

# PROVIDER QUALITY NEWSLETTER

SEPTEMBER 2018



## The September 2018 Episource Report is Posted!

The September Episource Report is posted at <https://hedis.episource.com/Account/Login> and includes data up to 8/31/18. The holidays are fast approaching and we appreciate all your efforts to bring members in for their screenings before December.



## Easy and Clear Team Based Care Forms You Can Use

Please see the attached forms shared by MedPOINT's Clinical Practice Transformation staff. These forms were developed using multiple resources to help streamline office workflows and improve your quality performance. Are these beneficial for your office? Please review and share these with your staff. Let us know if this information is beneficial to you.

1. Rooming Checklist
2. Standing Order Protocol
3. Visit Prep Checklist – Adult
4. Visit Prep Checklist – Disease Management
5. Visit Prep Checklist – Pediatrics



## Interpreter/Translation Services – LA Care New Phone Number

Health plans offer no-cost interpreting services to patients. LA Care recently changed their phone number for accessing telephonic interpreter services

to 855-322-4034. Please print and keep the attached interpreter and translation services grid handy. The grid includes health plan contact information for plans affiliated with MedPOINT Management.



## It's Flu Shot Time!

For the upcoming 2018-2019 flu season, the Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) have posted their latest recommendations for the influenza and pneumococcal vaccines. LA Care has posted details on their provider newsletter (ThePulse) website at <http://www.lacare.org/providers/thepulse/vaccinate-la>. LA Care has provided two links for the CDC's Pneumococcal Vaccine Timing for Adults and CDC's Recommended Immunization Schedule for Children and Adolescents age 18 years or younger.

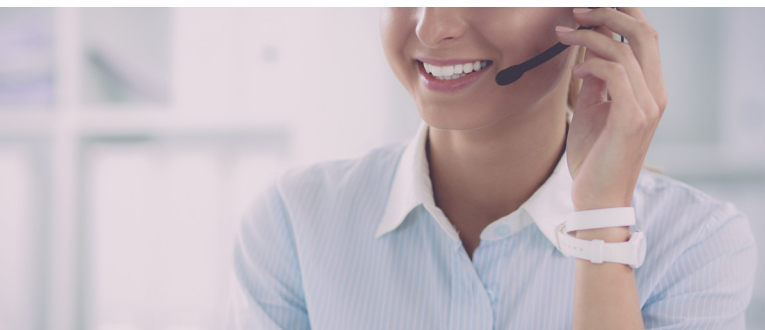
In addition, LA Care is offering a one hour Webinar on "Immunizations: New & Sometimes Confusing Recommendations" on October 17, 2018. Please see the attached flyer for details.

**Remember – Flu shots are indicated for kids 6 months and older. When calling your child and adolescent members during flu season, also have them come in for their wellness visit.**



## Cervical Cancer Screenings

Cervical Cancer Screening (CCS) is an important HEDIS measure that is incentivized by Health Net and LA Care. In fact, LA Care double weights the measure to give you greater credit when you meet minimum performance goals. Many providers are working hard to complete these gaps in care. Make this measure a priority in your office, call your patients to come in and encourage them to get this important screening done.



## Great Customer Service = Better HEDIS Scores & Better Care

Your staff is the front line of the patient experience. Do they know the basics of good customer service? Review these tips with them today:

1. Greet everyone with a smile.
2. Keep patients informed on the current office wait time, especially if there is a long wait. Let them know they're important!
3. When calling a patient back, immediately apologize for the wait and let them know you appreciate their patience.
4. Show you care through your tone and manner and use the patient's name.
5. Listen and reflect back what the patient says.

Remember, the **CAHPS Member Satisfaction Survey** will ask your patients:

- Rate your health care on a scale of 1-10, with 10 as the best.
- How often were clerks and receptionists as helpful as you thought they should be and did they treat you with courtesy and respect?
- How often did you see the provider within 15 minutes of your appointment time – including time in the waiting room and exam room?



## September is National Childhood Obesity Awareness!

According to the CDC, about 1 in 5 (19%) children in the United States is obese. This is a major public health problem. Changing a few things that children eat can make a big difference. Share the attached "ChooseMyPlate" 10 tips for healthier eating with parents and kids. Also check out this great website that has tips, games and information you can use: <https://www.choosemyplate.gov/kids>.

Please remember to code the BMI for every child visit to your office to give you credit for the Weight Assessment and Counseling for Nutrition and Physical Activity (WCC) HEDIS measure. Please code the BMI percentile up to age 19.99, and use the adult BMI code for age 20 and above.



## October is National Breast Cancer Awareness Month

Start promoting mammograms and educating your patients on breast cancer now with the attached flyers. They are also available here:

CDC –  
Take Care of  
Ourselves –  
English

[https://www.cdc.gov/ncbddd/disabilityandhealth/righttoknow/documents/new/Helen\\_flyer\\_officespace\\_508.pdf](https://www.cdc.gov/ncbddd/disabilityandhealth/righttoknow/documents/new/Helen_flyer_officespace_508.pdf)

CDC –  
Take Care of  
Ourselves –  
Spanish

[https://www.cdc.gov/ncbddd/disabilityandhealth/righttoknow/documents/new/Helen\\_flyer\\_highquality\\_508\\_sp.pdf](https://www.cdc.gov/ncbddd/disabilityandhealth/righttoknow/documents/new/Helen_flyer_highquality_508_sp.pdf)

CDC –  
What you  
Need to Know –  
English

<https://www.cdc.gov/cancer/breast/pdf/BreastCancerFactSheet.pdf>



## October 21st is also National Check Your Meds Day.

This is a good reminder to pay attention to these three medication HEDIS measures:



Measure	Who it is for	Action
Care for Older Adults (COA)	Medicare SNP or Cal MediConnect age 66+	During senior Annual Wellness Visit (AWV), code for medication review with 1160F or other CPT code.
Medication Reconciliation Post-Discharge (MRP)	Medicare members age 18+	Document medications were reconciled on the date of hospital discharge within 31 days.
Use of High-Risk Medications in the Elderly (DAE)	Medicare age 66+	Review high-risk medications for side effects and determine if medication should be changed.





Janice E. Carter,  
Health Net  
*We're invested in supporting provider practices.*



PM 160 Webinars

# Health Net's Providers Are Invited to Attend Upcoming PM 160 Webinars

## Why Should I Attend?

- As of 2019, PM 160 forms will no longer be accepted
- Ensure that you submit your encounters coded properly
- Update your superbills with the Z codes for counseling
- Update your EMR to ensure all CPT codes and Z codes are updated

## Details About the Webinars

Several communications have been distributed to inform providers about the PM 160 transition to the CMS 1500 Claims. In an effort to provide further support to providers regarding the changes, Health Net's Provider Relations team has scheduled educational provider webinars.

**During the webinars, we will be covering the following key topics:**

1. How to Code the Encounter
2. Crosswalk of Codes That Health Net Has Created

Health Net recommends that coders, billers, attend the webinars.

## How to Register for the Webinar

**You must pre-register for the webinar(s)**, and, to do so, please see the link below. All sessions are 45 minutes long and start at 12:15 p.m. Providers can attend the webinars using the link below. At the end of the registration process, you will be given the option to add the webinar to your calendar.

The webinar has a call-in number, or you may listen to the audio broadcast through your computer. Attendees may type questions as necessary. A copy of the presentation material and a recording of the webinar will be distributed following the webinar.

After registering, you will receive a confirmation email containing information about joining the webinar.

Dates	Time (Pacific Time)	Webinar Link
September 27, 2018	12:15 p.m. to 1:00 p.m.	<a href="https://centene.zoom.us/webinar/register/3115349606263/WN_Zm43AmfUQx6Q7Tbwkm-IZQ">https://centene.zoom.us/webinar/register/3115349606263/WN_Zm43AmfUQx6Q7Tbwkm-IZQ</a>
October 3, 2018		
October 4, 2018		
October 11, 2018		

## Questions

If you have questions, contact the Health Net Provider Relations team at [HN\\_Provider\\_Relations@healthnet.com](mailto:HN_Provider_Relations@healthnet.com)



# Immunizations: New & Sometimes Confusing Recommendations

## Webinar



**Earn 1 CME/CE Credit!**

**October 17, 2018 12:00 p.m. – 1:00 p.m.**

**Presenter:** Mark Sawyer, MD

Professor of Clinical Pediatrics and Pediatric Infectious Disease Specialist, UCSD School of Medicine and Rady Children's Hospital San Diego

**Review** the recommendations for vaccinations, such as meningococcal disease, Hepatitis A & B, flu, and zoster.

[Register here](#) or email [quality@lacare.org](mailto:quality@lacare.org) for information

CME/CE credit available to MDs, DOs, PAs, PsyDs, PharmDs, NPs, & RNs

L.A. Care Health Plan is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. L.A. Care Health Plan designated this online educational activity for a maximum of **1 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

L.A. Care Health Plan is an approved Continuing Education Provider by the California Board of Registered Nursing (CEP13731). This program is approved for **1 CE credit**.

L.A. Care Health Plan takes responsibility for the content, quality, and scientific integrity of this CME/CE activity.

## Rooming checklist

Prior to the visit	
	<p><b>Review the last clinic note and completed <u>Visit prep checklist</u>.</b> This will help staff prepare the patient and physician for the visit.</p>
	<p><b>Gather test results obtained prior to the visit.</b> If the patient had pre-visit laboratory tests completed, prepare the results for the visit. Some clinics print the results to share with the patient.</p>
	<p><b>Compile relevant data specific to the visit.</b> Gather emergency room notes, hospital discharge summaries, consultations, etc. if relevant to the visit. Use a [visit prep checklist] to identify what care gaps can be closed during the upcoming appointment.</p>
During rooming	
	<p><b>Greet the patient in the waiting room.</b> Introduce yourself by providing your name and role (e.g., “Hello Mr. Smith, I’m Ron, the medical assistant working with Dr. Rodgers. I’ll be helping you during your appointment”).</p>
	<p><b>Establish the patient’s agenda and priorities.</b> Ask the patient, “What is the main goal of your visit?” or “I see that you are here for a follow-up on your arthritis and diabetes. Is there anything else you would like to cover today?” If there are multiple issues, help the patient identify their top priorities.</p>
	<p><b>Reconcile medications.</b> If a new patient is uncertain about their current medications or doses, contact the patient’s pharmacy. If the patient was recently discharged from the hospital, obtain the discharge medication list.</p>
	<p><b>Review any allergies.</b> Document any new allergies and the nature of the patient’s reaction.</p>
	<p><b>Update health maintenance screenings and immunizations.</b> Using standing orders, administer immunizations and schedule screenings, e.g., cancer and osteoporosis.</p>
	<p><b>Screen for conditions or evaluate status of chronic conditions.</b> Use standardized questions as directed by clinic protocol to support the visit. This might include screening for depression, substance abuse and control of asthma and/or diabetes. For appropriate patients over 65, this might include uploading a patient’s responses to the annual wellness visit questionnaire, which can be distributed to the patient prior to the appointment.</p>
	<p><b>Provide information about advance directives.</b> Provide information about advance directives to appropriate patients as directed by clinic protocol. Alert the physician if the patient has additional questions.</p>
	<p><b>Provide self-management support.</b> Use an action plan or similar tool for patients who need self-management support, such as tobacco cessation, weight loss and/or diabetes care.</p>

### During rooming - continued

	<p><b>Perform symptom-driven testing.</b> Use standing orders and assess patient symptoms to determine whether you need to administer a pulmonary function test, exercise oximetry, electrocardiogram (ECG), strep screen, urine dip stick, pregnancy test, etc. to the patient.</p>
	<p><b>Prepare patients for the exam and medical procedures.</b> Provide a gown and advise patients to undress as appropriate. Set up the exam room and prepare the patient for procedures such as skin biopsy, cryosurgery, etc.</p>
	<p><b>Introduce new patients to the practice.</b> Some practices have created a "Welcome to Our Practice" pamphlet or folder to introduce new patients to physicians, staff and processes in the practice.</p>

### Handoff

	<p><b>Prepare the physician.</b> In a "mini-huddle" with the physician, share the information you've learned during rooming, such as the patient's goals for the visit, response to treatment initiated during the last visit and social/emotional history. For example, "The patient felt dizzy on the atenolol we started at the last visit and decided to stop it. In addition, her husband was recently diagnosed with Alzheimer's disease. She is stressed and doesn't think she can handle another medication at this time." This handoff, taking no more than a minute, will help the physician best meet the patient's needs.</p>
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## Standing Order Protocol

The following standing orders are approved by the lead medical physician to be ordered by appropriate staff for patients meeting the designated criteria.

**\*Requirement prior to initiating standing orders: Patient must have been seen within last \_\_\_\_ months.**

### Orders and Procedures

#### *Diabetic Patients*

**Appropriate Staff:** Medical Assistants

**Order:** Diabetic Patients - HbA1c, CMP and Microalbumin, Random Urine

All appropriate staff are authorized to order the following for Diabetic Patients;

- ☐ HbA1c every 3 months if last A1c is  $\geq 8\%$ ; every 6 months  $< 8\%$
- ☐ Microalbumin, Random Urine (w/Creatinine) - annually
- ☐ Diabetic Retinal Exam- annually

**Documentation:** Appropriate staff will order in EHR

#### *Screening Mammogram*

**Appropriate Staff:** Medical Assistants/Care Coordinator

**Order:** Screening Mammogram - Female Patient

All appropriate staff is authorized to order a screening mammogram for:

- ☐ Female patients between the ages of 50-69
- ☐ Patients whose last mammogram was at least 2 years ago *and result was normal*. **If the last result was abnormal, review and authorization by the patient provider is required.**

**Documentation:** Appropriate staff will document the test ordered in EHR

#### *Colorectal Cancer Screening*

**Appropriate Staff:** Medical Assistants/Care Coordinator

**Order:** Screening Colonoscopy

All appropriate staff is authorized to order a screening colonoscopy for:

- ☐ Patients between the ages of 50-75



*(Colorectal Cancer Screening continued)*

☐ Patients whose last colonoscopy was at 10 years ago *and result was normal. If the last result was abnormal, review and authorization by the patient provider is required.*

☐ Patients whose last flexible sigmoidoscopy was at 5 years ago *and result was normal. If the last result was abnormal, review and authorization by the patient provider is required.*

**Documentation:** Appropriate staff will document the test ordered in HER

***iFOBT kits***

**Appropriate Staff:** Medical Assistants

**Order:** iFOBT kits

All appropriate staff is authorized to order an iFOBT kits for any patient eligible for colon cancer screening (ICD 10 \_\_\_\_\_)

**Documentation:** Medical assistants will document in the HER

Reviewed and Approved by : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**\*This Standing Order protocol should be reviewed and updated annually\***

## Visit prep checklist (Adult)

To be completed in anticipation of a patient's upcoming visit or at time of registration	
Patient name:	Date of birth:
Date of previous visit:	Date of next visit:

Preventive screening	Due	Up-to-date	N/A	Target population and recommendation
Cervical Cancer Screening (PAP) *Age 21 to 65 years				Every 3 years if no history of abnormal PAPs (or every 5 years if over 30 and most recent PAP negative and HPV-negative)
Breast Cancer Screening (Mammogram) *Age 50 to 75 years				Every 1 to 2 years; or for those 40 to 50 and >75 screening is optional
Colorectal Cancer Screening *Age 50 to 75 years				Colonoscopy= Every 10 years Fecal Occult Blood test (iFOBT)= Annually
Bone density scan (DEXA) * Age 65 years				Every 10 years for women if previous results were normal; every 5 years if symptoms of osteopenia exist
Body Mass Index (BMI) *Age 18-74 years				Age 20 and older-Document height/weight and BMI value. Measure should be captured and documented at least once annually
Visual acuity				Age >65 years (new Medicare enrollees) Can be completed during the "Welcome to Medicare" visit
Glaucoma screen				Age >65 years Annually

Immunization	Due	Up-to-date	N/A	Target population and recommendation
Tdap vaccine				Age >19 years Administer Tdap once; boost with Td every 10 years
Influenza vaccine				Age >6 months Annually
Shingles vaccine				Age >60 years Option if >50 years
Pneumococcal vaccine (PCV13 or PPSV23)				Age >65 years <ul style="list-style-type: none"> <li>• PCV13 now, followed by PPSV23 six to 12 months later</li> <li>• If already received PPSV23, wait at least one year before giving PCV13</li> </ul> Patients age 18 to 65 with a <b><u>chronic* or immunocompromising condition</u></b> may also need a pneumococcal vaccine.

**\*Chronic conditions include: COPD, DM, CVD, CKD, chronic liver disease, splenectomy, etc.**

*Please note that these clinical guidelines change frequently and are meant as an example only. The checklist can be modified so you can update it based on your patient population and current guidelines. You may use this checklist to build the capability to "flag" upcoming care needs in your electronic health record (EHR).*

## Visit prep checklist (Disease Management Care)

To be completed in anticipation of a patient's upcoming visit or at time of registration	
Patient name:	Date of birth:
Date of previous visit:	Date of next visit:

Preventive screening	Due	Up-to-date	N/A	Target population and recommendation
Hemoglobin A1C *Age 18-75 years				DIABETES CARE=Lab test (blood) drawn every 6 months. Results should be documented in the patient's medical record
Nephropathy screening *Age 18-75 years				DIABETES CARE=Lab test (urine) performed annually. Results should be documented in the patient's medical record
Diabetic Retinal Exam *Age 18-75				DIABETES CARE=A retinal or dilated eye exam performed by an Optometrist or Ophthalmologist. Should be performed every other year.
Controlling High Blood Pressure *Age 18-85 years				HYPERTENSION CARE=Blood pressure should be measured and documented at each visit.
<b><u>WOMEN ONLY</u></b> Osteoporosis screening and measurement after fracture. *Age 67-85 years				OSTEOPOROSIS CARE=Women with a fracture who had a bone mineral density scan or have been dispensed a drug to treat osteoporosis in the past 6 months
Chlamydia Screening *Age 16-24 years				STD PREVENTIVE CARE=Women identified as sexually active should be screened at least once annually.

Immunization	Due	Up-to-date	N/A	Target population and recommendation
Tdap vaccine				Age >19 years Administer Tdap once; boost with Td every 10 years
Influenza vaccine				Age >6 months Annually
Shingles vaccine				Age >60 years Option if >50 years
Pneumococcal vaccine (PCV13 or PPSV23)				Age >65 years • PCV13 now, followed by PPSV23 six to 12 months later • If already received PPSV23, wait at least one year before giving PCV13 Patients age 18 to 65 with a <b><u>chronic* or immunocompromising condition</u></b> may also need a pneumococcal vaccine.

**\*Chronic conditions include: COPD, DM, CVD, CKD, chronic liver disease, splenectomy, etc.**

*Please note that these clinical guidelines change frequently and are meant as an example only. The checklist can be modified so you can update it based on your patient population and current guidelines. You may use this checklist to build the capability to "flag" upcoming care needs in your electronic health record (EHR).*

## Visit prep checklist (Pediatrics)

To be completed in anticipation of a patient's upcoming visit or at time of registration	
Patient name:	Date of birth:
Date of previous visit:	Date of next visit:

Preventive screening	Due	Up-to-date	N/A	Target population and recommendation
Well Child Visits *Ages 3-6 years				Annual visits that capture the following: 1) Health History 2) Physical/Mental developmental history 3) Health Education 4) Anticipatory Guidance All of these elements should be documented in the patient's medical record.
Adolescent Well-Care Visit *Ages 12-21 years				Annual visits that capture the following: 1) Health History 2) Physical/Mental developmental history 3) Health Education 4) Anticipatory Guidance All of these elements should be documented in the patient's medical record.
Weight Assessment and Counseling for Nutrition and Physical Activity *Ages 3-17 years				This visit should be coded with a Well Child or Adolescent Well Care Visit. Documentation must include: 1) BMI 2) Counseling for Nutrition 3) Counseling for Physical Activity
Childhood Immunizations *Ages 0-2 years <b><u>Verify info in CAIR2</u></b>				By 2 years of age, all members should have the following vaccines: DTaP= 4 Polio= 3 MMR= 1 HiB= 3 Hepatitis B= 3 Varicella= 1 Pneumococcal (PCV-13)= 4 Hepatitis A= 1 Rotavirus= 2 Influenza vaccines= 2
Immunizations for Adolescents *Ages 12-21 years <b><u>Verify info in CAIR2</u></b>				By 13 years of age, all members should have the following vaccines: MCV =1 (between age 11-13 years) Tdap =1 (between age 10-13 years) HPV/Gardasil= 2 (between age 9-13 years)

*Please note that these clinical guidelines change frequently and are meant as an example only. The checklist can be modified so you can update it based on your patient population and current guidelines. You may use this checklist to build the capability to "flag" upcoming care needs in your electronic health record (EHR).*

## Health Plan Contact Grid - Interpreter and Translation Services - Limited English Proficiency (LEP)

Health Plan Name	Affiliated IPA	Plan LAP Threshold Languages (Other than English)	Plan Interpreter Access	Plan Translation Access (Vital Non-Standard Documents)	Plan Contact For Questions related to Interpreter/Translation	Additional Resources
Aetna	Centinela Valley	Over 200 languages - using Voiance Interpretation services company	Call 800-481-3293 Aetna interpreter services general number (or the number on the back of mem's card) - you will need an account number + 4 digit pin - Aetna Rep will connect the call with Voiance - interpretation services company. Sign language over a video chat (on a first come first service basis) - for video you'll need username and password - which will be provided by Aetna. For Onsite interpretation service you'll need to schedule "the sooner the better" at least 4 days in advance	Email to doctrans@voiance.com request for translation of documents make sure to include member's name, phone number, email address and any language translation is needed in  Document Translation services 1-866-745-9010 x 4481	1-866-353-9802 number on the back of mem card will connect interpreter language assistance line Voiance interpretation services 877-756-4839 Carlos	<a href="http://interpret.voiance.com/about/">http://interpret.voiance.com/about/</a>
Alignment Health Plan	Bella Vista Medical Gr.; Health Care LA	Spanish, Korean, Mandarin, and other languages. Provide a language valet to members	1-866-634-2247 Member Services will direct the call for an interpreter or assist with Face to Face Interpreter services. 1-877-399-2247 Spanish Members	1-866-634-2247	1-866-634-2247 representative will direct call to language valet services they provide	<a href="https://www.ahcusaweb.com/ProviderWeb/Default.aspx?PlanYear=2016&amp;lang=en-US">https://www.ahcusaweb.com/ProviderWeb/Default.aspx?PlanYear=2016&amp;lang=en-US</a>
Anthem Blue Cross	Bella Vista Medical Gr.; Centinela Valley; El Proyecto del Barrio, Inc.; Health Care LA; Premier Physician Network; Prudent Medical Gr.	Using Cyracom - All languages	1-800-481-3289 main number to client services - need to have a 9 digit language service account number AND 4 digit pin number - get this info from Anthem No Face to Face videos for Anthem  1-888-254-2721 Member Services will direct the call for an interpreter or assist with Face to Face Interpreter services.	email - translations@cyracom.com or 520-745-9447 x 1642 production managers desk x 1835 project manager	1-800-481-3289 Cyracom	<a href="http://interpret.cyracom.com/">http://interpret.cyracom.com/</a>
Blue Shield of California	Bella Vista Medical Gr.; Centinela Valley; Global Care Medical Gr.; Health Care LA; Premier Physician Network; Prudent Medical Gr.	All languages - over 200 languages	Ask member to call the number on the back of their card. If a member needs us to assist - ask the member for that number on the back of their card an call for language assistance.  BS of CA Rep will connect you to a 3rd party (Language Line) for assistance with interpreting, translations & face to face - onsite and offsite services.	Translation at BS exist in Chinese (traditional), Hindi, Spanish or Vietnamese for vital documents only  Please fax Language Services Request Form (available at Blueshieldca.com) and document 'requiring translation' to 209-371-5838  For all other languages - call the number on the back of member's card.		<a href="https://www.blueshieldca.com/provider/guidelines-resources/patient-care/language-assistance.sp">https://www.blueshieldca.com/provider/guidelines-resources/patient-care/language-assistance.sp</a>
Brand New Day	Bella Vista Medical Gr.; Centinela Valley, Global Care Medical Gr. IPA; Health Care LA; Pioneer Provider Network	Spanish, Vietnamese, Mandarin Chinese, Cantonese Chinese, Cambodian, Tagalog (Pacific Interpreter for help with any other language)	1-866-255-4795 Member Services request an interpreter or assist with Face to Face Interpreter Unlimited for help with in person interpreter) Need to schedule an apt in advance	1-866-255-4795	1-866-255-4795 To update information speak to Providers relations 657-400-1900 Provider_Services@universalcare.com Provider Relations Representatives: Lizbeth Gudino, Ext. 4042 Melissa Belcher, Ext 4064 Steve Baek, Ext. 4031 Valerie Chaney, Ext. 4058	None



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Health Plan Name	Affiliated IPA	Plan LAP Threshold Languages (Other than English)	Plan Interpreter Access	Plan Translation Access (Vital Non-Standard Documents)	Plan Contact For Questions related to Interpreter/Translation	Additional Resources
Care1st	Bella Vista Medical Gr.; El Proyecto Del Barrio, Inc.; Global Care Medical Gr.; Health Care LA; Watts Healthcare Corporation	Oral translations in all languages, print translations Spanish & Traditional Chinese	Face to Face and Over the phone interpreting - need to schedule interpretation 4 days in advance. Onsite not a video. Medi-Cal 1-800-605-2556 Medicare & Commercial 1-800-544-0088 Dual Demo 1-855-905-3825 After Business Hours 1-877-904-8195 Also refer to Care 1st's Protocol for How to Access Interpreting Services.	No Translation available thru Care 1st	Contact Cultural and Linguistics Department: 1-800-605-2556 Jennifer Health Education Department	<a href="https://www.care1st.com/ca/providers/cultural-and-linguistics.asp">https://www.care1st.com/ca/providers/cultural-and-linguistics.asp</a>
Central Health Plan	Alpha Care Medical Group; Bella Vista Medical Gr; Centinela Valley; El Proyecto del Barrio, Inc.; Family Care Specialist; Global Care Medical Group; Health Care LA; Premier Physician Network; Prudent Medical Gr;	All languages (using Pacific Interpreter)	1-866-314-2427 member services will connect the call to pacific interpreter face to face available in Mandarin Chinese, Cantonese Chinese, Spanish Korean, Vietnamese only at the address appears on the back of member's card during business hours: 8am-8pm - 7 days a week	No Translation available thru Central Health Plan  Health Plan can send information to member in 4 languages: Mandarin Chinese, Cantonese Chinese, Spanish Korean, Vietnamese and they have material available in Spanish online for Annual renewal etc.	1-866-314-2427 member services - choose 'English' then get to a live representative	<a href="https://www.centralhealthplan.com/Materials/MultiLanguage">https://www.centralhealthplan.com/Materials/MultiLanguage</a>
CIGNA	Centinela Valley IPA; Global Care Medical Gr IPA; Health Care LA, IPA; Premier Physician Network; Prudent Medical Group	Interpretation - any language Translation of documents - Spanish, Traditional Chinese	Interpretation is available in Any language Call 1-800-806-2059 or to the number on the back of mem's Cigna ID card, You will need the member's CIGNA ID number, date of birth and your TAX ID number (or NCPDP for pharmacies) to confirm eligibility and	Send Word document to translate to Culturalandlinguisticsunit@cigna.com Protect PHI by encrypting e-mails. Translation of vital standard and non-standard documents available in Spanish and Traditional Chinese only.	For information about CALAP (California Language Assistance Program) 1-800-882-4462 you will need member ID and Tax ID to go thru Customer Services 866-494-2111	<a href="https://www.cigna.com/health-care-providers/resources/topic-cultural-competency-health-equity">https://www.cigna.com/health-care-providers/resources/topic-cultural-competency-health-equity</a>
Health Net of California, Inc.	Bella Vista Medical Gr.; Centinela Valley; Global Care Medical Gr.; Health Care LA; Pioneer Provider Network; Premier Physician Network; Prudent Medical Gr.	Interpretation available in all languages	For over the phone EPO, HMO, POS & PPO 1-800-522-0088 After hours language line 1-800-546-4570 Medi-Cal 1-800-675-6110 Medicare supplemental 1-800-926-4178 Medicare advantage 1-800-275-4737 Special Needs 800-431-9007  For Face to Face call 1-888-926-2164 Commercial Department. Need to schedule an apt at least 4 days in advance  Let member services rep at Health Net know you have a member on the line and they will assist with interpretation	1-800-522-0088 member services Translation in all languages - depends on the member's needs	1-800-522-0088 x 0 Customer Contact Center, after hours and weekends 1-800-546-4570	<a href="http://www.healthnet.com">www.healthnet.com</a>  Click 'Language' tab on the top part of the website
IEHP	Alpha Care Medical Group; Integrated Health Partners;	All languages	Call 1-800-440-IEHP (4347) Member Services or 1-800-718-IEHP (4347) for TTY users, at least 5 days before your Doctor visit. To cancel your request, call at least 2 days before your Doctor visit. Using multiple companies for interpretations services *HP try to accommodate same day requests as well, but do prefer to schedule in advance	IEHP do not provide translation of documents, they have a set forms/documents in English and Spanish, but they do not translate any documents. When a member has an interpreter at the Dr.'s office, they can translate any documents to the member	Provider Services 1-866-223-4347	<a href="https://www3.iehp.org/en/members/helpful-services-and-forms/interpreter-service/">https://www3.iehp.org/en/members/helpful-services-and-forms/interpreter-service/</a>
LA Care Health Plan	Bella Vista Medical Gr.; El Proyecto Del Barrio, Inc.; Global Care Medical Gr.; Health Care LA; Pioneer Provider Network; Prospect Medical Gr.	All languages - depends on member's need	Provider: 1.855.322.4034, provide the member's LA Care Member ID and the Physician's NPI  Face to Face and Over the phone: 1-888-839-9909	All languages - call 1-888-839-9909 to request translation according to member's needs.	1-888-839-9909	<a href="http://www.lacare.org/providers/provider-training/classes-seminars">http://www.lacare.org/providers/provider-training/classes-seminars</a>

## Health Plan Contact Grid - Interpreter and Translation Services - Limited English Proficiency (LEP)

Health Plan Name	Affiliated IPA	Plan LAP Threshold Languages (Other than English)	Plan Interpreter Access	Plan Translation Access (Vital Non-Standard Documents)	Plan Contact For Questions related to Interpreter/Translation	Additional Resources
Molina Healthcare of California	Bella Vista Medical Gr.; El Proyecto Del Barrio, Inc.; Global Care Medical Gr.; Health Care LA; IHP	All languages - depends on member's need	Globo third party - all languages 1-844-311-9777 or call 1-888-665-4621 Member Services and rep will direct you to language assistance Face to Face for sign language only - schedule at least 5 business days in advance	Molina doesn't offer translation of documents Molina has the general forms (such as renewal) in several languages but they do not offer a service of translating documents received from clinic/lab.	Asya Anderson 1-562-499-6191 x 121306 Victoria 1-562-499-6191 ext. 111032 1-888-665-4621 Member Services 1-855-322-4075 Provider services	<a href="http://www.molinahealthcare.com/providers/ca/medicaid/resource/Pages/ask_cultural.aspx">http://www.molinahealthcare.com/providers/ca/medicaid/resource/Pages/ask_cultural.aspx</a>
United Healthcare of California	Centinela Valley; Premier Provider Network; Prudent	Spanish, Chinese (Traditional Chinese Characters), Vietnamese, Tagalog, Armenian, Russian, Japanese	United Healthcare Signature Value (HMO/MCO) 1-800-624-8822 dial 711 TDHI Spanish 1-800-730-7270 or 1-800-855-3000 TDHI Chinese 1-800-938-2300		Network Management 866-574-6088 Language line 866-487-4565 Provider Services 1-800-542-8789 Network Contracting Dep - physician advocate Krystine Markoe - 714-226-6772	<a href="http://www.uhc.com/health-and-wellness/family-health/multicultural-resources">http://www.uhc.com/health-and-wellness/family-health/multicultural-resources</a>
Wellcare/Easy Choice HP	Family Care Specialists	Vietnamese, Cantonese Chinese, Mandarin Chinese, Spanish and Korean. All other languages: 3rd party interpretation company (red couldn't disclose this info)	Over the phone interpretation only Call 866-999-3945 for 5 major languages listed aside  For other languages representative will connect the call with a 3rd party interpretation company  Sign Language - Mem has to request interpretation services 2 WEEKS in advance - onsite service (not a video chat)  No Face to Face interpretation offered by HP - the IPAs delegate provide that service	Most of documents in Spanish and English, request via c. service for other languages for generic forms or and HP send out.	Customer Service line 866-999-3945 Member Services 866-999-3945 x 1 x 1 FCS 562-602-1563	no info online/email communication

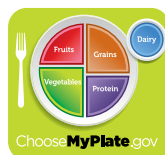


QualityManagement@medpointmanagement.com  
818-702-0100, x353



United States Department of Agriculture

## 10 tips Nutrition Education Series



# MyPlate MyWins

Based on the  
**Dietary  
Guidelines  
for Americans**

## Choose MyPlate

**Use MyPlate to build your healthy eating style and maintain it for a lifetime.** Choose foods and beverages from each MyPlate food group. Make sure your choices are limited in sodium, saturated fat, and added sugars. Start with small changes to make healthier choices you can enjoy.

**1 Find your healthy eating style**  
Creating a healthy style means regularly eating a variety of foods to get the nutrients and calories you need. MyPlate's tips help you create your own healthy eating solutions—"MyWins."

**2 Make half your plate fruits and vegetables**  
Eating colorful fruits and vegetables is important because they provide vitamins and minerals and most are low in calories.

**3 Focus on whole fruits**  
Choose whole fruits—fresh, frozen, dried, or canned in 100% juice. Enjoy fruit with meals, as snacks, or as a dessert.



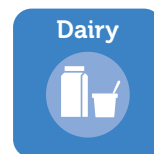
**4 Vary your veggies**  
Try adding fresh, frozen, or canned vegetables to salads, sides, and main dishes. Choose a variety of colorful vegetables prepared in healthful ways: steamed, sautéed, roasted, or raw.



**5 Make half your grains whole grains**  
Look for whole grains listed first or second on the ingredients list—try oatmeal, popcorn, whole-grain bread, and brown rice. Limit grain-based desserts and snacks, such as cakes, cookies, and pastries.



**6 Move to low-fat or fat-free milk or yogurt**  
Choose low-fat or fat-free milk, yogurt, and soy beverages (soymilk) to cut back on saturated fat. Replace sour cream, cream, and regular cheese with low-fat yogurt, milk, and cheese.



**7 Vary your protein routine**  
Mix up your protein foods to include seafood, beans and peas, unsalted nuts and seeds, soy products, eggs, and lean meats and poultry. Try main dishes made with beans or seafood like tuna salad or bean chili.



**8 Drink and eat beverages and food with less sodium, saturated fat, and added sugars**

Use the Nutrition Facts label and ingredients list to limit items high in sodium, saturated fat, and added sugars. Choose vegetable oils instead of butter, and oil-based sauces and dips instead of ones with butter, cream, or cheese.



**9 Drink water instead of sugary drinks**  
Water is calorie-free. Non-diet soda, energy or sports drinks, and other sugar-sweetened drinks contain a lot of calories from added sugars and have few nutrients.

**10 Everything you eat and drink matters**  
The right mix of foods can help you be healthier now and into the future. Turn small changes into your "MyPlate, MyWins."



# Elija MiPlato

**Use MiPlato para construir su estilo de alimentación saludable y mantenerlo durante toda la vida.** Elija alimentos y bebidas de cada grupo de alimentos MiPlato. Asegúrese de que sus opciones sean limitadas en sodio, grasas saturadas y azúcares añadidos. Comience con pequeños cambios para tomar decisiones más saludables que pueda disfrutar.

## 1 Encuentre su estilo de alimentación saludable

Crear un estilo saludable significa comer con regularidad una variedad de alimentos para obtener los nutrientes y las calorías que necesita. Los consejos de MiPlato le ayudan a crear sus propias soluciones de alimentación saludable—"MisVictorias."

## 2 Llene la mitad de su plato con frutas y vegetales

Comer frutas y vegetales de colores variados es importante porque aportan vitaminas y minerales y la mayoría son bajas en calorías.

## 3 Enfóquese en las frutas enteras

Elija frutas enteras frescas, congeladas, secas o enlatadas en jugo 100%. Disfrute de la fruta con las comidas, como bocadillos o como postre.



## 4 Varie sus vegetales

Trate de agregar vegetales frescos, congelados o enlatados a ensaladas, acompañamientos y platos principales. Elija una variedad de vegetales de colores diferentes preparados de maneras saludables: al vapor, salteados, asados o crudos.



## 5 Que la mitad de sus granos sean integrales

Busque granos enteros que figuren en el primer o segundo lugar de la lista de ingredientes: pruebe avena, palomitas de maíz, pan integral y arroz integral. Limite los postres y bocadillos a base de granos, como pasteles, galletas y hojaldres.



## 6 Cambie a yogur o leche semidesnatada o desnatada

Elija leche, yogur y bebidas de soja (leche de soja) bajos en grasa o sin grasa para reducir la grasa saturada. Sustituya la crema agria, la crema y el queso regular con yogur, leche y queso bajos en grasa.



## 7 Varíe su rutina de proteínas

Mezcle sus alimentos de proteína para incluir mariscos, frijoles y guisantes, frutos secos y semillas sin sal, productos de soja, huevos y carnes magras y aves de corral. Pruebe platos principales hechos con frijoles o mariscos como ensalada de atún o chile de frijoles.



## 8 Beba y coma bebidas y alimentos con menos sodio, menos grasas saturadas y menos azúcares añadidos

Use la etiqueta de información nutricional y la lista de ingredientes para limitar los elementos con alto contenido de sodio, grasas saturadas y azúcares añadidos. Elija aceites vegetales en lugar de mantequilla, y salsas a base de aceite y salsas para untar en lugar de las que tienen mantequilla, crema o queso.



## 9 Beba agua en lugar de bebidas azucaradas

El agua no tiene calorías. Los refrescos regulares, energéticos o deportivos y otras bebidas azucaradas contienen una gran cantidad de calorías de azúcares añadidos y tienen pocos nutrientes.

## 10 Todo lo que come y bebe es importante

La combinación correcta de alimentos puede ayudarle a estar más saludable ahora y en el futuro. Convierta los pequeños cambios en su "MiPlato, MisVictorias."



We have to  
take care of  
ourselves before  
we can take care  
of others.

—HELEN, BREAST CANCER SURVIVOR

Helen, a two-time cancer survivor, wants to be an inspiration to others. Despite her chronic rheumatoid arthritis, she leads a full and active life. Helen credits screening and early detection with still being alive today, and reminds us to take care of ourselves first if we want to be there for our loved ones.

If you are between the ages of 40 to 49, talk to your doctor about when and how often you should have a screening mammogram. If you are between the ages of 50 to 74, be sure to have a screening mammogram every two years.



## BREAST CANCER SCREENING

## THE RIGHT TO KNOW

For more information, visit  
[www.cdc.gov/RightToKnow](http://www.cdc.gov/RightToKnow)  
or call 1-800-CDC-INFO (232-4636)  
1-888-232-6348 (TTY)

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Centers for Disease  
Control and Prevention  
National Center on Birth Defects  
and Developmental Disabilities



# Tienen que cuidarse primero para poder cuidar a otros.

— HELEN, SOBREVIVIÓ EL CÁNCER DEL SENO

Helen, quien en dos ocasiones ha superado el cáncer, desea ser una inspiración para todos. Pese a su artritis reumatoide crónica, vive una vida plena y activa. Helen aclara que es gracias a los exámenes y la detección temprana que todavía está con vida, y nos recuerda que primero, uno tiene que cuidarse para poder estar ahí para sus seres queridos.

Si usted tiene entre 40 y 49 años, hable con su médico sobre cuándo y con qué frecuencia se debe realizar una mamografía de rutina. Si tiene entre 50 y 74 años, asegúrese de hacerse una mamografía cada dos años.

## EXÁMENES MÉDICOS PARA DETECTAR EL CÁNCER DE SENO

Para obtener más información visite  
**[www.cdc.gov/RightToKnow](http://www.cdc.gov/RightToKnow)**  
o llame al **1-800-CDC-INFO** (232-4636)  
**1-888-232-6348** (TTY)



## EL DERECHO DE SABER

National Center on Birth Defects and Developmental Disabilities  
Division of Human Development and Disability



# Breast Cancer:

## *What You Need to Know*

Cancer is a disease in which cells in the body grow out of control. When cancer starts in the breast, it is called *breast cancer*. Except for skin cancer, breast cancer is the most common cancer in American women.

Breast cancer *screening* means checking a woman's breasts for cancer before she has any symptoms. A *mammogram* is an X-ray picture of the breast. Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms.

**Most women who are 50 to 74 years old should have a screening mammogram every two years.** If you are 40 to 49 years old, or think you may have a higher risk of breast cancer, ask your doctor when to have a screening mammogram.



### Some things may increase your risk

The main factors that influence your breast cancer risk are being a woman and getting older. Other risk factors include —

- Changes in breast cancer-related genes (BRCA1 or BRCA2).
- Having your first menstrual period before age 12.
- Never giving birth, or being older when your first child is born.
- Starting menopause after age 55.
- Taking hormones to replace missing estrogen and progesterone in menopause for more than five years.
- Taking oral contraceptives (birth control pills).
- A personal history of breast cancer, dense breasts, or some other breast problems.
- A family history of breast cancer (parent, sibling, or child).
- Getting radiation therapy to the breast or chest.
- Being overweight, especially after menopause.

### Symptoms

Some warning signs of breast cancer are —

- New lump in the breast or underarm (armpit).
- Thickening or swelling of part of the breast.
- Irritation or dimpling of breast skin.
- Redness or flaky skin in the nipple area or the breast.
- Pulling in of the nipple or pain in the nipple area.
- Nipple discharge other than breast milk, including blood.
- Any change in the size or the shape of the breast.
- Pain in the breast.

Other conditions can cause these symptoms. *If you have any signs that worry you, call your doctor right away.*

### More Information

[www.cdc.gov/cancer/breast/](http://www.cdc.gov/cancer/breast/) • (800) CDC-INFO (800-232-4636) • TTY: (888) 232-6348

#### Can't afford a mammogram?

If you have a low income or do not have insurance and are between the ages of 40 and 64, you may qualify for a free or low-cost mammogram through CDC's National Breast and Cervical Cancer Early Detection Program. To learn more, call (800) CDC-INFO.



# Have you made your Mammogram Appointment?



All women between ages 50-74 need a mammogram every one to two years.

## **Fact #1: Mammograms are safe.**

Radiation levels from a mammogram are very low. The brief mammogram test outweighs any concerns about radiation risk when you consider the benefits of finding cancer in the early stages.

## **Fact #2: Discomfort is brief.**

Mammograms can be uncomfortable for some women; it only lasts a few seconds. If you've had discomfort in the past, you may want to take an over-the-counter pain reliever an hour before your appointment.

## **Fact #3: Mammograms are discreet.**

Technical staff are respectful that you may feel shy or concerned. Wearing a two-piece outfit to your appointment may help ease any discomfort you may be experiencing. You also have the right to ask for a female x-ray technician.

## **Fact #4: No family history?**

Everyone is at risk. Women with breast cancer may not have anyone in their family that has been diagnosed with breast cancer. Talking with your doctor about your family history helps make sure you get mammograms at the right age and frequency.

## **Fact #5: Doing a breast self-exam is not enough.**

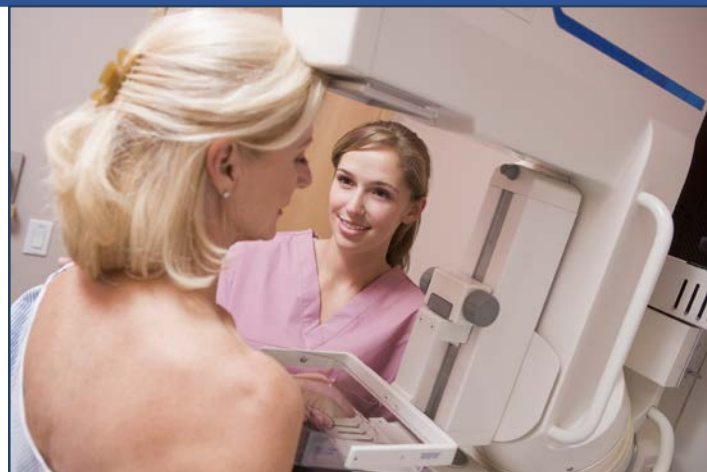
There are no early signs or symptoms of breast cancer. Mammograms are the best way to find problems early before you can see or feel it, making it easier and more successful to treat.

It is very important to do breast self-exams but breast cancer found by sight or touch tends to be larger and may have already spread.

Don't let anything stop you from getting a mammogram.  
Tell your daughters, sisters, aunts and friends to get one too. Better yet, go together!  
Do it for yourself! Do it for your loved ones!

## Get A Mammogram Today!

# ¿Ya hizo una cita para su mamograma?



Todas las mujeres de 50 a 74 años necesitan un mamograma cada uno o dos años.

## **Dato No. 1: Los mamogramas son seguros.**

Los niveles de radiación de un mamograma son muy bajos. Un breve mamograma supera cualquier temor por el riesgo de radiación cuando se consideran los beneficios de encontrar cáncer en las primeras etapas.

## **Dato No. 2: La incomodidad es breve.**

Los mamogramas pueden causar incomodidad para algunas mujeres; sólo dura unos segundos. Si ha sentido incomodidad en el pasado, podría tomar un analgésico de venta libre una hora antes de su cita.

## **Dato No. 3: Los mamogramas son discretos.**

El personal técnico respeta que usted puede sentir timidez o temor. Si se viste en ropa de dos piezas para ir a su cita, quizá se sentirá menos incómoda. También tiene derecho a pedir que la asista una técnica en radiología.

## **Dato No. 4: ¿No hay antecedentes en su familia?**

Todas las mujeres corren riesgo. Mujeres con cáncer del seno pueden tener nadie en su familia que haya tenido un diagnóstico de cáncer del seno. Hablar con su doctor sobre los antecedentes de su familia la ayudará a estar segura de que se hace los mamogramas a la edad y con la frecuencia correcta.

## **Dato No. 5: Hacerse un autoexamen del seno no es suficiente.**

No hay señales ni síntomas tempranos del cáncer del seno. Los mamogramas son la mejor manera de encontrar los problemas temprano, antes de que usted pueda verlos o sentirlos, para que sea más fácil y exitoso tratarlos.

Es muy importante que usted misma se examine, pero el cáncer de seno que se encuentra con la vista o el tacto tiende a ser más grande y ya se puede haber extendido.

No permita que nada impida que se haga un mamograma.

Dígale a sus hijas, hermanas, tías y amigas que también se lo hagan. ¡Aún mejor, vayan juntas!

¡Hágalo por su propio bien! ¡Hágalo por sus seres queridos!

**¡Hágase un mamograma hoy mismo!**