My Health LA (MHLA)

Orientation
June 3, 2019

Welcome to My Health LA (MHLA)!

MY HEALTH LA
Community Partners Orientation
June 3 and 4, 2019

June 3 8:30 – 4:30
Location: 1000 South Fremont, Alhambra
Building A-8 Lower, Room 8050

I. Welcome and Introductions...8:30 – 8:40
II. Overview of My Health LA................. ....8:40 – 9:10
III. Contract Administration...9:10 – 9:30
IV. Eligibility and Enrollment..9:30 – 10:15

Break (10 minutes)

V. Services and Payments
   A. Reporting encounter data...10:25 – 10:45
   B. Claims submission process..10:45 – 11:30
   C. Monthly grant funding...11:30 – 11:50
   D. Pharmacy..11:50 – 12:30
   E. Behavioral health..12:30 – 12:40

Lunch (one hour)

VI. Audits...1:40 – 2:25
VII. DHS Connections
   A. Emergency and urgent care......................................2:25 – 2:45
   B. Specialty care and eConsult.....................................2:45 – 3:15

Break (10 minutes)

VIII. LANES...3:25 – 3:40
IX. Communication..3:40 – 4:10
X. Questions..4:10 – 4:30

Thank you for coming!

Agenda

Breaks
   10:15 a.m. – 10:25 a.m.
   3:15 p.m. – 3:25 p.m.
Lunch
   12:40 p.m. – 1:40 p.m.

My Health LA (MHLA) Overview

8:40 a.m. – 9:10 a.m.

MHLA Overview

- MHLA is a DHS program for low-income uninsured and uninsurable residents of Los Angeles County.

- MHLA is <u>not</u> insurance.

- Funded by Los Angeles County Board of Supervisors and DHS ($64.8 million budgeted each year).

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DHS: Community Partners is in Our Mission

DHS's Mission:

- 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.**

MHLA Clinic Network

- Individuals enroll in MHLA at one of 49 (soon to be 54) Community Partner clinics representing approximately 200 sites that are contracted with DHS to provide MHLA services.

Enrollment

- **Enrollment:** 142,958 participants as of April 30, 2019

Age

Geographic Breakdown

Supervisorial District
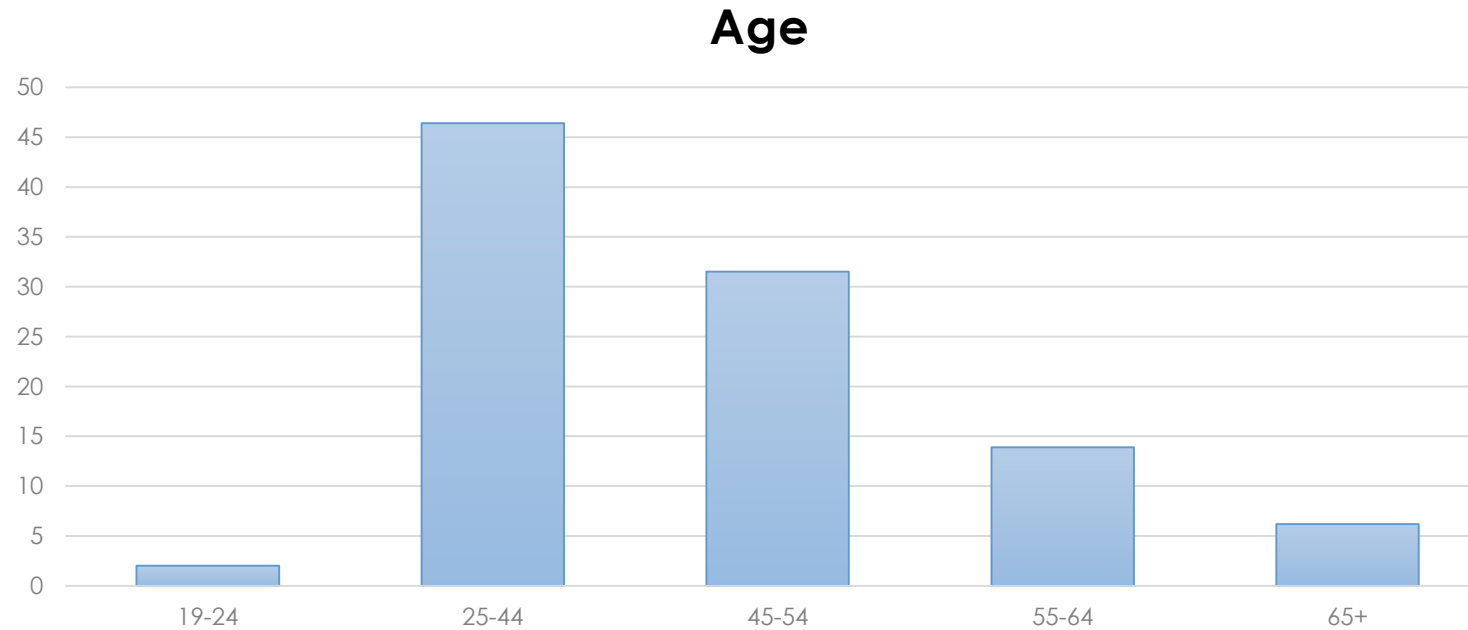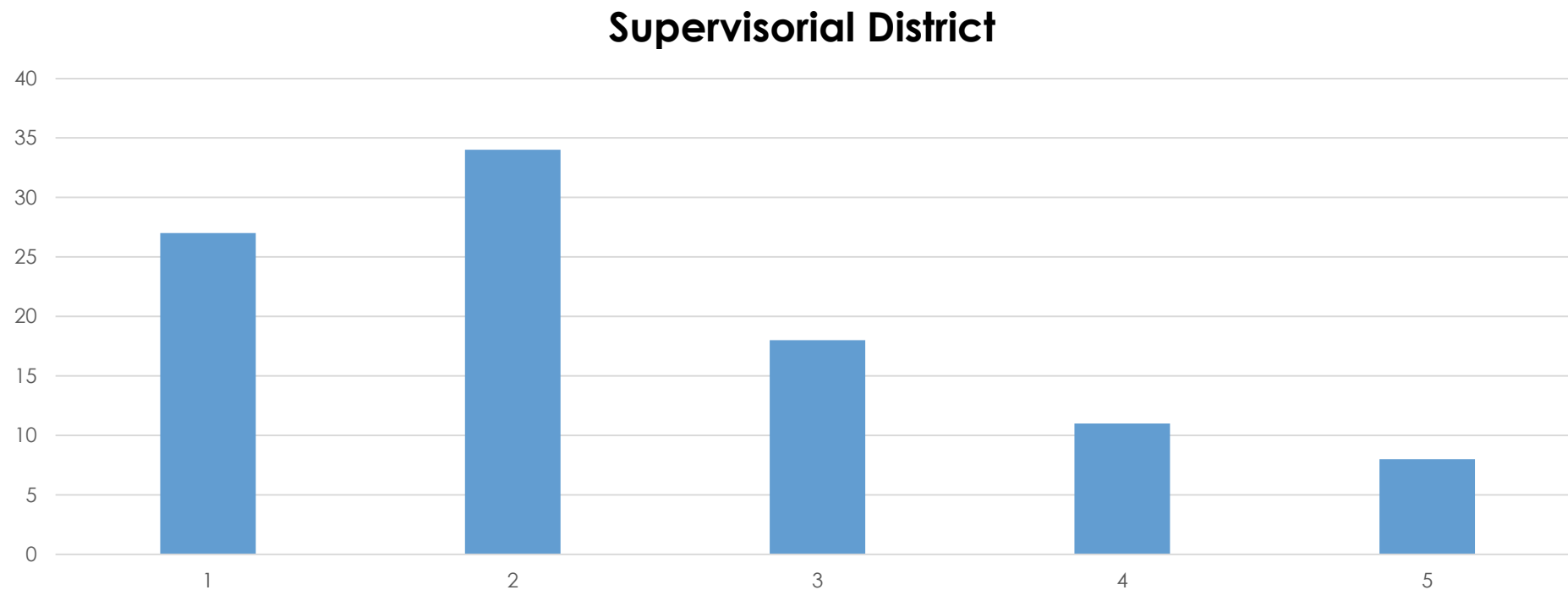
Who is Eligible for MHLA?

- Uninsured and not eligible for public insurance.

- Los Angeles County resident.

- Age 19 or older (may change).

- Income at/below 138% of the Federal Poverty Level (FPL).

How to Enroll in MHLA?

- Patients enroll using the county's web-based eligibility and enrollment system called One-e-App.

- A person is enrolled in MHLA as soon as the application is completed in One-e-App – same day approval.

MHLA Renewals

- MHLA Participants need to renew their coverage every 12 months, in person, at their medical home clinic.

- Renewals may occur 90 days prior to renewal date.

- Reminder postcards are sent to patients 90, 60 and 30 days before the renewal deadline.

MHLA Disenrollment and Denial

- Participants who no longer meet program eligibility requirements, or who do not renew every 12 months, will be disenrolled from MHLA.

- A denial occurs when an enrolled participant is found to be ineligible for the entirety of his/her MHLA coverage (ie Full Scope Medi-Cal or incomplete application).

- Participants can voluntarily disenroll at any time.

- There is no cost to apply for MHLA, or to re-apply if disenrolled or denied.

Encounter Data

- MHLA collects data on encounters to know utilization history of MHLA participants

- The info is used to determine payment (at least one visit in a prior 24 month period).

- It's also reported to Board of Supervisors in an annual report to the board on the MHLA program .

Monthly Grant Funding

- Clinics are paid $32 per member per month.

- You don't need to bill MHLA.

- You will only get paid for enrolled patients who had a valid visit in the prior 24 months.

What does MHLA Cover?

- Primary & Preventive Health Care

- Medications

- Specialty Care at DHS Clinics

- Emergency & Urgent Care at DHS

- Behavioral Health Care
  (either at the CP or at DMH/DPH-SAPC)

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Primary Care

- 68% of MHLA participants had primary care visit last year.
- Average: 3.5 visits per participant.

Medical Homes

- MHLA Participants select a Medical Home when they enroll, and keep their medical home for 12 months.

- An uninsured person who has a primary care medical home at a DHS clinic is not enrolled in MHLA.

- Clinics can close to new patients anytime and then are not selectable as a medical home option in One-e-App.

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Changing Medical Homes

- Can change within 30 days of enrollment for any reason

- If moved or moved jobs.

- If new health condition and seeking medical home that may better manage that condition.

- If "significant deterioration" in relationship with provider.

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Pharmacy

- MHLA participants can have their prescriptions filled at their clinic dispensary or pharmacy, or can go to a retail pharmacy in the MHLA network.

- Ventegra is the pharmacy services administrator for MHLA

- 340B designated medications can only be filled at 340B pharmacy with which the clinic is contracted.

- Some patients have the option to have the medication mailed to their house or clinic (if clinic contracts with DHS Central Pharmacy).

Dental

- There are 57 CP sites that offer dental care to MHLA patients.

- Dental care is not a "benefit" in MHLA.

- However, some clinics do offer dental services. If they do, MHLA-enrolled participants may get free dental services, depending on availability.

Mental Health Services

- Mental health services available to MHLA participants.

- MHLA working with DMH to support mental health services provided in the primary care setting.

- Severely Mentally Ill (SMI) referred to DMH.

Substance Use Disorder (SUD) Treatment

- SUD treatment available through DPH-SAPC or their network of contracted providers .

- MAT drugs included on MHLA drug formulary.

- Exploring MHLA enrollment at SUD treatment clinics.

- Exploring sending MHLA mobile units to SUD clinics.

MHLA Participants at DHS

- MHLA patients can go to DHS for no cost specialty care, emergency care, and urgent care.

- Specialty care referrals from CPs to DHS are done through eConsult.

- eConsult is a web-based system that allows CPs and DHS specialists to:
  - Securely share health information.
  - Discuss patient care.
  - Refer MHLA participants for DHS specialty care.

Audits

- <u>Annual audits</u>: Auditors ensure compliance with regulations and the MHLA contract. Audit includes review of medical and dental records.

- <u>Eligibility Audits</u>: Auditors verify eligibility of a % of applications submitted by CPs through OEA .

Access Standards

- 96 hours for urgent health care.

- 21 days for non-urgent health care.

- Part of audit process.

  - Panel can be closed
    if clinic doesn't meet access standards.

Communications

- Participants get ID card, handbook, newsletter, access to member services.

- Clinics get newsletter, provider bulletins

- Clinics can call MHLA Eligibility Subject Matter Expert (SME) line with eligibility questions .

- Clinics are also given a Program Advocate for all operational or policy questions

- Check the website!

Contract Administration

9:10 a.m. – 9:30 a.m.

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Contract Administration

- Contractual Reporting Requirements

- Open/Closed Status for New Enrollment

- Deletion or Relocation for Existing Approved Sites

- Adding a New Clinic Site

Contractual Reporting Requirements

| Health Professional Profile | Clinic Site Profile | Capacity Profile | Agency Profile |

Open/Closed Status for New Enrollment

- Contract Administration will survey each agency 2x/month to see if there are changes to the clinic's open/closed status based on capacity.

- A clinic is considered to have capacity if they can schedule an urgent appointment within 96 hours and a non-urgent appointment within 21 calendar days.

Open/Closed Status for New Enrollment (cont.)

- Notification is required if a clinic site no longer has capacity to accept new participants (and when the clinic is reopened).

- The open and closed status of a clinic site will be listed in One-E-App and is not available for a patient to choose as a medical home if the clinic is closed to new patients.

Deletion or Relocation for Existing Approved Sites

- Notify Mayra/Contract Administration at least 90 days prior to the temporary or permanent closure/deletion of a clinic site.

- Notify MHLA Participants at least 60 days prior to the Clinic closure/deletion and assist the patient in the selection of a new Medical Home Clinic.

60 days
- Notify MHLA participants

90 days
- Notify Contracts Administration

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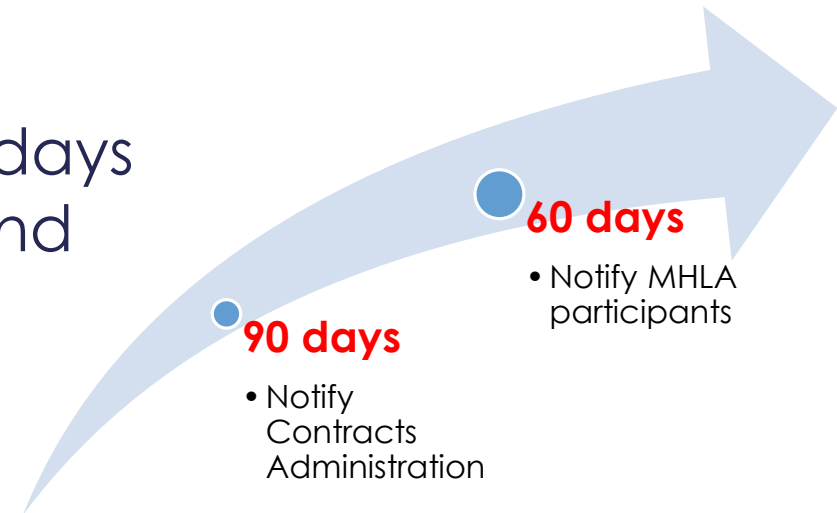
Adding a New Clinic Site

- Notify MHLA Contract Administration when you want to add a new clinic site or a dental site to your MHLA contract.

- All new clinic sites must meet <u>ALL</u> the RFSQ criteria.

Adding a New Clinic Site: RFSQ Criteria

- Valid enrollment as a current, active provider in the State of California Medi-Cal Program.

- A National Provider Identification Number (NPI).

- Completed and passed DHS and/or Health Plans Facility Site Review (FSR) process.

- Appropriate current license (Community Clinic or Free Clinic) issued by the State of California Department of Public Health.

Adding a New Clinic Site: RFSQ Criteria (cont.)

- Registered with the Office of Statewide Health Planning and Development (OSHPD) as an appropriately licensed clinic.

- Designated as a FQHC or a FQHC Look-Alike site (except for sites located in SPA 1).

- Register with HRSA Office of Pharmacy Affairs to access the 340B program, and register at least one MHLA contracted 340B pharmacy to dispense 340B pharmaceuticals to Participants
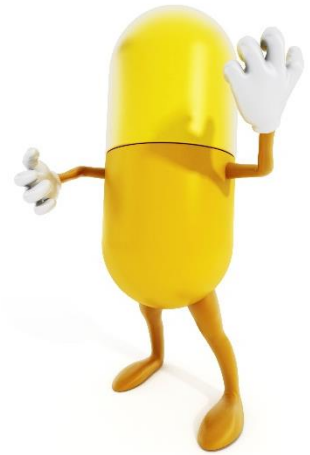
- **Mayra Palacios**
  Program Manager
  mpalacios@dhs.lacounty.gov
  626-525-5789

- **Lia Torres**
  ltorres1@dhs.lacounty.gov

- **Jackie Truitt**
  jtruitt@dhs.lacounty.gov

Eligibility

9:30 a.m. – 10:15 a.m.

Eligibility Review Unit (ERU)

- The MHLA ERU is your source of information, guidance and support for any questions regarding eligibility and enrollment for the application process.

- ERU is broken down into three main functions:
    - Audit Review
    - Eligibility and Enrollment Training
    - Subject Matter Expert (SME) Line

Eligibility Review Unit Trainings

The MHLA ERU performs Comprehensive Eligibility Trainings (CET) three times a year. It is our goal to provide you with the knowledge and tools to be successful in the application process. Related subjects include:

- MHLA guidelines
- Eligibility
  - Reside in LA County
  - Income at or below 138% FPL
  - Age 19 and over
  - Uninsured
- Required Documentation/ Verification

Eligibility Review Unit Trainings (cont.)

- Application Process
  - New Application
  - Renewal
  - Modification
  - Update

- Household Composition
- Income Guidelines
- Interactive Scenario Workgroup
- Quizzes
- Certificate of Completion

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Eligibility Review Unit Trainings (cont.)

- During the training, Certified Enrollment Counselors (CECs) are provided with training materials and resources to help with the interview and application process.

- CECs are required to pass a quiz with a score of 75% or higher (a lower score requires a repeat training).

- A Certificate of Completion will be sent to the Community Partners (CPs) via e-mail with-in two weeks.

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Eligibility Leads Conference Calls

o Conference calls are held in those months where there is no training.

o CEC Leads are informed of any updates and current issues.

o CEC Leads may address their concerns and ask questions.

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Clinic Assignment/Audit Review Process

Clinics are assigned an SME who conducts quarterly audits of applications and can answer questions related to application audits.

- SME audits a % of applications submitted by each clinic.

- SME ensures MHLA guidelines are followed and that all documentation is on file (i.e. Residency, Identity, Income).

- CEC Leads, CEOs and COOs will receive quarterly audit reports with a thorough description/explanation of actions taken.

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Clinic Assignment and Audit Review Process (cont.)

- SME will identify audits as follows:
  - Compliant- Remain Approved
  - Compliant – With Enrollment Error
  - Non Compliant – Disenroll
  - Denial - Non Compliant

- CECs can contact their assigned SME directly with any questions regarding audits/findings.

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Clinic Assignment and Audit Review Process (cont.)

- CECs can request a second review if they are not in agreement/unsatisfied with an outcome of an audit.

- SME will provide feedback and recommendations to the assigned facility via OEA comments/notes.

Subject Matter Expert (SME) Line

- The SME line was created to assist CPs with eligibility/enrollment questions.

- CECs can request assistance with completing MHLA forms and obtain guidance on documentation/verification requirements.

- SME line hours are Monday thru Friday from 8:00 a.m. to 5:00 p.m. and is closed on weekends and Holidays.

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- **Marie Quesada**
  MHLA ERU Manager
  626-525-5515

- **Ernesto Reynoso**
  MHLA ERU Supervisor
  626-525-5523

- **ERU SME Hotline:**
  833-714-6500

What is One-e-App?

My Health LA Web-based
Screening and Enrollment System

One-e-App Enroller Functions

- Real-Time On-site Enrollment/Renewals
- Collection of Enrollment Data
  - Patient/Household Data
  - Eligibility Requirements
- Upload/Fax Eligibility Documents
- Updates/Modifications
- Medical Home Summary Report (System Adr
  - Enrollments
  - Patients Due for Renewal

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One-e-App Enroller Support/Resources - Trainings

- One-e-App Enroller Training 3X per year

One-e-App Enroller Support

- Subject Matter Expert Hotline – (833) 714-6500
  - Eligibility/Enrollment Coverage Period Unclear in OEA
  - Eligibility Requirements

- Program Advocates – (Cinder, Francia & Ray)
  - New/Modification of OEA Accounts
  - Policy questions

- Social Interest Solutions (SIS) – OEA Vendor
  - OEA Technical Issues (e.g., OEA down, frozen screen or not operating as designed) – Help Desk Tickets to : ttpro@socialinterest.org

One-e-App User Accounts

Types of OEA Users

- CEC Enroller *
- CEC Supervisor *
- System Administrator
- Read-only

* Requires CEC or We've Got You Covered (WGYC) Certification

One-e-App User Accounts (cont.)

Obtaining a OEA User Account:

- Complete **OEA User Account Application** on the MHLA website
- Submit form to helpdesk@dhs.lacounty.gov with subject line: OEA USER APPLICATION
- Must include agency-specific email address
  - No internet/personal email addresses accepted (e.g., Yahoo, Gmail)
- User will receive account login instructions via email

○ Raymond Plaza
  raplaza@dhs.lacounty.gov
  626-525-5728

One-e-App

https://www.assistedoneeapp.org/

Services and Payments

10:25 a.m. – 12:40 p.m.

Reporting Encounter Data

Francia Nava

Reporting Encounter Data

- DHS receives a monthly report from AIA to allow DHS to:

  - Review number of medical encounters reported by clinics to AIA.

  - Determine whether claim volume differs significantly month to month.

  - Determine whether clinics included correct Tax ID and Suffix.

- DHS will notify clinic in writing of any variation or odd trends.
- Clinic has 14 calendar days to respond with corrections to DHS.

Reporting Encounter Data (cont.)

- Clinics have 60 days from the end of the enrollment month to submit encounter claims to AIA. Please submit as early as possible.

- Clinics must also resubmit any claims rejected with problems in this 60 day window.

- Encounter data received by AIA after the 60 days will be accepted but may impact MGF payment.

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Contact Me

Francia Nava

Program Advocate

fnava@dhs.lacounty.gov

626-525-5726

MHLA ENCOUNTERS

Claim submission Process

Submitting Encounters to AIA

AIA accepts electronic and paper formats for primary and dental encounters for MHLA.

Submitting Electronic Encounters/Claims to AIA
- Contact AIA for a Submitter ID Number and Instructions to set up access to the AIA server for downloading of the Claim Files

- Encounters – 5010 837 Professional Layout

- Dental Claims – 5010 837 Dental Layout

Submitting Paper Encounter/Claims to AIA
- CMS 1500 CLAIM FORM (professional)
- ADA J430D (Dental)

Electronic Claim Submission for Primary Encounters and Dental

- Primary Care Medical Encounters

- Dental Claims

- Electronic billers have access to AIA file portal where you can track files and retrieve preliminary rejects.
- Interested billers please contact:

    Marta Contreras (d) 213/406-2298 (e) marta@mapinc.com

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

[ ] [ ] PICA | | | | PICA [ ] [ ] [ ]

| 1. MEDICARE [ ] (Medicare#) MEDICAID [ ] (Medicaid#) TRICARE [ ] (ID#/DoD#) CHAMPVA [ ] (Member ID#) GROUP HEALTH PLAN [ ] (ID#) FECA BLK LUNG [ ] (ID#) OTHER [ ] (ID#) | 1a. INSURED'S I.D. NUMBER | (For Program in Item 1) |

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) | 3. PATIENT'S BIRTH DATE MM | DD | YY SEX M [ ] F [ ] | 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street) | 6. PATIENT RELATIONSHIP TO INSURED Self [ ] Spouse [ ] Child [ ] Other [ ] | 7. INSURED'S ADDRESS (No., Street)

CITY | STATE | 8. RESERVED FOR NUCC USE | CITY | STATE

ZIP CODE | TELEPHONE (Include Area Code) ( ) | | ZIP CODE | TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) | 10. IS PATIENT'S CONDITION RELATED TO: | 11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER | a. EMPLOYMENT? (Current or Previous) YES [ ] NO [ ] | a. INSURED'S DATE OF BIRTH MM | DD | YY SEX M [ ] F [ ]

b. RESERVED FOR NUCC USE | b. AUTO ACCIDENT? YES [ ] NO [ ] PLACE (State) | b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE | c. OTHER ACCIDENT? YES [ ] NO [ ] | c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME | 10d. CLAIM CODES (Designated by NUCC) | d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [ ] If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM | DD | YY QUAL. | 15. OTHER DATE QUAL. MM | DD | YY | 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM | DD | YY TO MM | DD | YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE | 17a. | 17b. NPI | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM | DD | YY TO MM | DD | YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) | 20. OUTSIDE LAB? YES [ ] NO [ ] $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) | ICD Ind. | 22. RESUBMISSION CODE ORIGINAL REF. NO.

A. _____ B. _____ C. _____ D. _____
E. _____ F. _____ G. _____ H. _____
I. _____ J. _____ K. _____ L. _____

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID QUAL	J. RENDERING PROVIDER ID. #
1								NPI	
2								NPI	
3								NPI	
4								NPI	
5								NPI	
6								NPI	

25. FEDERAL TAX I.D. NUMBER SSN [ ] EIN [ ] | 26. PATIENT'S ACCOUNT NO. | 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [ ] NO [ ] | 28. TOTAL CHARGE $ | 29. AMOUNT PAID $ | 30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED _____ DATE _____

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI _____ b. _____

33. BILLING PROVIDER INFO & PH # ( )

a. NPI _____ b. _____

NUCC Instruction Manual available at: www.nucc.org | PLEASE PRINT OR TYPE | APPROVED OMB-0938-1197 FORM 1500 (02-12)

ADA American Dental Association® Dental Claim Form

HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)
   - [ ] Statement of Actual Services
   - [ ] Request for Predetermination/Preauthorization
   - [ ] EPSDT / Title XIX

2. Predetermination/Preauthorization Number

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? [ ]   Medical? [ ]   (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY)   7. Gender [ ] M [ ] F   8. Policyholder/Subscriber ID (SSN or ID#)

9. Plan/Group Number   10. Patient's Relationship to Person named in #5
   [ ] Self [ ] Spouse [ ] Dependent [ ] Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

13. Date of Birth (MM/DD/CCYY)   14. Gender [ ] M [ ] F   15. Policyholder/Subscriber ID (SSN or ID#)

16. Plan/Group Number   17. Employer Name

PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above
    [ ] Self [ ] Spouse [ ] Dependent Child [ ] Other
19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/CCYY)   22. Gender [ ] M [ ] F   23. Patient ID/Account # (Assigned by Dentist)

RECORD OF SERVICES PROVIDED

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag Pointer	29b. Qty.	30. Description	31. Fee
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

33. Missing Teeth Information (Place an "X" on each missing tooth.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

34. Diagnosis Code List Qualifier (B = ICD-9 = B, ICD-10 = AB)
34a. Diagnosis Code(s) A____ C____
(Primary diagnosis in "A") B____ D____

31a. Other Fee(s)
32. Total Fee $0.00

35. Remarks

AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X_____
Patient/Guardian Signature   Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dental or dental entity.

X_____
Subscriber Signature   Date

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code

49. NPI   50. License Number   51. SSN or TIN

52. Phone Number   52a. Additional Provider ID

ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment (e.g. 11=office, 22=O/P Hospital) (Use "Place of Service Codes for Professional Claims")
39. Enclosures (Y or N)

40. Is Treatment for Orthodontics?
    [ ] No (Skip 41-42) [ ] Yes (Complete 41-42)
41. Date Appliance Placed (MM/DD/CCYY)

42. Months of Treatment   43. Replacement of Prosthesis [ ] No [ ] Yes (Complete 44)   44. Date of Prior Placement (MM/DD/CCYY)

45. Treatment Resulting from
    [ ] Occupational illness/injury [ ] Auto accident [ ] Other accident

46. Date of Accident (MM/DD/CCYY)   47. Auto Accident State

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X_____
Signed (Treating Dentist)   Date

54. NPI   55. License Number

56. Address, City, State, Zip Code   56a. Provider Specialty Code

57. Phone Number   58. Additional Provider ID

PRIMARY Encounters – See PIN 18-06 for acceptable Procedure Codes

- **How soon should I bill primary encounters?**

Claim submission for encounters should be submitted as soon as possible. If not submitted on time it will affect your MGF payment.

- **Could an encounter be rejected? If an encounter is rejected, will that impact my Monthly Grant Funding?**

 Yes, an encounter could be rejected. Please make sure;

- MHLA ID number matches the eligibility file (generated from One-e-App) received by AIA.
- Name, DOB and Gender (2 out of 3 must match). Make sure name matches what is in One-e-App.
- Encounter visit must be within the eligibility period.

If you do not fix and resubmit the rejected encounter, it could affect your MGF. Therefore it is crucial to follow up on any rejected encounter as soon as possible.

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PROVIDER INFORMATION NOTICE

Health Services
OS ANGELES COUNTY

Los Angeles County
Board of Supervisors

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Shella Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

My Health LA
1000 S. Fremont Ave.
Bldg. A-9 East, 6th Floor
Alhambra, CA 91803-8859
Tel: (626) 525-5789

Amy Luftig Viste
Program Director
My Health LA

to ensure access to high-quality, patient-
centered, cost-effective health care to Los
ngeles County residents through direct
services at DHS facilities and through
collaboration with community and university
artners

PIN: 18 – 06

TITLE: **Acceptable CPT Codes**

DATE: **November 1, 2018**

This is to provide notice that effective with date of service <u>December 1, 2018</u> and after, the My Health LA (MHLA) program has added seven (7) new CPT codes that are considered to be Included Services.

- 99201 – 99205 Evaluation & Management (E&M) for new patients
- 99211 – 99215 E&M for existing patients
- 99383 – 99387 Initial Comprehensive Preventive Medicine E&M for new patients
- 99393 – 99397 Periodic Comprehensive Preventive Medicine E&M existing patients
- 99408 Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
- 99409 Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes
- 99605 Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient
- 99606 Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient
- 99607 Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)
- G0438 Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit
- G0439 Annual wellness visit; includes a personalized prevention plan of service (PPS), subsequent visit

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

Amy Luftig Viste
Program Director
My Health LA

www.dhs.lacounty.gov

Primary Encounter - Common Errors

1. Combining Fiscal Year Encounters on one Claim File or on a paper claim. Note: County's Fiscal Year is 7/1/xx – 6/30/xx.

2. MHLA ID number is transposed or not present on the record.

3. Encounter is prior or after member's eligibility period.

4. If there are multiple sites for a Clinic Group – not including the correct suffix on the Encounter or Paper Claim record will result in inaccurate reporting.

DENTAL Encounters – County uses State's Denti-Cal Program approved codes and published Schedule of Maximum Allowances (SMA).

When should I start submitting Dental claims?
o As with the Primary Encounters, Dental claims must be submitted within 60 Days of the Date of Service.

o Claims submitted later than this timeframe will be rejected and will not be paid.

o It is mandatory to include the MHLA ID number on both the Electronic and Paper Claim submission.

How long do I have to resubmit a denied or rejected claim?
o Both rejected and denied claims must be resubmitted no later than sixty (60) days after the Date of Service.

o Claims submitted later than this time frame will be rejected and not paid.

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DENTAL Encounters (Cont'd)

When will I receive notification that claims were paid or rejected?
o Reports are generated two times a month.

o Claims received between the 1st and 15th of the month are processed at the end of the month.

o Claims received between the 16th and end of month are processed around the 15th of the following month.

o Remittance Reports (RAs) are sent to the Clinics and the Payments are sent by the County about 10 days later.

Rejects:
o If a dental claim is submitted electronically, then the reject report is usually emailed within two business days upon processing of the claim file.

o If a dental claim is submitted via paper, then a reject letter is generated during the processing cycle and sent to the Clinic via US Postal Service.

Dental Claims - Common Errors

1. Combining Fiscal Year Encounters on one Claim File or on a paper claim. Note: County's Fiscal Year is 7/1/xx – 6/30/xx.

2. MHLA ID number is transposed or not present on the record.

3. If there are multiple sites for a Clinic Group – not including the correct suffix on the Encounter or Paper Claim record will result in inaccurate reporting.

4. Missing Data – tooth number or surface number.

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- Contact information for assistance or questions:
  - Email: mhlaclinics@mapinc.com
  - Phone: 800-303-5242 – Let the phone representative know it is regarding MHLA claims.

- Mailing address for Paper Claims
  - American Insurance Administrators
  - P.O. Box 17908
    Los Angeles, Ca 90017-0908

!

Monthly Grant Funding

Jorge Lopez
Jorge Alvidrez

What is Monthly Grant Funding (MGF)?

MHLA makes a payment to your agency when a participant:

- Is enrolled with your medical home in the month MGF is calculated

  AND

- Has an allowable primary care visit in a prior 24 month period.

How is MGF payment calculated?

- Participants' enrollment status is reported in One-e-App.

- Primary care visits are reported on encounter claims submitted to American Insurance Administrator (AIA).
  - Each encounter must meet encounter submission deadlines.

- Your MGF is calculated using these two criteria.

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MGF Payment Process

Enrollment → Encounter Submission → Payment

MGF Payment

Enrollment:

- Clinics are paid for patients enrolled at any point in the month, regardless of when they enrolled (or were disenrolled).

- The MGF rate is $32.

MGF Payment Process (cont.)

Encounter Submission:

- Clinics have 60 days from the end of the enrollment month to submit (or resubmit) encounter claims to AIA.

- AIA will accept encounter claims after the 60 day period, but the submission will be counted in the *next* MGF payment (not retroactively)

MGF Payment Process (cont.)

Payment:

- *CPs* are paid 90 days after the MGF month.
  - Example: Clinics receive MGF in October for July enrollment

Enterprise Data and Information Management (EDIM) Finance Team

- Provides financial and data support to MHLA.

- Uses enrollment data from One-e-App and encounter data from AIA to determine MGF payments.

- Sends payment information to agencies
  - Remittance Advice (RA) Cover Letter
  - RA Summary Report with breakdown by site/clinic
  - Participant MGF detail (Excel File)

RA Cover Letter
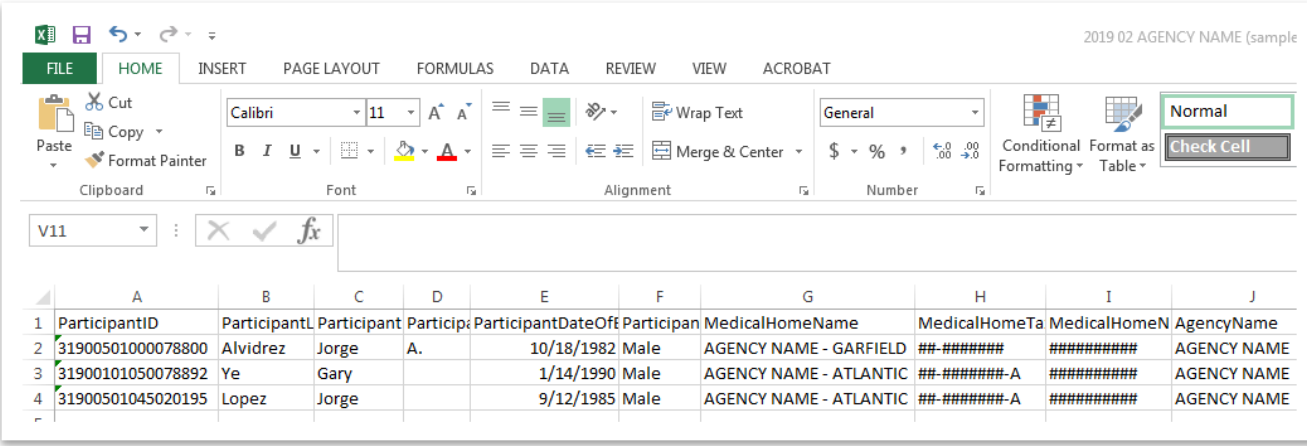
o Specific to each agency

o Includes total payment for the MGF month

o Includes DHS contact information for inquiries about payments, if any

RA Summary Report

Code	Description
01	Funding Approved – Valid Visit
06	Funding Not Approved – No Valid Visit
04	Retro Adjustment – Application Denied mm/dd/yyyy
05	Retro Funding Adjustment

Participant MGF Detail (Excel File)

- Patient and enrollment detail
- MGF payment status ($0 or $32)

MGF Payment Appeal

- You can appeal non-payment of a participant.
  - Must complete the appeal form

    AND

  - Must appeal within 30 calendar days after the MGF payment.
- MGF payment appeal form found on the MHLA website.

The MHLA office will respond to the appeal within 30 calendar days upon receiving the appeal form.

- Did you confirm that the participant was enrolled?
- Was an encounter successfully submitted into AIA?

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MGF Adjustments

MHLA:

- Reviews denied applications three times a year.
- Analyzes whether MHLA made an MGF payment on behalf MHLA participants who were denied.
- Recoups MGF payment in this case.

Denied Applications:

- A participant is denied from MHLA when the ERU determines that the patient should not have been enrolled in the program for the entirety of their enrollment period.

OEA Medical Home Summary (MHS) Report

- This is an enrollment report in OEA.

- It is a snapshot of enrollment on the day it is generated.

- Includes approved, disenrolled, and denied reports.

- Can be used to determine patients due to renew.

- The Medical Home Summary Report is a point-in-time report and should **NOT** be used as an MGF roster!

MHLA Administration

- ## Jorge Lopez
  626-525-5378
  jorlopez@dhs.lacounty.gov

EDIM Finance Team

- ## Jorge Alvidrez
  626-525-5717
  jalvidrez@dhs.lacounty.gov

VENTEGRA

About Ventegra

- Pharmacy Services Administrator (PSA)

- Ventegra Proprietary Systems:
    - 340B Administration
    - Acquisition Cost-based Pharmacy Network
    - Flexible Claims Processing Capabilities
    - Data Management Expertise

- Local company who understands "West Coast Managed Care"
    - Longstanding position as preferred provider of PSA services for California Association of Provider Groups (CAPG) members

- Certified Small Business Enterprise

What does Ventegra do?

- **Manage the Pharmacy Network** for all MHLA contract pharmacies (drug replenishment, ship to bill to with CPs, dispensing fees, audits).

- **Manage the Generic/Retail Network**: Make payments to pharmacies, manage MHLA eligibility and track drug formulary changes.

- **Provide real-time claims adjudication** for all pharmacy claims.

What does Ventegra do? (Cont)

- **Provide 340B support to MHLA clinics** including set-up and monitoring of their selected 340B pharmacy network.

- **Provide DHS with MHLA pharmacy data** for tracking and reimbursement purposes.

- **Maintain a dedicated telephone line** for MHLA participants and contract pharmacies at (855)444-7757.

Ventegra as a 340B Administrator

- Ventegra has the ability to perform 340B compliance/administration services for MHLA participants (e.g., 340B virtual inventory, drug tracking, drug replenishment).

- Ventegra has offered CPs their 340B administration services free of charge **for MHLA participants only**. Clinics may, but are not obligated, to use Ventegra as their 340B administrator.

Ventegra as 340B Administrator (cont.)

- At this time, Ventegra cannot be 340B administrator for a 340B pharmacy that fills RXs for a combination of MHLA and non-MHLA patients.

- A CP that does not wish to use Ventegra as their 340B administrator <u>must</u> sign a DHS waiver indicating their desire to forgo Ventegra's 340B administration services.

- DHS will not cover any costs incurred by a CP related to their use of another, non-Ventegra 340B administrator.

Pharmacy Phase II by the Numbers

2.25M approved prescription claims through Ventegra's pharmacy network from July 2016 thru April 2019.

- 1.85M (82%) at 340B Pharmacies
- 43.5K (1.3%) at DHS Central Pharmacy
- 300K (13.3%) at CP on-site dispensaries
- 100K (4.7%) at retail (non 340B) pharmacies

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Pharmacy Phase II Data

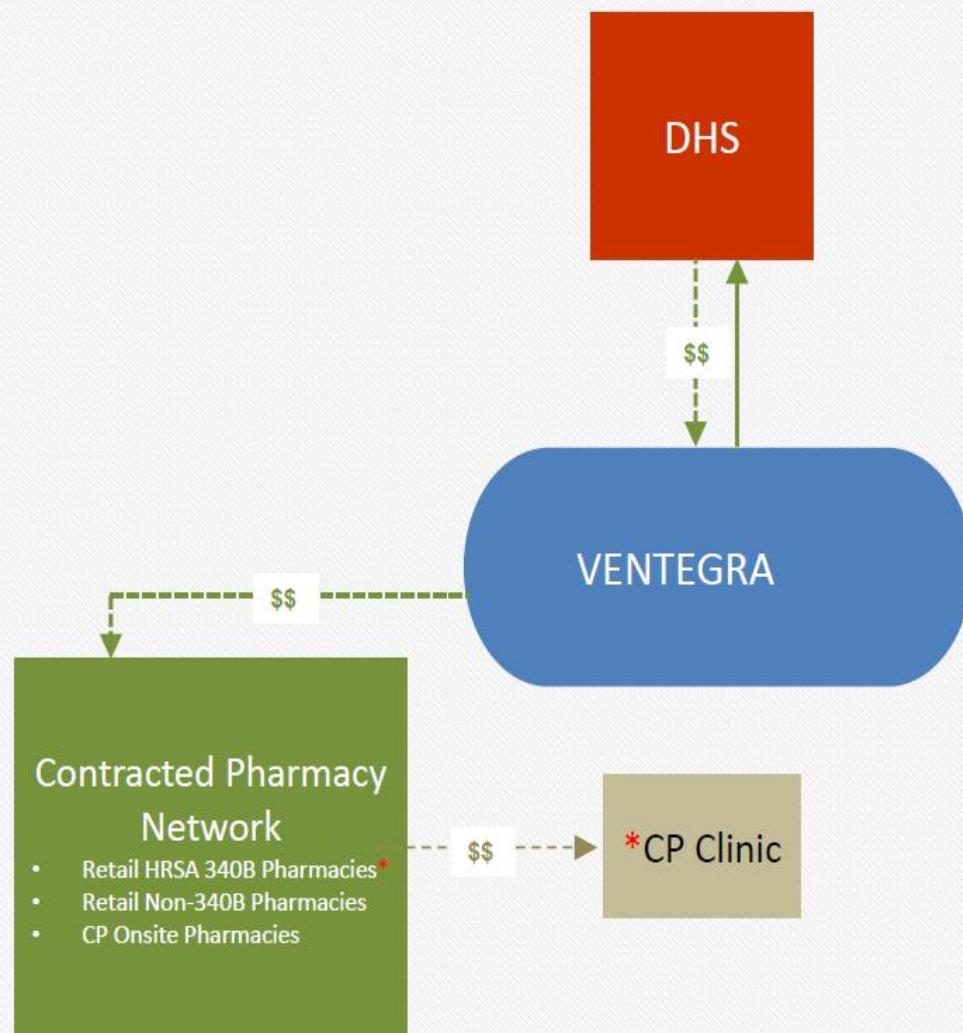| Therapeutic Class	Description	% of Total Approved Prescriptions
Diabetes	Used for diabetes	16.0%
Cardiovascular - Antihypertensives	Used for high blood pressure	15.7%
Dyslipidemias	Used for high cholesterol	8.3%
Analgesics - Misc	Used for pain, fever and inflammation (NSAID's)	6.4%
Non-Narcotic Analgesics	Used for pain and fever (Tylenol and Aspirin)	6.1%
Allergy Medications	Used for treatment of allergies	4.7%
GI Agents - Acid Reflux	Used GI diseases (stomach acid reducers)	4.1%
Diabetic Supplies (Test strips / needles / syringes)	Diabetes related products like test strips, syringes needles, and lancing devices	3.9%
Topical Products - Misc	Topical dermatological agents	3.7%
Antibiotics	Used for treatment of infections	2.9%

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Ventegra Retail Pharmacy Network
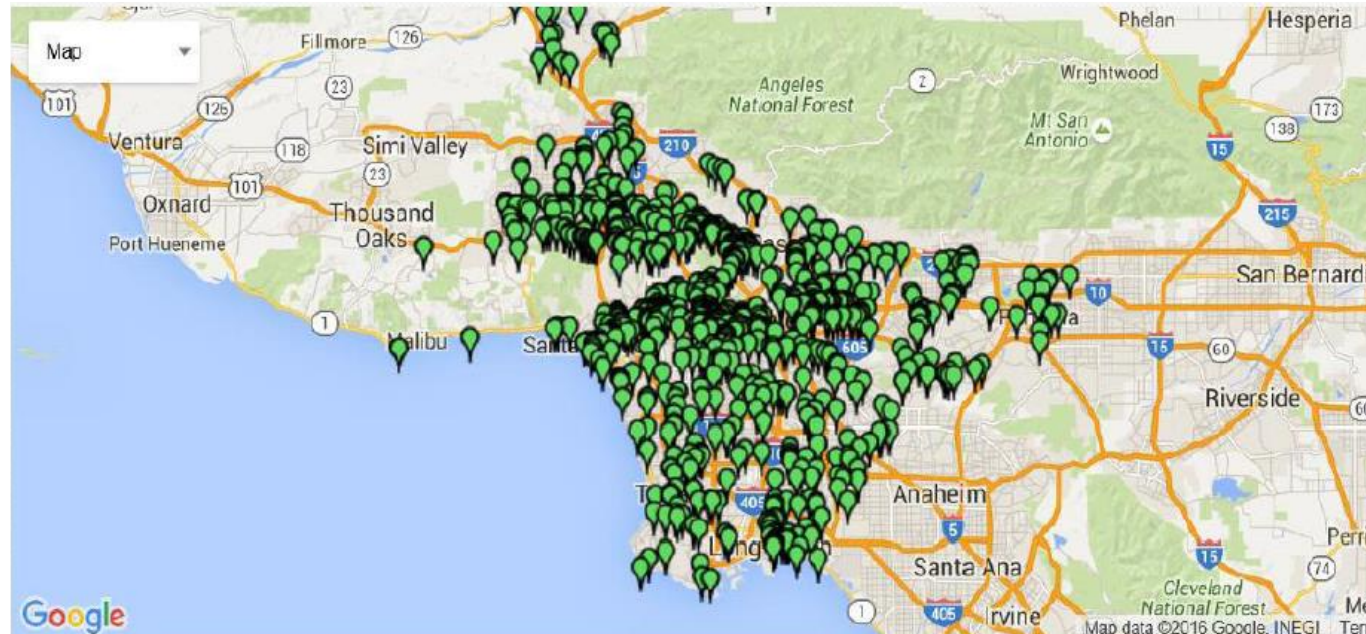
Approx. 800 Retail Pharmacy Sites (Ralph's is Largest Chain)

List of Ventegra network pharmacies on MHLA website

Medication Dispensing Channels

Medication Dispensing Points - 04/29/2019		Drug Formulary Types						
	Definition	**DHS$4 AND DHS$8 drug list**	**340B drugs**	**Pharmacy only (NTI and controlled agents)**	**OTC (at no charge to patient)**	**Diabetic Supplies**	**PAP**	**Non-Formulary (Will require PA)***
Onsite Clinic Dispensary	FQHC Outpatient Clinics that have the ability to dispense medications directly to the patient. This does NOT include clinic owned pharmacies that have the ability to adjudicate Rx's on-line	YES	YES	NO	YES	YES	YES	YES**
340B contracted pharmacies	All dispensing pharmacies that can also administer 340B covered agents. This would include any specific clinic-contracted 340B contracted pharmacies from Ventegra network.	YES	YES	YES	YES	YES	YES	YES**
Onsite Clinic pharmacies	Clinic owned/on-site pharmacies that have access to 340B pricing for all purchases.	YES	YES	YES	YES	YES	YES	YES**
Non-340B contracted pharmacy	Ventegra network dispensing pharmacies that CANNOT administer the 340B covered agents.	YES	NO	YES	NO	NO	NO	NO
DHS Central fill (If FQHC has contracted to include DHS Central fill as a 340B option)	Central fill mail service pharmacy owned and operated by DHS (can do 340B also). Non-340B drugs will only be dispensed if in a joint transaction with a 340B medication dispense	YES	YES	YES for NTI agents only (Controlled substances cannot be mailed)	YES***	YES	YES	YES**

NTI = Narrow Therapeutic Index (agents that may require closer monitoring)
* Non-formulary requires prior authorization PRIOR to dispensing any agent to a patient
** Only after DHS-approved PA entered into Ventegra system by DHS Pharmacy
***DHS Central will fill some OTC drugs.

MHLA Formulary

- The MHLA formulary is maintained by DHS Core P&T Committee.

- Providers can request to have medications added/changed.

  - The provider must sign and date a **Primary Care Formulary Addition/Revision Request Form** and **Conflict of Interest Disclosure Form**.

  - Completed and signed forms must be submitted via fax to DHS Pharmacy Affairs Office at (310) 669-5609 or email it to priorauth@dhs.lacounty.gov

- The DHS Core P&T Committee will review all formulary requests and MHLA will email CPs if there are changes/additions to formulary.

COUNTY OF LOS ANGELES   DEPARTMENT OF HEALTH SERVICES

DHS COMMUNITY PARTNERS
PRIMARY CARE FORMULARY ADDITION/REVISION REQUEST

INSTRUCTIONS   DATE _____
1.   REQUEST MUST BE TYPED OR HAND WRITTEN.
2.   FILL OUT COMPLETELY INCLUDING REQUIRED SIGNATURES.
3.   ATTACH SUPPORTING SCIENTIFIC REFERENCES AND EVIDENCE.
4.   ATTACH COMPLETED CONFLICT OF INTEREST DISCLOSURE SIGNED BY REQUESTING PHYSICIAN.
5.   SUBMIT VIA FAX TO DHS PHARMACY AFFAIRS OFFICE AT 310-669-5609. REQUEST WILL BE REVIEWED AT A FUTURE PRIMARY CARE PANEL COMMITTEE MEETING.

EVALUATION CRITERIA:
·   NEED (RELATIVE TO THE DISEASE STATES AND CONDITIONS OF PATIENTS TREATED)
·   EFFECTIVENESS (EFFICACY, PHARMACOKINETIC PROPERTIES, BIOEQUIVALENCE, THERAPEUTIC EQUIVALENCE)
·   SAFETY (ADVERSE EFFECTS, MEDICATION SAFETY CONSIDERATIONS)
·   FINANCIAL (PHARMACOECONOMIC IMPACT)

REQUESTED DRUG	GENERIC NAME	
	BRAND NAME AND MANUFACTURER	
	DOSAGE FORMS AND STRENGTHS	

TYPE OF REQUEST (PLEASE "X")	☐ ADDITION	☐ RESTRICTION CHANGE
	☐ NEW STRENGTH/DOSAGE FORM	☐ DELETION

DESCRIPTION OF REQUEST (PLEASE "X")	☐ A NEW PRODUCT WITH PHARMACOLOGIC EFFECTS UNLIKE OTHER FORMULARY PRODUCTS	
	☐ AN IMPROVEMENT ON A FORMULARY PRODUCT	NAME OF DRUG
	DELETE FORMULARY DRUG ☐ YES ☐ NO	EXPLAIN BELOW

REASON FOR REQUEST PLEASE INCLUDE PHARMACOLOGICAL EFFECTS AND PROPOSED USE. IF THIS DRUG IS SIMILAR TO A STANDARD ITEM, LIST THE ADVANTAGES OF THE STANDARD ITEM AND ADVANTAGES OF THIS DRUG	
FORMULARY RESTRICTION RECOMMENDATION	

PHYSICIAN'S PRINTED NAME	SERVICE	MAIL LOCATION
PHYSICIAN'S SIGNATURE	TELEPHONE NUMBER	E-MAIL ADDRESS
COMMUNITY PARTNER AGENCY CMO SIGNATURE	TITLE	ESTIMATED MONTHLY CONSUMPTION

FOR PHARMACY AND THERAPEUTICS COMMITTEE USE		DATE
☐ APPROVED	☐ NOT APPROVED	

Formulary Conflict of Interest Disclosure

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
PHARMACY AND THERAPEUTICS COMMITTEE
CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM

As a healthcare provider that participates in a DHS pharmaceutical formulary committee, or is submitting a request for formulary review, you are required to disclose pharmaceutical vendor/manufacturer conflicts of interest that may exist.

Name (please print):	
Title:	
Department:	**Contact telephone number:**
Email address:	

DHS Facility:

☐ LAC+USC MC	☐ El Monte CHC	☐ Humphrey CHC	☐ OV/UCLA MC
☐ Hudson CHC	☐ H/UCLA MC	☐ MLK MACC	☐ Mid-Valley CHC
☐ Roybal CHC	☐ Long Beach CHC	☐ High Desert MACC	☐ San Fernando CHC
	☐ Wilmington CHC	☐ Rancho LA NRC	☐ Other:_____

Reason for Disclosure:
I am completing this disclosure form for the following committee and/or purpose: (Check all that apply)

☐ Submitting Drug Request to be reviewed by DHS Core P&T Committee
☐ DHS Core Pharmacy & Therapeutics Committee
☐ DHS Facility Pharmacy & Therapeutics Committee
☐ DHS Expert Panel (List): _____

Disclosure Statement:
I have read and understand the Los Angeles County DHS Conflict of Interest Disclosure Policy-Pharmaceutical, and hereby disclose the following (Please check one of the following):

☐ I have "NO" conflicts of interest to disclose. (Please sign the form on the last page)
☐ I do have existing conflicts of interest, either currently or within the last 12 months.

The following is a list of my potential conflicts of interest (Check all that apply).

☐ I or my immediate family (i.e., spouse/domestic partner or dependents) have/has been a member of the Board of Directors or Advisory Board for a pharmaceutical vendor/manufacturer within the past 12 months.

Pharmaceutical Vendor / Manufacturer	Position Held (category 1 conflict)

☐ I or my immediate family (i.e., spouse/domestic partner or dependents) have/has been appointed to a pharmaceutical company sponsored Speaker's Bureau (defined as more than one lecture affiliated with the same company in the past 12 months).

Pharmaceutical Vendor / Manufacturer	Specific Drug / Agent (category 1 conflict)

5 Types of Drugs on Formulary

1. **DHS $4:**
   - Vast majority of drugs dispensed to MHLA participants
   - Can be dispensed by *any* of the 800 pharmacies in Ventegra's network

2. **DHS $8:**
   - Controlled Substances and Narrow Therapeutic Index (NTI)
   - Only pharmacies can dispense (not dispensaries)
   - DHS Central Pharmacy cannot mail controlled substances

3. **Over the Counter ($2) OTC:**
   - $2 reimbursement for dispensaries and on-site pharmacies
   - Some retail pharmacies may require MHLA participants to purchase these

4. **340B:**
   - Reimbursed 340B drug ingredient cost + dispensing fee.
   - Drugs must dispensed by the CP's 340B Pharmacy or DHS Central Pharmacy
   - Non formulary/prior authorization medications are reimbursed as 340B.

5. **PAP:**
   - On-formulary medications for which manufacturer PAPs available (ie Truvada)
   - No reimbursement.

MHLA Prior Authorization Form (PA)

- If a MHLA participant's clinical condition requires the use of a medication not on the formulary, provider must submit a **Prior Authorization (PA) Form** before prescribing.

- Email it to priorauth@dhs.lacounty.gov

- PA must include justification for use and a description why formulary drug is not appropriate.

- A clinical review will be conducted by DHS pharmacy staff.

PRECRIPTION DRUG PRIOR AUTHORIZATION REQUEST FORM

Plan/Medical Group Name: _My Health LA_____   Plan/Medical Group Phone#: (213) 250-8687_____

Plan/Medical Group Fax#: (310) 669-5609_____

Instructions: Please fill out all applicable sections on both pages completely and legibly. Attach any additional documentation that is important for the review, e.g. chart notes or lab data, to support the prior authorization request.

Patient Information: This must be filled out completely to ensure HIPAA compliance				
First Name:	Last Name:		MI:	Phone Number:
Address:	City:		CA	Zip Code:
Date of Birth:	[ ] Male [ ] Female	Height :	Weight:	Allergies:
Patient's Authorized Representative (if applicable):		Authorized Representative Phone Number:		

Insurance/Coverage Information	
Primary Insurance/Coverage Name: **My Health LA**	MHLA Patient ID Number:
Secondary Insurance Name: N/A	Patient ID Number: N/A

Prescriber Information		
First Name:	Last Name:	Specialty:
Address:	City: CA Zip Code:	
Requestor (if different than prescriber):	Office Contact Person:	
NPI Number (individual):	Phone Number:	
DEA Number (if required):	Fax Number (in HIPAA compliant area):	
Email Address:		

Medication / Medical and Dispensing Information			
Medication Name:			
[ ] New Therapy [ ] Renewal If Renewal: Date Therapy Initiated:		Duration of Therapy (specific dates):	
How did the patient receive the medication? [ ] Paid under Insurance Name: [ ] Other (explain):		Prior Auth Number (if known):	
Dose/Strength:	Frequency:	Length of Therapy/#Refills:	Quantity:
Administration: [ ] Oral/SL [ ] Topical [ ] Injection [ ] IV [ ] Other:			
Administration Location: [ ] Physician's Office [ ] Ambulatory Infusion Center	[ ] Patient's Home [ ] Home Care Agency [ ] Outpatient Hospital Care	[ ] Long Term Care [ ] Other (explain):	

New 10/16

Patient Assistance Program (PAP)

o The MHLA formulary identifies medications where pharmaceutical manufacturer PAPs are available to MHLA participants.

o A clinic must submit a PAP application to the pharmaceutical manufacturer to obtain PAP medications on the formulary.

o The clinic must then notify MHLA using a **PAP Notification Form**.

o If the PAP application form is denied by the manufacturer, the clinic must complete a Prior Authorization so the drug can be covered by DHS.

PATIENT ASSISTANCE PROGRAM NOTIFICATION FORM

Plan/Medical Group Name: _My Health LA_

Plan/Medical Group Fax#: _310-669-5609_

Instructions: The intent of this document is to notify DHS Central Pharmacy of existing patients who are currently taking medications through Patient Assistance Programs (PAP). Please fill out all applicable sections completely and legibly. Please forward this form to Department of Health Services Central Pharmacy for medication reconciliation VIA FAX 310-669-5609 or email PRIORAUTH@DHS.LACOUNTY.GOV.

Patient Information: This must be filled out completely to ensure HIPAA compliance				
First Name:	Last Name:	MI:	MHLA PID #:	
Address:		City:	State:	Zip Code:
DOB:	Male Female	Phone#:		
Patient's Authorized Representative (if applicable):		Authorized Representative Phone#:		

Dispenser Information				
Dispenser (Pharmacy or Dispensary) Name:		NPI:		
Address:		City:	State:	Zip Code:
Phone:	Fax:	Email:		

PAP Medication 1			
Manufacturer:	NDC:	Medication Name and Form:	Dose/Strength:
Quantity:	Date Initiated:	Directions to Use:	

Prescriber Information		
First Name:	Last Name:	NPI:
Office Phone Number:	Fax:	Email:

PAP Medication 2			
Manufacturer:	NDC:	Medication Name and Form:	Dose/Strength:
Quantity:	Date Initiated:	Directions to Use:	

Prescriber Information		
First Name:	Last Name:	NPI:
Office Phone Number:	Fax:	Email:

340B Prescriber Verification

o To ensure 340B compliance, MHLA has a closed prescriber panel for 340B drugs.

o Ventegra must have all clinic providers in its database in order to authorizing dispensing of a 340B drug.

o Each CP must send Mayra (mpalacios@dhs.lacounty.gov) the **Medical Provider and Health Professional Staff Form** to update their provider list (this includes temp and per diem providers)

o Providers not in the database will have their RX claim rejected by Ventegra until prescriber verification is obtained.

o In your orientation handbook is a form to tell us who Ventegra should call at your clinic if this occurs. Please fill this out!

Medical Provider and Health Professional Staff form

Form No. 03

MY HEALTH LA

HEALTH PROFESSIONAL PROFILE

Provider/Staff Roster

List: All Providers (Including voluntary, part-time, full-time staff, physicians-house staff, osteopaths, pharmacists, dentist, mid-level practitioners, i.e., nurse practitioners, nurse midwives, and physicians assistants)

Agency Name:																
Clinic Site Name:							Clinic Site Address:									
									License/Certification		DEA #			CREDENTIALING		
Last Name	First Name	Title	Gender	Date of Birth	Date Hired	Language(s) Spoken	FTE %	Specialty	CPR Expiration Date	Number	Expiration Date	Number	Expiration Date	NPI #	Initial Date of Credentialing	Re-Credential Date	Credentialing Expiration Date

my health la

DHS Central Pharmacy

o DHS Central Pharmacy is a 340B pharmacy operated by DHS that can mail 340B and other drugs to a patient's home or clinic.

o DHS Central Pharmacy will fill 340B drugs, DHS4 and some OTCs.

o Participants will receive a telephone consult w/a DHS pharmacist.

o To contract with DHS Central Pharmacy, speak with Ventegra.
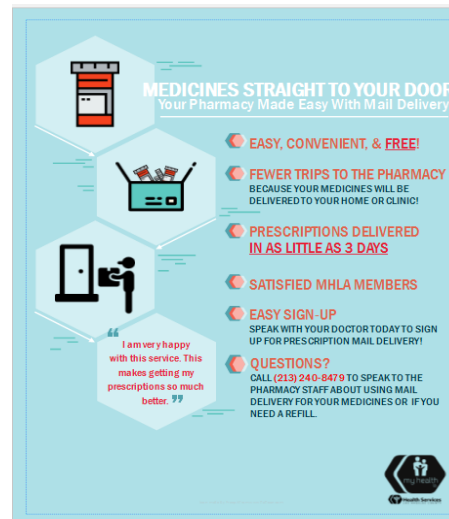
RX and Newly Enrolled Patients

o MHLA participants receive ID cards 2 weeks after enrolling into the program.

o The ID card includes important information that pharmacies use to bill Ventegra.

o The **New Member Notice Form** can be used by patients to get RX at pharmacies until ID card is received.

o If sending MHLA patients to retail pharmacies, introduce your clinic first.

o Ventegra receives an updated eligibility file each night.
   o If patient needs RX same day they enroll, call Ventegra to have patient added to their claims adjudication system (855-444-7757).

Getting Your Medicine at a Pharmacy in My Health LA (MHLA)
Please present this form at your pharmacy until you receive your MHLA ID Card

Participant Full Name: CP Agency Name:
MHLA Participant ID #:   Medical Record #:
BIN: 012528   Date of Birth:
PCN: VENTEG
Group Number: MHLA
Ventegra Phone Number: (855) 444-7757

My Health LA (MHLA) is a NO-COST health care program of Los Angeles County Department of Health Services. This is a program for residents of Los Angeles County who do not have and cannot get health insurance. MHLA covers no-cost primary care health care services at community clinics, including approved medications. A MHLA participant should NOT be charged for their prescription medications. However some retail pharmacies do not cover Over-The-Counter (OTC) medications.

Every person enrolled in My Health LA receives an Identification Card. This letter lets your pharmacy know you are enrolled in MHLA while you wait for your ID card. You need to show it to the pharmacy every time you order and pick up your medicines. If you do not have or if you have lost your MHLA identification card, call MHLA Member Services at (844) 744-6452.

In the meantime, you can give your pharmacy this notice until you receive your ID card. This notice has all of the information your pharmacy needs to help you get your medicines.

If you are at a pharmacy and cannot get your medicine filled, call the Ventegra Customer Care Team pharmacy hotline at 1-855-444-7757.

The My Health LA Program

Cómo obtener sus medicamentos en una farmacia de My Health LA (MHLA)
Presente este formulario en su farmacia mientras espera recibir su tarjeta de identificación de MHLA

My Health LA (MHLA) es un programa de atención médica SIN COSTO del Departamento de Servicios de Salud del condado de Los Ángeles. Es un programa para residentes del condado de Los Ángeles que no tienen ni pueden acceder a un seguro médico. MHLA cubre la atención médica primaria sin costo en las clínicas de la comunidad, e incluye medicamentos aprobados. Un participante de MHLA NO debe pagar por sus medicamentos recetados. Sin embargo, algunas farmacias minoristas no cubren los medicamentos de venta libre (Over-The-Counter, OTC).

Todas las personas inscritas en My Health LA reciben una tarjeta de identificación. Esta carta le permite a su farmacia saber que está inscrito(a) en MHLA mientras usted espera recibir su tarjeta de identificación y deberá mostrarla en su farmacia cada vez que ordene y recoja sus medicamentos. Si perdió o no tiene su tarjeta de identificación de MHLA, llame a Servicios para Miembros de MHLA al (844) 744-6452.

Mientras espera recibir su tarjeta de identificación, puede mostrar esta notificación en su farmacia. Esta notificación tiene toda la información que necesita su farmacia para ayudarle a obtener sus medicamentos.

Si está en una farmacia y no puede surtir sus medicamentos, llame a la Línea directa del equipo de atención a clientes de Ventegra al 1-855-444-7757.

Pharmacy Contacts

- Tiffany Villegas tiffany.Villegas@Ventegra.com (858) 551-8111 ext. 350

- Susan Lee susan.lee@Ventegra.com (858) 551-8111 ext. 418

- Shanshan Chen, DHS Clinical Pharmacist schen@dhs.lacounty.gov (213) 288-8476

BEHAVIORAL HEALTH

Mental Health and
Substance Use Disorder (SUD) Treatment

Cinderella Barrios-Cernik

Substance Use Disorder (SUD) and Mental Health

- Substance Use Disorder Treatment for the MHLA program is provided by the Department of Public Health (DPH) Substance Abuse and Prevention Control (SAPC).

- Patients are referred to the Department of Mental Health (DMH) if they need Severe Mental Illness (SMI) services.

Expanding SUD Treatment Access

- Offering trainings to Community Partners (CPs) for X-Waiver certification to prescribe Medication for Addiction Treatment (MAT).
  - ➡ MAT trainings scheduled on July 18 and 30, 2019

- Exploring allowing SUD providers to enroll patients into MHLA.

- Outreach materials in 8 languages.

- Exploring providing SUD treatment at MHLA clinics.

- Exploring using MHLA mobile units at SUD treatment centers.

Obtaining Substance Use Disorder (SUD) Services

There are three (3) ways to obtain SUD services:

1) MHLA participants can talk to their medical home clinic about what SUD treatment services are available onsite.

2) MHLA participants may be referred to call **SAPC Substance Abuse Service Helpline (SASH) at 1-844-804-7500** or visit **http://sapccis.ph.lacounty.gov/sbat**

3) Medical home provider refer participant to a SUD treatment clinic.

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MHLA SUD Treatment Services Include:

These SUD services are available **free** of charge to
MHLA participants irrespective of the substance being used:

- Outpatient

- Withdrawal Management (detox)

- Individual and Group Counseling

- Patient Education and Family Therapy

- Residential

- Opioid Treatment Programs (OTP)

- Medications for Addiction Treatment

- Recovery Bridge Housing

- Case Management

Expanding Mental Health at CP Clinics

- DMH agreed to pay DHS to augment the MGF to support prevention services provided in the primary care setting.

- DMH will utilize Mental Health Services Act (MHSA) funds.

- Materials created in 8 languages.

Obtaining Mental Health Services

There are three (3) ways to obtain mental health services:

1) MHLA participants can talk to their medical home clinic to see what mental health services are available onsite.

2) MHLA clinic or patients can call **DMH's Department of Mental Health Access Center at (800) 854-7771** or visit **https://dmh.lacounty.gov/**

3) Medical home provider can refer participant to a DMH clinic for SMI.

MHLA Mental Health Services Include:

These mental health services are available to MHLA participants:

- Initial Engagement and Mental Health Screening
- Linkage to non-specialty and specialty mental health services
- Psychoeducation
- Wellbeing workshops, i.e.:
  - Mental health first aid
  - Prevention skills for depression and anxiety
  - Mitigating the impacts of trauma

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Contact Me

Cinderella Barrios-Cernik

Program Advocate

ccernik@dhs.lacounty.gov

626-525-5725

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Audits

1:40 p.m. – 2:25 p.m.

Annual Audit Goals

- Ensure Community Partner's (CP) contractual accountability.

- Ensure compliance with federal, County, State regulations.

- Provide technical assistance to all CPs to improve audit scores and meet performance measures.

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Audit Components

I. Facility Site Review/Credentialing (FSR/CR)

II. Medical Record Review(MRR)

III. Dental Record Review (DRR)

IV. Dental Site Review (DSR)

Annual Audit Process

Pre-Audit Phase

- Audit scheduling

- Audit team

    - Consists of 1-2 selected nurse auditors and 1-2 contract program auditors.

    - Performs FSRs/CRs, MRRs, DRRs, and DSRs for delegated contractual activities.

    - Provides technical assistance as needed.

Annual Audit Process (cont.)

Pre-Audit Phase (cont.)

- Confirmation of audit date by auditor

- Confirmation letter sent via e-mail at least twenty (20) business days prior to audit date

- Audit tools sent to CP with confirmation letter (audit tool also available on website)

- Pre-audit documents required to be sent to DHS two weeks prior to audit (Desk Review)

Annual Audit Process (cont.)

On-Site Audit

- DHS audit team of 2-3 team members per audit site.

- Designated space for audit team, access to secured Wi-Fi, and contact person at agency.

- Entrance conference with Executive Director/Medical Director first day of audit.

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Annual Audit Process (cont.)

On-Site Audit (cont.)

- List of a random sampling of medical records to be reviewed is provided to CP on first day of audit.

- The audit concludes with an exit conference to summarize the preliminary audit findings.

Annual Audit Process (Cont.)

Post-Audit Phase

- Audit team completes monitoring tools.
- DHS provides the findings letter and audit reports to CPs within 20 business days.
  - CPs have 10 days to mitigate FSR/CR findings.
  - A Corrective Action Plan (CAP) is required by the clinic within 20 business days.
  - DHS responds to the CP with a CAP status letter within 20 business days after receipt of the CAP.

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Critical Elements

Performance Standard:

- Managed care health plans have identified 9 critical elements in their Facility Site Review audit tool.

- MHLA measures the same 9 critical elements as the health plans.

- A FSR/CR scoring less than 100% in any of these critical elements requires a Corrective Action Plan (CAP) to MHLA.

Audit Components

FSR/CR

- The process of evaluating the facility for patient access and appropriate service provision.

- DHS accepts a Health Plan approved FSR—if the passing score of the review is within 3 years.

- If the health plan FSR/CR is accepted , DHS reviews only specific elements.

- We accept the current approved On-site Visit Report from HRSA.

- DHS may review credentialing policies.

Audit Components – FSR/CR (Cont.)

- Critical Elements
- Credentialing/Re-credentialing
- Office Management
- Subcontractor/Maintenance Agreements and Documents
- Cultural and Linguistic
- Timely Access Standards

Audit Components (Cont.)

MRR

- The process of measuring, assessing, and improving quality of medical record documentation.

- Medical Records selected randomly.

- 8 and 30 File Sampling used by National Committee for Quality Assurance (NCQA).

  - No fewer than eight (8) and no more than forty (40) medical records reviewed.

Audit Component: MRR (Cont.)

- Format
- Cultural & Linguistics
- Documentation
- Coordination/Continuity of Care
- Adult Preventive Services

Audit Component: MRR (Cont.)

- Diabetes

- Hypertension

- Dyslipidemia

- Medical Encounter Data

Liquidated Damages

- CPs may be subject to "liquidated damages" in the amount of $100 per day if they:

1. Fail to meet NCQA credentialing requirements and do not submit an acceptable CAP as determined by DHS.

2. Receive a score on either an MRR or FSR that is less than 80%; and a focused review of the deficiencies reveal that the deficiencies continue.

Liquidated Damages (cont.)

- CPs may receive "liquidated damages" in the amount of $750 per "repeat deficiency" if they have 5 ore more of the <u>same</u> "repeat deficiency" over 3 consecutive fiscal years.

  - A Repeat Deficiency means a finding of less than Satisfactory Compliance of the same MRR or FSR audit element in the same audit tool from the prior fiscal year audit.

  - Liquidated damages in this instance only occurs if the clinic does not reduce its total number of Repeat Deficiencies between the first and third fiscal years of the three year period being assessed.

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Audit Components (cont.)

DRR

- The process of assessing the quality of dental record documentation include accuracy, completeness, and timeliness.

- DRR includes a claims processing review to verify that billed services concur with documentation within the dental record.

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Audit Component: DRR (Cont.)

- Format
- Cultural & Linguistics
- Documentation
- Coordination/Continuity of Care
- Preventive Dental Services
- Claims Processing
- Patient Eligibility

Audit Components (Cont.)

DSR

- The process of evaluating adherence to policies and procedures related to dental care services in key areas such as infection control, safety and emergency equipment.

Audit Component: DSR (cont.)

- Sterilization/Autoclaving
- Aprons
- X-Ray Machine(s)
- Disinfectant
- Dental Services
- Other Documentation
  - Injury and illness prevention
  - Exposure control (blood-borne pathogens) and
  - hazardous communications

Authority/References

- Authority:
  - MHLA Agreement
- References:
  - Medi-Cal Managed Care Department Policy   #14-004
  - Site Review Guidelines 2012, California Department of Health Care Services, Medi-Cal Managed Care Division
  - California Dental Association
  - USPTF Guidelines
  - DHS Expected Practices

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  Staff Analyst
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  rbelloso@dhs.lacounty.gov

THANK YOU

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DHS Connections

2:25 p.m. – 3:15 p.m.

MHLA Patients at DHS

- MHLA Patients can receive free emergency care, urgent care and inpatient services if at a DHS clinic.
  - MHLA participants who go to **private** hospitals will have to pay for their care.

- Prescriptions from a DHS provider should be filled at a DHS pharmacy (not the Ventegra pharmacy network)

- MHLA should not go to primary care at DHS.

Durable Medical Equipment (DME)

CPs Must Provide:

- Basic wound care supplies
- Bandages
- Soft braces, splints, slings, soft cervical collars
- Canes
- Crutches
- Home monitoring equipment or supplies for diabetes conditions
- Walkers
- Nebulizers/Nebulizer supplies

CPs Don't Have to Provide:

- Requested but not medically necessary
- Ordered by non-CP providers*
- Not related to treatment provided by CP
- Non-diabetes home monitoring equipment
- Wheelchairs
- Hospital beds
- CPAP, BiPap, BPAP machines
- Incontinence Supplies
- Commode, shower chairs, grab bars
- Surgical leggings or compression stockings
- Casts and braces for factures or orthopedic

*DME prescribed by DHS doctors are provided at DHS
*If higher level DME needed, CPs can send eConsult to DHS specialty

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Screening for Medi-Cal

- DHS will screen MHLA participants for Medi-Cal. If they don't agree to be screened, they will be financially liable.

- MHLA patient <u>can</u> have restricted Medi-Cal and hospital presumptive eligibility while on MHLA.

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New Empanelment Request Process

- CPs have agreed to contact and attempt to enroll MHLA-eligible patients referred from DHS ERs or urgent care centers.

- DHS starts enrollment and sends a list of these pre-screened patients to CPs via secure email to complete the enrollment process.

- The patient is sent a letter with the clinic's contact information.

- The CP must attempt to contact the patient 3 times and document the outcome on the **Primary Care Linkage Form** within 30 days.

- Failure to respond to requests to return the Primary Care Linkage Form could result in liquidated damages of $100/day.

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PRIMARY CARE LINKAGE REFERRAL FORM

Please provide patient status and return completed form at ReturnLinkageForms@dhs.lacounty.gov by

| COMMUNITY PARTNER: | | | | | | SITE: | | | | |

PATIENT INFORMATION						CONTACT OUTCOME STATUS: Check (✓) Each Attempt Made (A) and Indicate Final Outcome (B)				

#	FIRST NAME	LAST NAME	MRUN	D.O.B.	OEA Application ID	A) CONTACT ATTEMPTS			B) CONTACT OUTCOME			ADDITIONAL COMMENTS
						ATTEMPT #1	ATTEMPT #2	ATTEMPT #3	UNABLE TO CONTACT	PATIENT DECLINED	My Health LA SCHEDULED ENROLLMENT DATE	
1						☐	☐	☐	☐	☐		
2						☐	☐	☐	☐	☐		
3						☐	☐	☐	☐	☐		
4						☐	☐	☐	☐	☐		
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eConsult and MHLA

Stanley Dea, MD
Director of eConsult
Department of Health Services
County of Los Angeles
June 3, 2019

Introduction

- DHS provides subspecialty (non primary) care to patients in MHLA.

- eConsult is the platform that MHLA providers use to request subspecialty care.

- Currently only for MHLA and uninsured patients, e.g., not Medi-Cal

eConsult

- Digital platform used to request subspecialty services
- NOT a referral system – eConsults are considered the consultation
- May or may not result in a face-to-face visit
- Supports requests for:
  - Subspecialty clinic visits
  - Advanced Diagnostic Tests
  - Radiology studies
- ONLY way to request non-urgent subspecialty care
- Some eConsults automatically go to face-to-face (Direct-to-Schedule or DTS)

eConsult Statistics

- 295 active MHLA submitting clinics
- 92,958 eConsults submitted by community partners in 2018
- 380,544 eConsults submitted since eConsult implemented in 2012
- 184,578 eConsults were scheduled for face-to-face visits
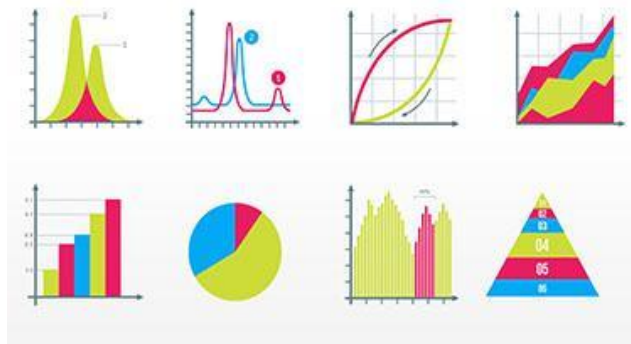
Example of an eConsult

eConsult Dialog

05/24/2017 12:32 PM [redacted]   To: Stanley Dea

49yo F with h/o epigastric abd pain, abd bloating, hpylori+ 12/2016, treated with triple tx, TOC 2/2017+, retreated with quad tx and TOC 5/2017+, unable to test for ID&sens, seeing GI and had EGD and bx+ hpylori, needing referral to GI specifically to be eval and treated for this, thanks!

05/24/2017 03:05 PM Stanley Dea   To: [redacted]

Hi [redacted],

The bloating could be due to diabetic gastroparesis. Labs in our EHR show high glucose levels and HbA1c, so better glucose control could improve the gastroparetic symptoms. In addition to gastroparesis, DM patients often have GERD so consider starting PPI BID. Inform patient to take PPI 30 minutes before a meal (breakfast and dinner). Discontinue any H2 antagonists as they could theoretically decrease PPI efficacy (however H2 antagonists may be helpful at bedtime if the patient has nocturnal symptoms).

Thanks.

05/24/2017 10:42 PM [redacted]   To: Stanley Dea

Sounds good. I'll trial a PPI BID and refer for a gastric emptying study.

What would you recommend with her persistently positive Hpylori test after triple tx and quad Tx?

thanks

05/25/2017 05:32 AM Stanley Dea   [redacted]

H. pylori infection is relatively common and often does not cause symptoms. I'm not certain that the infection is related to her symptoms. I would try the other measures first and not worry about the H. pylori at this time.

05/25/2017 07:13 AM [redacted]   To: Stanley Dea

This eConsult was closed as: Pending Therapeutic Trial

True. Sounds good thanks.

Expected Practices

- Expected Practices (EPs) describe the expected approach to a medical problem

- Expectations help both PCP and specialist

- NOT guidelines – can deviate from EP but must state why

- Created by specialists and primary providers on DHS specialty workgroups

- Vetted by administration prior to approval

- EPs apply to both DHS and MHLA providers
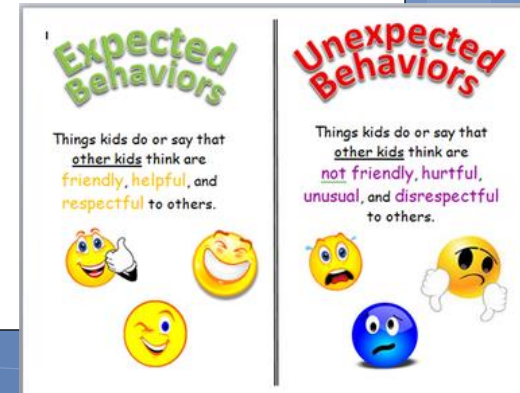
Example of an Expected Practice

Health Services
LOS ANGELES COUNTY

Expected Practices

Specialty: Gastroenterology

Subject: Dyspepsia

Date: April 15, 2014

Purpose: Diagnosis & treatment of dyspepsia

Target Audience: Primary Care Providers

Expected Practice: Dyspepsia is chronic upper abdominal pain, predominantly in the epigastric area. This is distinct from reflux or biliary colic.

Dyspepsia: "Persistent or recurrent pain or discomfort centered in the upper abdomen lasting at least 12 weeks." (From Rome II criteria)

GERD (Typical esophageal symptoms): "Presence of troublesome heartburn (defined as a burning sensation in the retrosternal area) and/or regurgitation." (From Montreal Definition of GERD)

Biliary Colic (Typical): "Episodic severe steady epigastric or right upper abdominal pain that is temporary (between 1/2 hour to 24 hours) and usually following meals."(From SSAT Patient Care Guidelines)

Please follow the following steps for evaluation of dyspepsia:

- If patient over 55 or warning signs (such as weight loss), refer to GI via eConsult for possible EGD or pre-endoscopy/nurse teaching clinic visit.
- If under 55 and not treated for H. pylori, recommend Test and Treat.
- If under 55 and failed test and treat, recommend PPI x 2 months.
- If under 55 and failed all of above, refer to GI via eConsult for possible EGD or pre-endoscopy/nurse teaching clinic visit.

This *Expected Practice* was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this *Expected Practice*, but in such cases compelling documentation for the exception should be provided in the medical record.

Please follow the following steps for evaluation of dyspepsia:

- If patient over 55 or warning signs (such as weight loss), refer to GI via eConsult for possible EGD or pre-endoscopy/nurse teaching clinic visit.

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individual situations a provider clinical judgment may vary fro this *Expected Practice*, but in such cases compelling documentation for the exceptio should be provided in the medi record.

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Subspecialty Consult Request

- All subspecialties in DHS are available in eConsult

- An eConsult is a conversation between the PCP and specialist to provide subspecialty advice

- Labs or diagnostics may be recommended by the specialist

- May require a face-to-face visit in subspecialty clinic

- Not a referral so these are not "approved" or "denied"

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Advanced Diagnostic Testing

- Advanced Diagnostic Testing can be ordered through eConsult

- Examples:
  - Cardiology: Echocardiogram, Stress testing, Holter (Not EKG=Basic)
  - Neurology: EEG, EMG/NCV
  - Pulmonary: PFTs

- Most are reviewed but some are Direct to Schedule (DTS).
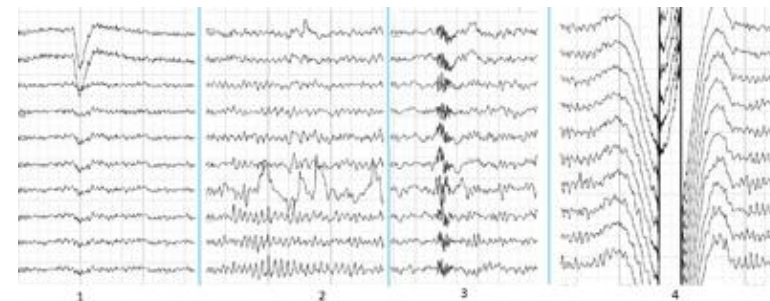
Radiology

- Basic Radiology are the responsibility of MHLA

- Advanced Radiology is the responsibility of DHS, e.g, US, CT, MRI, Dexa Scans, Fluoroscopy, Nuclear Medicine, Interventional Radiology

- Some studies are DTS while others are reviewed

- Currently creating expected practices regarding advanced studies, e.g., musculoskeletal MRI requests must have a plain X-ray report

Labs

- Basic labs are the responsibility of MHLA

- Advanced labs are the responsibility of DHS

- Currently no way of ordering labs via eConsult (unlike Radiology)

- Advanced labs need to be ordered by a DHS provider (usually in a DHS subspecialty clinic)

- Distinction between basic and advanced labs can be problematic

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Durable Medical Equipment (DME)

- Advanced DME is the responsibility of DHS

- Advanced DME cannot be requested from eConsult – an eConsult must be submitted to the appropriate subspecialty

- DME prescription will be written by DHS subspecialist if needed
  - Example: CPAP will be written by DHS Sleep Medicine Clinic

Need Help?

- Enterprise Help Desk is available to CPs and DHS eConsult users

- Can call 24 hours a day, 7 days a week

- Instant help: unlock accounts, reset passwords

- Can help with "How do I…." questions

- More advanced issues escalated to eConsult team

- Call **323-409-8000**

MHLA Referral Forum

- Phone conference between the eConsult team and MHLA referral coordinators
- Meets every third Wednesday at 11 AM
- Opportunity to have questions and concerns addressed
- Specialty care linkage input to address scheduling issues
- May be going to every other month?

LANES

3:25 p.m. – 3:40 p.m.

What is LANES?

- Los Angeles Network for Enhanced Services
- Independent, nonprofit organization
- Developed a community-based health information exchange for Los Angeles County provider ecosystem, including:
  - Hospitals
  - Clinics
  - IPAs
  - Health Plans

How does LANES work?

- LANES has developed a central repository of clinical data that brings patient health information together from multiple sources in the Los Angeles County area

- Patient records are normalized and aggregated with a unique patient ID number

- LANES integrates directly with your EHR system and clinician's workflow

- LANES facilitates the secure transmission and sharing of patient health information for use at the point-of-care, care coordination and post-acute care activities

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Comprehensive Patient Records

- Physician notes and Care plans
- Problem lists and Diagnoses
- Vital signs, Procedures
- Patient demographics
- Allergies, Immunizations
- Medication lists, Prescriptions filled

- Discharge summaries
- Lab results, Radiology & Pathology reports (ORUs)
- Longitudinal summarized medical records (CCDs)
- Hospital admissions, discharge and transfer (ADT) reports

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LANES Participants

20 clinics
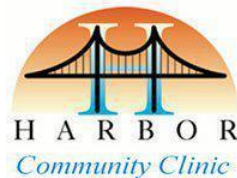
My Health LA is Partnering with LANES

- Limitations of current systems/processes
- Enhanced access to MHLA patient health information from other provider systems in LA County
- Secure transmission and sharing of patient information
- Integration with your EHR system

More to Come…

- MHLA-LANES Webinar for MHLA Community Partners: June 25, 2019
- Value to MHLA CPs. Functionality. Onboarding. Q&A

- Raymond Plaza
  raplaza@dhs.lacounty.gov
  626-525-5728

Questions?

My Health LA website
http://dhs.lacounty.gov/mhla

LANES
https://lanesla.org/

Communications

3:40 p.m. – 4:10 p.m.

Website

http://dhs.lacounty.gov/mhla

My Health LA (MHLA) Clinic Search

Website

http://dhs.lacounty.gov/mhla

For MHLA Participants
(Para participantes de My Health LA)

Website

http://dhs.lacounty.gov/mhla

For DHS and Community Partners

mhlacpp   Lacounty1

Participant Communications from MHLA

- Welcome Packet
  - Handbook
  - Provider Directory
  - Newsletter (My Healthy News)
  - ID Card

- Renewal Postcards
- Replacement ID Cards
- Newsletters
- Letters
  - Denial
  - Disenrollment
  - Special Subjects

ID Card

- The card should be presented at the medical home.

- Participants keep the same card, even after renewal.

- Participants get a new ID card when they change medical homes.

- Participants should call Member Services for lost or stolen ID cards (free to participant to replace).

My Healthy News

- Quarterly newsletter

CP Connection

- Monthly newsletter

MHLA Member Services

- 1-844-744-6452 (MHLA)
- 8:00 a.m. – 5:00 p.m., Monday to Friday
- Interpreters available for callers
- This is for questions from members

- **Cinderella Barrios-Cernik**
  ccernik@dhs.lacounty.gov
  626-525-5725
  - White Memorial
  - Behavioral Health Services, Inc.

- **Francia Nava**
  fnava@dhs.lacounty.gov
  626-525-5726

- **Raymond Plaza**
  raplaza@dhs.lacounty.gov
  626-525-5728
  - AAA Comprehensive Health Care
  - San Fernando Community Health Center
  - Center for Family Health and Education

Program Advocates

My Health LA website
http://dhs.lacounty.gov/mhla

For DHS and Community Partners

(MHLA) Complaints

- If a participant is not happy with the care they received, or had problems with a service which was not resolved, they may file a complaint with MHLA.

- An investigation between DHS and the clinic will begin.

- The participant will receive a resolution letter within 60 days.

Thank you!

Anna Gorman
Director of Community Partnerships and Programs
(626) 525-5396
agorman@dhs.lacounty.gov