L.A. CARE CAL MEDICONNECT SNF AUTH/CLAIMS "Cheat Sheet"	MEDICARE SKILLED DAYS		MEDI-CAL SI	MEDI-CAL SKILLED DAYS		STODIAL CARE	MEDICARE PART B COVERED SERVICES LISTED BELOW, WHEN MEMBER IS IN LTC: CBC's Chemical Panels Chest X-Rays Cultures & Sensitivities Urinalysis All other Medicare Part B Covered Services should be authorized by the entity listed in Column B, and Paid for by the entity listed in Column C.	
MEMBER PPG ASSIGNMENT	WHO TO REQUEST AUTHORIZATION FROM: Medicare Skilled Care	WHO TO SEND CLAIMS TO: Medicare Skilled Care	WHO TO REQUEST AUTHORIZATION FROM: Medi-Cal Skilled Care	WHO TO SEND CLAIMS TO: Medi-Cal Skilled Care	WHO TO REQUEST AUTHORIZATION FROM: Medi-Cal Custodial Care	WHO TO SEND CLAIMS TO: Medi-Cal Custodial Care	WHO TO REQUEST AUTHORIZATION FROM FOR LISTED MEDICARE PART B COVERED SERVICES WHEN MEMBER IS IN LTC:	WHO TO BILL FOR LISTED MEDICARE PART B COVERED SERVICES WHEN MEMBER IS IN LTC:
Allied Physicians IPA	Allied Physicians IPA P: 626-943-6251	Alhambra Hospital Medical Center Contracting Contact: Ruben Gonzalez 626- 457-7450 Ext. 1611 100 South Raymond Ave Alhambra, CA 91801	Allied Physicians IPA P: 626-943-6251	Alhambra Hospital Medical Center Contracting Contact: Ruben Gonzalez 626- 457-7450 Ext. 1611 100 South Raymond Ave Alhambra, CA 91801	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081
INSTITUTIONAL AID CATEGORY: Allied Physicians IPA	Allied Physicians IPA P: 626-943-6251	Alhambra Hospital Medical Center Contracting Contact: Ruben Gonzalez 626- 457-7450 Ext. 1611 100 South Raymond Ave Alhambra, CA 91801	Allied Physicians IPA P: 626-943-6251	Alhambra Hospital Medical Center Contracting Contact: Ruben Gonzalez 626- 457-7450 Ext. 1611 100 South Raymond Ave Alhambra, CA 91801	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081
AltaMed Health Services Corporation: Monterey Park Region	AltaMed Health Services Corporation P: 866-880-7805	Monterey Park Hospital Contracting Contact: Ruben Gonzalez 626- 457-7450 Ext. 1611 900 S. Atlantic Blvd. Monterey Park, CA 91754	AltaMed Health Services Corporation P: 866-880-7805	Monterey Park Hospital Contracting Contact: Ruben Gonzalez 626- 457-7450 Ext. 1611 900 S. Atlantic Blvd. Monterey Park, CA 91754	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081



L.A. CARE CAL MEDICONNECT SNF AUTH/CLAIMS "Cheat Sheet"	MEDICARE SKILLED DAYS		MEDI-CAL SKILLED DAYS		MEDI-CAL CUSTODIAL CARE		MEDICARE PART B COVERED SERVICES LISTED BELOW, WHEN MEMBER IS IN LTC: CBC's Chemical Panels Chest X-Rays Cultures & Sensitivities Urinalysis All other Medicare Part B Covered Services should be authorized by the entity listed in Column B, and Paid for by the entity listed in Column C.	
MEMBER PPG ASSIGNMENT	WHO TO REQUEST AUTHORIZATION FROM: Medicare Skilled Care	WHO TO SEND CLAIMS TO: Medicare Skilled Care	WHO TO REQUEST AUTHORIZATION FROM: Medi-Cal Skilled Care	WHO TO SEND CLAIMS TO: Medi-Cal Skilled Care	WHO TO REQUEST AUTHORIZATION FROM: Medi-Cal Custodial Care	WHO TO SEND CLAIMS TO: Medi-Cal Custodial Care	WHO TO REQUEST AUTHORIZATION FROM FOR LISTED MEDICARE PART B COVERED SERVICES WHEN MEMBER IS IN LTC:	WHO TO BILL FOR LISTED MEDICARE PART B COVERED SERVICES WHEN MEMBER IS IN LTC:
AltaMed Health Services Corporation: Hollywood Presbyterian Region	AltaMed Health Services Corporation P: 866-880-7805	Hollywood Presbyterian Medical Center Greg Schwarz 323-913-4521 1300 N Vermont Avenue, Los Angeles, CA 90027	AltaMed Health Services Corporation P: 866-880-7805	Hollywood Presbyterian Medical Center Greg Schwarz 323-913-4521 1300 N Vermont Avenue, Los Angeles, CA 90027	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081
AltaMed Health Services Corporation: Citrus Valley Region		Citrus Valley Health Partners Debby Chanen 626-813-4927 Queen of the Valley Hospital: PO Box 840147 Los Angeles, CA 90084-0147 Intercommunity Hospital: PO Box 840145 Los Angeles, CA 90084-0145 Foothill Presbyterian Hospital: PO Box 840149 Los Angeles, CA 90084-0149	AltaMed Health Services Corporation P: 866-880-7806	Citrus Valley Health Partners Debby Chanen 626-813-4927 Queen of the Valley Hospital: PO Box 840147 Los Angeles, CA 90084-0147 Intercommunity Hospital: PO Box 840145 Los Angeles, CA 90084-0145 Foothill Presbyterian Hospital: PO Box 840149 Los Angeles, CA 90084-0149	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081



L.A. CARE CAL MEDICONNECT SNF AUTH/CLAIMS "Cheat Sheet"	MEDICARE SKILLED DAYS		MEDI-CAL SI	MEDI-CAL SKILLED DAYS		STODIAL CARE	MEDICARE PART B COVERED SERVICES LISTED BELOW, WHEN MEMBER IS IN LTC: CBC's Chemical Panels Chest X-Rays Cultures & Sensitivities Urinalysis All other Medicare Part B Covered Services should be authorized by the entity listed in Column B, and Paid for by the entity listed in Column C.	
MEMBER PPG ASSIGNMENT	WHO TO REQUEST AUTHORIZATION FROM: Medicare Skilled Care	WHO TO SEND CLAIMS TO: Medicare Skilled Care	WHO TO REQUEST AUTHORIZATION FROM: Medi-Cal Skilled Care	WHO TO SEND CLAIMS TO: Medi-Cal Skilled Care	WHO TO REQUEST AUTHORIZATION FROM: Medi-Cal Custodial Care	WHO TO SEND CLAIMS TO: Medi-Cal Custodial Care	WHO TO REQUEST AUTHORIZATION FROM FOR LISTED MEDICARE PART B COVERED SERVICES WHEN MEMBER IS IN LTC:	WHO TO BILL FOR LISTED MEDICARE PART B COVERED SERVICES WHEN MEMBER IS IN LTC:
AppleCare Medical Group, St. Francis, Inc.	AppleCare Medical Group, St. Francis, Inc. P: 800-460-5051	St. Francis Medical Center Ta-Tanisha Thomas (310) 900-7323 3630 E Imperial Hwy Lynwood, CA 90262	AppleCare Medical Group, St. Francis, Inc. P: 800-460-5051	St. Francis Medical Center Ta-Tanisha Thomas (310) 900-7323 3630 E Imperial Hwy Lynwood, CA 90262	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081
INSTITUTIONAL AID CATEGORY: AppleCare Medical Group, St. Francis, Inc.	AppleCare Medical Group, St. Francis, Inc. P: 800-460-5051	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	AppleCare Medical Group, St. Francis, Inc. P: 800-460-5051	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081
AppleCare Medical Group, Inc. Select Region, Downey Region	AppleCare Medical Group, Inc. Select Region, Downey Region P: 800-460-5051	St. Francis Medical Center Ta-Tanisha Thomas (310) 900-7323 3630 E Imperial Hwy Lynwood, CA 90262	AppleCare Medical Group, Inc. Select Region, Downey Region P: 800-460-5051	St. Francis Medical Center Ta-Tanisha Thomas (310) 900-7323 3630 E Imperial Hwy Lynwood, CA 90262	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081



L.A. CARE CAL MEDICONNECT SNF AUTH/CLAIMS "Cheat Sheet"	MEDICARE S	KILLED DAYS	ED DAYS MEDI-CAL S		MEDI-CAL CUSTODIAL CARE		MEDICARE PART B COVERED SERVICES LISTED BEL WHEN MEMBER IS IN LTC: CBC's Chemical Panels Chest X-Rays Cultures & Sensitivities Urinalysis All other Medicare Part B Covered Services should authorized by the entity listed in Column B, and P for by the entity listed in Column C.	
MEMBER PPG ASSIGNMENT	WHO TO REQUEST AUTHORIZATION FROM: Medicare Skilled Care	WHO TO SEND CLAIMS TO: Medicare Skilled Care	WHO TO REQUEST AUTHORIZATION FROM: Medi-Cal Skilled Care	WHO TO SEND CLAIMS TO: Medi-Cal Skilled Care	WHO TO REQUEST AUTHORIZATION FROM: Medi-Cal Custodial Care	WHO TO SEND CLAIMS TO: Medi-Cal Custodial Care	WHO TO REQUEST AUTHORIZATION FROM FOR LISTED MEDICARE PART B COVERED SERVICES WHEN MEMBER IS IN LTC:	WHO TO BILL FOR LISTED MEDICARE PART B COVERED SERVICES WHEN MEMBER IS IN LTC:
INSTITUTIONAL AID CATEGORY: AppleCare Medical Group, Inc. Select Region, Downey Region	AppleCare Medical Group, Inc. Select Region, Downey Region P: 800-460-5051	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	AppleCare Medical Group, Inc. Select Region, Downey Region P: 800-460-5052	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081
AppleCare Medical Group, Inc. Whittier Region	AppleCare Medical Group, Inc. Whittier Region P: 800-460-5051	Whittier Hospital Medical Center Contracting Contact: Ruben Gonzalez 626- 457-7450 Ext. 1611 9080 Colima Rd. Whittier, CA 90606	AppleCare Medical Group, Inc. Whittier Region P: 800-460-5051	Whittier Hospital Medical Center Contracting Contact: Ruben Gonzalez 626- 457-7450 Ext. 1611 9080 Colima Rd. Whittier, CA 90606	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081
INSTITUTIONAL AID CATEGORY: AppleCare Medical Group, Inc. Whittier Region	AppleCare Medical Group, Inc. Whittier Region P: 800-460-5051	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	AppleCare Medical Group, Inc. Whittier Region P: 800-460-5051	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081



L.A. CARE CAL MEDICONNECT SNF AUTH/CLAIMS "Cheat Sheet"	MEDICARE S	SKILLED DAYS MEDI-CAL SKI		KILLED DAYS	MEDI-CAL CUSTODIAL CARE		WHEN MEM CE Chemic Cultures & Urin All other Medicare Part B authorized by the entity li	D SERVICES LISTED BELOW, BER IS IN LTC: IC's al Panels X-Rays Sensitivities alysis Covered Services should be sted in Column B, and Paid isted in Column C.
MEMBER PPG ASSIGNMENT	WHO TO REQUEST AUTHORIZATION FROM: Medicare Skilled Care	WHO TO SEND CLAIMS TO: Medicare Skilled Care	WHO TO REQUEST AUTHORIZATION FROM: Medi-Cal Skilled Care	WHO TO SEND CLAIMS TO: Medi-Cal Skilled Care	WHO TO REQUEST AUTHORIZATION FROM: Medi-Cal Custodial Care	WHO TO SEND CLAIMS TO: Medi-Cal Custodial Care	WHO TO REQUEST AUTHORIZATION FROM FOR LISTED MEDICARE PART B COVERED SERVICES WHEN MEMBER IS IN LTC:	WHO TO BILL FOR LISTED MEDICARE PART B COVERED SERVICES WHEN MEMBER IS IN LTC:
Health Care LA, IPA	Health Care LA, IPA P: 818-702-0100 (MedPoint Mgmt.)	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	Health Care LA, IPA P: 818-702-0100 (MedPoint Mgmt.)	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081
HealthCare Partners (HCP)	HealthCare Partners (HCP) P: 310-793-5412	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	HealthCare Partners (HCP) P: 310-793-5412	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081
INSTITUTIONAL AID CATEGORY: HealthCare Partners (HCP)	HealthCare Partners (HCP) P: 310-793-5412	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	HealthCare Partners (HCP) P: 310-793-5412	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081



L.A. CARE CAL MEDICONNECT SNF AUTH/CLAIMS "Cheat Sheet"	MEDICARE SKILLED DAYS		MEDI-CAL SKILLED DAYS		MEDI-CAL CUSTODIAL CARE		MEDICARE PART B COVERED SERVICES LISTED BELOW, WHEN MEMBER IS IN LTC: CBC's Chemical Panels Chest X-Rays Cultures & Sensitivities Urinalysis All other Medicare Part B Covered Services should be authorized by the entity listed in Column B, and Paid for by the entity listed in Column C.	
MEMBER PPG ASSIGNMENT	WHO TO REQUEST AUTHORIZATION FROM: Medicare Skilled Care	WHO TO SEND CLAIMS TO: Medicare Skilled Care	WHO TO REQUEST AUTHORIZATION FROM: Medi-Cal Skilled Care	WHO TO SEND CLAIMS TO: Medi-Cal Skilled Care	WHO TO REQUEST AUTHORIZATION FROM: Medi-Cal Custodial Care	WHO TO SEND CLAIMS TO: Medi-Cal Custodial Care	WHO TO REQUEST AUTHORIZATION FROM FOR LISTED MEDICARE PART B COVERED SERVICES WHEN MEMBER IS IN LTC:	
Heritage Provider Network: Regal/Lakeside Sierra High Desert Medical Group	Heritage Provider Network Regal/Lakeside: P: 213-355-8988 Sierra: P: 661-945-9411 High Desert Medical Group: P: 661-945-5984	Heritage Provider Network Irene Francisca 818-654-3483 Lakeside Medical Group: P.O. Box 371390, Reseda, CA 91337 Regal Medical Group: P.O. Box 371330, Reseda, CA 91337 High Desert Medical Group: 43839 N. 15th St. W., Lancaster, CA 93534 Sierra Medical Group: 44469 10'th Street West, Lancaster, CA 93534	Heritage Provider Network Regal/Lakeside: P: 213-355-8988 Sierra: P: 661-945-9411 High Desert Medical Group: P: 661-945-5984	Heritage Provider Network Irene Francisca 818-654-3483 Lakeside Medical Group: P.O. Box 371390, Reseda, CA 91337 Regal Medical Group: P.O. Box 371330, Reseda, CA 91337 High Desert Medical Group: 43839 N. 15th St. W., Lancaster, CA 93534 Sierra Medical Group: 44469 10'th Street West, Lancaster, CA 93534	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081
Physicians Healthways	L.A. Care Utilization Management: 877-431-2273	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	L.A. Care Utilization Management: 877-431-2273	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081



L.A. CARE CAL MEDICONNECT SNF AUTH/CLAIMS "Cheat Sheet"	MEDICARE SKILLED DAYS		MEDI-CAL SKILLED DAYS		MEDI-CAL CUSTODIAL CARE		MEDICARE PART B COVERED SERVICES LISTED BELOW, WHEN MEMBER IS IN LTC: CBC's Chemical Panels Chest X-Rays Cultures & Sensitivities Urinalysis All other Medicare Part B Covered Services should be authorized by the entity listed in Column B, and Paid for by the entity listed in Column C.	
MEMBER PPG ASSIGNMENT	WHO TO REQUEST AUTHORIZATION FROM: Medicare Skilled Care	WHO TO SEND CLAIMS TO: Medicare Skilled Care	WHO TO REQUEST AUTHORIZATION FROM: Medi-Cal Skilled Care	WHO TO SEND CLAIMS TO: Medi-Cal Skilled Care	WHO TO REQUEST AUTHORIZATION FROM: Medi-Cal Custodial Care	WHO TO SEND CLAIMS TO: Medi-Cal Custodial Care	WHO TO REQUEST AUTHORIZATION FROM FOR LISTED MEDICARE PART B COVERED SERVICES WHEN MEMBER IS IN LTC:	WHO TO BILL FOR LISTED MEDICARE PART B COVERED SERVICES WHEN MEMBER IS IN LTC:
Preferred IPA of California	Preferred IPA of California P: 800-874-2091	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	Preferred IPA of California P: 800-874-2091	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081
Prospect Medical Group	Prospect Medical Group P: 714-796-5719	Los Angeles Community Hospital & Norwalk Community Hospital Eddie Calles P: 714-347-5894 Prospect Medical Group, Inc. 600 City Parkway West, Suite 800 Orange, CA 92868 Attn: Claims Department	Prospect Medical Group P: 714-796-5719	Los Angeles Community Hospital & Norwalk Community Hospital Eddie Calles P: 714-347-5894 Prospect Medical Group, Inc. 600 City Parkway West, Suite 800 Orange, CA 92868 Attn: Claims Department	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081



L.A. CARE CAL MEDICONNECT SNF AUTH/CLAIMS "Cheat Sheet"	MEDICARE S	MEDICARE SKILLED DAYS MEDI-CAL SKILLED DAYS MEDI-CAL CUSTODIAL CARE		WHEN MEM CE Chemic Cultures & Urin All other Medicare Part B authorized by the entity li	D SERVICES LISTED BELOW, BER IS IN LTC: (C's al Panels X-Rays Sensitivities alysis Covered Services should be sted in Column B, and Paid isted in Column C.			
MEMBER PPG ASSIGNMENT	WHO TO REQUEST AUTHORIZATION FROM: Medicare Skilled Care	WHO TO SEND CLAIMS TO: Medicare Skilled Care	WHO TO REQUEST AUTHORIZATION FROM: Medi-Cal Skilled Care	WHO TO SEND CLAIMS TO: Medi-Cal Skilled Care	WHO TO REQUEST AUTHORIZATION FROM: Medi-Cal Custodial Care	WHO TO SEND CLAIMS TO: Medi-Cal Custodial Care	WHO TO REQUEST AUTHORIZATION FROM FOR LISTED MEDICARE PART B COVERED SERVICES WHEN MEMBER IS IN LTC:	
INSTITUTIONAL AID CATEGORY: Prospect Medical Group	Prospect Medical Group P: 714-796-5719	Los Angeles Community Hospital & Norwalk Community Hospital Eddie Calles P: 714-347-5894 Prospect Medical Group, Inc. 600 City Parkway West, Suite 800 Orange, CA 92868 Attn: Claims Department	Prospect Medical Group P: 714-796-5719	Los Angeles Community Hospital & Norwalk Community Hospital Eddie Calles P: 714-347-5894 Prospect Medical Group, Inc. 600 City Parkway West, Suite 800 Orange, CA 92868 Attn: Claims Department	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081
Seoul Medical Group	L.A. Care Utilization Management: 877-431-2273	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	L.A. Care Utilization Management: 877-431-2273	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081
St. Vincent IPA	St. Vincent IPA P: 562-860-8771	St. Vincent Medical Center Ta-Tanisha Thomas 310-900-7326 2131 W 3rd St Los Angeles, CA 90057	St. Vincent IPA P: 562-860-8771	St. Vincent Medical Center Ta-Tanisha Thomas 310-900-7326 2131 W 3rd St Los Angeles, CA 90057	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081



L.A. CARE CAL MEDICONNECT SNF AUTH/CLAIMS "Cheat Sheet"	MEDICARE SKILLED DAYS		MEDI-CAL SKILLED DAYS		MEDI-CAL CUSTODIAL CARE		MEDICARE PART B COVERED SERVICES LISTED BELOW, WHEN MEMBER IS IN LTC: CBC's Chemical Panels Chest X-Rays Cultures & Sensitivities Urinalysis All other Medicare Part B Covered Services should be authorized by the entity listed in Column B, and Paid for by the entity listed in Column C.	
MEMBER PPG ASSIGNMENT	WHO TO REQUEST AUTHORIZATION FROM: Medicare Skilled Care	WHO TO SEND CLAIMS TO: Medicare Skilled Care	WHO TO REQUEST AUTHORIZATION FROM: Medi-Cal Skilled Care	WHO TO SEND CLAIMS TO: Medi-Cal Skilled Care	WHO TO REQUEST AUTHORIZATION FROM: Medi-Cal Custodial Care	WHO TO SEND CLAIMS TO: Medi-Cal Custodial Care	WHO TO REQUEST AUTHORIZATION FROM FOR LISTED MEDICARE PART B COVERED SERVICES WHEN MEMBER IS IN LTC:	
INSTITUTIONAL AID CATEGORY: St. Vincent IPA	St. Vincent IPA P: 562-860-8771	St. Vincent Medical Center Ta-Tanisha Thomas 310-900-7326 2131 W 3rd St Los Angeles, CA 90057	St. Vincent IPA	St. Vincent Medical Center Ta-Tanisha Thomas 310-900-7326 2131 W 3rd St Los Angeles, CA 90057	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081
Talbert Medical Group	Talbert Medical Group P: 714-436-4798	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	Talbert Medical Group P: 714-436-4798	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081
INSTITUTIONAL AID CATEGORY: Talbert Medical Group	Talbert Medical Group P: 714-436-4798	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	Talbert Medical Group P: 714-436-4798	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081



L.A. CARE CAL MEDICONNECT SNF AUTH/CLAIMS "Cheat Sheet"	MEDICARE SKILLED DAYS		MEDI-CAL SKILLED DAYS		MEDI-CAL CUSTODIAL CARE		MEDICARE PART B COVERED SERVICES LISTED BELOW, WHEN MEMBER IS IN LTC: CBC's Chemical Panels Chest X-Rays Cultures & Sensitivities Urinalysis All other Medicare Part B Covered Services should be authorized by the entity listed in Column B, and Paid for by the entity listed in Column C.	
MEMBER PPG ASSIGNMENT	WHO TO REQUEST AUTHORIZATION FROM: Medicare Skilled Care	WHO TO SEND CLAIMS TO: Medicare Skilled Care	WHO TO REQUEST AUTHORIZATION FROM: Medi-Cal Skilled Care	WHO TO SEND CLAIMS TO: Medi-Cal Skilled Care	WHO TO REQUEST AUTHORIZATION FROM: Medi-Cal Custodial Care	WHO TO SEND CLAIMS TO: Medi-Cal Custodial Care	WHO TO REQUEST AUTHORIZATION FROM FOR LISTED MEDICARE PART B COVERED SERVICES WHEN MEMBER IS IN LTC:	WHO TO BILL FOR LISTED MEDICARE PART B COVERED SERVICES WHEN MEMBER IS IN LTC:
GeriNet (ALL INSTITUTIONAL MEMBERS NOT ASSIGNED TO ONE OF THE PPG'S LISTED HAVE GERINET AS THEIR ASSIGNED PCP)	N/A	N/A	N/A	N/A	L.A. Care MLTSS Team P: 855-427-1223	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081	NO AUTHORIZATION REQUIRED	L.A. Care Norma Carrillo 213-694-1250 Ext. 4233 P.O. Box 811580 Los Angeles, CA 90081
	Specialty Vendor for ALL L.A. Care Members							
LogistiCare (Transportation)	LogistiCare P: 877-917-8166	LogistiCare bills L.A. Care directly.	LogistiCare P: 877-917-8166	LogistiCare bills L.A. Care directly.	LogistiCare P: 877-917-8166	LogistiCare bills L.A. Care directly.		

