L.A. Care
HEALTH PLAN®

Provider Portal

Quick Reference Guide V. 1

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Provider Portal
Quick Reference Guide

The Provider Portal Reference Guide is a unique tool created to assist in the daily navigation of the frequently performed tasks on the Provider Portal, including checking member eligibility, claim(s) status, member reporting and other valuable information to help you serve the L.A. Care Community.

Table of Contents

Managing Your Provider Portal Access

Registering a New User ..... 2 ▶
ACD Workflow (Add, Change, Delete a New User) ..... 4 ▶

Common Provider Tasks

Check Member Eligibility ..... 6 ▶
Claim(s) Search ..... 7 ▶
Search by Physician/PPG ..... 9 ▶

Provider Resources

Forms ..... 10 ▶
Incentive Programs ..... 11 ▶
Reporting ..... 12 ▶

Click ▶ to navigate to a specific page.

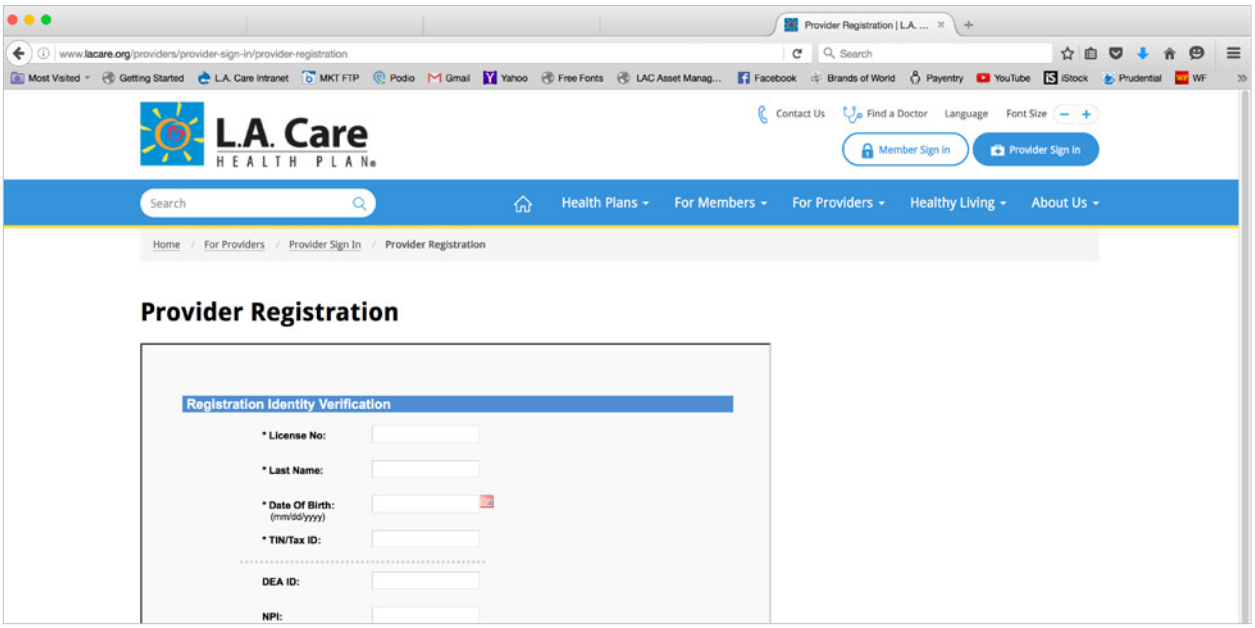
Getting Started

Registering a New User

A. All contracted **Physicians** and **Specialists** may self-register at http://www.lacare.org/providers/provider-sign-in/provider-registration.

All information marked with an asterisk is required for the request to be processed, see Figure 1.

Figure 1



B. All other **Medical** and **Administrative** staff must submit a request for access to the Provider Portal via email at Providerrelations@lacare.org or by phone at 213.694.1250 x 4719. All of the required information that needs to be specified in the email is listed below.

- Name of organization – as listed in the contract
- Tax ID
- Organization address
- Full name of person(s) that need access
- Job title
- Phone number
- Email address
- Purpose/reason why access is needed

C. Please note all Provider Portal registration requests will be processed within **3-5 business days**.

D. Once access has been granted to the Provider Portal, an email notification will be sent to the new user. In this email, a confirmation link will be provided to confirm registration. The activation link is valid for **72 hours**.

*If the new user does not confirm their access within the timeframe allowed, the registration process will have to be repeated. Please contact Provider Relations via email at Providerrelations@lacare.org or by phone at 213.694.1250 x 4719 to re-submit a request for Provider Portal Access.

Add, Change, or Delete a Provider (ACD Workflow)

*This function is only available to Participating Provider Groups. Please contact your Participating Provider Group for all PCP or Specialist change requests.

A. To add, change or delete a provider within your network, log on to the Provider Portal at http://www.lacare.org/ and select at the top of the page "**Provider Sign-In**."

B. Next, select **"ADD CHANGE DELETE"** from the tabbed options on the left side. A list of providers will be displayed. See Figure 2 and Figure 3.

Figure 2

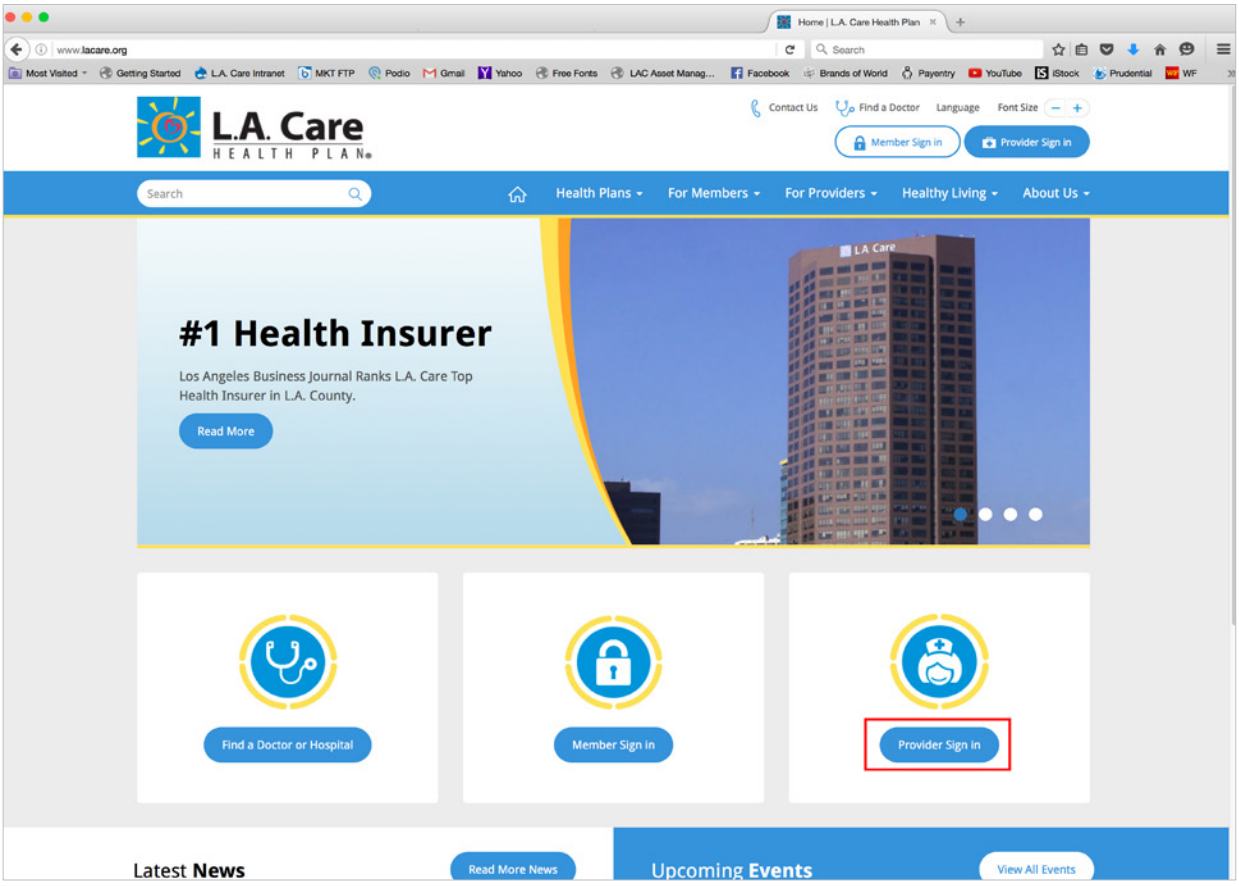
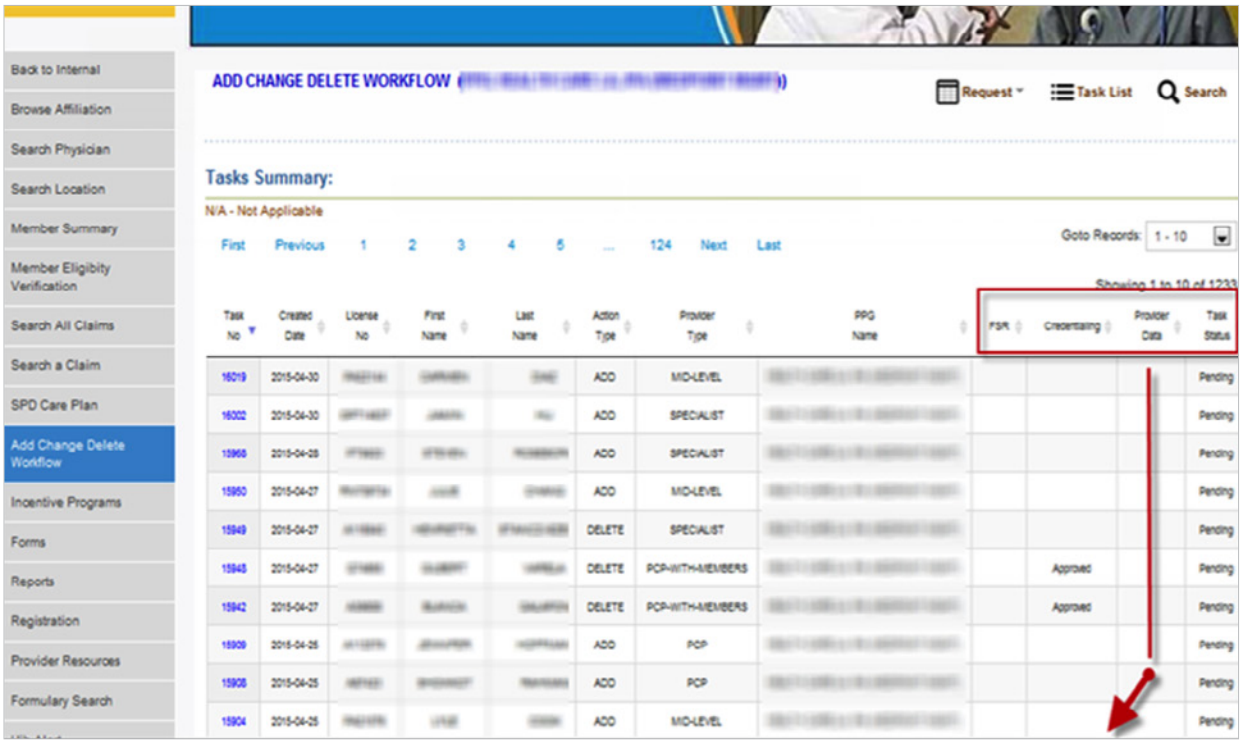
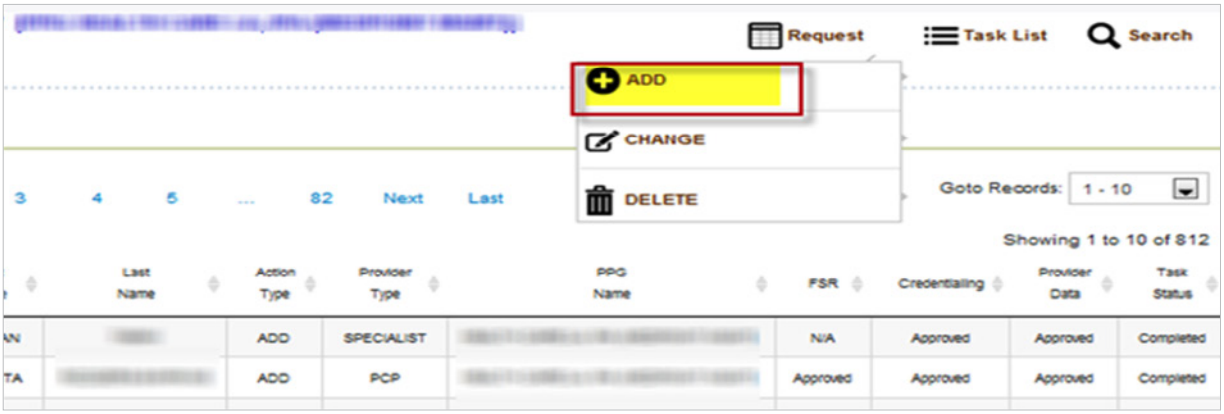


Figure 3



C. Select **"Request"** at the top of the page and choose the desired option to Add, Delete, or Change a provider. Each selection will have submenus to help with navigating through the rest of the process. For a detailed overview of this process, please contact your Account Specialist to receive a full detail copy of the instructions for this function on the Provider Portal. See Figure 4.

Figure 4

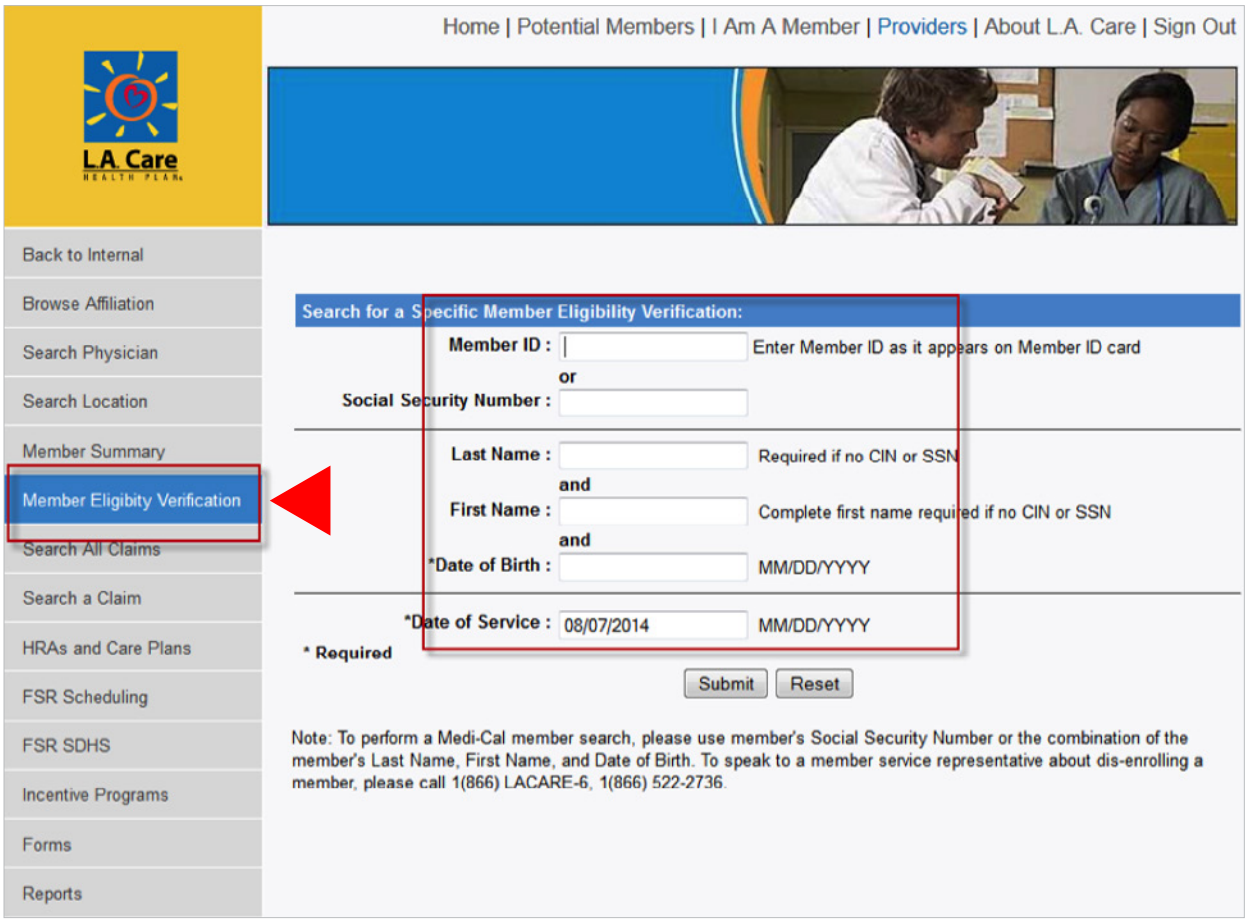


Checking Member Eligibility

A. Log on to the Provider Portal and select "**Member Eligibility Verification.**"

B. Please fill out all required fields marked with an asterisk and add any additional information that is available. Select submit when finished. See Figure 5.

Figure 5



Claim(s) Search

A. Log on to the Provider Portal and look for tabbed options on the left identified as **"Search a Claim"** or **"Search All Claims."** With a single claim number and patient account number, details of claim can be viewed under the "search a claim" tab. If the claim number is not known, select the option to "search all claims" to locate a list of claims. See Figure 6 and Figure 7.

Figure 6 - If you have the claim number available

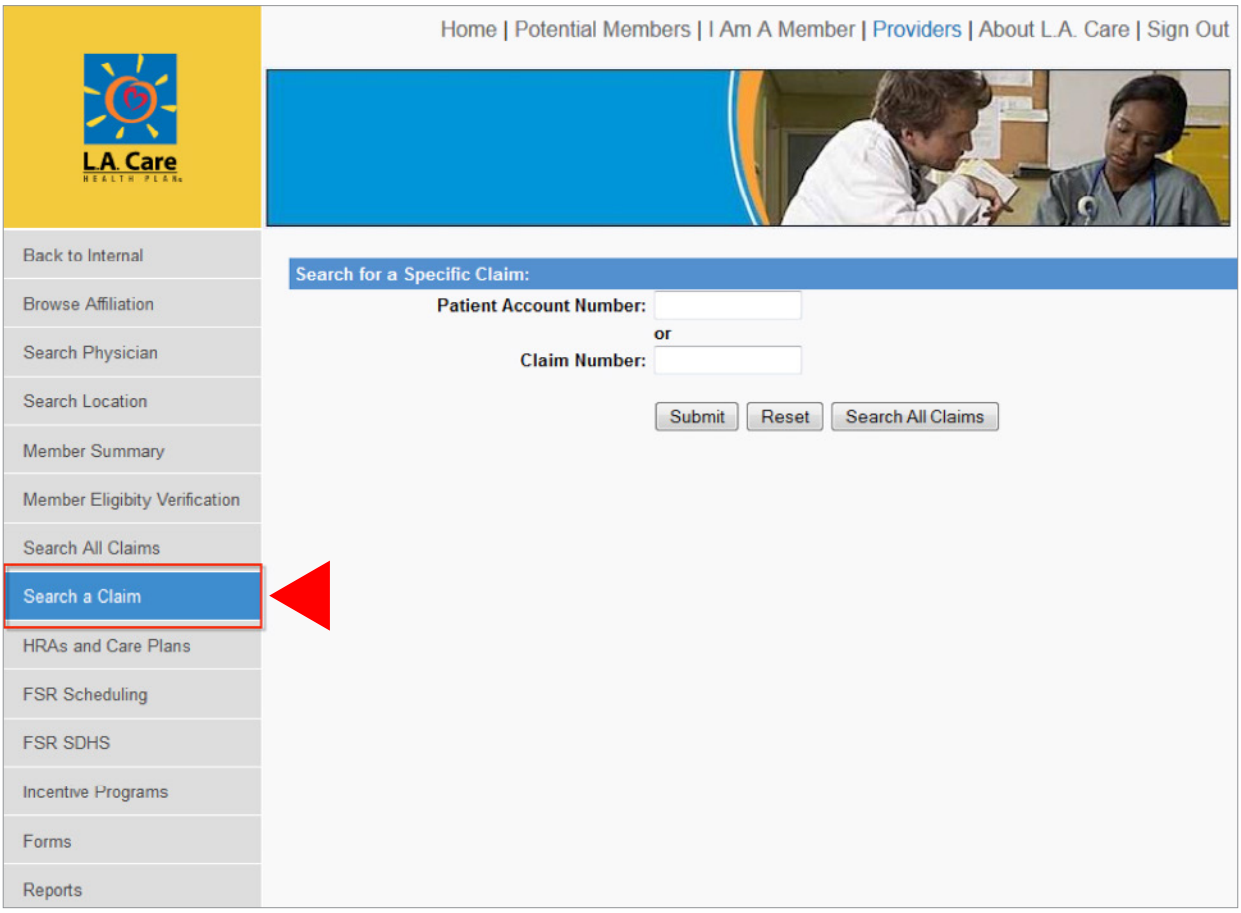
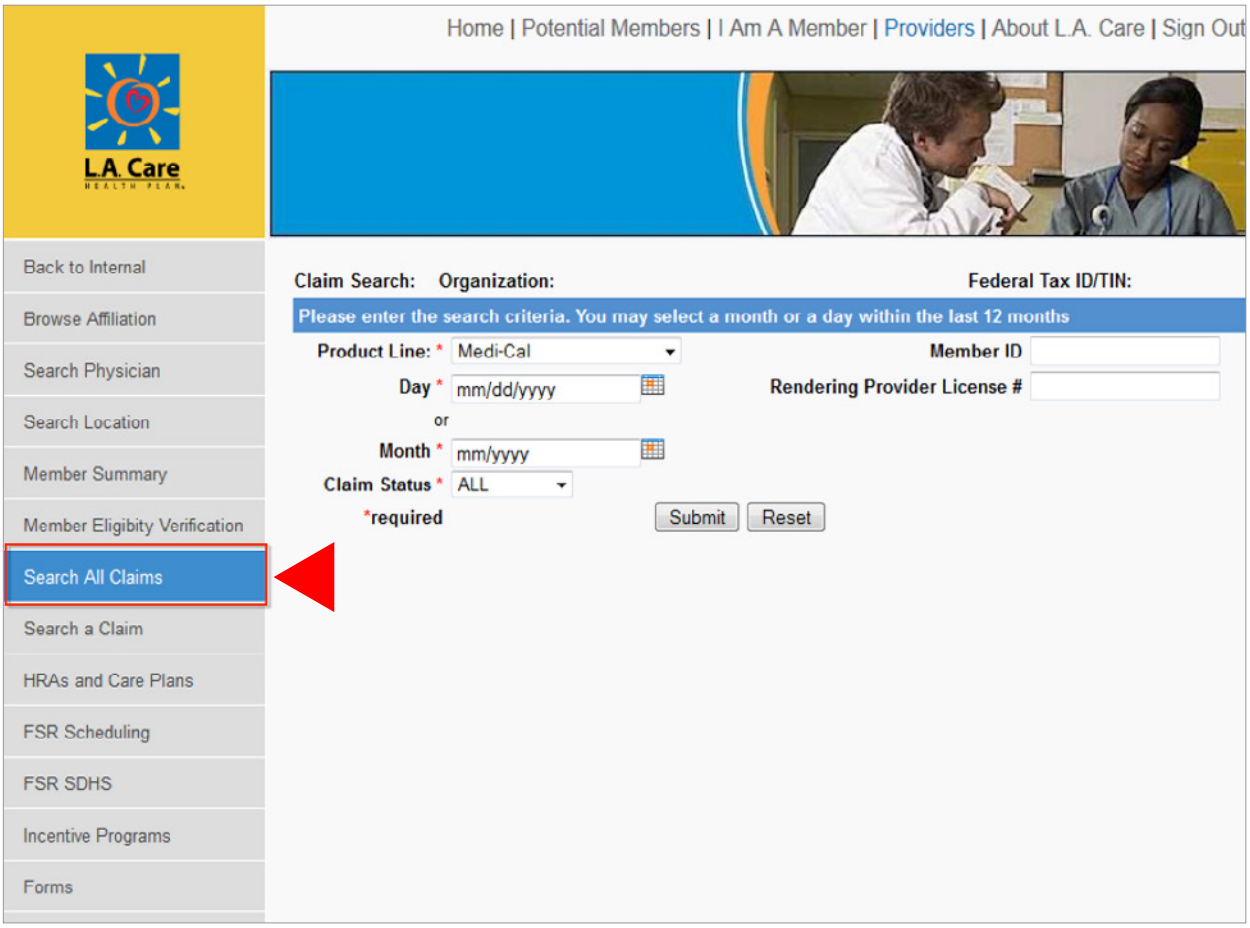


Figure 7- If you do not have a claim number available



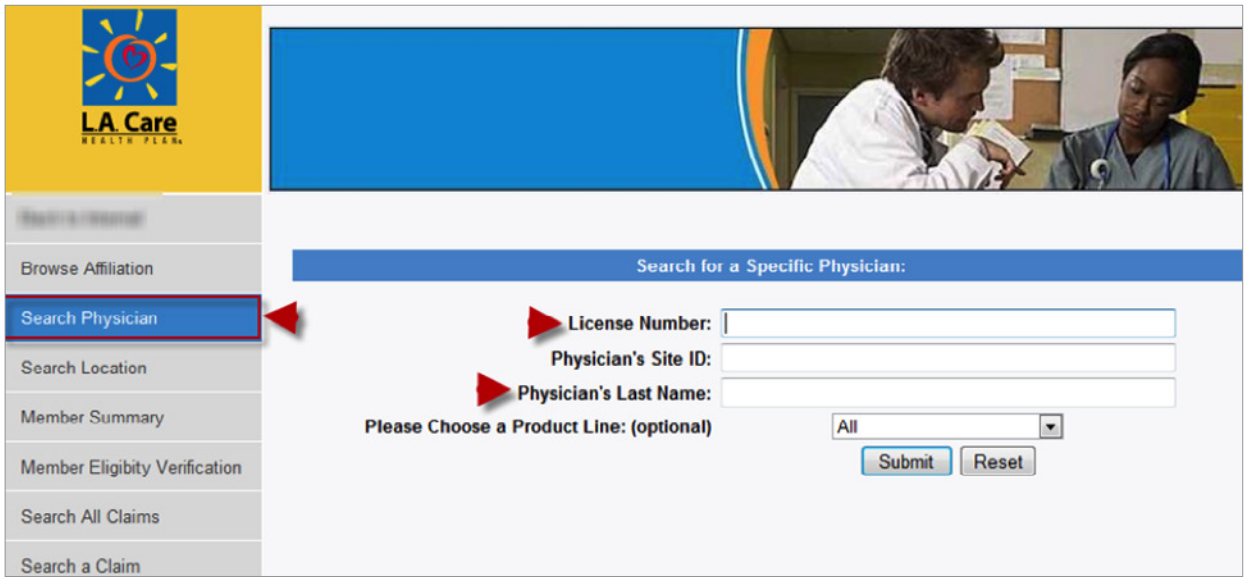
Searching for a Physician

*This function is only available to Participating Provider Groups. Please contact your Participating Provider Group for inquiries related to physicians registered to your medical group.

Step 1: Log on to the Provider Portal and select **"Search Physician"** from the tabbed options on the left. Complete the form displayed below. See Figure 8.

If you are having difficulties and are unable to locate a Physician, please contact Provider Relations via email at Providerrelations@lacare.org or by phone at 213.694.1250 x 4719.

Figure 8

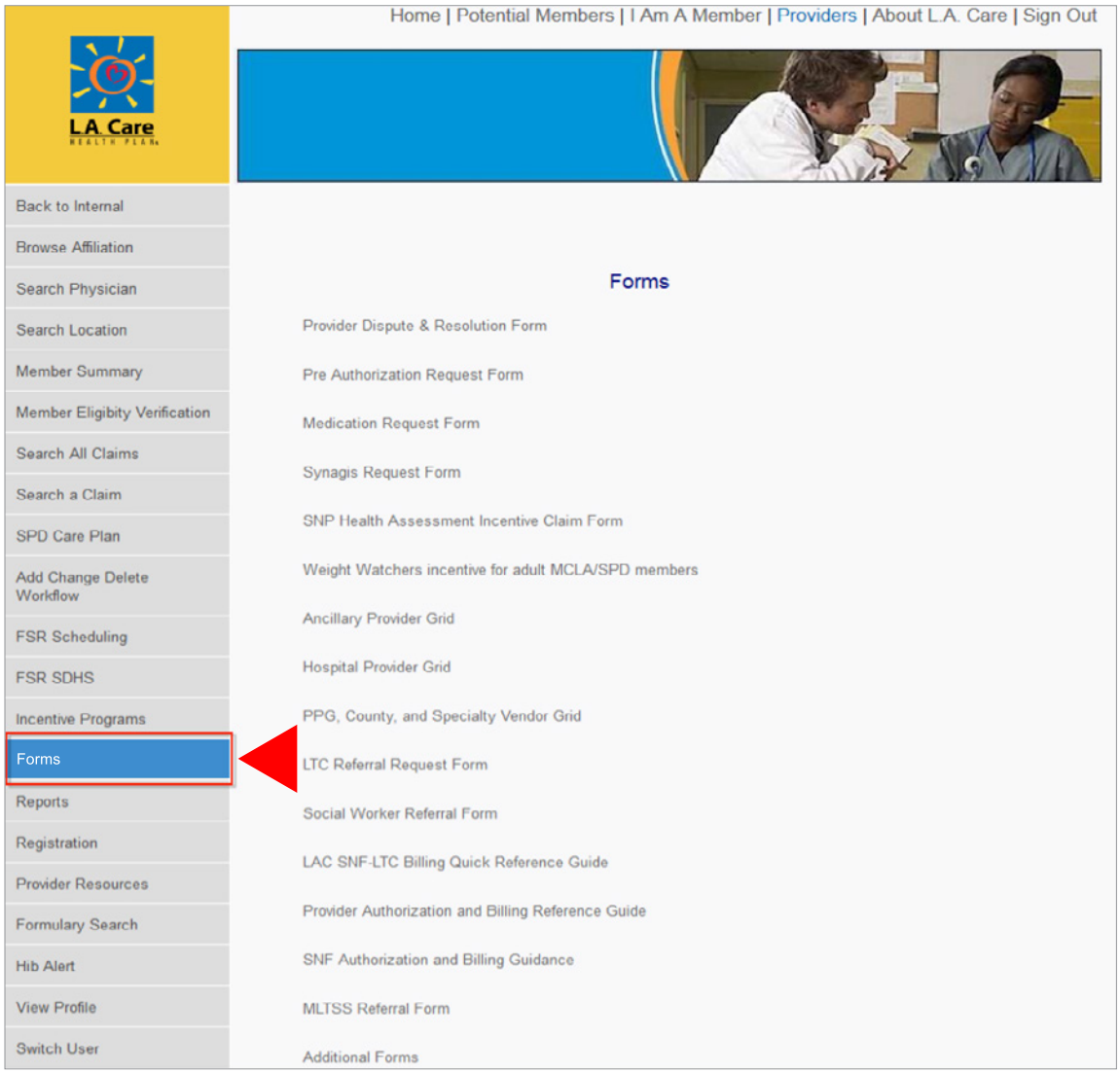


Forms

To view the various forms available for Providers, log on to the Provider Portal and select the left tabbed option **"FORMS."** See Figure 9.

Each form listed is available for immediate download and viewing. If you have any questions or are unable to find a specifc form, please contact Provider Relations via email at Providerrelations@lacare.org or by phone at 213.694.1250 x4719.

Figure 9

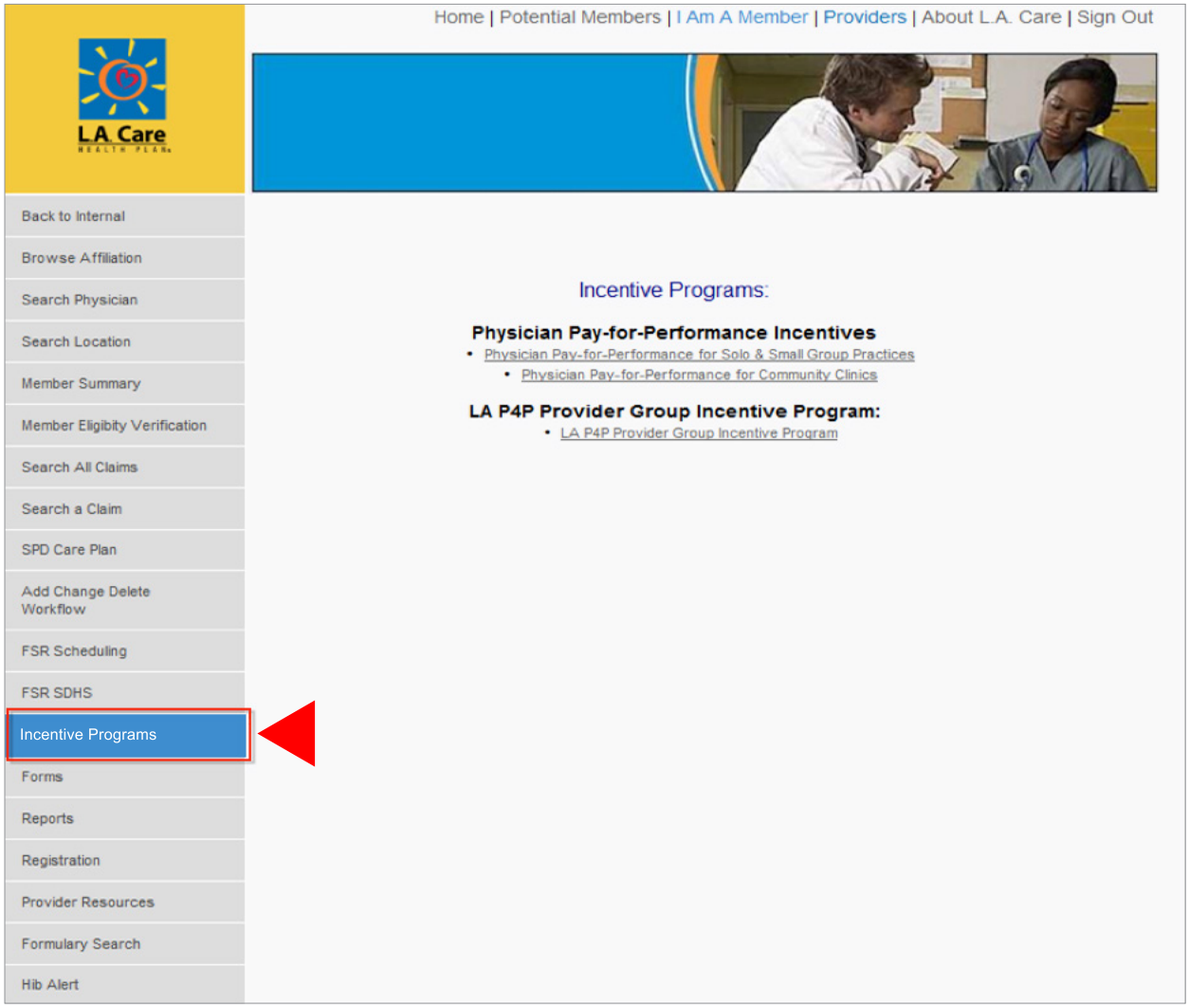


Incentive Programs

L.A. Care offers various incentive programs for Providers. Figure 10 is a snapshot of a few of the programs offered by L.A. Care. Be sure to check with your Account Specialist for the most current programs offered.

To view these programs, log on the Provider Portal and select "Incentive Programs." A list of programs will be displayed. If no programs display, please contact Provider Relations via email at Providerrelations@lacare.org or by phone at 213.694.1250 x 4719.

Figure 10



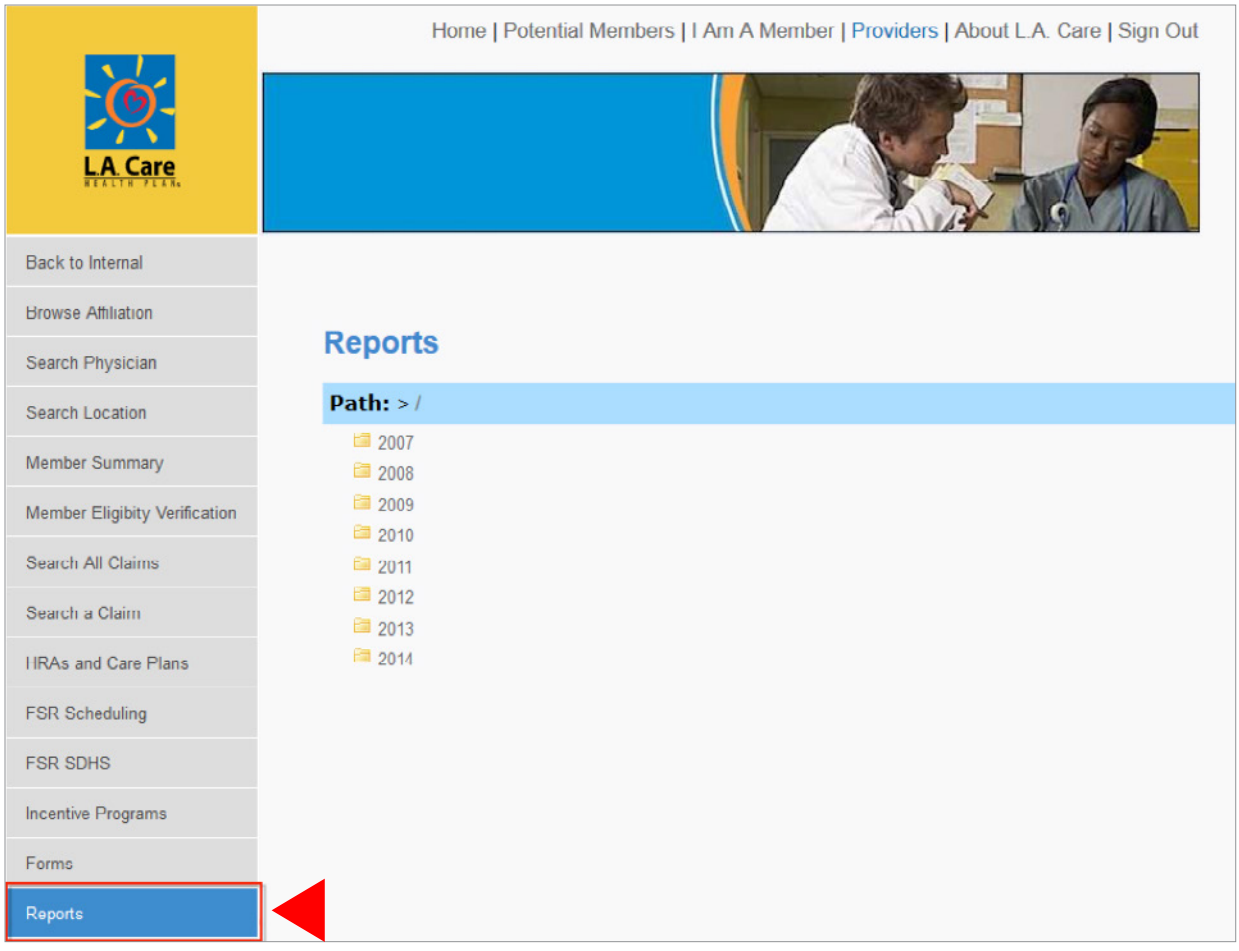
Reporting

Various types of reporting are available for download and review on the Provider Portal. Depending on the type of user access granted, the new user role will determine the type of reporting available to view.

Figures 11, 12, and 13 are examples of what reports are available for Participating Provider Groups to view. If a report is not listed under your account log in, please contact your site Administrator for further assistance.

A. To view reporting, simply log on to the Provider Portal. Once logged on, select the tabbed options on the left labeled **"Reports."**

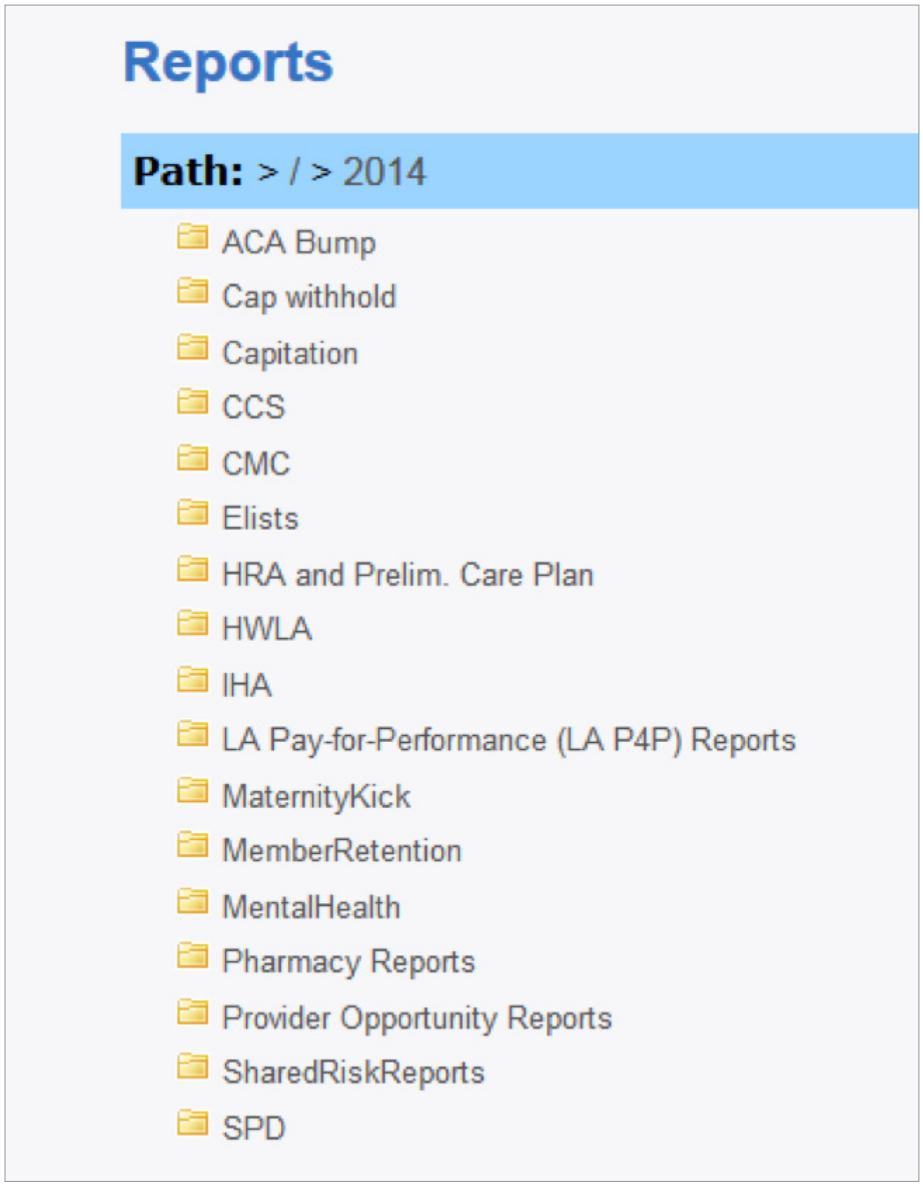
Figure 11



B. Next, select the reporting year related to your inquiry.

C. A list of reports will be displayed. Select the report you would like to view.

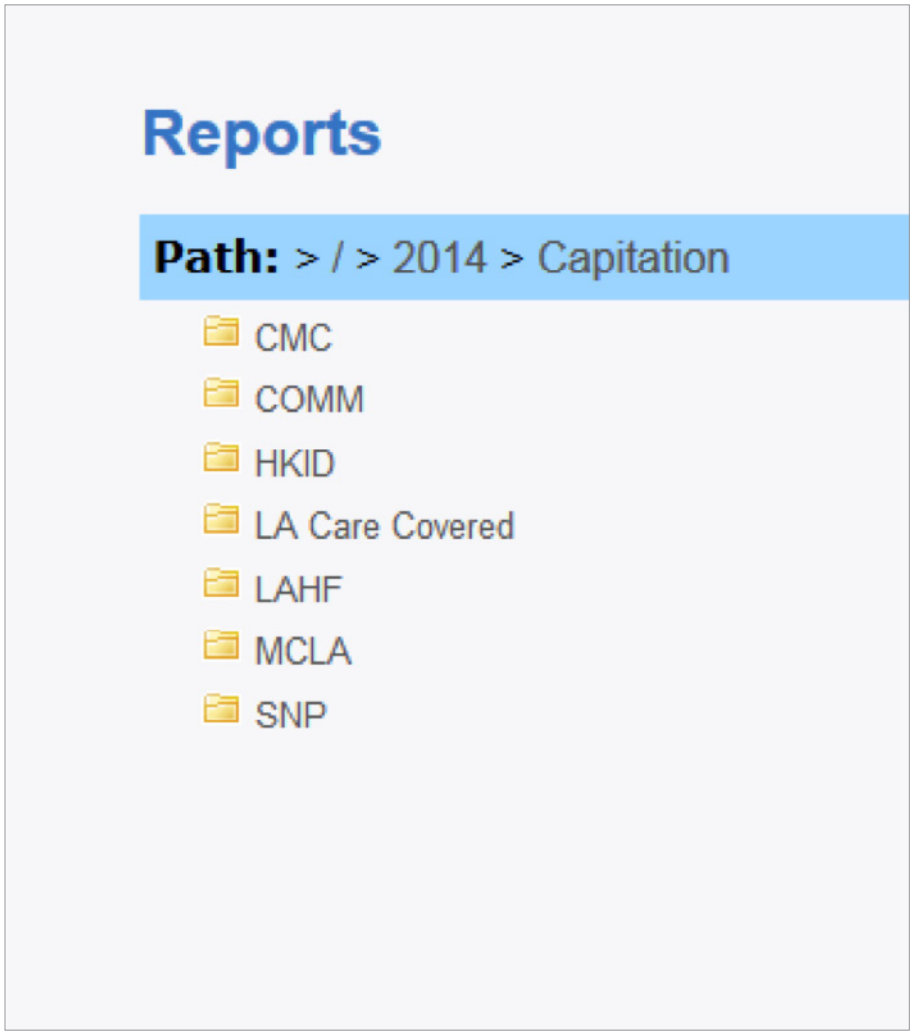
Figure 12



D. Once the desired report is identified, select the line of business that is related to your search, for example Cal-Medi Connect (CMC) or Healthy Kids (HKID). See Figure 13.

If the user is having problems downloading or viewing reports, please contact Provider Relations via email at Providerrelations@lacare.org or by phone at 213.694.1250 x4719.

Figure 13



We hope that you find this reference guide to be useful and informative to perform the most common activities performed on the L.A. Care Provider Portal. Additional helpful contact information regarding L.A. Care Services is listed below.

RESOURCE	CONTACT INFORMATION		
Provider Line	Phone: **866.522.2736**		
Member Services Line	Phone: **888.839.9909**		
Utilization Management	**Provider Authorization Referral Form:** http://www.lacare.org/sites/default/files/PL0022c_Updated_Auth_Req_Form_10%2001%202015_FINAL.pdf Phone: **877.431.2273** Fax: **213.438.5085**		
Case Management	**Provider Referral Form:** http://www.lacare.org/sites/default/files/LA1348_061215.pdf Phone: **844.200.0104** Fax: **213.438.5077**		
Specialty Services	**Logisticare Transportation** English: **866.529.2141** Spanish: **866.529.2142**	**Vision Service Plan (VSP)** Phone: **800.877.7195** TTY/TDD: **800.428.4833**	**Navitus Pharmacy** Phone: **844.268.9786**
	Managed Long Term Services & Supports E-mail: MLTSS@lacare.org Phone: **855.427.1223** Fax: **213.438.4877**	**Nurse Advice Line (24/7)** Phone: **800.249-3619** TTY: **866.735.2929** Speech to Speech: **800.854.7754**	**Denti-Cal** Phone: **800.322.6384**
Behavioral Health	**Non-Specialty Services** *Beacon Health Options* Phone: **877.344.2858** *L.A. Care Behavioral Health Services* Phone: **844.858.9940** Email: behavioralhealth@lacare.org	**Specialty Mental Health Services** *Department of Mental Health* Phone: **855.854.7771** *Specialty Substance Use Disorder Department of Public Health* Phone: **800.564.6600**	
Member Programs	**Disease Management** Asthma: **888.200.3094** Diabetes: **877.796.5878** Heart: **855.707.7852**	**Health Education** Phone: **888.839.9909** Phone: **213.694.1250** ext. **4408**	**Interpreting Services** In-Person: **888.839.9909** Telephonic: **888.930.3031** California Relay Svcs: **711**
Claims Department	**Claims Forms:** http://www.lacare.org/providers/claims-and-icd-10/submitting-claim • Fee-For-Service PCP and Specialists – CMS 1500 Form Required • CHDP Services – PM160 Form Required • Provider Disputes Resolution (PDR) **Electronic Claims Submission:** http://www.lacare.org/sites/default/files/universal/office_ally_pm160.pdf **Electronic Payment:** https://payspanhealth.com/ProviderPortal/Registration		
	Claims Submission Mailing Address: **L.A. Care Claims Department** **PO Box 811580** **Los Angeles, CA 90081**	**Provider Disputes Resolution** Mailing Address: **L.A. Care Claims Department** **Attn: Appeals and PDR Unit** **PO Box 811610** **Los Angeles, CA 90081** Fax: **213.438.5793**	