



**PROVIDER INFORMATION NOTICE**

Los Angeles County  
Board of Supervisors

Hilda L. Solis  
First District

Mark Ridley-Thomas  
Second District

Sheila Kuehl  
Third District

Janice Hahn  
Fourth District

Kathryn Barger  
Fifth District

Population Health  
Nina Park, MD

My Health Los Angeles  
Anna Gorman  
Director of Community  
Partnerships & Programs

1000 S. Fremont Ave.  
Bldg. A-9 East, 6th Floor  
Alhambra, CA 91803-8859  
Tel: (626) 525-5396

**PIN:** 20 - 02  
**TITLE:** Bi-Directional Referrals between the Department of Health Services and Community Partners – **UPDATED**  
**DATE:** August 19, 2020

This is to provide you with information regarding patient referrals from Los Angeles County Department of Health Services (DHS) to the My Health LA (MHLA) contracted Community Partners (CPs) as well as specialty care referrals from CPs to DHS.

**Part I: Referrals from DHS to CPs**

DHS will continue referring individuals who have been deemed likely eligible for the MHLA program to those CPs that are “open” to new Participants per the open/closed Clinic Status List and that are selected by the patient as their desired medical home. The goal of this linkage process is to provide individuals who do not have a known existing relationship with a primary care provider (PCP) either at a CP or at a DHS clinic, with a primary care medical home that is “open” to new Participants.

The CPs must respond within 30 days to DHS's request to return the Primary Care Linkage Form, indicating the attempts made to contact the Eligible Person for enrollment into the MHLA Program. Failure of CP to comply with the requirements may result in the assessment of liquidated damages.

The MHLA Agreement states:

*“A Clinic Site’s open or closed status will determine whether a Clinic Site is open to accept a referral of an Eligible Person from the Department. Any Clinic Site that is ‘open’ to new Participants must be uniformly open to Eligible Persons regardless of whether the Eligible Person presents as a walk-in or is referred from the Department. Acceptance of Department-referred Eligible Persons to an ‘open’ Clinic Site is a Service Deliverable. The Contractor shall not refuse to accept a Department-referred Eligible Person unless, A) the Clinic Site is ‘closed’ to new Participants, or B) the Clinic does not have the clinical capability to care for the Eligible Person, as determined by Contractor’s physician who shall attest that the Contractor does not have the clinical capability to render appropriate care to the Eligible Person.”*

*To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.*



[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

### **Detailed Referral Protocol (DHS to CPs)**

Referrals from DHS to CPs will be initiated via the DHS Office of Patient Access (OPA) and will follow this protocol:

- 1) A DHS provider may identify an uninsured patient without a current or existing relationship with any known PCP and complete a New Empanelment Request (NERF) via PowerChart-ORCHID (Primary Care tab). A NERF is a request for OPA to find a primary care medical home for the patient, either at DHS or with a CP, depending on availability and patient choice. Where possible, DHS attempts to place higher-acuity patients with the highest clinical needs with a DHS Primary Care Medical Home (PCMH) with capacity for new patients.
- 2) OPA staff will review what is known about the patient's insurance status in order to deem the patient most likely eligible for MHLA based on program rules (i.e., under 138% FPL, living in Los Angeles County, uninsured/uninsurable, etc.). While DHS will make every effort to only refer patients deemed likely eligible for MHLA, some individuals may not be eligible for MHLA. When these referred patients present at a CP clinic and are found, upon completing the full screening and application process via the MHLA's web-based enrollment system to be ineligible for the MHLA program and/or eligible for Medi-Cal, the CP may, at their discretion, provide services to the patient through their sliding fee scale, Medi-Cal, or any other applicable public program.
- 3) The OPA reviews the New Empanelment Requests via the Empanelment Application tool to determine which "open" clinic(s) (either DHS or CP) can best serve the patient, based on medical acuity, geographic proximity, and patient preference/convenience. OPA staff attempts to contact each NERF'd patient and offers linkage with either a DHS clinic or a CP. If the patient chooses a CP as their preferred medical home, OPA staff will verbally confirm with the patient that they do not have insurance and that they would like to be referred to a CP. Once confirmed, OPA staff will initiate the MHLA application process in the MHLA's web-based enrollment system with the patient over the telephone. OPA staff will halt the application once the Application identification number (App ID) is obtained. OPA staff will provide the App ID to the patient and inform them that they have 30 days from the day the application was initiated to go to the clinic and complete the process or the application expires in the MHLA's web-based enrollment system and has to be started over again. A letter is generated and mailed to the patient summarizing the discussion, including providing the App ID number and the steps the patient should follow to complete the enrollment process. The letter also includes the CP's contact information so the patient can call the CP directly to make an enrollment appointment rather than waiting for a call from the CP to complete the enrollment process.
- 4) Each week, OPA reviews pending patient referrals to CPs and batches patients together by CP medical home site. Because NERF'd patients select their desired medical home, not every MHLA CP will receive patient referrals. Some CPs may receive several patient referrals in a week while others may not receive any.

- 5) A secure email is prepared for the selected CP medical home site. The email includes the NERF'd patients who are listed on a spreadsheet called the "Primary Care Linkage Form" (PCLF). The PCLF will be limited to ten (10) individuals per list for each selected CP Clinic site. Clinics will be sent no more than twenty (20) patients in a month. DHS sends this secure email to the clinic-identified DHS Linkage Coordinators. This email contains the following:
  1. The Primary Care Linkage Form (Attachment A). This spreadsheet will include the patient's name, DHS Medical Record Number (MRN), Date of Birth, the MHLA's web-based enrollment system App ID, as well as the fields that the CP is expected to complete (i.e. the CP's attempts to contact and the referral outcome status). Each PCLF will also include a "Return By" date. CPs will have fourteen (14) calendar days to return the completed PCLF to DHS.
  2. Transition of Care/Referral Summary (Attachment B). The Transition of Care document includes background information on the patient (i.e., the patient's name, contact information, demographic and clinical/medical information).
- 6) The CP will then attempt to contact the patient over the next fourteen (14) calendar days (a minimum of three calls is attempted if there is no answer) to set-up a screening and enrollment appointment and to schedule a primary care medical visit, if appropriate. If a CP PCP believes that the CP clinic does not have the clinical capability to manage the primary care needs of this patient, the PCP may complete an affidavit (Attachment C) attesting why the patient cannot be appropriately and clinically cared for from a primary care perspective by the clinic. This will be reviewed and responded to by the DHS Medical Director or his/her designee.
- 7) The completed PCLFs are returned to OPA by secure email. The PCLF is important because it provides DHS with information about the outcome of the CP's attempt to enroll and/or outreach to the patient for the purposes of MHLA enrollment. The inability to reach a patient (e.g., left message and no returned call, etc.) should be indicated on the PCLF. This shows an earnest effort by CP to reach the patient. Returning a PCLF reflecting an inability to contact the patient(s) after three attempts completes the outreach process. Completed PCLFs are returned to the OPA by CP via secure email to: [ReturnLinkageForms@dhs.lacounty.gov](mailto:ReturnLinkageForms@dhs.lacounty.gov).
- 8) DHS will track the return of the PCLFs and will follow up by email on behalf of all outstanding PCLF forms not returned by the CP by the due date following this process:
  - a) Notification One: CP Linkage Coordinator receives initial PCLF with due date to return to OPA within fourteen (14) calendar days.
  - b) Notification Two: If CP has not returned the PCLF to DHS by the end of the 14<sup>th</sup> calendar day, OPA staff will send a follow-up email to the CP Linkage Coordinator and Chief Operations Officer (COO), requesting the PCLF to be returned within three (3) business days.

- c) Notification Three: If CP has not returned the PCLF to DHS within these three days, the MHLA Program Advocate will email the CP's Chief Executive Officer (CEO), COO, any other relevant contact person at the clinic, and copy the CP's Linkage Coordinator requesting the PCLF to be returned within three (3) business days.
- d) Notification Four: If CP has not returned the PCLF to DHS by the Notification Three due date, the MHLA Contract Program Manager will email the CP's CEO, COO, and Chief Financial Officer (CFO) notifying them of the delinquent form. The email will include a reminder that accepting DHS patient referrals is a contract requirement of the MHLA program, that liquidated damages may be assessed for continued non-responsiveness, and request the PCLF to be returned within three (3) business days.
- e) Notification Five: If CP has not returned the PCLF to DHS by the Notification Four due date, a final attempt shall be made by the MHLA Program Director. A letter will be sent to the CP's CEO via US Post and email notifying them that they will be assessed a liquidated damage of \$100 per day effective on the date that is 30 days following the original request to the CP for a NERF response, until such time that the agency submits the completed PCLF.

Some NERFd patients may have pending specialty care appointment(s) scheduled at DHS during this process. Those appointments are unaffected by this process. Whenever possible, information about upcoming specialty care appointment(s) at DHS will be provided to the CP Linkage Coordinator in the Transition of Care/Referral Summary.

#### CP Linkage Coordinator Contacts

In order to help ensure appropriate coordination between DHS and the CPs on behalf of referred patients, DHS works with designated CP Linkage Coordinators at each CP clinic site. The updated Linkage Coordinator Contact List and the Linkage Contact Update forms are available on the MHLA website, [dhs.lacounty.gov/MHLA](http://dhs.lacounty.gov/MHLA). Go to "For Community Partners" and then "Provider Notices and Contracts", New Empanelment Requests. This list is updated quarterly by DHS. However, CPs should notify the MHLA program whenever there is a change in the Linkage Coordinator staffing by completing the document titled "CP Linkage Coordinator Contact Form" on the website and sending to: [ReturnLinkageForms@dhs.lacounty.gov](mailto:ReturnLinkageForms@dhs.lacounty.gov). For any questions about the contact list, or any part of the NERF patient referral process, please email your Program Advocate.

### **PART II – Referrals from CPs to DHS Specialty Care**

MHLA Participants can go to DHS for no-cost specialty care. MHLA does not cover out-of-network services at non-DHS facilities. The MHLA Agreement states:

*"When all treatment options by the Contractor's Primary Care Provider are exhausted, and/or the Participant's condition requires treatment by a Specialty Care Provider, Contractor shall refer the Participant to the Department in accordance with the Department's referral guidelines. Contractor shall assure that all appropriate examinations and Ancillary Services are completed prior to the referral and that the justification for the referral is noted in the Participant's medical record and included in the referral to the Department. If the Contractor uses non-physician providers, the referral shall be reviewed and approved by a physician prior to being submitted."*

Referrals to DHS for specialty care are initiated through the eConsult system. An Ability-To-Pay (ATP) application/form does not need to be completed at DHS for a MHLA Participant; however, the MHLA Participant may be screened for other programs at DHS (e.g., Medi-Cal & Hospital Presumptive Eligibility).

eConsult allows CP's primary care providers to consult specialists at DHS on behalf of the Participants who may need sub-specialty care, advanced radiology studies or advanced diagnostic tests. It is not a referral system. In many cases (but not all), the conversation will result in a face-to-face appointment with a specialist at DHS. As indicated in the MHLA Agreement, CPs are responsible to complete all medically necessary examinations and Ancillary Services (laboratory and radiology) within the primary care scope prior to the referral.

The conversation between the CP's primary care provider and specialist consultant through eConsult is to help address Participant needs. To be able to provide appropriate advice to the CP's primary care provider, pertinent medically necessary ancillary results need to be available to the specialist consultant at the time of e-Consult. Failure to do so may result in a delay of specialist consultant disposition, whether that be advised given through the e-Consult dialogue or a face-to-face visit.

In the event that the CP feels the medically necessary ancillary services requested in an eConsult fall outside the primary care scope, please email [DHSeconsult@dhs.lacounty.gov](mailto:DHSeconsult@dhs.lacounty.gov) and Dr. Stanley Dea at [sdea@dhs.lacounty.gov](mailto:sdea@dhs.lacounty.gov). DHS will respond to the CP within one week.

The specialty consultant may determine that further specialty-related ancillary services (laboratory and radiology) needs to be performed prior to an initial face-to-face visit. The specialty consultant will place the order in the DHS EHR system and notify the CP provider via e-Consult. CPs will be responsible for notifying the Participant of the specialty ancillary service order, and failure to do so may result in delay of services for the Participant.

CPs are also responsible for coordinating all follow-up care once a Participant is repatriated back to his or her CP medical home following a specialty care visit.

If the MHLA Participant declines to go to DHS for specialty services and chooses to go to a non-DHS provider for specialty care, the MHLA Participant may need to pay according to its sliding-fee scale program for the specialty and ancillary services (laboratory, radiology, pharmacy) associated with the specialty service. The CP must document in the progress notes that the MHLA Participant declined the referral to DHS and opted for a self-pay option at a non-DHS provider.

For more information on the eConsult system, visit the MHLA website. Go to "For Community Partners" and then "Specialty Care & eConsult". There are several job aids that are intended to be an eConsult resource for clinics. For technical assistance with eConsult, submit a ticket to the DHS Help Desk at: [helpdesk@dhs.lacounty.gov](mailto:helpdesk@dhs.lacounty.gov). If you have any questions, contact your Program Advocate.

*Anna Gorman*

---

Anna Gorman  
Director of Community Partnership & Programs  
My Health LA

Enc. Attachment A, Example Primary Care Linkage Form (PCLF)  
Attachment B, Example Transition of Care Summary Sheet  
Attachment C, Affidavit Form