



PROVIDER INFORMATION NOTICE (PIN)

UPDATED

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PIN: 22 - 11

TITLE: Bi-Directional Referrals between the Department of Health Services and Community Partners

DATE: December 12, 2022

This is to provide you with information regarding patient referrals from Los Angeles County Department of Health Services (DHS) to the My Health LA (MHLA) contracted Community Partners (CPs) as well as specialty care referrals from CPs to DHS. This update supersedes PIN No. 20-02 dated 8/20/2020. Please see the new additional language highlighted on page five.

Part I: Referrals from DHS to CPs

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

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

The MHLA Agreement states:

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

Detailed Referral Protocol (DHS to CPs)

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

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

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

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

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

CP Linkage Coordinator Contacts

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

PART II – Referrals from CPs to DHS Specialty Care

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

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

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

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

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

As of November 30, 2022, eConsult will accept specialty care referrals for individuals who are *ineligible for Medi-Cal and age 50 and over*. CPs will be required to select the appropriate referring site organization when referring Medi-Cal ineligible individuals age 50 and over. Refer to the eConsult Job Aid (Attachment D) for the updated workflow. For Participants who are ages 26 to 49, CPs should continue to refer through the standard eConsult process using the CP's regular clinic name.

CPs must screen the insurance status before submitting referrals for Medi-Cal ineligible individuals age 50 and over. Any individuals who are Medi-Cal eligible and those with Medi-Cal are not eligible for a referral through eConsult. Specialty care appointments will be cancelled in the event an appointment was made if the individual qualifies for or is enrolled in full-scope Medi-Cal.

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

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

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

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

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

Anna Gorman

Anna Gorman
Director, My Health LA
Chief Operating Officer, Community Programs

Enc. Attachment A, Example Primary Care Linkage Form (PCLF)
Attachment B, Example Transition of Care Summary Sheet
Attachment C, Affidavit Form
Attachment D, eConsult Job Aid – November 30, 2022

PRIMARY CARE LINKAGE REFERRAL FORM

Attachment A

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

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.	MHLA Application ID	Date MHLA Application was Started by DHS (CP has 30 Days to Complete the Patient Enrollment)	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							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Days Since
Opened: 0

Notifications

Application Detail

Submission Date	Request Type NERF
Submitted By	Request Id 41293
Panel when request was made	Patient Preference No Preference
Patient MRN	ELM Request Id
Patient Empl_Id	Comment

*Application
Assigned To*

OPA

None

*Current
Empanelment*

0

0

Contact History (Total Contact: 0)

No Contact Found

Reassignment History

No Reassignments Found

*Current
Assignment*

DHS
Continuity

0

0

[REDACTED]

Sex [REDACTED] DOB [REDACTED]

Transition of Care/Referral Summary

Created: 02/14/2018

Summarization of Episode Note | 02/02/2018 to 02/14/2018

Source: LAC+USC Gynecology Oncology

Demographics

Contact Information:

[REDACTED] LOS ANGELES, CA 90033- Religion: No Preference
1942, US Race: Other,
Tel: (323) [REDACTED]

Marital Status: Single

Ethnic Group: --

Language: see

ICs: [REDACTED]

Care Team

No Data to Display

Relationships

No Data to Display

Document Details

Source Contact Info

Building B (Outpatient Clinic) 4P21 - 2010
Zonal Avenue Los Angeles, CA 90033- , US
Tel: (323)409-3600

Author Contact Info

--

Recipient Contact Info

--

Healthcare Professionals

No Data to Display

IDs & Code Type Data

Document Type ID: 3,16,840,1,113883,1,3 ; POCO_HD000040
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Document Language Code: en-US
Document Set ID: --
Document Version Number: --

Primary Encounter

Encounter Information

Registration Date: 02/02/2018
Discharge Date: --
Visit ID: --

Location Information

LAC+USC Gynecologic Oncology
Work:
2051 Marengo Street
Los Angeles, CA 90033- ,US

Providers

Type	Name	Address	Phone
Admitting	Jarow, Ronnie	Work 2020 Zonal Avenue IRD #220 Los Angeles, CA 90033-	Work Tel: (323)409-6644
Attending	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

Sex [REDACTED] DOB [REDACTED]

Transition of Care/Referral Summary

Created: 02/14/2018

Summarization of Episode Note | 02/02/2018 to 02/14/2018

Source: LAC+USC Gynecology Oncology

Type	Name	Address	Phone

Sex: [REDACTED] DOB: [REDACTED]

Transition of Care/Referral Summary
Summarization of Episode Note (03/01/2018 to 02/14/2018)
Source: LAC+USC Gynecology Oncology

Created: 02/14/2018

Encounter

FIN 1010770029 Date(s): 2018
LAC+USC Gynecology Oncology 2051 Marengo Street Los Angeles, CA 90033- US (323) 409-3000
Attending Physician: Juraw, Ronnie
Admitting Physician: Juraw, Ronnie

Vital Signs

No data available for this section

Problem List

No data available for this section

Allergies, Adverse Reactions, Alerts

No Known Medication Allergies

Medications

Aspirin 81 mg oral tablet
20 mg = 1 tabs, Oral, QDAY, # 30 tabs, 0 Refill(s)
Start Date: 11/4/17
Status: Ordered
Ibuprofen
0 Refill(s)
Start Date: 7/2/15
Status: Ordered

Results

No data available for this section

[REDACTED]

Sex: [REDACTED] DOB: [REDACTED]

Transition of Care/Referral Summary

Created: 02/14/2018

Summarization of Episode Note (02/08/2018 to 02/14/2018)

Source: LAC+USC Gynecology Oncology

Encounter

FIN 1010710920 Date(s): 2/8/18

LAC+USC Gynecology Oncology 2051 Marengo Street Los Angeles, CA 90033- US (323) 499-3000

Attending Physician: Jurwe, Ronna

Admitting Physician: Jurwe, Ronna

Vital Signs

No data available for this section

Problem List

No data available for this section

Allergies, Adverse Reactions, Alerts

No Known Medication Allergies

Medications

tramadol 30 mg oral tablet

20 mg = 1 tabs, Oral, QDAY, # 30 tabs, 0 Refill(s)

Start Date: 11/4/17

Status: Ordered

Ibuprofen

0 Refill(s)

Start Date: 7/2/15

Status: Ordered

Results

No data available



If your clinic is unable to accept a MHLA patient referral for clinical reasons, please have your physician fill out this form and email it to: ReturnLinkageForms@dhs.lacounty.gov.

Affidavit of Community Partner's inability to accept patient referral due to clinical reasons			
I,	(Name of physician or PCP)		
of	(Name of Community Partner)		
(Name of clinic site)	(Address of clinic site)	(City of clinic site)	
Do hereby certify that the following individual,		(Name of referred individual)	
is not a clinically appropriate referral to this clinic and that there are no providers at this clinic that have the clinical capacity to care for this patient for the following reason (s):			
(State the clinical reason(s) for inability to accept referral of this patient)			
I hereby affirm that I am not making this decision under pressure from another party. The individual was referred for care by the Department of Health Services to above-named Community Partner on:			
_____.			
(Enter date referred individual was referred to medical home clinic)			
Signature of Physician:		Date:	
Physician Printed Name:		Phone:	

JOB AID – SENDING ECONSULTS ON MEDI-CAL INELIGIBLE PATIENTS WHO ARE OVER 50 YEARS OLD (CP)

On August 1, 2022, eConsults for patients over 50 years old could no longer be sent to DHS. The reason for this was most California residents over 50 years old would be eligible for Medi-Cal and would no longer be part of the MHLA program. However, there is a small percentage of patients who are over 50 who do not qualify for Medi-Cal, e.g., over income requirements, who still need specialty care from DHS.

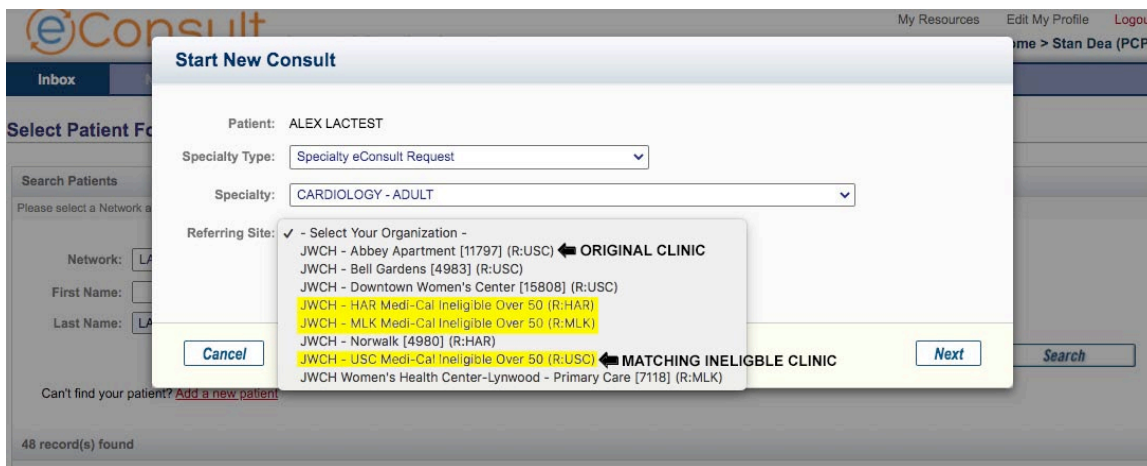
Please note:

- 1) Do **not** send any **Medi-Cal or Medi-Cal eligible** patients to DHS using **Medi-Cal Ineligible** clinics. This includes:
 - a. Non-DHS empaneled Medi-Cal Managed Care patients
 - b. Medi-Cal Fee-for-service patients
 - c. Non-DHS empaneled Medi-Cal Managed Care patients, Medi-Cal Fee-for-service patients and patients who are eligible for Medi-Cal but have not applied for Medi-Cal
- 2) Patients who are Medi-Cal eligible and sent through **Medi-Cal Ineligible** clinics will **not** get an appointment at DHS (even if the specialist recommended a visit)
- 3) Do **not** submit any patients who are under 50 using **Medi-Cal Ineligible** clinics.
- 4) All patients under 50 should be sent using the usual (sites, i.e., choosing the actual originating clinic name when submitting the eConsult.
- 5) eConsults submitted to **Medi-Cal Ineligible** clinics will be periodically audited to be sure only qualifying patients are being submitted.

How to submit an eConsult for a Medi-Cal ineligible patient who is over 50 years old:

DHS has created **Medi-Cal Ineligible** clinics to be used only to submit eConsults for those patients over 50 who are not eligible for Medi-Cal.

1. Start the eConsult normally
2. When asked to choose a clinic, look for the region of the originating clinic. In the example below, we are using JWCH- Abbey Apartment as our originating clinic. At the end of the name is “(R:USC)”. This means the region of that clinic is LAC-USC.



3. Choose the corresponding Medi-Cal Ineligible clinic (by region). The Medi-Cal Ineligible clinic will have the nomenclature:

Agency – Region Medi-Cal Ineligible Over 50 (R:REG)

In this example, we will choose:

JWCH – USC Medi-Cal Ineligible Over 50 (R:USC)

It is **critical** that you choose the matching region (in our example above, there are 3 different Medi-Cal Ineligible clinics for the regions HAR, MLK, and USC). Choosing the correct region will route the eConsult to the proper specialist and schedule the patient to a site geographically convenient to them.

4. If you choose a Medi-Cal Ineligible Over 50 clinic, the eConsult can be submitted for patients over 50.