



The CP Connection

Issue 52

The Community Partner Newsletter

December 2019



Happy Holidays!

As 2019 comes to an end, I want to personally thank all of you for another amazing year with My Health LA. This marks the 5th year of the program and you all have helped countless participants stay healthy over these five years. Together we did so much in 2019! Five new clinic agencies joined our MHLA family. We implemented the contract changes, including new audit tools, access standards and the 24-month rule. We connected more participants to SUD treatment and we developed plans for clinics to receive Department of Mental Health funding for mental health prevention services.

I have no doubt next year will be exciting as well. We will spend a lot of time in the first half of the year rolling out the mental health prevention services at all the clinics. We also look forward to some of you piloting a project that will bring SUD treatment providers on site. We will work to reduce avoidable ER visits and we will continue bringing more clinics onto LANES, the health information exchange. And most importantly, we will continue collaborating to provide the very best care to the MHLA participants who rely on all of us every day. We can't wait to see what 2020 brings!

In the new year, please don't hesitate to reach out to me at agorman@dhs.lacounty.gov or to our editor Ray Plaza at raplaza@dhs.lacounty.gov if you have ideas for the newsletter. Thank you for everything and have a wonderful holiday season. — Anna Gorman, Director of Community Partnerships & Programs

Renewals Ensure Continuity of Care

Enrollers, please remind our MHLA participants that completing their annual renewal is the easiest way to continue MHLA coverage. While participants can reenroll at any time if their coverage lapses, completing their renewal will ensure that they don't have any lapses in care.

Renewal rates have remained consistent over recent years. We measure participant retention with both renewals and those who don't renew but later re-enroll. Those rates are above 70%.

Although reasons remain unclear, we have seen a steady decline in overall enrollment this year. This is yet another reason to remind our participants of the benefits and importance of renewing their MHLA coverage.



MHLA Leadership: Mayra Palacios, Marie Quesada and Anna Gorman

Featured in This Issue:

- ◇ Renewals Ensure Continuity of Care
- ◇ FAQ: eConsult
- ◇ Congratulations to LA Christian Health Centers!
- ◇ 24-Month Rule Payments Begin!
- ◇ MHLA Applicant Not Working? Who Pays the Bills?



FAQ: eConsult

Q. Does sending a participant to a DHS emergency room or urgent care speed up the process?

A. No. CPs should never send participants to DHS emergency rooms or urgent care clinics for routine specialty care. Submitting an eConsult is significantly faster than sending participants to the emergency room or urgent care, where they may face long waits and see providers who don't know their history. Please only send participants to the emergency room or urgent care if they have an emergent or urgent medical condition.

Q. Can full-scope Medi-Cal patients be referred via DHS eConsult?

A. No. Patients with full-scope Medi-Cal cannot be referred via eConsult.

[Congratulations to LA Christian!](#)



MHLA Community Partner LA Christian Health Centers took home top honors at the Research Fast Pitch 2019 competition, sponsored by Los Angeles County Practice-Based Research Network (PBRN) Research Roundtable.

Their innovative concept, *Lockers Rx: Increasing Medication Access & Improving Health Outcomes for Vulnerable Populations*, proposes to provide safe & controlled locker storage for homeless diabetic participants taking long-acting insulin.

Participants would be allowed to store their insulin and syringes in lockers located at their brand-new clinic located in the heart of Skid Row. LA Christian received a seed grant of \$5,000 toward the project. Congratulations!



Article suggestion? Please contact Ray Plaza at raplaza@dhs.lacounty.gov.

24-Month Rule Payments Begin

Together, we had a successful start to the “24-Month Rule”, which required as a condition of clinic payment that MHLA participants be enrolled and have had an allowable primary care visit in the prior 24 months. In the first three months of the program, clinics received an MGF payment on behalf of about 85% of their participants. Note—there may be some adjustments based on denials.

Month	Total enrollees	Qualified for MGF payment	Did not qualify for MGF	Percent of total
July	142,261	120,925	21,336	85.0%
August	142,073	121,197	20,876	85.3%
Sept	140,936	120,600	20,336	85.6%

MHLA Applicant Not Working?

This is an important question that enrollers should ask applicants who are not receiving in-kind income and not working or not working enough to help pay for their cost of living expenses such as rent, utilities and food. They may have income elsewhere that should be documented. For example:

An applicant declares s/he is living off of their savings. This should also be documented on an affidavit. Also, when a participant renews the application and the participant continues to state that they are still living off of their savings, enroller should inquire further to ensure there is no other source of income.

Further investigation and documentation can help minimize questions regarding the applicant's eligibility for My Health LA.



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