

MHLA PROVIDER BULLETIN # 7 – MHLA Contract Amendments Changes

December 11, 2018



This is to inform you that on November 20, 2018 the Board of Supervisors' approved important programmatic and administrative changes to the My Health LA (MHLA) Agreement. You will soon receive a MHLA contract amendment from the Contracts and Grants Unit with these changes reflected. Please sign and return this amendment to them by the due date that will be provided to you in that email.

The following is an overview of the administrative and programmatic changes to the MHLA Agreement are effective January 1, 2019 unless otherwise noted:

- **Patient Access Standards:** Medical home clinics must now meet access standards for MHLA participants seeking an appointment. Those standards are 21 days for non-urgent primary health care appointments and 96 hours for urgent primary care appointments. Any clinic that cannot meet these new access standards must close to new MHLA patients (please email Mayra Palacios at mpalacios@dhs.lacounty.gov if you need to close your panel).

- **Monthly Grant Funding (MGF) Payments:**
 - Beginning 7/1/19, MHLA participants must have had a visit with their medical home clinic at least once in the prior 24 months as a condition of MGF payment. MGF payment will not commence until after the first visit. After that visit the patient does not need to return (at least for the purposes of payment) for another 24 months. MHLA will determine whether participants visited their clinics every 24 months using data reported on Community Partner's (CP) encounter claim forms which are currently submitted to American Insurance Administrator (AIA). Patients who do not have a visit every 24 months will not be disenrolled from the program. Payment to the clinics will not be made on their behalf, but this will not be made known to the patient.

 - Beginning 7/1/19, the MGF rate for clinics will increase to \$32.

 - Surplus program funds, if any, from prior years may be used to augment MGF up to 10% to support the creation of a quality incentives program.

- **Dental Services:**
 - The Department will only pay CPs the Denti-Cal Schedule of Maximum Allowances (SMA) rate, without regard to any supplemental payments that the California Department of Health Care Services (DHCS) may authorize for the Denti-Cal program.

 - The Department may freeze dental payment rates to the CPs at the current SMA rate in the event that a Denti-Cal increase by DHCS would result in anticipated MHLA budget shortfall.

MHLA PROVIDER BULLETIN # 7 – MHLA Contract Amendments Changes

December 11, 2018

- All MHLA-eligible patients seeking Dental Care Services must enroll in the MHLA program via the One-E-App enrollment system. Therefore, effective dates of service January 1, 2019 and after, a MHLA PID Number is required on all dental claims submitted to American Insurance Administrators (AIA). The Revised Instructions for Completion of the ADA J430D claim form was distributed with PIN 18-07 and uploaded to the MHLA website.
- **Durable Medical Equipment and Medical Supplies:** Durable medical equipment (DME) is now defined in the MHLA agreement. DME is designed to withstand repeated use, serve a medical purpose, and be used at home. MHLA clinics must provide certain DME and medical supplies to participants for free. This includes basic wound care supplies, soft braces (not for fractures), splints, slings, soft cervical collars, canes and crutches, home monitoring equipment supplies for diabetes related conditions, walkers and nebulizers. Clinics can loan DME to participants so long as the DME is safe and in good, working condition. They must also loan DME to participants within a reasonable period of time. Clinics are not responsible for providing items for custodial use or if not medically necessary, home monitoring equipment that is not related to diabetes care, wheelchairs, hospital beds, CPAP/BIPAP, incontinence supplies, commode/shower supplies, surgical leggings or stockings, casts and braces for fractures or adjustable orthopedic braces. Please see PIN 18-09 for more details/information.
- **CPT Codes:** MHLA added seven new CPT codes into the program's list of Included Services. Please see PIN 18-06 for more details.
- **Changes to Annual Audits, Program Monitoring and Administrative Review Processes:**
 - The overall audit scores on a Medical Record Review (MRR) that currently trigger a Corrective Action Plan (CAP) have been lowered/reduced. If a clinic scores 90% or above (regardless of whether there were repeat deficiencies for individual elements in the prior years or not) – the clinic is considered fully compliant and no CAP is required. A CAP will only be required if a) the overall MRR score is 89% or below (i.e., clinic is Substantially Compliant) or b) if the clinic has an MRR score of 90% and above with findings in at least one Critical Element. A follow-up focused review to determine the depth of the identified deficiencies will still be required for MRR scores under 80%.
- **Liquidated Damage Option for Non-Compliant Clinics:** In order to ensure that clinics can be held accountable if patient care standards are not being met, the MHLA agreement language has been amended to include monetary assessments (“liquidated damages”) in certain circumstances. A CP can be assessed liquidated damages if the clinic: (a) has a score under 80% for Facility Site Review or Medical Record Review and does not implement an acceptable Corrective Action Plan (CAP) or does not remediate the deficiencies; (b) is non-responsive to DHS' request for an acceptable CAP; (c) beginning with the FY 18/19 annual audits, has five or more of the same repeat deficiencies for three subsequent years, with no improvement between the first and third year, and/or (d) does not comply with licensing or credentialing obligations.
 - The amended contract also creates a new definition for Repeat Deficiencies and gives

MHLA PROVIDER BULLETIN # 7 – MHLA Contract Amendments Changes

December 11, 2018

the program authority to transfer patients to another dental or CP clinic in the event of significant adverse audit or patient care-related findings.

- **Revised FY 18/19 Annual Audit Tools:** The audit unit is now being overseen by MHLA Contract and Audit Administration Manager, Mayra Palacios. The annual audit tools are being revised by the MHLA program and will be used for all audits conducted in FY 18/19 (clinics that have been already audited between September through December 2018 will be internally rescored using the new annual audit tools). The following changes are being made to the audit tools.
 - **Facility Site Review (FSR) and Credentialing Review:**
 - ✓ Removed any element that is not a requirement of either the MHLA program or the managed care health plans.
 - ✓ Removed any element that is already being audited by the managed care health plans, DHCS or HRSA.
 - ✓ Non-essential FSR audit elements have been removed.
 - ✓ Added the new MHLA patient access standards.
 - **Medical Records Review (MRR)**
 - ✓ Aspirin prescriptions have been removed as an element in the MRR.
 - ✓ Clinics are required to meet a 90% (as opposed to the current 100%) compliance threshold for all remaining 11 measures in the MRR.
 - ✓ If a chart is pulled for an MRR and an audit element is found to be “Not Applicable (N/A)” to that chart, the N/A will be scored as a pass.
 - ✓ Language has been changed to align more closely with the managed care health plans/DHCS audit tool.
 - ✓ If 8 out of 30 files reviewed meet or exceed audit standards, the clinic will be considered to have passed the MRR audit review for that audit period and no further charts need to be reviewed.
 - ✓ Non-essential MRR audit elements have been removed.
 - **Dental Site and Dental Record Review:**
 - ✓ The language of the audit tool has been changed to more closely reflect requirements in the MHLA agreement.
 - ✓ Removed any element that is already being audited by the managed care health plans, DHCS or HRSA.
 - ✓ Changed some requirements to “desk audit” status, meaning some documentation can be provided by the clinic to MHLA by email rather than in person.
- **Pharmacy:** Medications dispensed by an onsite State Licensed Pharmacy or Eligible Dispensary will be paid an amount in accordance with the MHLA formulary.
- **New Empanelment Request Form (NERF):** Medical home clinics must contact MHLA participants referred by DHS to CPs for MHLA enrollment, and return all Primary Care Linkage (PCLFs) to DHS within 30 days. If the clinic does not return the PCLF forms after five attempts (communication by MHLA escalates to higher levels of leadership within in the clinic during this process), MHLA

MHLA PROVIDER BULLETIN # 7 – MHLA Contract Amendments Changes

December 11, 2018

may impose liquidated damages up to \$100 a day until the form is returned. Please refer to PIN 18-08 for details.

- **Request for Statement of Qualification (RFSQ):** MHLA will expand its capacity by adding new clinics and community partners to the program. The Department will be issuing a Request for Statement of Qualifications (RFSQ) for new MHLA clinics in January/February 2019.

This Provider Bulletin is intended to be a summary overview of the major contractual changes to the MHLA Agreement. It is not an exhaustive list of every change, therefore clinics are strongly encouraged to review and understand all of the MHLA amendments before signing the revised agreement and returning it to the DHS Contracts and Grants Unit.

MHLA Conference Call on Provider Bulletin #7

Two identical conference calls will be held to discuss the contents of this Provider Bulletin. These conference calls will be held on the following dates and times below. Please note that the Skype link and passcodes are different for both days.

Tuesday December 18, 2018 from 9:00 a.m. to 10 a.m.

<https://meet.lync.com/lacounty-dhs/aviste/478F0DD9>

Phone Number: 1-323-776-6996

Passcode: 51333934

Thursday December 20, 2018 from 9:00 a.m. to 10:00 a.m.

<https://meet.lync.com/lacounty-dhs/aviste/3Q1J1TPK>

Phone Number: 1-323-776-6996

Passcode: 88385141

Clinics need only attend one call as both calls will cover the same materials. Clinic leadership, MHLA administration, billing, medical, dental and general operations staff are strongly encouraged to participate.

If possible, please call into the conference call using Skype online rather than dialing in by telephone. This way we can minimize distraction and hold music. If you do opt to call in by phone, please commit to putting yourself on mute and do not put callers on hold. We kindly ask multiple staff in a clinic to use one phone if possible.

If you have any questions about this Provider Bulletin, please contact your Program Advocate.

If you or anyone at your clinic would like to be added to the distribution list for Provider Bulletin and other notices, please email Kiet Van at kvan@dhs.lacounty.gov.