



progress notes

A Newsletter for Our Physician Partners

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L.A. Care
HEALTH PLAN®

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L.A. Care Receives CMS Award to Support Large-Scale Transformation in Clinician Practices

L.A. Care is one of 39 health care collaborative networks selected by CMS to participate in the Transforming Clinical Practice Initiative (TCPI). L.A. Care will receive up to \$15.8 million over four years to help 3,100 L.A. County primary care and behavioral health providers improve care for patients with diabetes and/or depression. L.A. Care will provide onsite and remote support to help clinicians more effectively treat patients at high risk for hospitalization, optimize transitions to community care settings after acute hospitalization, increase frequency of medication reconciliation, and improve patient medication education and management in all care settings.



TCPI provides \$685 million to national and regional health care networks and supporting organizations to help equip more

than 140,000 clinicians with tools and support needed to provide better care, increase patients' access to information, and reduce costs.

COMING
SOON

L.A. Care to Recognize Top Physicians

L.A. Care will be acknowledging and celebrating its top performing physicians based on our HEDIS® data in various areas of preventive health, in the spring edition of Progress Notes. We will recognize those physicians who are doing their part to provide quality health care for our members and contributing to our collective quality performance measures.

Access to Care – Provider Resources for Serving Diverse Populations

L.A. Care’s Cultural and Linguistic Services Unit offers an array of services and resources that will help you deliver culturally and linguistically competent patient-centered care while complying with state and federal regulations.

Interpreting Services

L.A. Care offers no-cost interpreting services, including American Sign Language. Use of trained qualified interpreters leads to increased patient health knowledge and decreases problems with patient-provider encounters while complying with state and federal regulatory requirements. Discourage your patients from using friends and family, particularly minors as interpreters. To access interpreting services for your patients, please call L.A. Care’s Member Services at 1.888.839.9909 (TTY/TDD 711) at least 10 days before the patient’s appointment.

Telephonic Interpreting Card

The Telephonic Interpreting Card provides instructions on how to access our telephonic interpreting services, 24 hours a day, seven days a week, in over 200 languages. To access the service, call 1.888.930.3031.

Language Card

The Language Card, available in 15 languages, is mailed directly to members in their preferred language. It tells your patient and office staff how to access an interpreter instantly.

Language Poster

This poster highlights how to access free interpreting services for L.A. Care patients. It should be posted at all key points of patient contact.

Provider Toolkit

“Better Communication, Better Care: A Provider Toolkit for Serving Diverse Populations” is a provider reference guide on cultural and linguistic requirements and services, including the Bilingual Language Skills Self-Assessment Tool. Visit the L.A. Care website to download and view the toolkit: lacare.org/providers/provider-resources/provider-tool-kits



Provider Training

L.A. Care also offers free educational sessions on topics such as cultural competency, rules and regulations surrounding language assistance services, and the importance of using qualified interpreters:

- Introduction to Cultural Competency (1 hour: classroom or online)
- How to Communicate Effectively with LEP Members Using Interpreters (1 hour: classroom or online)
- Communicating Through Healthcare Interpreters (2 hours: online CME)

Please contact CLStrainings@lacare.org to schedule your training.

It is important that your patients receive health care that respects their cultural and linguistic needs. If you have any questions or need further assistance, please contact clservices@lacare.org.

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 practice and chronic disease care. L.A. Care’s Clinical Practice and Preventive Health Guidelines are posted on our website. You may find these guidelines helpful in managing care in common areas of your medical practice. Please visit lacare.org for links to new and updated guidelines. You may also call us at 1.213.694.1250, ext. 4719 to request a hard copy.

Case Management Available for Your Patients

Often patients have trouble figuring out their health care benefits. L.A. Care Case Management is here to provide assistance. We can help your patients by:

- Scheduling tests or procedures
- Getting approval to see a specialist
- Arranging transportation
- Reviewing their benefits with them

When your patient contacts Case Management, they will speak with a nurse who will find out what services they need and help them schedule appointments as appropriate. Case Management staff includes doctors and others from many areas who can help with complex needs. It is especially useful for people with chronic health issues or special health care needs.

Your patient can use Case Management with other services such as Home Health Care. Case Management can also help connect your patient to other resources in their area.

Community Resources

There are also community services that can help your patients with their personal care and activities. Local volunteer groups may help with things like shopping or transportation. Some provide services for a low cost or for a small donation. Depending on where they live and the services they need, some services may be available at varied costs. Below is a list of home services and programs that are found in many communities:

- Adult day care
- Meal programs (like Meals-on-Wheels)
- Senior centers
- Friendly visitor programs
- Help with shopping and transportation
- Help with legal questions, bill paying, or other financial matters



Case Management is a free service for all L.A. Care members. To speak to a Case Manager, please call 1.844.200.0104. Case Management can be reached Monday through Friday from 8 a.m. to 5 p.m., except on some holidays. For free interpreting services or information in your patient's language or in another format, please call L.A. Care at 1.888.839.9909 or TTY/TDD 711.

Coverage for Cal MediConnect Beneficiaries Who Lose Medi-Cal Eligibility



As of August 1, 2015, L.A. Care began extending coverage to Cal MediConnect members whose Medi-Cal status is “on hold” or in a deemed eligible period for one month. L.A. Care wants to ensure members do not encounter barriers accessing care while they attempt to recertify their Medi-Cal eligibility. If your patient's Medi-Cal status within the Automated Eligibility Verification System (AEVS) is “**Subscriber ACTIVE – limited to services covered by the Cal MediConnect health plan,**” please follow these steps:

- Provide the Cal MediConnect covered services to the L.A. Care member.
- Encourage the member to work with their County Medi-Cal Case Worker to recertify their Medi-Cal eligibility as soon as possible.
- Send claims to L.A. Care Health Plan or the contracted Medical Group as appropriate.

We value your partnership in caring for those in need.

Right-to-Die Law to Take Effect



In 2016, California will become the fifth state to legalize physician assisted suicide, following Oregon, Washington, Montana and Vermont. The bill was signed into law on Oct. 5, 2015 by Governor Brown. Because it was passed in a special session of the legislature, it will go into effect 90 days after the session is adjourned in January or February 2016.

The new law is modeled after Oregon's law. It permits physicians to provide lethal prescriptions to mentally competent adults who have been diagnosed with a terminal illness and face the expectation that they will die within six months.

Advocates of the new law note that it contains several key patient protections. It requires that patients must be mentally sound and they must be capable of administering the medication themselves. Also, two different doctors must approve it.

Hospitals and doctors will also have the option of not offering end-of-life drugs. A number of hospital executives have said they will not offer the drugs.

Polls showed that three-fourths of Californians supported the measure, but the bill was opposed by the Catholic Church and disability rights advocates who say the practice can open the door to abuses of the elderly and disabled.

Balance Billing: What You Need to Know

Recent articles in various news sources report that balance billing practices are on the rise. Balance billing is the practice of billing a member for the difference between what was reimbursed by the health plan for a covered service and what the provider feels should have been paid. Providers should not balance bill any L.A. Care Medi-Cal or dual eligible Medicare and Medi-Cal member. Network providers who engage in this practice breach not only their contract with L.A. Care expressly prohibiting this practice, but also violate Federal law¹ and California law that protects any Medi-Cal beneficiary against balance billing². Providers who are balance billing should immediately cease doing so.



Contracted providers may not balance bill any Medi-Cal or dual eligible Medicare and Medi-Cal (Cal MediConnect) member. A provider must accept as payment in full whatever amount the provider receives from Medicare or Medi-Cal. The balance billing protection remains even if Medicare or Medi-Cal pays nothing to the provider. The only exception is that providers may bill Medi-Cal beneficiaries who have a monthly share of cost obligation, but only until that obligation is met for the applicable month.

If a contracted provider bills a patient in error, the provider must stop immediately upon proof of enrollment and must call off any collection efforts that have begun. Upon receiving proof of eligibility, debt collection agencies and/or providers also must correct any erroneous information sent to credit reporting agencies.

Providers also are prohibited from asking a beneficiary to enter into a private pay agreement or otherwise waive balance billing protection. Providers must also not charge "administrative fees" and other fees for providing in-office assistance, such as completing a form.

For out-of-network providers, L.A. Care pays claims to non-contracted providers at federal and state rates and are therefore considered paid in full. Non-contracted providers who engage in balance billing may be subjected to sanctions by CMS, DHCS and other industry regulators.

More information about balance billing is also available in the provider manuals at lacare.org/providers/provider-resources/provider-manuals. Also, information about how to process crossover claims can be obtained at the L.A. Care Provider Service Line at 1.866.522.2736 and at calduals.org/providers/physician-toolkit/.

¹ Federal law provides that all Medicare providers who serve qualified Medicare beneficiaries ("QMBs") cannot bill them for Medicare cost-sharing. 42 U.S.C. § 1902(n)(3)(B). The state law covers all Medi-Cal beneficiaries, whether or not they are QMBs. Cal. Welf. & Inst. Code § 14019.4.

² Cal. Welf. & Inst. Code § 14019.4. See also the All Plan Letter on Coordination of Benefits: Medicare and Medi-Cal guidance (supersedes APL 13-001) (February 8, 2013), available at dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2013/APL13-003.pdf

New Laws in 2016: Vaccinations, Drug Labeling, and Children in Medi-Cal

One of the most controversial new laws basically removes the “religious and personal belief” exemption for childhood vaccinations. The law, SB 277, applies to children enrolled in public or private day care, public school districts and private schools. While the new law takes effect January 1, 2016, many of its provisions will not be implemented until July 1, 2016 after completion of the current school year. The bill exempts pupils in a home-based private school and students enrolled in an independent study program who do not receive classroom-based instruction.



California was one of just 20 states where parents could cite a personal belief to obtain a waiver. Most states only allow religious and medical exemptions. The new law was supported by public health experts even though the rate of vaccine waivers for kindergartners entering school in the fall declined to 2.5 percent statewide in 2014 from 3.1 percent in 2013.

Another law effective January 1 is aimed at the 6.8 million Californians who are considered to have limited English language skills. This law, AB 1073, requires pharmacists to provide printed medication instructions in one of five languages - Spanish, Tagalog, Chinese, Vietnamese or Korean – upon request by a patient or caregiver.

AB 187 will postpone a plan to shift thousands of medically fragile children into Medi-Cal managed care plans. Under this law, the move, which had been planned for 2016, will be postponed until at least 2017.

New Medical Director of QI and Health Assessment



Matthew Emons, MD, MBA, has joined L.A. Care as the Medical Director of the Quality Improvement and Health Assessment Department. He brings decades of health care experience to L.A. Care.

Dr. Emons most recently served as the Physician Executive and Director for the Cerner Corporation. His experience prior to Cerner includes Medical Director positions with Constella Health Strategies, Humana and Aetna.

Dr. Emons is located on the 9th floor and will work side by side with Jim Banks, Senior Director of Quality Improvement and Health Assessment. We are excited to have Dr. Emons on board. Please join L.A. Care in welcoming him!

CalFresh: A Source of Healthy Food for Your Low-Income Patients



The importance of eating nutritious food is key to good health. You urge your patients to follow a healthy diet made up of fresh fruits, vegetables, whole grains, fish, poultry and lean meats. But these foods can be costly, especially for patients with low incomes.

CalFresh, previously known as Food Stamps, targets individuals, families or households that meet certain low-income thresholds. It is available to people meeting eligibility requirements who are citizens or legal residents. Many people who are eligible for MediCal and CalWORKS may qualify for CalFresh.

Program funds can be used for most food items, as well as seeds and plants to grow food for household use. CalFresh funds may not be used for non-food items like cleansers or paper goods. Nor can they be used to purchase alcohol or tobacco.

The amount of funds received depends on how many people in the household are eligible, as well as household income and expenses. Funds are disbursed in the form an Electronic Benefit Transfer (EBT), a plastic card similar to a bank debit card. The EBT is accepted at most grocery stores, markets and convenience stores.

If you think your patient may be eligible for CalFresh, please direct him or her to fill out an application at benefitscal.com. Once the application is received, the applicant will be contacted and directed to meet with a CalFresh staff person to see if they qualify. There are 32 CalFresh offices in Los Angeles County. Applicants need to bring certain documents with them, including proof of identity, Social Security numbers, proof of income, bank statements and proof of shelter costs.

Your patients who may qualify can learn more about CalFresh at calfresh.ca.gov or by calling 1.877.847.3663

Managed Long-Term Services and Supports (MLTSS): Helping Patients Preserve Their Independence

Aging, chronically ill and disabled patients who experience difficulty completing self-care tasks rely on Managed Long-Term Services and Supports (MLTSS) for a broad range of medical and personal care assistance. Effective April 2014, California's Coordinated Care Initiative (CCI) required the benefits that come with MLTSS to be administered via a managed health care plan. In response, L.A. Care has been providing coordinated MLTSS services to seniors and individuals with disabilities who are eligible for these programs.

MLTSS Programs include the following:

In-Home Supportive Services (IHSS): These services enable seniors and people with disabilities to hire a caregiver to assist with daily needs. Approximately 64,805 L.A. Care members are receiving help through IHSS to assist them with services such as cooking, cleaning, personal care, and administering medications.

Multipurpose Senior Services Program (MSSP): This program provides seniors 65 years and older with intensive case management services in the home. Through this program a nurse case manager and social worker conduct an assessment of a member's health and other needs in order to identify, arrange, and provide eligible members help with accessing needed resources. Approximately 945 L.A. Care members receive social and health care coordination assistance through this program.

Community-Based Adult Services (CBAS): This is a program that provides professional nursing services; physical and speech therapies; mental health services; social services; and nutritional meals for eligible members 18 and older in an adult day healthcare center. Approximately 5,824 L.A. Care members receive socialization and health care support through this program.

Long-Term Care (LTC): This is a Medi-Cal benefit that provides continuous skilled nursing care services to eligible members with physical or mental conditions in a nursing home. This includes room and board and other medically necessary services. Approximately 4,320 L.A. Care members receive support through this benefit.

L.A. Care's MLTSS Department assists members with:

- Identifying and coordinating access to MLTSS services
- Navigating MLTSS assessment or reassessment processes
- Resolving an array of MLTSS related issues
- Navigating the IHSS, MSSP, CBAS, and LTC grievance and appeals processes
- Identifying and coordinating access to non-plan community resources

For more information about L.A. Care's Managed Long-Term Services and Supports programs, please call 1.855.427.1223.

Developing Partnerships for Medication Adherence

Developing a partnership with your patients to improve medication adherence for chronic conditions is a key factor in improving health outcomes. Taking medications as prescribed can be predictive of the results of overall disease management. Often, patients experience challenges and barriers to adherence that can lead to increased morbidity and mortality. L.A. Care has made a commitment to improve medication adherence for our members. Providers are the primary advocates of the overall health and well-being of our members; therefore L.A. Care would like to partner with you to improve adherence to pharmacotherapy. Steps to improve medication involve removing barriers to adherence and providing practical solutions.



Encourage your patients to take medications as prescribed. Inform your patients that medication adherence leads to successful health outcomes. Establish a partnership with them to promote self-management of their chronic conditions.

Schedule routine follow-up visits and laboratory monitoring to assess for safety and efficacy. Pharmacotherapy for the following disease states requires laboratory monitoring on an annual or more frequent basis: diabetes [HgbA1c], hypertension [S Cr], congestive heart failure [S Cr, K+], schizophrenia [LDL, HgbA1c].

Talk to your patients about potential side effects, adverse reactions and what to do if they experience them, before prescribing. Inform your patients on what to do if they miss a dose. Provide tips to help prevent forgetfulness such as pill boxes, taking medication during the same time of day or associated with a routine, setting a phone alarm, etc.

Educate your patients on how the medication works to treat their condition, when to expect improvement and how long they should take their medications. Most chronic medications will be used for a lifetime, however, many patients believe that their therapy ends after they feel better.

Ask your patients to bring a medication list or their medications, including all prescription drug, over-the-counter agents, home remedies, and herbal supplements, to every appointment. Review current medications with your patients at every visit.

Refill and prescribe 90-day fills for chronic medications which decreases the risk of patients running out of medication and increases opportunities to stay adherent. Utilize our Mail Order Pharmacy WellDyneRx to eliminate the barriers of transportation for medication pickup.

Antidepressants

Adherence to an antidepressant is vital for a successful treatment outcome in the management of patients with depression. During the first 12 weeks, the Acute Phase of Treatment, adherence is essential in order for remission to be achieved. Treatment for depression requires routine follow-up to ensure adherence for the first six months, the Continuation Phase of Treatment, of pharmacotherapy. It will promote recovery from depression and overall well-being for our members. Monitoring for safety and efficacy can identify needed adjustments, medication effectiveness and barriers to adherence.

If your patient needs mental health care, please refer him or her to L.A. Care's mental health provider, Beacon Health Strategies, at 1.877.344.2858 (TTY/TDD 1.800.735.2929).



**Partner with
L.A. Care:
We are here
for you!**

L.A. Care is dedicated to collaborating with prescribers to increase adherence rates. Contact us for at-risk members with poor follow-up care or medication adherence. Access the L.A. Care website at lacare.org or call our Provider Information line at 1.866.LACARE6 (1.866.522.2736) for help, or for more information about our pharmacy services, such as mail order pharmacy. We have a representative to help you 24 hours a day, 7 days a week. The L.A. Care Formulary is posted on our website for questions that you may have about covered drugs.

Members' 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 a reasonable amount of time.
- Members have the right to talk with their doctor about all treatment options for their condition, regardless of the cost, and 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 a 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 Cal MediConnect 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 and Healthy Kids 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 your 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 wrong doing 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 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.

Medical Fraud: Identity Theft

Help protect your patients' health if they report their ID has been lost or stolen. Following are some ways you can help your patients 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 pmp.doj.ca.gov/pmpreg/Signup_input.action?at=11
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 the 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: 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)

Information at Your Fingertips: Available 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
- Case management services and how to refer patients
- Disease Management Program information and how to refer patients
- Health education services and how to refer patients
- Coordination of Medicare and Medicaid 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
- 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).



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 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 Strategies:** 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")



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

L.A. Care
HEALTH PLAN®
For a Healthy Life

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PROGRESS notes

A NEWSLETTER FOR OUR PHYSICIAN PARTNERS



news alert

**New Laws in 2016:
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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, and click on the "Provider Newsletters" section to e-subscribe today!