in improved overall health outcomes. L.A. Care is here to support you in the management of your patients’ behavioral and overall health needs. Beacon Health Strategies is a resource available for members’ behavioral health treatment. Please refer your patients to the list of support services in the table below to support their mental and overall health needs.

	Your Doctor’s Office	Beacon Behavioral Health Services	L.A. Care Member Services	L.A. Care Nurse Advice Line
Phone Number	You can find your doctor’s number on the back of your L.A. Care member ID card	1-877-344-2858 TTY/TTD: 1-800-735-2929	1-888-839-9909 TTY/TTD: 1-866-522-2731	1-800-249-3619 TTY/TTD: 711
Call for Questions about	Questions about how to take your medicine and if you have side effects from your medicine	Questions about your mental health needs	Where you find a pharmacy nearest you. You can also visit lacare.org for a list of pharmacies	Questions about your health needs
	If you need a refill for your medicine	Questions about substance use treatment	Questions about pharmacy services	Questions about your medical care
	If you need to make an appointment	If you need to make an appointment	Questions about your benefits	Questions about accessing the audio health library
	Questions about Behavioral health Services	Questions about Behavioral Health Treatment	Questions about Behavioral Health Services	Questions about Behavioral Health Services
Hours Open	Call your doctor’s office to find out	24 hours, Every day	24 hours, Every day	24 hours, Every day

*Patients can also visit lacare.org for a list of pharmacies to get their behavioral health medicines. They should also call their psychiatrist or the provider who prescribed them for refills.



Behavioral Health Depression Screening Tool

Depression and anxiety are common psychiatric disorders that are often underdiagnosed and undertreated. These conditions may be accompanied by physical symptoms. Patients generally present in primary care offices with physical rather than psychological complaints. Primary Care Providers (PCPs) should first rule out other concomitant psychiatric disorders, including alcohol and other substance abuse.

The American College of Preventative Medicine (ACPM) notes that PCP’s are the primary contacts for more than half of patients with mental illness. It is also estimated that around 20% of all Medi-Cal recipients experience some level of behavioral health problems.

L.A. Care’s Behavioral Health Department has developed an easy to use Behavioral Health Screening tool to assist you in screening your patients for depression and anxiety. The tool, consisting of two questions on mood, two questions on anxiety, and one on alcohol, can soon be found on our website under the Provider section/Behavioral Health; lacare.org/providers/behavioral-health/forms-and-toolkits.



Access L.A. Care's Clinical Practice and 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 Preventive Health Guidelines are posted on our website. You may find the following guidelines helpful in managing care in common areas of your medical practice.

Preventive Health Guidelines include but are not limited to:

- 2015 Immunization Schedule for 0-18 years of age
- 2015 Immunization Schedule for Adults
- 2015 Preventive Health Guideline Source Matrix
- Preventive services that have a rating of "A" or "B" from the U.S. Preventive Services Task Force (USPSTF)
- Child/Teen Preventive Health Guidelines
- Adult Preventive Health Guidelines

2015 Clinical Practice Guideline Source Matrix:

Clinical Practice Guidelines	
National Guideline Clearinghouse is an initiative of the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services	<ul style="list-style-type: none"> • National Guideline Clearinghouse (guideline.gov) • Clinical Practice Guidelines (ahrq.gov/clinic/cpgsix.htm) • Guidelines by Topic (guideline.gov/browse/by-topic.aspx)
Behavioral Health	<ul style="list-style-type: none"> • Practice Parameter for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders (2007) • Practice Parameters for the Assessment and Treatment of Children and Adolescents with Depressive Disorders (2007) • ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents (2011) • Practice Guideline for the Treatment of Patients with Major Depressive Disorder (Third Edition, 2010)
Cardiovascular Risk	<ul style="list-style-type: none"> • 2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk • 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults • 2013 AHA/ACC Guideline on Lifestyle Management to Reduce Cardiovascular Risk • AHA/ACCF Secondary Prevention Risk Reduction Therapy for Patients with Coronary and Other Atherosclerotic Vascular Disease (2011) • Chronic Angina Focused Update of the ACC/AHA 2002 Guidelines for the Management of Patients with Chronic Stable Angina (2007) • 2009 Focused Update Incorporated Into the ACC/AHA 2005 Guidelines for the Diagnosis and Management of Heart Failure in Adults • 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee • Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents: Summary Report (2012) • Treating Tobacco Use and Dependence: 2008 Update
Endocrine	<ul style="list-style-type: none"> • Standards of Medical Care in Diabetes-2015
Infectious Disease	<ul style="list-style-type: none"> • Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States (2014) • Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents (2014) • Sexually Transmitted Diseases Treatment Guidelines, 2010 (MMWR)
Obesity	<ul style="list-style-type: none"> • 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults • Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report (2007)
Otitis Media	<ul style="list-style-type: none"> • The Diagnosis and Management of Acute Otitis Media (2013) • Otitis Media With Effusion (2004)
Pain	<ul style="list-style-type: none"> • Assessment and Management of Chronic Pain (2013) • Adult Acute and Subacute Low Back Pain (2012) • Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society (2007) • Diagnostic Imaging for Low Back Pain: Advice for High-Value Health Care From the American College of Physicians (2011)
Perinatal Care	<ul style="list-style-type: none"> • Guidelines for Perinatal Care 7th Edition (2012)
Respiratory	<ul style="list-style-type: none"> • NAEPP Expert Panel Report 3 (EPR3): Guidelines for the Diagnosis and Management of Asthma (2007) • Diagnosis and Management of Stable Chronic Obstructive Pulmonary Disease: A Clinical Practice Guideline Update from the American College of Physicians, American College of Chest Physicians, American Thoracic Society, and European Respiratory Society (2011) • Diagnosis and Treatment of Respiratory Illness in Children and Adults (2013)

Please visit lacare.org/providers/provider-resources/clinical-practice-guidelines for links to new and updated guidelines. You may also call us at 1-213-694-1250 ext. 4027 to request a hard copy.



Helping Members Access Home and Community Based Services

L.A. County is the home of a broad range of programs and community resources that support seniors and people with disabilities who need assistance to remain living safely at home. Understanding this complex network of services as a health care provider can be daunting. Some of these programs are referred to as Home and Community Based Services (HCBS). But what does that mean? HCBS is often used to refer to long term services and supports, Older American Act funded services and community programs that provide seniors and people with disabilities services to remain living safely at home.

Undoubtedly, the term has been used loosely and interchangeably and L.A. Care uses HCBS to describe all of the above. HCBS also refers to Medical Waiver services provided under Title XIX, section 1915(c) of the Social Security Act. HCBS Medi-Cal waivers reflect specific programs intended to meet the needs of individuals at risk of being placed in medical facilities and who could be cared for in their home or other community settings.

As a health care provider, you may have come across one or more patients that could benefit from one of these HCBS waivers, including seniors and adults with disabilities suffering from severe functional and cognitive impairments. There are seven

HCBS Waivers: Assisted Living Waiver Pilot program (ALWPP), In Home Operations (IHO), AIDS Waiver, Nursing facility Acute Hospital Waiver (NF/AH), HCBS-Developmentally Disabled waiver, and the Pediatric Care Waiver program.

Patients who qualify for an HCBS Waiver program can benefit from receiving services such as: habilitation, on-going case management, transitional assistance, private duty nursing, emergency alert response system installations, home health aide, personal care, medical equipment, home modifications, and respite care.

L.A. Care and HCBS Medi-Cal Waiver programs have common values by putting patients first, preserving patient independence, patient's right to self-determination, and by keeping patients from early institutionalizations. For more info on HCBS Waivers, visit Medicaid website at [medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html](https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html) or for assistance accessing, other types of HCBS, including Long term services and supports, contact L.A.Care MLTSS Department at 1-855-427-1223.

Nurse Advice Line: Free Health Care Advice for Your Patients



Last year the L.A. Care Nurse Advice Line received close to 9,340 calls from people who planned to go to the emergency room (ER). Most of them had a health problem like a runny/stuffy nose, earache, cough, backache, or were throwing up.

Over 86.8% of the callers were able to avoid spending long hours in the ER by calling the Nurse Advice Line. They received 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.

The phone number for your patient's health plan Nurse Advice Line is on the back of their member ID card.

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

Kaiser Permanente: 1-888-576-6225

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

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

Interpreting Services for Your Patients' Medical Appointments

Did you know that L.A. Care offers your patients no-cost interpreting services, including American Sign Language, for their medical appointments? L.A. Care is here to help your patients get the care they need and make sure they understand their health. If your patients need an interpreter for their next medical appointment, please call L.A. Care's Member Services Department at 1-888-839-9909 (TTY/TDD 1-866-522-2731) at least ten days before the appointment. We can assist in their preferred language over the phone to arrange an interpreter.

L.A. Care is proud to present the “**Know Your Rights: What You Need to Know about Interpreting Services**” DVD. It guides patients through the important things they should know about interpreting services. The DVD is available in the following languages: American Sign Language, Mandarin, Cantonese, Khmer, Korean, Tagalog, Thai and Vietnamese. Please go to the links below to watch the videos.

ASL & English	lacare.org/interpretation-translation
國語 & 粵語	lacare.org/chinese
ខ្មែរ	lacare.org/khmer
한국어	lacare.org/korean
Tagalog	lacare.org/tagalog
Tiếng Việt	lacare.org/vietnamese
ภาษาไทย	http://youtu.be/kL2W3JucGT0



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:** (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, fax (213) 438-4874 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) 344-2858 (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”)

Code of Conduct

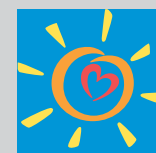
This Code of Conduct (“Code”) is intended to provide general ethical conduct standards to follow and to assist L.A. Care Health Plan (“L.A. Care”) in meeting its compliance goals. Compliance with the Code of Conduct is a condition of employment at L.A. Care. The Code is intended to complement, but not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



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.

To access the entire Code of Conduct and Compliance information, please visit the provider portal at lacare.org/providers/provider-resources/provider-faqs



L.A. Care Health Plan
1055 West 7th Street, 10th Floor
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L.A. Care
HEALTH PLAN®
For a Healthy Life



news alert

Helping Members Access Home and Community Based Services

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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 lacare.org, click on “Provider Newsletters” section to e-subscribe today!

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