

Progress Notes

SPRING 2017 • VOLUME 12 • ISSUE 2

L.A. Care's Chief Medical Officer Announces Retirement



Trudi Carter, M.D.

Trudi Carter, M.D., L.A. Care's Chief Medical Officer for the last five years, has announced her plan to retire. John Baackes, L.A. Care's Chief Executive Officer, stated "I am proud and privileged to have worked with Trudi during my time here. She is a tenacious advocate for our patients and frequently reminds us that 'it's all about the members'."

Dr. Carter has been an avid supporter of L.A. Care's Strategic Vision and its implementation. She has also provided leadership for the accomplishment of many of the initiatives supporting performance improvement across L.A. Care, as well as our National Committee on Quality Assurance activities.

Before joining L.A. Care, Dr. Carter was the Chief Medical Officer at Cal Optima. Prior to that, she held director and officer level roles at Catholic Healthcare West, Schaller Anderson, MedPartners, Mullikin Medical Centers, and Hawthorne

Community Medical Group (HCMG). She was also a board certified practicing pediatrician at HCMG. Most recently, she became a proud grandmother, which will likely be her most fulfilling role yet and give her much pleasure during retirement.

Dr. Carter will be succeeded by Dr. Richard Seidman, who will assume the role of Chief Medical Officer for L.A. Care in early spring. Please join us in congratulating Dr. Carter on her retirement, saying a fond farewell and thanking her for her contributions.

"I am proud and privileged to have worked with Trudi during my time here. She is a tenacious advocate for our patients and frequently reminds us that 'it's all about the members.'"

-John Baackes
L.A. Care, CEO

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L.A. Care
HEALTH PLAN®

Celebrating 20 Years

of Providing Health Care in Los Angeles County
1997-2017



John Baackes
L.A. Care, CEO

Over the past 20 years, L.A. Care has grown from a small, start-up health plan to the largest publicly operated health plan in the country. L.A. Care's nearly 2,000 employees and our network of over 22,000 providers and three subcontracted health plan partners now serve more than two million Los Angeles County residents. L.A. Care's trajectory provides a unique perspective on the Affordable Care Act (ACA) and how its expanded access to care has brought much-needed health coverage to millions of people both locally and around the country. In 2017, our role has become ever more critical as our elected leaders re-examine the ACA and the Medicaid program (Medi-Cal in California), which may have far-reaching consequences for the 20 million Americans who gained health insurance coverage through the ACA.

There is much speculation on what changes may come from the current repeal and replace legislation that has been introduced by the United States House of Representatives. Amid all the uncertainty,

my commitment to you, our providers, and to our members and our stakeholders, is that L.A. Care will have a strong voice at the table where discussions about these changes are taking place in Sacramento and Washington, D.C. No matter what happens to the ACA, it is my priority to ensure we preserve access to care for the millions of individuals and families we serve, while providing them with a robust provider network that meets their health care needs.

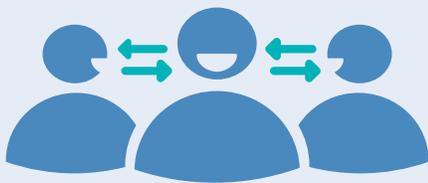
L.A. Care has successfully navigated two decades of an ever-evolving health care system and regardless of the changes to come, our priorities will remain the same. L.A. Care will not be deterred from our mission to make quality health care accessible to vulnerable populations and to strengthen the health care safety net that serves them. Thank you for everything you do to provide the best care for our members. I look forward to many more years of partnership with you.

"L.A. Care's nearly 2,000 employees and our network of over 22,000 providers and three subcontracted health plan partners now serve more than two million Los Angeles County residents."

Top 10 Tips for Working With Interpreters

L.A. Care offers no-cost interpreting services, including American Sign Language. Use of trained qualified interpreters leads to increased patient health knowledge. It also decreases challenges with patient-provider encounters, while complying with state and federal regulatory requirements. As you continue to deliver the best care to your diverse set of patients, use the following tips as a guide to working more effectively with interpreters.

1. Hold a brief introductory discussion with the interpreter prior to the beginning of the session.
2. Allow enough time for the interpreting session. Remember the messages are conveyed twice.
3. Address and speak directly to the patient.
4. Speak in short sentences.
5. Pause frequently.
6. Speak clearly and at a normal speed.
7. Avoid using acronyms.
8. Avoid medical jargon and technical terms.
9. The interpreter's role is to interpret everything accurately and completely. Don't ask or say anything that you don't want the patient to hear.
10. Read body language in the cultural context. Look for signs of comprehension, confusion, agreement or disagreement.



To access interpreting services for your patients, please call L.A. Care's Member Services at **1.888.839.9909** (TTY 711) at least ten days before the patient's appointment.

New Law Requires Differentiating Health Data for Asian Americans

A new law designed to inform health policy by distinguishing between Asian populations adds ten new categories. It will allow individuals to self-report their ethnic group more precisely. This information will allow policy makers and researchers to more effectively identify and address health trends and health disparities among groups that were previously lumped together.

The state's public health system currently includes the following categories: Asian Indian, Cambodian, Chinese, Filipino, Guamanian, Hawaiian, Japanese, Korean, Laotian, Samoan, and Vietnamese. The ten new categories, encompassing about half a million Californians, are Bangladeshi, Hmong, Indonesian, Malaysian, Pakistani, Sri Lankan, Taiwanese, Thai, Fijian, and Tongan.

According to the California Pan-Ethnic Health Network, recent studies show that some subpopulations within the Asian Pacific Islander community have fallen behind in important public health measures. For example, the group notes higher uninsured rates among Cambodians, Koreans, and Thai Americans. Asian Americans comprise 13 percent of the



Los Angeles' total population, making them the largest non-white racial group after Latinos and approximately 10 percent of L.A. Care members. To ensure that language is not a barrier to health care, L.A. Care supports diverse communities by providing interpreting services to its members.

Are PCSK9 Inhibitors the New Cholesterol "Miracle" Drugs?



A new class of anti-cholesterol drugs—the PCSK9 inhibitors—is creating a lot of buzz within the cardiology community, and various reports suggest these new drugs may be a great alternative for patients who have difficulty taking statins. The first two PCSK9 inhibitors—Repatha (evolocumab) and Praluent (alirocumab)—were approved for use in 2015. The inhibitor drugs may indeed represent a major breakthrough in cholesterol-lowering.

However, their long-term safety and effectiveness are not yet fully established. That, and their very high cost, leaves most doctors still unsure today of their proper place in clinical medicine.

Source: Nicholls SJ, Puri R, Anderson T, et al. Effect of Evolocumab on Progression of Coronary Disease in Statin-treated Patients. The GLAGOV Randomized Clinical Trial. JAMA 2016. DOI:10.1001/jama.2016.16951

Preventing Medical Fraud and Identity Theft

If your patient reports their ID has been lost or stolen, here are some ways that you can help them protect their health and avoid health care fraud or abuse.

1. Check medical records to make sure they match the patient's condition. Give them a copy of the records if needed.
2. Run a CURES report on the patient to check for controlled substances that you may not have prescribed. Go to <https://cures.doj.ca.gov>.
3. Recommend that patients place a fraud alert with one of the three (3) credit bureaus.
 - a. Equifax – Call 1.888.766.0008
 - b. Experian – Call 1.888.397.3742
 - c. TransUnion – Call 1.800.680.7289



The service is free and will help protect them against future abuse. When calling, the patient should ask for a copy of their credit report and check it closely.

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

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. Members can access this service by phone at 1.800.249.3619 (TTY 711) or chat live with a nurse using their L.A. Care Connect online member account.

As a complement to your service, please encourage your L.A. Care patients to call the NAL for free health advice. The NAL phone numbers for L.A. Care and the health plans are located on the back of the member's health plan ID card and can also be found on the L.A. Care websites: lacare.org, lacarecovered.org, and calmediconnectla.org.



Anthem Blue Cross:
1.800.224.0336
TTY 1.800.368.4424

Care1st Health Plan:
1.800.609.4166
TTY 1.800.735.2929

Kaiser Permanente:
1.888.576.6225

L.A. Care Health Plan:
1.800.249.3619 TTY 711



Vital Signs

L.A. Care Introduces a “Pilot” Integrated Team-Based Care Approach to Support Members and Providers

The L.A. Care Integrated Team-Based Care Model was recently initiated. It will expand the concept of integration of health care and provide a broad range of coordinated services to our members (patients). This collaborative approach also has advantages for providers, which include:

- 1 Support for the management of complex-care patients
- 2 Cost management by decreasing excess use of health care resources

Using the Integrated Team-Based Care Model, we anticipate that members will experience “high touch” interventions with a designated lead staff person, who will be the point-of-care partner with patients. The lead will also communicate the patients’ needs to the interdisciplinary team composed of nurses, social workers, care coordinators, and behavioral health staff. This will eliminate duplicated interactions with the patients/caregivers.

The underlying goal is for the lead to engage patients and caregivers through regular contacts so that a trusting relationship is established. This member-centric approach can reduce crises, emergency room visits, hospitalizations, and readmissions because patients can report their health concerns to the lead who will activate needed services. The frequency of interactions with the patients/caregivers can be adjusted, depending on the risk level of the patients’ conditions.

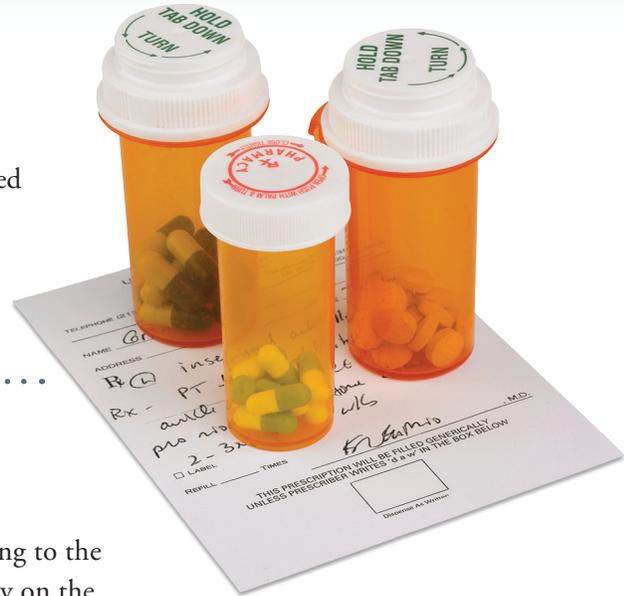


By modifying the traditional concept of care coordination to the Integrated Team-Based Care Model, the health care delivery system is more efficient, patient-centered, and responsive to improve patients’ experiences. As the Integrated Team-Based Care Model evolves and expands, more information will be shared.

 If you have questions about the new pilot program, please call **1.844.200.0104**.

Stay Updated on Pharmacy and Formulary at L.A. Care

The L.A. Care Formulary is a preferred list of covered drugs. The Formulary applies to outpatient and self-administered drugs and does not apply to medications used in the inpatient setting or medical offices. L.A. Care Health Plan has an active Pharmacy Quality Oversight Committee comprised of physicians and pharmacists who review and approve the drugs that are included on the Formulary. The Formulary is updated monthly and revisions are based on safety, clinical efficacy, and cost-effectiveness. Updates to the Formulary are available online at: lacare.org.



How to Use the Formulary

Medicines on the Formulary are listed in alphabetical order and by class or category. Both brand name and generic medications are covered by L.A. Care. However, Food and Drug Administration (FDA) approved generics should be used when available. Generics are generally more cost-effective than brand-name drugs. A prescriber may request a brand-name product in lieu of an approved generic if the prescriber determines that there is a documented medical need for the brand equivalent. This type of request for coverage may be made by completing a Medication Request Form.

Some Formulary medicines require prior authorization. These drugs are listed throughout the Formulary and on a separate list within the Formulary called the “Prior Authorization Drug List.” You can determine if a drug requires a Prior Authorization

by referring to the Formulary on the L.A. Care website at lacare.org.

Some drugs require “Step Therapy” which involves one or more “prerequisite” step drugs being tried first. Some drugs have “Quantity Limits” which means that coverage is limited to specific quantities per prescription and/or time period.

Any drug not found in this Formulary listing published by L.A. Care Health Plan shall be considered a non-Formulary drug. A prescriber may request an exception to coverage for a non-Formulary drug if the prescriber determines that there is a documented medical need. This type of request for coverage may be made by completing a Medication Request form.



Stay up-to-date with the pharmacy and Formulary listings and procedures, as well as other management methods to which your prescribing decisions are subject, by referring to L.A. Care’s Formulary information on our website, lacare.org.



Member's Rights and Responsibilities

Members have a right to...

Respectful and courteous treatment.

- Members have the right to be treated with respect and courtesy by their health plan's providers and staff.
- Members have the right to be free from consequences of any kind when making decisions about their care.

Privacy and confidentiality.

- Members have the right to have a private relationship with their provider and to have their medical record kept confidential.
- Members also have the right to receive a copy of and request corrections to their medical record.
- If the member is a minor, they have the right to certain services that do not need their parents' approval.

Choice and involvement in their care.

- Members have the right to receive information about their health plan, its services, its doctors, and other providers.
- Members also have the right to get appointments within time frames set by the law.
- Members have the right to talk with their doctor about all treatment options for their condition, regardless of the cost, and to participate in making decisions about their care.
- Members have the right to say "no" to treatment, and the right to a second opinion.
- Members have the right to decide how they want to be cared for in case of a life-threatening illness or injury.

Receive timely customer service.

- Members have the right to wait no more than 10 minutes to speak to a customer service representative during L.A. Care's normal business hours.

Voice their concerns.

- Members have the right to complain about L.A. Care, the health plans and providers we work with, or the care they get without fear of losing their benefits.
- L.A. Care will help members with the process. If members don't agree with a decision, members have the right to appeal, which is to ask for a review of the decision.
- Members have the right to disenroll from their health plan whenever they want.
- Medi-Cal members have the right to request a State Fair Hearing.

Service outside of their health plan's provider network.

- Members have the right to receive emergency or urgent services, as well as family planning and sexually transmitted disease services, outside of their health plan's network.
- Members have the right to receive emergency treatment as follows:
 - **Medi-Cal and CalMediConnect members:** Emergency care services are covered at all times anywhere in the United States, Mexico, and Canada. For Medicare-covered services, emergency is NOT covered outside of the United States and its territories. For Medicare-covered emergency care provided outside of the United States and its territories that are not covered by Medi-Cal, the member may receive a bill from the provider.
 - **PASC-SEIU members:** Emergency care services are covered 24 hours a day, 7 days a week, anywhere.

Service and information in their language.

Members have the right to request an interpreter at no charge. Members have the right to get all member information in their language or in another format (such as audio or large print).

Know their rights.

- Members have the right to receive information about their rights and responsibilities.
- Members have the right to make recommendations about these rights and responsibilities.



Members of L.A. Care have the responsibility to...

Act courteously and respectfully.

- Members are responsible for treating their doctor, all providers and staff with courtesy and respect.
- Members are responsible for being on time for their visits or calling the doctor's office at least 24 hours before the visit to cancel or reschedule.

Give up-to-date, accurate and complete information.

- Members are responsible for giving correct information to all providers and to L.A. Care.
- Members are responsible for getting regular checkups and telling the doctor about health problems before they become serious.

Follow their doctor's advice and take part in their care.

Members are responsible for talking over their health care needs with their doctor, developing and following the treatment plans they and their doctor agree on.

Use the Emergency Room only in an emergency.

- Members are responsible for using the emergency room in cases of an emergency or as directed by their doctor.

Report wrongdoing.

- Members are responsible for reporting health care fraud or wrongdoing to L.A. Care.
- Members can do this without giving their name by calling the L.A. Care Compliance Helpline toll free at 1.800.400.4889, going to www.lacare.ethicspoint.com, or calling the California Department of Health Care Services (DHCS) Medi-Cal Fraud and Abuse Hotline toll-free at 1.800.822.6222.

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

L.A. Care systematically reviews and adopts evidence-based Clinical Practice and Preventive Health Guidelines promulgated from peer reviewed sources and from organizations like the National Guideline Clearinghouse and U.S. Preventive Services Task Force. Guidelines for diseases and health conditions identified as most salient to L.A. Care members for the provision of preventive, acute or chronic medical, and behavioral health services are regularly reviewed by L.A. Care's Joint 'Performance Improvement Collaborative Committee' and 'Physician Quality Committee' to help improve the delivery of health care services to members. The most current list of Clinical Practice and Preventive Health Guidelines adopted by L.A. Care is available for download at the link below. For hard copies please contact L.A. Care QI Department at quality@lacare.org.

<http://www.lacare.org/providers/provider-resources/clinical-practice-guidelines>

Clinical Practice Guidelines

General Guidelines

- The National Guideline Clearinghouse is a public resource for evidence-based clinical practice guidelines and is an initiative of the Agency for Healthcare Research and Quality. Visit the National Guideline Clearinghouse at <http://www.guideline.gov>

Behavioral Health

- Attention Deficit Hyperactivity Disorder (ADHD): Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of ADHD in Children and Adolescents. American Academy of Pediatrics (2011).
- Practice Guideline for the Treatment of Patients with Major Depressive Disorder. Third Edition. American Psychiatric Association (2010).
- The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. American Society of Addiction Medicine (2015).

Cardiovascular

- 2013 American College of Cardiology/American Heart Association (ACC/AHA) Guideline on the Assessment of Cardiovascular Risk: A Report of the ACC/AHA Task Force on Practice Guidelines. ACC/AHA (2013).
- 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults. ACC/AHA (2013).
- 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 (JNC). JNC (2014).

Endocrine

- American Diabetes Association (ADA) Standards of Medical Care in Diabetes – 2017. ADA (2017).
- American Association of Clinical Endocrinologists (AACE) and the American College of Endocrinology (ACE). Comprehensive Diabetes Management Algorithm 2017. AACE/ACE (2017).

Infectious Diseases

- Sexually Transmitted Diseases (STD) Treatment Guidelines, 2015. Centers for Disease Control and Prevention (2015).
- CA Tuberculosis Risk Assessment & Fact Sheet/User Guide for LA County. Oct 2016
- Adult and Pediatric Acute Infection Guideline Summary. California Medical Association Foundation (2016-2017)

Otitis Media

- The Diagnosis and Management of Acute Otitis Media. American Academy of Pediatrics (2014).

Pain

- CDC Guideline for Prescribing Opioids for Chronic Pain - United States, 2016.
- Diagnostic Imaging for Low Back Pain: Advice for High-value Health Care from the American College of Physicians. Annals of Internal Medicine (2011).
- Noninvasive Treatment for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the American college of Physician. Annals of Internal Medicine (2017).

Obstetrics and Perinatal Care

- Guidelines for Perinatal Care, 7th Edition. American Academy of Pediatrics Committee on Fetus and Newborn and American College of Obstetricians and Gynecologists (2012).
- Safe Prevention of the Primary Cesarean Delivery. American College of Obstetricians and Gynecologists (2014).
- Smoking Cessation During Pregnancy. The American Congress of Obstetricians and Gynecologists (2010).
- Procedures to Prevent Perinatal Hepatitis B Virus Transmission. Centers for Disease Control and Prevention (2016).

Respiratory

- Guidelines for the Diagnosis and Management of Asthma (EPR-3). National Heart Lung and Blood Institute, & National Institutes of Health (2007).
- Prevention of Acute Exacerbations of Chronic Obstructive Pulmonary Disease (COPD): American College of Chest Physicians and Canadian Thoracic Society Guideline (2015).
- 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. Annals of Internal Medicine (2011).

Obesity

- CMA Foundation Child & Adolescent Obesity Provider Toolkit 2011-2012.
- CMA Foundation Pre/Post Bariatric Surgery Provider Toolkit 2013.
- CMA Foundation Adult Obesity Provider Toolkit 2013.

Additional Standards of Care

- Treating Tobacco Use and Dependence: 2008 Update. U.S. Department of Health and Human Service (2008).
- International Guidelines for Management of Severe Sepsis and Septic Shock. Society of Critical Care Medicine. (2012).
- Standards of Care for the Health of Transsexual, Transgender, and Gender non-conforming People, V7. International Journal of Transgenderism (2012).

Preventive Health Guidelines

Ages 0-18 Years

- Children need to be seen according to the American Academy of Pediatrics (AAP) Periodicity Schedule. Medi-Cal managed care providers need to conduct all screenings required by the Child Health and Disability Program (CHDP) Periodicity Schedule.
- Recommendations for Preventive Pediatric Health Care, 2015. Bright Futures /American Academy of Pediatrics (AAP) (2017).
- Recommended Immunization Schedule for Persons Aged 0 Through 18 years. United States – 2017. CDC (2017).

Ages 19 and Older

- U.S. Preventive Services Task Force (USPSTF) Grade A and B Recommendations.
- Cervical Cancer Screening (2012)
 - Breast Cancer Screening (2009)
 - Recommended Adult Immunization Schedule. United States – 2017. CDC (2017).



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/TDD 1.800.735.2929) for behavioral health services 24 hours a day, 7 days a week
- **L.A. Care Covered™:** 1.855.270.2327 (Providers: Option "2")



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Progress Notes

A NEWSLETTER FOR OUR PHYSICIAN PARTNERS

Progress Notes

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News Alert



L.A. Care Introduces a "Pilot" Integrated Team Based Care Approach

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