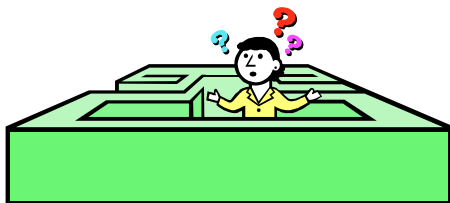


# RMD Bulletin

*Knowledge is power...*



## Checking Healthy Way LA Eligibility

Clients are currently being seen, are being referred, or are interested in obtaining services at both Directly Operated and contract provider agencies. As these clients may be either enrolled or potentially eligible for Healthy Way L.A. (HWLA) enrollment, all providers need to know the eligibility status of their clients. Revenue Management Division (RMD) is providing two methods of obtaining this information: providers may contact HWLA Member Services at (877) 333-4952 or providers may fax a request to RMD at (213) 252-8889 using the attached request form.

Please note that a client may or may not be aware of their enrollment into HWLA. In addition, all clients, even if they have a HWLA Membership Card, should have their eligibility confirmed.

To have RMD assist in the verification of HWLA eligibility, please follow the instructions below:

- Fax a HWLA Eligibility Status Request form to RMD @ 213-252-8889.
  - Include the following client information:
    - ✓ First, middle (or initial), and last name
    - ✓ DMH Integrated System (IS) Number
    - ✓ Date of birth
    - ✓ Social Security Number
- RMD staff will reply via fax on the HWLA Eligibility Status Response form.
  - Response will include the client's enrollment status as follows:
    - ✓ Enrolled, no additional action required
    - ✓ Enrolled and due for annual re-enrollment
    - ✓ Not enrolled, but potentially eligible
    - ✓ Not found in WebSphere
  - Responses for clients who are already enrolled will include the client's
    - ✓ HWLA Enrollment date
    - ✓ Medical home

**We're here to help you...**

If you have any questions or require further information, please contact RMD at (213) 480-3444 or [RevenueManagement@dmh.lacounty.gov](mailto:RevenueManagement@dmh.lacounty.gov).

## Healthy Way LA Eligibility Status Request

Date of Request: \_\_\_\_\_

### Contact Information

Provider no. & name: \_\_\_\_\_

Phone no.: \_\_\_\_\_ Fax: \_\_\_\_\_

Requested by (*name of contact person*): \_\_\_\_\_

e-mail address: \_\_\_\_\_

### Requested Information

Please identify name of client(s) whom you would like RMD to verify enrollment in Healthy Way LA. Provide as much information as possible.

#### Client #1

Full Name	_____
DMH IS ID#	_____
Date of Birth	_____
SSN	_____

#### Client #4

Full Name	_____
DMH IS ID#	_____
Date of Birth	_____
SSN	_____

#### Client #2

Full Name	_____
DMH IS ID#	_____
Date of Birth	_____
SSN	_____

#### Client #5

Full Name	_____
DMH IS ID#	_____
Date of Birth	_____
SSN	_____

#### Client #3

Full Name	_____
DMH IS ID#	_____
Date of Birth	_____
SSN	_____

#### Client #6

Full Name	_____
DMH IS ID#	_____
Date of Birth	_____
SSN	_____

### RMD Tracking Information (RMD Use Only)

Request no.:

Opened by:

Request assigned to:

Closed by:

Date opened:

Date assigned:

Date closed:

This facsimile transmission may contain information that is privileged and confidential and is intended only for Healthy Way LA eligibility checks. If you are neither the intended recipient nor the employee or agent of the intended recipient responsible for the delivery of this information, you are hereby notified that disclosure, copying, use or distribution of this information is strictly prohibited. In addition, there are federal civil and criminal penalties for the misuse or inappropriate disclosure of confidential patient information. If you have received the transmission in error, please notify the contact person immediately by telephone to arrange for the return of the transmitted documents to us or to verify their destruction.

**Fax your request to Revenue Management Division at (213) 252-8889**