



**L.A. Care**  
HEALTH PLAN®

# Member Handbook

What you need to know about your benefits

## L.A. Care Health Plan

Combined Evidence of Coverage (EOC)  
and Disclosure Form

2018



# Other languages and formats

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## Other languages

You can get this Member Handbook and other plan materials for free in other languages. Call L.A. Care Member Services at **1-888-839-9909** (TTY: **711**). The call is toll free.

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## Other formats

You can get this information for free in other auxiliary formats, such as braille, 18 point font large print and audio. Call **1-888-839-9909** (TTY: **711**). The call is toll free.

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## Interpreter services

You do not have to use a family member, friend or particularly a minor as an interpreter. For free interpreter, linguistic and cultural services and help available 24 hours a day, 7 days a week, or to get this handbook in a different language, call L.A. Care Member Services at **1-888-839-9909** (TTY: **711**). The call is toll free. Please call Member Services at least ten business days before your appointment to ask for linguistic and cultural services. Please call Member Services if your appointment is changed.



Call Member Services at **1-888-839-9909** (TTY: **711**).

L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.

Or call the California Relay Line at **711**. Visit online at [lacare.org](https://www.lacare.org).

## Other languages and formats

- Free language assistance services are available. You can request interpreting or translation services, information in your language or in another format, or auxiliary aids and services. Call L.A. Care at **1-888-839-9909 (TTY 711)**, 24 hours a day, 7 days a week, including holidays. The call is free.
- Los servicios de asistencia de idiomas están disponibles de forma gratuita. Puede solicitar servicios de traducción e interpretación, información en su idioma o en otro formato, o servicios o dispositivos auxiliares. Llame a L.A. Care al **1-888-839-9909 (TTY 711)**, las 24 horas del día, los 7 días de la semana, incluso los días festivos. La llamada es gratuita.

• خدمات المساعدة اللغوية متاحة مجاناً. يمكنك طلب خدمات الترجمة الفورية أو الترجمة التحريرية أو معلومات بلغتك أو بتنسيق آخر أو مساعدات وخدمات إضافية. اتصل بـ L.A. Care على الرقم **1-888-839-9909 (TTY 711)** على مدار الساعة وطوال أيام الأسبوع، بما في ذلك أيام العطلات. المكالمات مجانية.

- Տրամադրելի են լեզվական օգնության անվճար ծառայություններ: Կարող եք խնդրել բանավոր թարգմանչական կամ թարգմանչական ծառայություններ, Ձեր լեզվով կամ տարբեր ձևաչափով տեղեկություն, կամ օժանդակ օգնություններ և ծառայություններ: Զանգահարեք L.A. Care **1-888-839-9909** համարով (TTY 711), օրը 24 ժամ, շաբաթը 7 օր, ներառյալ տոնական օրերը: Այս հեռախոսազանգն անվճար է:
- 提供免費語言協助服務。您可申請口譯或翻譯服務，您使用之語言版本或其他格式的資訊，或輔助援助和服務。請致電 L.A. Care 電話 **1-888-839-9909 (TTY 711)**，服務時間為每週 7 天，每天 24 小時（包含假日）。上述電話均為免費。

• خدمات رایگان امداد زبانی موجود می باشد. می توانید برای خدمات ترجمه شفاهی یا کتبی، اطلاعات به زبان خودتان یا فرمت دیگر، یا امدادها و خدمات اضافی درخواست کنید. با L.A. Care به شماره **1-888-839-9909 (TTY 711)** در 24 ساعت شبانهروز و 7 روز هفته شامل روزهای تعطیل تماس بگیرید. این تماس رایگان است.

- मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। आप दुभाषिया या अनुवाद सेवाओं, आपकी भाषा या किसी अन्य प्रारूप में जानकारी, या सहायक उपकरणों और सेवाओं के लिए अनुरोध कर सकते हैं। आप L.A. Care को **1-888-839-9909 (TTY 711)** नंबर पर फ़ोन करें, दिन में 24 घंटे, सप्ताह में 7 दिन, छुट्टियों सहित। कॉल मुफ्त है।
- Muaj kev pab txhais lus pub dawb rau koj. Koj tuaj yeem thov kom muab cov ntaub ntawv txhais ua lus lossis txhais ua ntawv rau koj lossis muab txhais ua lwm yam lossis muab khoom pab thiab lwm yam kev pab cuam. Hu rau L.A. Care ntawm tus xov tooj **1-888-839-9909 (TTY 711)**, tuaj yeem hu tau txhua txhua 24 teev hauv ib hnub, 7 hnub hauv ib vij thiab suab nrog cov hnub so tib si, tus xov tooj no hu dawb xwb.
- 言語支援サービスを無料でご利用いただけます。通訳・翻訳サービス、日本語や他の形式での情報、補助具・サービスをリクエストすることができます。L.A. Careまでフリーダイヤル **1-888-839-9909 (TTY 711)**にてご連絡ください。祝休日を含め毎日 24 時間、年中無休で受け付けています。



Call Member Services at **1-888-839-9909 (TTY: 711)**.

L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **lacare.org**.

- សេវាជំនួយខាងភាសា គឺមានដោយឥតគិតថ្លៃ។ អ្នកអាចស្នើសុំសេវាបកប្រែផ្ទាល់មាត់ ឬការបកប្រែ ស្នើសុំព័ត៌មាន ជាភាសាខ្មែរ ឬជាទម្រង់មួយទៀត ឬជំនួយប្រាប់ជ្រើស និងសេវា។ ទូរស័ព្ទទៅ L.A. Care តាមលេខ **1-888-839-9909** (TTY **711**) បាន 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃ មួយអាទិត្យ រួមទាំងថ្ងៃបុណ្យផង។ ការហៅនេះគឺឥតគិតថ្លៃឡើយ។
- 무료 언어 지원 서비스를 이용하실 수 있습니다. 귀하는 통역 또는 번역 서비스, 귀하가 사용하는 언어 또는 기타 다른 형식으로 된 정보 또는 보조 지원 및 서비스 등을 요청하실 수 있습니다. 공휴일을 포함해 주 7 일, 하루 24 시간 동안 L.A. Care, **1-888-839-9909** (TTY **711**) 번으로 문의하십시오. 이 전화는 무료로 이용하실 수 있습니다.
- ພາສາອັງກິດ ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າ. ທ່ານສາມາດຂໍບໍລິການນາຍພາສາ ຫຼື ແບພາສາໄດ້, ສໍາລັບຂໍ້ມູນໃນພາສາຂອງທ່ານ ຫຼື ໃນຮູບແບບອື່ນ, ຫຼື ເລື່ອງມືຊ່ວຍເຫຼືອ ແລະ ບໍລິການເສີມ. ໃຫ້ໂທຫາ L.A. Care ໄດ້ທີ່ **1-888-839-9909** (TTY **711**), 24 ຊົ່ວໂມງຕໍ່ມື້, 7 ມື້ຕໍ່ອາທິດ, ລວມເຖິງວັນພັກຕ່າງໆ. ການໂທແມ່ນບໍ່ເສຍຄ່າ.
- ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਤੁਸੀਂ ਦੁਆਰੀਆ ਜਾਂ ਅਨੁਵਾਦ ਸੇਵਾਵਾਂ, ਆਪਣੀ ਭਾਸ਼ਾ ਜਾਂ ਕਿਸੇ ਹੋਰ ਫੋਰਮੈਟ ਵਿੱਚ ਜਾਣਕਾਰੀ, ਜਾਂ ਸਹਾਇਕ ਉਪਕਰਣਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। L.A. Care ਨੂੰ **1-888-839-9909** (TTY **711**) ਨੰਬਰ ਉੱਤੇ ਕਾਲ ਕਰੋ, ਇੱਕ ਦਿਨ ਵਿੱਚ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਵਿੱਚ 7 ਦਿਨ, ਛੁੱਟੀਆਂ ਸਮੇਤ। ਕਾਲ ਮੁਫਤ ਹੈ।
- Мы предоставляем бесплатные услуги перевода. У Вас есть возможность подать запрос о предоставлении устных и письменных услуг перевода, информации на Вашем языке или в другом формате, а также вспомогательных средств и услуг. Звоните в L.A. Care по телефону **1-888-839-9909** (TTY **711**) 24 часа в сутки, 7 дней в неделю, включая праздничные дни. Этот звонок является бесплатным.
- Available ang mga libreng serbisyo ng tulong sa wika. Maaari kang humiling ng mga serbisyo ng pag-interpret o pagsasalang-wika, impormasyon na nasa iyong wika o nasa ibang format, o mga karagdagang tulong at serbisyo. Tawagan ang L.A. Care sa **1-888-839-9909** (TTY **711**), 24 na oras sa isang araw, 7 araw sa isang linggo, kabilang ang mga holiday. Libre ang tawag.
- มีบริการช่วยเหลือภาษาฟรี คุณสามารถขอรับบริการการแปลหรือล่าม ข้อมูลในภาษาของคุณหรือในรูปแบบอื่น หรือความช่วยเหลือและบริการเสริมต่าง ๆ ได้ โทร L.A. Care ที่ **1-888-839-9909** (TTY **711**) ตลอด 24 ชั่วโมง 7 วันต่อสัปดาห์รวมทั้งวันหยุด โทรฟรี
- Có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Quý vị có thể yêu cầu dịch vụ biên dịch hoặc phiên dịch, thông tin bằng ngôn ngữ của quý vị hoặc bằng các định dạng khác, hay các dịch vụ và thiết bị hỗ trợ ngôn ngữ. Xin vui lòng gọi L.A. Care tại **1-888-839-9909** (TTY **711**), 24 giờ một ngày, 7 ngày một tuần, kể cả ngày lễ. Cuộc gọi này miễn phí.



Call Member Services at **1-888-839-9909** (TTY: **711**).  
L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.  
Or call the California Relay Line at **711**. Visit online at [lacare.org](http://lacare.org).

# Notice of non-discrimination

Discrimination is against the law. L.A. Care complies with applicable federal and State civil rights laws and does not discriminate (exclude or treat people differently) on the basis of race, color, national origin, creed, ancestry, religion, language, age, marital status, sex, sexual orientation, gender identity, health status, physical or mental disability, or identification with any other persons or groups defined in Penal Code 422.56, and L.A. Care will provide all Covered Services in a culturally and linguistically appropriate manner. L.A. Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Member Services Department at **1-888-839-9909** (TTY **711**).

If you believe that L.A. Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, creed, ancestry, religion, language, age, marital status, sex, sexual orientation, gender identity, health status, physical or mental disability, or identification with any other persons or groups defined in Penal Code 422.56, you can file a grievance with:

Civil Rights Coordinator  
c/o Compliance Department  
L.A. Care Health Plan  
1055 West 7th Street, 10th Floor  
Los Angeles, CA 90017  
(213) 694-1250 ext. #6758  
Email: [civilrightscoordinator@lacare.org](mailto:civilrightscoordinator@lacare.org)

You may call in a grievance/complaint at L.A. Care Member Services– **1-888-839-9909** (TTY: **711**)



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Or call the California Relay Line at **711**. Visit online at **lacare.org**.

## Notice of non-discrimination

You can file a grievance in person, by mail or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
**1-800-368-1019, 800-537-7697 (TDD)**

Complaint forms are available at <https://www.hhs.gov/ocr/filing-with-ocr>.



Call Member Services at **1-888-839-9909** (TTY: **711**).  
L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.  
Or call the California Relay Line at **711**. Visit online at [lacare.org](https://www.lacare.org).

# Welcome to L.A. Care!

Thank you for joining L.A. Care. L.A. Care is a health plan for people who have Medi-Cal. L.A. Care works with the State of California to help you get the health care you need. L.A. Care also works with four (4) Health Plan Partners (L.A. Care is also considered a “Health Plan Partner”) to provide health care services to our members. When a Medi-Cal member joins L.A. Care, the member may choose to get services through any Health Plan Partner listed below as long as the plan choice is available:

- Anthem Blue Cross
- Care1st Health Plan
- Kaiser Permanente
- L.A. Care Health Plan

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## Member Handbook

This Member Handbook tells you about your coverage under L.A. Care. Please read it carefully and completely. It will help you understand and use your benefits and services. It also explains your rights and responsibilities as a member of L.A. Care. If you have special health needs, be sure to read all sections that apply to you.

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. It is a summary of L.A. Care rules and policies and based on the contract between L.A. Care and DHCS. If you would like to learn exact terms and conditions of coverage, you may request a copy of the complete contract from L.A. Care Member Services at **1-888-839-9909** (TTY: **711**).

Call **1-888-839-9909** (TTY: **711**) to ask for a copy of the contract between L.A. Care and DHCS. You may also ask for another copy of the Member Handbook at no cost to you or visit the L.A. Care website at **lacare.org** to view the Member Handbook. You may also request, at no cost, a copy of the L.A. Care non-proprietary clinical and administrative policies and procedures, or how to access this information on the L.A. Care website.

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## Contact us

L.A. Care is here to help. If you have questions, call **1-888-839-9909** (TTY: **711**). L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.

You can also visit online at any time at **lacare.org**.

Thank you,  
L.A. Care  
1055 W. 7th Street  
10th Floor  
Los Angeles, CA 90017



Call Member Services at **1-888-839-9909** (TTY: **711**).  
L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.  
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# 1. Getting started as a member

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## How to get help

L.A. Care wants you to be happy with your health care. If you have any questions or concerns about your care, L.A. Care wants to hear from you!

## Member services

L.A. Care Member Services is here to help you. L.A. Care can:

- Answer questions about your health plan and covered services
- Help you choose a primary care provider (PCP)
- Tell you where to get the care you need
- Offer interpreter services if you do not speak English
- Offer information in other languages and formats
- Offer a new ID card replacement
- Help you change health plans from L.A. Care to a different health plan
- Answer questions about a bill from a provider
- Answer questions about problems you cannot resolve

If you need help, call **1-888-839-9909** (TTY: **711**). L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.

You can also visit online at any time at **lacare.org**.

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## Who can become a member

You qualify for L.A. Care because you qualify for Medi-Cal and live in Los Angeles County. If you have questions about your Medi-Cal coverage or about when you need to renew your Medi-Cal, please call your Medi-Cal case worker. You can also call the Los Angeles Department of Public Social Services at **1-866-613-3777**. You may also qualify for Medi-Cal through Social Security. If you have questions about Social Security or Supplemental Social Income, call the Social Security Administration at **1-800-772-1213**. For questions about enrollment, call Health Care Options at **1-800-430-4263** (TTY: **1-800-430-7077**). Or visit **www.healthcareoptions.dhcs.ca.gov**.

Transitional Medi-Cal is also called “Medi-Cal for working people.” You may be able to get transitional Medi-Cal if you stop getting Medi-Cal because:

- You started earning more money.
- Your family started receiving more child or spousal support.

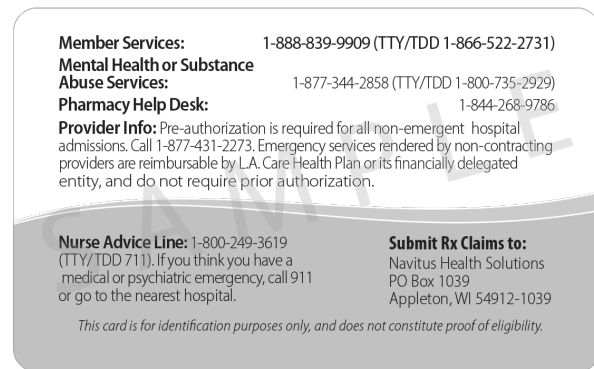
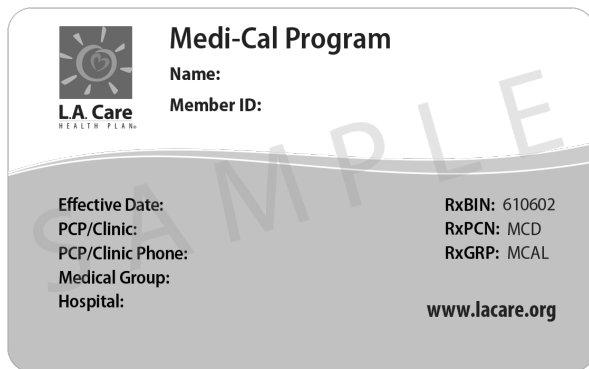


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You can ask questions about qualifying for Medi-Cal at your local county health and human services office. Find your local office at [www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx). Or call Health Care Options at 1-800-430-4263 (TTY: 1-800-430-7077).

## Identification (ID) cards

As a member of L.A. Care, you will get an L.A. Care ID card. You must show your L.A. Care ID card and your Medi-Cal Benefits Identification Card (BIC) when you get any health care services or prescriptions. You should carry all health cards with you at all times. Here is a sample L.A. Care ID card to show you what yours will look like:



If you do not get your L.A. Care ID card within a few weeks of enrolling, or if your card is damaged, lost or stolen, call Member Services right away. L.A. Care will send you a new card. Call **1-888-839-9909** (TTY: **711**).

## Ways to get involved as a member

L.A. Care wants to hear from you. Each year, L.A. Care has meetings to talk about what is working well and how L.A. Care can improve. Members are invited to attend. Come to a meeting!

### L.A. Care Public Advisory Committee

L.A. Care has a group called the L.A. Care Public Advisory Committee. This group is made up of L.A. Care employees and members like you. The group talks about how to improve L.A. Care policies and is responsible for:

- Discussing Member and health plan issues.

If you would like to be a part of this group, call **1-888-839-9909** (TTY: **711**).



Call Member Services at **1-888-839-9909** (TTY: **711**).

L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.

Or call the California Relay Line at **711**. Visit online at [lacare.org](http://lacare.org).

## 1 | Getting started as a member

### L.A. Care Regional Community Advisory Committees (RCACs)

There are eleven L.A. Care Regional Community Advisory Committees (RCACs) in Los Angeles County (RCAC is pronounced “rack”). Their purpose is to let members give input to the L.A. Care Board of Governors that might affect policies, procedures, programs and practices.

RCAC members:

- Talk about health and health care service issues that affect L.A. Care members.
- Advise the L.A. Care Board of Governors.
- Educate and empower the community on health care issues.

RCACs meet every other month. RCACs include L.A. Care members, community-based organizations that work with L.A. Care members, and health care providers. To find out more about RCACs, call the L.A. Care Community Outreach and Engagement Department toll-free at **1-888-LA-CARE2 (1-888-522-2732)**.

### Board of Governors meetings

The Board of Governors decides policies for L.A. Care. Anyone can attend these meetings. The Board of Governors meets on the first Thursday of each month starting at 2 p.m. To find out more call L.A. Care at **1-213-694-1250**.



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# 2. About your health plan

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## Health plan overview

L.A. Care is a health plan for people who have Medi-Cal in Los Angeles County.

L.A. Care works with the State of California to help you get the health care you need.

You may talk with one of the L.A. Care Member Services representatives to learn more about the health plan and how to make it work for you. Call **1-888-839-9909** (TTY: **711**).

## When your coverage starts and ends

When you enroll in L.A. Care, you should receive an L.A. Care member ID card within two weeks of enrollment. Please show this card every time you go for any service under L.A. Care.

Your effective date of coverage is the 1st day of the month following completion of enrollment in a health plan. Check the L.A. Care member ID card mailed to you for the effective date of coverage.

You may ask to end your L.A. Care coverage and choose another health plan at any time. For help choosing a new plan, call Health Care Options at **1-800-430-4263** (TTY: **1-800-430-7077**). Or visit [www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov). You can also ask to end your Medi-Cal.

Sometimes L.A. Care can no longer serve you. L.A. Care must end your coverage if:

- You move out of the county or are in prison
- You no longer have Medi-Cal
- You qualify for certain waiver programs
- You need a major organ transplant (excluding kidneys)
- You have other non-government or government-sponsored health coverage.



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## 2 | About your health plan

If you are a mandatory or voluntary member, you can also be disenrolled from L.A. Care, even if you do not want to leave, if:

- You take part in any fraud having to do with services, benefits or facilities of the plan.
- L.A. Care is not able to, in good cause, give health care services to you. L.A. Care will use its best efforts to provide the needed services. If you show threatening behavior toward other members, providers, provider staff, or L.A. Care staff, L.A. Care may recommend that you be disenrolled from L.A. Care. Threatening behavior includes:
  - Making a credible threat of violence, considered as a knowing and willful statement or course of conduct that would place a reasonable person in fear for his or her safety, or the safety of others
  - Unlawful violence
  - Harassing surveillance, also known as “stalking” which is willful, malicious, and repeated following of providers, provider staff, or L.A. Care staff
  - Threatening phone calls, letters, or other forms of threatening written or electronic communications directed at providers, provider staff, or L.A. Care staff
  - Unauthorized possession or inappropriate use of firearm, weapon, or any other dangerous device on provider or L.A. Care premises
  - Intentional destruction or threat of destruction of property owned, operated, or controlled by providers, health plans, or L.A. Care

If you are an American Indian, you have the right to get health care services at Indian health service facilities. You may also stay with or disenroll from L.A. Care while getting health care services from these locations. American Indians have a right to not enroll in a Medi-Cal managed care plan or may leave their health plans and return to regular (fee-for-service) Medi-Cal at any time and for any reason. To find out more, please call Indian Health Services at **1-916-930-3927** or visit the Indian Health Services website at [www.ihs.gov](http://www.ihs.gov).

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## How your plan works

L.A. Care is a health plan contracted with DHCS. L.A. Care is a managed care health plan. Managed care plans are a cost-effective use of health care resources that improve health care access and assure quality of care. L.A. Care works with doctors, hospitals, pharmacies and other health care providers in the L.A. Care service area to give health care to you, the member.

An L.A. Care Member Services representative will tell you how L.A. Care works, how to get the care you need, how to schedule provider appointments, and how to find out if you qualify for transportation services.

To learn more, call L.A. Care Member Services at **1-888-839-9909** (TTY: **711**). You can also find member service information online at [lacare.org](http://lacare.org).

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## Changing health plans

You may leave L.A. Care and join another health plan at any time. Call Health Care Options at **1-800-430-4263** (TTY: **1-800-430-7077**) to choose a new plan. You can call between 8:00 a.m. and 5:00 p.m. Monday through Friday, or visit <https://www.healthcareoptions.dhcs.ca.gov/>.



Call Member Services at **1-888-839-9909** (TTY: **711**).

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Or call the California Relay Line at **711**. Visit online at [lacare.org](http://lacare.org).

It takes up to 45 days to process your request to leave L.A. Care. To find out when Health Care Options has approved your request, call **1-800-430-4263** (TTY: **1-800-430-7077**).

If you want to leave L.A. Care sooner, you may ask Health Care Options for an expedited (fast) disenrollment. If the reason for your request meets the rules for expedited disenrollment, you will get a letter to tell you that you are disenrolled.

Beneficiaries that can request expedited disenrollment include, but are not limited to, children receiving services under the Foster Care or Adoption Assistance Programs; Members with special health care needs, including, but not limited to major organ transplants; and Members already enrolled in another Medi-Cal, Medicare or commercial managed care plan.

You may ask to leave L.A. Care in person at your local county health and human services office. Find your local office at [www.dhcs.ca.gov/services/medical/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/medical/Pages/CountyOffices.aspx). Or call Health Care Options at **1-800-430-4263** (TTY: **1-800-430-7077**).

### **College students who move to a new county**

If you move to a new county in California to attend college, L.A. Care will cover emergency services in your new county. Emergency services are available to all Medi-Cal enrollees statewide regardless of county of residence.

If you are enrolled in Medi-Cal and will attend college in a different county, you do not need to apply for Medi-Cal in that county. There is no need for a new Medi-Cal application as long as you are still under 21 years of age, are only temporarily out of the home and are still claimed as a tax dependent in the household.

When you temporarily move away from home to attend college there are two options available to you. You may:

- Notify your local county social services office that you are temporarily moving to attend college and provide your address in the new county. The county will update the case records with your new address and county code in the State's database. If L.A. Care does not operate in the new county, you will have to change your health plan to the available options in the new county. For additional questions and in order to prevent a delay in the new health plan enrollment, you should contact Health Care Options at **1-800-430-4263** (TTY: **1-800-430-7077**) for assistance with enrollment.

### **OR**

- Choose not to change your health plan when you temporarily move to attend college in a different county. You will only be able to access emergency room services in the new county. For routine or preventive health care, you would need to use the L.A. Care regular network of providers located in the county of residence for the family. An exception to this is if L.A. Care operates in your new county of residence, as described above.



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### Continuity of care

If you now see providers who are not in the L.A. Care network, in certain cases you may be able to keep seeing them for up to 12 months. If your providers do not join the L.A. Care network by the end of 12 months, you will need to switch to providers in the L.A. Care network. You can continue to see your providers when:

- L.A. Care determines you have an existing relationship with your out-of-network provider. An existing relationship means you saw the out-of-network PCP or specialist at least once during the 12 months prior to the date of your initial enrollment with L.A. Care for a non-emergency visit.
- Your out-of-network provider is willing to accept the higher of L.A. Care's contract rates or Medi-Cal FFS rates.
- Your out-of-network provider meets L.A. Care's applicable professional standards and has no disqualifying quality-of-care issues.
- Your out-of-network provider is a California state Plan approved provider; and
- The provider supplies L.A. Care with relevant treatment information.

Members, their authorized representatives, or providers may make a direct continuity of care request to L.A. Care in writing or by telephone.

At any time, a member may change providers to a provider who is a member of an L.A. Care network.

### Providers who leave L.A. Care

If your provider stops working with L.A. Care, you may be able to keep getting services from that provider. This is another form of continuity of care. L.A. Care provides continuity of care services for:

- **Acute Conditions:** A medical condition that involves a sudden onset of symptoms due to an illness, injury or other medical problem which requires prompt medical attention and has a limited duration. Continuity of Care (COC) is provided for the duration of the acute condition
- **Chronic Conditions:** A medical condition, usually of slow progress and long continuance, and other than a serious chronic condition, requiring ongoing care. COC is provided for the duration of the chronic condition but shall not exceed 90 days from the contract termination date.
- **Serious Chronic Conditions:** A medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration. COC is provided for the duration of the chronic condition but shall not exceed 12 months from the contract termination date or 12 months from the effective date of coverage.
- **Pregnancy:** COC is provided through the three trimesters of pregnancy (i.e., the duration of the pregnancy) and the immediate postpartum period.
- **Terminal Illness:** An individual's medical condition as certified by a physician, resulting in a prognosis of life of one year or less, if the disease follows its natural course. Completion of covered services shall be provided for the duration of the terminal illness.



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- Care of a Newborn child: Between birth and the age of 36 months, COC is provided but shall not exceed 12 months from the contract termination date.
- Performance of Surgery or Other Procedure: Authorized by the plan as a part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 calendar days of the contract's termination date.
- Mental Health Acute Condition: A mental health condition that involves a sudden onset of symptoms that requires prompt mental health attention and that has limited duration. Transition period of 90 days or through the acute period of illness, whichever is shorter, to continue course of treatment with the nonparticipating mental health specialist.
- Mental Health Serious Chronic Condition: A mental health condition that is serious in nature, and requires ongoing treatment to maintain remission or prevent deterioration. Transition period of 90 days or through the acute period of illness, whichever is shorter, to continue course of treatment with the nonparticipating mental health specialist.

L.A. Care does **not** provide continuity of care services when:

- The provider is unwilling to continue to treat the member or accept L.A. Care's payment or other terms
- The member is assigned to a provider group, and not to an individual provider, and has continued access to providers in the contracted group.
- L.A. Care discontinued a contract based on a professional review action, as defined in the Health Care Quality Improvement Act of 1986 (as amended), 42 U.S.C. §11101 et seq., or a medical disciplinary cause or reason as defined in California Business and Professions Code 805, or for fraud or other criminal activity.
- Services are not covered by Medi-Cal
- Continuity of Care request is for Durable Medical Equipment, transportation, other ancillary services, or carved out services.

To learn more about continuity of care and eligibility qualifications, call L.A. Care Member Services at **1-888-839-9909** (TTY: 711).



Call Member Services at **1-888-839-9909** (TTY: 711).

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### Costs

#### Member costs

L.A. Care serves people who qualify for Medi-Cal. L.A. Care members do **not** have to pay for covered services. You will not have premiums or deductibles. For a list of covered services, see “Benefits and services.”

You may have to pay a share of cost each month. The amount of your share of cost depends on your income and resources. Each month you will pay your own medical bills until the amount that you have paid equals your share of cost. After that, your care will be covered by L.A. Care for that month. You will not be covered by L.A. Care until you have paid your entire share of cost for the month.

#### How a provider gets paid

L.A. Care pays providers in these ways:

- Capitation payments
  - L.A. Care pays some providers a set amount of money every month for each L.A. Care member. This is called a capitation payment. L.A. Care and providers work together to decide on the payment amount.
- Fee-for-service payments
  - Some providers give care to L.A. Care members and then send L.A. Care a bill for the services they provided. This is called a fee-for-service payment. L.A. Care and providers work together to decide how much each service costs.

To learn more about how L.A. Care pays providers, call **1-888-839-9909** (TTY: **711**).

Provider Incentive Programs:

L.A. Care has provider incentive programs to improve your care and your experience with L.A. Care providers. These programs help improve:

- Quality of care
- Access and availability to care and services
- Treatments provided
- Member satisfaction

To learn more about these programs, call L.A. Care Member Services.

#### Asking L.A. Care to pay a bill

If you get a bill for a covered service, call member services right away at **1-888-839-9909** (TTY: **711**).

If you pay for a service that you think L.A. Care should cover, you can file a claim. Use a claim form and tell L.A. Care in writing why you had to pay. Call **1-888-839-9909** (TTY: **711**) to ask for a claim form. L.A. Care will review your claim to see if you can get money back.



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# 3. How to get care

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## Getting health care services

**PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.**

You can begin to get health care services on your effective date of coverage. Always carry your L.A. Care ID card and Medi-Cal BIC card with you. Never let anyone else use your L.A. Care ID card or BIC card.

New members must choose a primary care provider (PCP) in the L.A. Care network. The L.A. Care network is a group of doctors, hospitals and other providers who work with L.A. Care. You must choose a PCP within 30 days from the time you become a member in L.A. Care. If you do not choose a PCP, L.A. Care will choose one for you.

You may choose the same PCP or different PCPs for all family members in L.A. Care.

If you have a doctor you want to keep, or you want to find a new PCP, you can look in the Provider Directory. It has a list of all PCPs in the L.A. Care network. The Provider Directory has other information to help you choose. If you need a Provider Directory, call **1-888-839-9909** (TTY: **711**). You can also find the Provider Directory on the L.A. Care website at **lacare.org**.

If you cannot get the care you need from a participating provider in the L.A. Care network, your PCP must ask L.A. Care for approval to send you to an out-of-network provider.

Read the rest of this chapter to learn more about PCPs, the Provider Directory and the provider network.

### Initial health assessment (IHA)

L.A. Care recommends that you see your new PCP in the first 90 days as a new member of L.A. Care for an initial health assessment (IHA). The purpose of the IHA is to help your PCP learn your health care history and needs. Your PCP may ask you some questions about your health history or may ask you to complete a questionnaire.

Your PCP will also tell you about health education counseling and classes that may help you.

When you call to schedule your IHA, tell the person who answers the phone that you are a member of L.A. Care. Give your L.A. Care ID number.

Take your BIC and your L.A. Care ID card to your appointment. It is a good idea to take a list of your medications and questions with you to your visit. Be ready to talk with your PCP about your health care needs and concerns.

Be sure to call your PCP's office if you are going to be late or cannot go to your appointment.



Call Member Services at **1-888-839-9909** (TTY: **711**).

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#### Routine care

Routine care is regular health care. It includes preventive care, also called wellness or well care. It helps you stay healthy and helps keep you from getting sick. Preventive care includes regular checkups and health education and counseling. In addition to preventive care, routine care also includes care when you are sick. L.A. Care covers routine care from your PCP.

Your PCP will:

- Give you all your routine care, including regular checkups, shots, treatment, prescriptions and medical advice
- Keep your health records
- Refer (send) you to specialists if needed
- Order X-rays, mammograms or lab work if you need them

When you need routine care, you will call your PCP for an appointment. Be sure to call your PCP before you get medical care, unless it is an emergency. For an emergency, call **911** or go to the nearest emergency room.

To learn more about health care and services your plan covers, and what it does not cover, read Chapter 4 in this handbook.

#### Urgent care

Urgent care is care you need within 24 hours, but it is **not** an emergency or life threatening. Urgent care needs could be a cold or sore throat, fever, ear pain or a sprained muscle.

For urgent care, call your PCP. If you cannot reach your PCP, call **1-888-839-9909** (TTY: **711**). Alternatively, you can call the Nurse Advice Line 24 hours a day, 7 days a week at **1-800-249-3619** (TTY: **711**) or chat with a nurse online for free. Please visit [lacare.org](http://lacare.org) and log onto the member sign-in, to access the nurse chat function.

If you need urgent care out of the area, go to the nearest urgent care facility. You do not need pre-approval (prior authorization).

If your care is a mental health urgent care concern, contact the county Mental Health Plans toll-free telephone number that is available 24 hours a day 7 days a week. To locate all counties toll-free telephone numbers online, visit <http://dmh.lacounty.gov/wps/portal/dmh>.



Call Member Services at **1-888-839-9909** (TTY: **711**).  
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Or call the California Relay Line at **711**. Visit online at [lacare.org](http://lacare.org).

## Emergency care

For emergency care, call **911** or go to the nearest emergency room (ER). For emergency care, you do **not** need pre-approval (prior authorization).

Emergency care is for emergency medical conditions. It is for an illness or injury that a reasonable layperson (not a health care professional) with average knowledge of health and medicine could expect that, if you don't get care right away, your health (or your unborn baby's health) could be in danger, or a body function, body organ or body part could be seriously harmed. Examples include:

- Active labor
- Broken bone
- Severe pain, especially in the chest
- Severe burn
- Drug overdose
- Fainting
- Severe bleeding
- Psychiatric emergency condition

**Do not go to the ER for routine care.** You should get routine care from your PCP, who knows you best. If you are not sure if it is an emergency, call your PCP. You may also call the 24/7 Nurse Advice Line at **1-800-249-3619** (TTY: **711**).

If you need emergency care away from home, go to the nearest emergency room (ER), even if it is not in the L.A. Care network. If you go to an ER, ask them to call L.A. Care. You or the hospital to which you were admitted should call L.A. Care within 24 hours after you get emergency care.

If you need emergency transportation, call **911**. You do not need to ask your PCP or L.A. Care first before you go to the ER.

If you need care in an out-of-network hospital after your emergency (post-stabilization care), the hospital will call L.A. Care.

**Remember:** Do not call **911** unless it is an emergency. Get emergency care only for an emergency, not for routine care or a minor illness like a cold or sore throat. If it is an emergency, call **911** or go to the nearest emergency room.



Call Member Services at **1-888-839-9909** (TTY: **711**).

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Or call the California Relay Line at **711**. Visit online at **lacare.org**.

## Sensitive care

### ***Minor consent services***

You can see a doctor without consent from your parents or guardian for these types of care:

- Outpatient mental health (only minors 12 years or older) for:
  - Sexual or physical abuse
  - When you may hurt yourself or others
- Pregnancy
- Family planning (except sterilization)
- Sexual assault, including rape
- HIV/AIDS testing (only minors 12 years or older)
- Sexually transmitted infections (only minors 12 years or older)
- Drug and alcohol abuse (only minors 12 years or older)

The doctor or clinic providing these Minor Consent Services does not have to be part of the L.A. Care network and you do not need a referral from your PCP to get these services. For help finding a doctor or clinic giving these services, you can call **1-888-839-9909** (TTY: **711**). You may also call the 24/7 Nurse Advice Line at **1-800-249-3619** (TTY: **711**).

Minors can talk to a representative in private about their health concerns by calling the 24/7 Nurse Advice Line at **1-800-249-3619** (TTY: **711**).

### ***Adult sensitive services***

As an adult, you may not want to see your PCP for sensitive or private care. If so, you may choose any doctor or clinic for these types of care:

- Family planning
- HIV/AIDS testing
- Sexually transmitted infections

The doctor or clinic does not have to be part of the L.A. Care network. Your PCP does not have to refer you for these types of service. For help finding a doctor or clinic giving these services, you can call **1-888-839-9909** (TTY: **711**). You may also call the 24/7 Nurse Advice Line at **1-800-249-3619** (TTY: **711**).

## **Advance directives**

An advance health directive is a legal form. On it, you can list what health care you want in case you cannot talk or make decisions later on. You can list what care you do **not** want. You can name someone, such as a spouse, to make decisions for your health care if you cannot.

You can get an advance directive form at drugstores, hospitals, law offices and doctors' offices. You may have to pay for the form. You can also find and download a free form online. You can ask your family, PCP or someone you trust to help you fill out the form.



Call Member Services at **1-888-839-9909** (TTY: **711**).  
L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.  
Or call the California Relay Line at **711**. Visit online at **lacare.org**.

You have the right to have your advance directive placed in your medical records. You have the right to change or cancel your advance directive at any time.

You have the right to learn about changes to advance directive laws. L.A. Care will tell you about changes to the state law no longer than 90 days after the change.

## Where to get care

You will get most of your care from your PCP. Your PCP will give you all of your routine preventive (wellness) care. You will also see your PCP for care when you are sick. Be sure to call your PCP before you get medical care. Your PCP will refer (send) you to specialists if you need them.

To get help with your health questions, you can also call the 24/7 Nurse Advice Line at **1-800-249-3619** (TTY: 711).

If you need urgent care, call your PCP. Urgent care is care you need soon, but is not an emergency. It includes care for such things as cold, sore throat, fever, ear pain or sprained muscle.

For emergencies, call **911** or go to the nearest emergency room.

Some hospitals and other providers do not provide one or more of the following services that may be covered under your plan contract and that you or your family member might need: family planning; contraceptive services, including emergency contraception; sterilization, including tubal ligation at the time of labor and delivery; infertility treatments; or abortion. You should obtain more information before you enroll. Call your prospective doctor, medical group, independent practice association, or clinic, or call L.A. Care Member Services at **1-888-839-9909** (TTY: 711) to ensure that you can obtain the health care services that you need.

## Provider Directory

The L.A. Care Provider Directory lists providers that participate in the L.A. Care network. The network is the group of providers that work with L.A. Care.

The L.A. Care Provider Directory lists hospitals, pharmacies, PCPs, specialists, nurse practitioners, nurse midwives, physician assistants, family planning providers, Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).

The Provider Directory has names, provider addresses, phone numbers, business hours and languages spoken. It tells if the provider is taking new patients. It gives the level of physical accessibility for the building.

You can find the online Provider Directory at **lacare.org**.

If you need a printed Provider Directory, call **1-888-839-9909** (TTY: 711).



Call Member Services at **1-888-839-9909** (TTY: 711).

L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **lacare.org**.

## Provider network

The provider network is the group of doctors, hospitals and other providers that work with L.A. Care. You will get your covered services through the L.A. Care network.

If your provider in the network, including a PCP, hospital or other provider, has a moral objection to providing you with a covered service, such as family planning or abortion, call **1-888-839-9909 (TTY: 711)**. See Chapter 4 for more about moral objections.

If your provider has a moral objection, he or she can help you find another provider who will give you the services you need. L.A. Care can also work with you to find a provider.

### In network

You will use providers in the L.A. Care network for your health care needs. You will get preventive and routine care from your PCP. You will also use specialists, hospitals and other providers in the L.A. Care network.

To get a Provider Directory of network providers, call **1-888-839-9909 (TTY: 711)**. You can also find the Provider Directory online at **lacare.org**.

For emergency care, call **911** or go to the nearest emergency room.

Except for emergency care, you may have to pay for care from providers who are out of network.

### Out of network

Out-of-network providers are those that do not have an agreement to work with L.A. Care. Except for emergency care or urgent care, you may have to pay for care from providers who are out of network.

If you need covered health care services, you may be able to get them out of network at no cost to you as long as they are medically necessary, not available in the network, and you get prior approval.

If you pay for a service that you think L.A. Care should cover, you can file a claim. Use a claim form and tell L.A. Care in writing why you had to pay. Call **1-888-839-9909 (TTY: 711)** to ask for a claim form. L.A. Care will review your claim to see if you can get money back.

If you need help with out-of-network services, call **1-888-839-9909 (TTY: 711)**.

If you are outside of the L.A. Care service area and need care that is **not** an emergency or urgent care, call your PCP right away. Alternatively, call **1-888-839-9909 (TTY: 711)**.

For emergency care, call **911** or go to the nearest emergency room. L.A. Care covers out-of-network emergency care. If you travel to Canada or Mexico and need emergency services requiring hospitalization, L.A. Care will cover your care. If you are traveling internationally outside of Canada or Mexico and need emergency care, L.A. Care will not cover your care in most cases.

If you have questions about out-of-network or out-of-area care, call **1-888-839-9909 (TTY: 711)**. If the office is closed, or you want help from a representative, call the 24/7 Nurse Advice Line at **1-800-249-3619 (TTY: 711)**.



Call Member Services at **1-888-839-9909 (TTY: 711)**.  
L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.  
Or call the California Relay Line at **711**. Visit online at **lacare.org**.



## Delegated Model MCPs

L.A. Care works with a large number of doctors, specialists, pharmacies, hospitals and other health care providers. Some of these providers work within a group called a “network,” or “medical group.”

When you choose your primary care provider (PCP), you will also choose a network. This means that your PCP will refer you to specialists and services that are connected with his or her medical group. If you are going to a specialist already or want to use a specific hospital, talk with your PCP or call L.A. Care Member Services at **1-888-839-9909** (TTY: **711**). Member Services will help you see that provider if you are eligible for Continuity of Care. To learn more about Continuity of Care, go to the “Continuity of Care” section in this handbook.

## Doctors

You will choose a PCP from the L.A. Care Provider Directory. Your PCP must be a participating provider. This means the provider is in the L.A. Care network. To get a copy of the L.A. Care Provider Directory, call **1-888-839-9909** (TTY: **711**).

You should also call L.A. Care if you want to check to be sure the PCP you want is taking new patients. If you were seeing a doctor before you were a member of L.A. Care, you may be able to keep seeing that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in this handbook. To learn more, call **1-888-839-9909** (TTY: **711**).

If you need a specialist, your PCP will give you a referral to a specialist in the L.A. Care network. Remember, if you do not choose a PCP, L.A. Care will choose one for you. You know your health care needs best, so it is best if you choose.

If you want to change your PCP, you must choose a PCP from the L.A. Care Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call **1-888-839-9909** (TTY: **711**).

## Hospitals

In an emergency, call **911** or go to the nearest hospital.

If it is not an emergency and you need hospital care, your PCP will decide which hospital you go to. You will need to go to a hospital in the network. The hospitals in the L.A. Care network are listed in the Provider Directory. L.A. Care covers hospital care that includes, but is not limited to:

- Inpatient services
- Intensive care
- Outpatient services
- Surgical Services (Bariatric, Reconstructive Surgery, etc.)



Call Member Services at **1-888-839-9909** (TTY: **711**).

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Or call the California Relay Line at **711**. Visit online at **lacare.org**.

## Primary care provider (PCP)

You must choose a PCP within 30 days of enrolling in L.A. Care. Depending on your age and sex, you may choose a general practitioner, Ob/Gyn, family practitioner, internist or pediatrician as your primary care physician. A nurse practitioner (NP), physician assistant (PA) or certified nurse midwife may also act as your primary care provider. If you choose a NP, PA or certified nurse midwife, you may be assigned a physician to oversee your care.

You can also choose a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as your PCP. These health centers are located in areas that do not have many health care services.

Depending on the type of the provider, you may be able to choose one PCP for your entire family who are members of L.A. Care. If you do not choose a PCP within 30 days, L.A. Care will assign you to a PCP. If you are assigned to a PCP and want to change, call **1-888-839-9909** (TTY: **711**). The change happens the first day of the next month.

Your PCP will:

- Get to know your health history and needs
- Keep your health records
- Give you the preventive and routine health care you need
- Refer (send) you to a specialist if you need one
- Arrange for hospital care if you need it

You can look in the Provider Directory to find a PCP in the L.A. Care network. The Provider Directory has a list of FQHCs and RHCs that work with L.A. Care.

You can find the L.A. Care Provider Directory online at **lacare.org**. You can also call **1-888-839-9909** (TTY: **711**). You can also call to find out if the PCP you want is taking new patients.

## Choice of physicians and providers

You know your health care needs best, so it is best if you choose your PCP.

It is best to stay with one PCP so he or she can get to know your health care needs. However, if you want to change to a new PCP, you can change anytime. You must choose a PCP who is in the L.A. Care provider network and is taking new patients. Your new choice will become your PCP on the first day of the next month after you make the change. To change your PCP, call **1-888-839-9909** (TTY: **711**).

L.A. Care may ask you to change your PCP if the PCP is not taking new patients, has left the L.A. Care network or does not give care to patients your age. L.A. Care or your PCP may also ask you to change to a new PCP if you cannot get along with or agree with your PCP, or if you miss or are late to appointments. If L.A. Care needs to change your PCP, L.A. Care will tell you in writing.

If you change PCPs, you will get a new L.A. Care member ID card in the mail. It will have the name of your new PCP. Call member services if you have questions about getting a new ID card.



Call Member Services at **1-888-839-9909** (TTY: **711**).

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Or call the California Relay Line at **711**. Visit online at **lacare.org**.

## Appointments and visits

When you need health care:

- Call your PCP
- Have your L.A. Care ID number ready on the call
- Leave a message with your name and phone number if the office is closed
- Take your BIC and L.A. Care ID card to your appointment
- Be on time for your appointment
- Call right away if you cannot keep your appointment or will be late
- Have your questions and medication information ready in case you need them

If you have an emergency, call **911** or go to the nearest emergency room.

## Payment

You do **not** have to pay for covered services. In most cases, you will not get a bill from a provider. You may get an Explanation of Benefits (EOB) or a statement from a provider. EOBs and statements are not bills.

If you do get a bill, call **1-888-839-9909** (TTY: **711**). Tell L.A. Care the amount charged, the date of service and the reason for the bill. You are **not** responsible to pay a provider for any amount owed by L.A. Care for any covered service.

If you get a bill or are asked to pay a co-pay when you feel you should not have to, you can also file a claim form. You will need to tell L.A. Care in writing why you had to pay for the item or service. L.A. Care will read your claim and decide if you can get money back. For questions or to ask for a claim form, call **1-888-839-9909** (TTY: **711**).

## Referrals

Your PCP will give you a referral to send you to a specialist if you need one. A specialist is a doctor who has extra education in one area of medicine. Your PCP will work with you to choose a specialist. Your PCP's office can help you set up a time to see the specialist.

Other services that may require a referral include in-office procedures, X-rays, lab work, special treatments, home care, and elective admissions to a facility.

Your PCP may give you a form to take to the specialist. The specialist will fill out the form and send it back to your PCP. The specialist will treat you for as long as he or she thinks you need treatment.

If you have a health problem that needs special medical care for a long time, you may need a standing referral. This means you can see the same specialist for a longer period of time without getting a new referral.

If you have trouble getting a standing referral or want a copy of the L.A. Care referral policy, call **1-888-839-9909** (TTY: **711**).



Call Member Services at **1-888-839-9909** (TTY: **711**).

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### 3 | How to get care

You do not need a referral for:

- PCP visits
- Ob/Gyn visits
- Urgent or emergency care visits
- Family planning (To learn more, call California Family Planning Information and Referral Service at **1-800-942-1054**)
- HIV testing and counseling (only minors 12 years or older)
- Treatment for sexually transmitted infections (only minors 12 years or older)
- Acupuncture
- Chiropractic services
- Podiatry services
- Mental health care such as talking to a therapist or someone who prescribed medicines for mental health

Minors also do not need a referral for:

- Outpatient mental health (only minors 12 years or older) for:
  - Sexual or physical abuse
  - When you may hurt yourself or others
- Pregnancy care
- Sexual assault care, including rape
- Drug and alcohol abuse treatment (only minors 12 years or older)

### Pre-approval

For some types of care, your PCP or specialist will need to ask L.A. Care for permission before you get the care. This is called asking for prior authorization, prior approval, or pre-approval. It means that L.A. Care must make sure that the care is medically necessary or needed.

Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or alleviates severe pain.

The following services always need pre-approval, even if you receive them from a provider in the L.A. Care network:

- Hospitalization
- Services out of the L.A. Care service area
- Outpatient surgery
- Long-term therapy
- Specialized treatments



Call Member Services at **1-888-839-9909** (TTY: **711**).  
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You never need pre-approval for emergency care, even if it is out of network. This includes having a baby.

For some services, you need pre-approval (prior authorization). Under Health and Safety Code Section 1367.01(h)(2), L.A. Care will decide routine pre-approvals within 5 working days of when L.A. Care gets the information reasonably needed to decide.

For requests in which a provider indicates or L.A. Care determines that following the standard timeframe could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function, L.A. Care will make an expedited (fast) authorization decision. L.A. Care will give notice as quickly as your health condition requires and no later than 72 hours after receiving the request for services.

L.A. Care does **not** pay the reviewers to deny coverage or services. If L.A. Care does not approve or modifies the request, L.A. Care will send you a Notice of Action (NOA) letter. The NOA letter will tell you how to file an appeal if you do not agree with the decision.

L.A. Care will contact you if L.A. Care needs more time to review your request.

## Second opinions

You might want a second opinion about care your provider says you need or about your diagnosis or treatment plan. For example, you may want a second opinion if you are not sure you need a prescribed treatment or surgery or you have tried to follow a treatment plan and it has not worked.

To get a second opinion, call your PCP. Your PCP can refer you to a network provider for a second opinion. You may also call **1-888-839-9909** (TTY: 711).

L.A. Care will pay for a second opinion if you or your network provider asks for it and you get the second opinion from a network provider. You do not need permission from L.A. Care to get a second opinion from a network provider.

If there is no provider in the L.A. Care network to give you a second opinion, L.A. Care will pay for a second opinion from an out-of-network provider. L.A. Care will tell you within 5 business days if the provider you choose for a second opinion is approved. If you have a chronic illness or could lose your life, limb or major body part, L.A. Care will decide within 72 hours.

If L.A. Care denies your request for a second opinion, you may appeal. To learn more about appeals, go to page 57 in this handbook.

## Women's health specialists

You may go to a women's health specialist within the network for covered care necessary to provide women's routine and preventive health care services. You do not need a referral from your PCP to get these services. For help finding a women's health specialist, you can call **1-888-839-9909** (TTY: 711). You may also call the 24/7 Nurse Advice Line at **1-800-249-3619** (TTY: 711).



Call Member Services at **1-888-839-9909** (TTY: 711).

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Or call the California Relay Line at **711**. Visit online at **lacare.org**.

**Timely access to care**

<b>Appointment Type</b>	<b>Must Get Appointment Within</b>
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointments that do require pre-approval (prior authorization)	96 hours
Non-urgent primary care appointments	10 business days
Non-urgent specialist	15 business days
Non-urgent mental health provider (non-physician)	10 business days
Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness, or other health condition	15 business days
Telephone wait times during normal business hours	10 minutes
Triage – 24/7 services	24/7 services – No more than 30 minutes



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# 4. Benefits and services

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## What your health plan covers

This section explains all of your covered services as a member of L.A. Care. Your covered services are free as long as they are medically necessary. Care is medically necessary if it is reasonable and necessary to protect life, keeps you from becoming seriously ill or disabled, or reduces pain from a diagnosed disease, illness or injury.

L.A. Care offers these types of services:

- Outpatient (ambulatory) services
- Emergency services
- Hospice and palliative care
- Hospitalization
- Maternity and newborn care
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Mental health services
- Substance use disorder services
- Pediatric services
- Vision services
- Non-emergency medical transportation (NEMT)
- Non-medical transportation (NMT)
- Long-term services and supports (LTSS)
- Transgender Services

Read each of the sections below to learn more about the services you can get.



Call Member Services at **1-888-839-9909** (TTY: **711**).

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Or call the California Relay Line at **711**. Visit online at **lacare.org**.

## Medi-Cal benefits

### Outpatient (ambulatory) services

- **Allergy care**  
L.A. Care covers allergy testing and treatment, including allergy desensitization, hyposensitization, or immunotherapy.
- **Chiropractic services**  
L.A. Care covers two chiropractic services per month, limited to the treatment of the spine by manual manipulation.
- **Dialysis/hemodialysis services**  
L.A. Care covers dialysis treatments. L.A. Care also covers hemodialysis (chronic dialysis) services if your PCP and L.A. Care approve it.
- **Outpatient surgery**  
L.A. Care covers outpatient surgical procedures, other than those needed for diagnostic purposes or for emergency care, procedures considered to be elective; and specified outpatient medical procedures require pre-approval (prior authorization).
- **Anesthesiologist services**  
L.A. Care covers anesthesia services that are medically necessary when you receive outpatient care.
- **Physician services**  
L.A. Care covers physician services that are medically necessary.
- **Podiatry (foot) services**  
L.A. Care covers podiatry services that are medically necessary. Podiatry services may require approval from L.A. Care and/or your doctor. Podiatry services are limited to medical and surgical services to treat disorders of the feet, ankles, or tendons that insert into the foot, secondary to or complicating chronic medical diseases, or affect your ability to walk.
- **Treatment therapies**  
L.A. Care covers different treatment therapies, including:
  - Chemotherapy
  - Radiation therapy



Call Member Services at **1-888-839-9909** (TTY: **711**).  
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Or call the California Relay Line at **711**. Visit online at **lacare.org**.



## Emergency services

- ***Inpatient and outpatient services needed to treat a medical emergency***

L.A. Care covers all services that are needed to treat a medical emergency. A medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, anyone with an average knowledge of health and medicine could expect it to result in:

- Serious risk to your health; **or**
- Serious harm to bodily functions; **or**
- Serious dysfunction of any bodily organ or part; **or**
- In the case of a pregnant woman in active labor, meaning labor at a time when either of the following would occur:
  - There is not enough time to safely transfer you to another hospital before delivery.
  - The transfer may pose a threat to your health or safety or to that of your unborn child.

- ***Emergency transportation services***

L.A. Care covers ambulance services to help you get to the nearest place of care in emergency situations. This means that your condition is serious enough that other ways of getting to a place of care could risk your health or life.

- ***Emergency room services***

L.A. Care covers emergency room services that are needed to treat a medical emergency. Remember, a medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, it could result in serious harm to your health or body.

## Hospice and palliative care

L.A. Care covers hospice care as well as palliative care which reduces physical, emotional, social and spiritual discomforts for a member with a serious illness.



Call Member Services at **1-888-839-9909** (TTY: **711**).

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Or call the California Relay Line at **711**. Visit online at **lacare.org**.

## Hospitalization

- **Anesthesiologist services**  
L.A. Care covers anesthesiologist services during hospital stays. An anesthesiologist is a provider who specializes in giving patients anesthesia. Anesthesia is a type of medicine used during some medical procedures.
- **Inpatient hospital services**  
L.A. Care covers inpatient hospital care when you are admitted to the hospital.
- **Surgical services**  
L.A. Care covers surgeries performed in a hospital.

## Maternity and newborn care

L.A. Care covers these maternity and newborn care services:

- Breastfeeding education
- Delivery and postpartum care
- Nurse midwife services
- Prenatal care
- Birthing center services

## Prescription Drugs

### ***Covered drugs***

Your provider can prescribe you drugs that are on the L.A. Care preferred drug list (PDL). This is sometimes called a formulary. Drugs on the formulary are safe and effective. A group of doctors and pharmacists update this list.

- Updating this list helps to make sure that the drugs on it are safe and work.
- If your doctor thinks you need to take a drug that is not on this list, your doctor will need to call L.A. Care to ask for pre-approval before you get the drug.

To find out if a drug is on the PDL or to get a copy of the formulary call **1-888-839-9909** (TTY: 711). You may also visit the L.A. Care website at [www.lacare.org/members/member-services/pharmacy-services](http://www.lacare.org/members/member-services/pharmacy-services).



Call Member Services at **1-888-839-9909** (TTY: 711).  
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Or call the California Relay Line at **711**. Visit online at [lacare.org](http://lacare.org).

Sometimes L.A. Care needs to approve a drug that the provider prescribed. L.A. Care will review and decide on these requests within 24 hours.

- A pharmacist or hospital emergency room may give you a 72-hour emergency supply if they think you need it. L.A. Care will pay for the emergency supply.
- If L.A. Care says no to the request, L.A. Care will send you a letter that lets you know why and what other drugs or treatments you can try.

### **Pharmacies**

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with L.A. Care. You can find a list of pharmacies that work with L.A. Care in the L.A. Care Provider Directory at [lacare.org](http://lacare.org). You can also find a pharmacy near you by calling **1-888-839-9909** (TTY: 711).

Once you choose a pharmacy, take your prescription to the pharmacy. Give the pharmacy your prescription with your L.A. Care ID card. Make sure the pharmacy knows about all medications you are taking and any allergies you have. If you have any questions about your prescription, make sure you ask the pharmacist.

## **Rehabilitative and habilitative services and devices**

The plan covers:

- **Acupuncture**  
L.A. Care covers acupuncture services to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. Outpatient acupuncture services (with or without electric stimulation of the needles) are limited to two services in any one month, and additional services can be provided through L.A. Care pre-approval (prior authorization) as medically necessary.
- **Behavioral health treatments**  
Behavioral health treatment (BHT) includes services and treatment programs, such as applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual.

BHT services teach skills through the use of behavioral observation and reinforcement, or through prompting to teach each step of a targeted behavior. BHT services are based on reliable evidence and are not experimental. Examples of BHT services include behavioral interventions, cognitive behavioral intervention packages, comprehensive behavioral treatment and applied behavioral analysis.

BHT services must be medically necessary, prescribed by a licensed doctor or psychologist, approved by the plan, and provided in a way that follows the approved treatment plan.



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## 4 | Benefits and services

- **Cardiac rehabilitation**  
L.A. Care covers inpatient and outpatient cardiac rehabilitative services.
- **Durable medical equipment**  
L.A. Care covers the purchase or rental of medical supplies, equipment and other services with a prescription from a doctor.
- **Hearing aids**  
L.A. Care covers hearing aids if you are tested for hearing loss and receive a prescription from your doctor. L.A. Care may also cover hearing aid rentals, replacements and batteries for your first hearing aid.
- **Home health services**  
L.A. Care covers health services provided in your home, when prescribed by your doctor.
- **Medical supplies, equipment and appliances**  
L.A. Care covers medical supplies that are approved by a doctor, including implanted hearing devices.
- **Occupational therapy**  
L.A. Care covers occupational therapy services, including occupational therapy evaluation, treatment planning, treatment, instruction and consultative service
- **Orthotics/prostheses**  
L.A. Care covers orthotic and prosthetic appliances and services that are medically necessary and prescribed by your doctor.
- **Physical therapy**  
L.A. Care covers physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services, and application of topical medications.
- **Pulmonary rehabilitation**  
L.A. Care covers pulmonary rehabilitation that is medically necessary and prescribed by a doctor.
- **Skilled nursing facility services**  
L.A. Care covers skilled nursing facility services as medically necessary, if you are disabled and need a high level of care. These services include room and board in a licensed facility with skilled nursing care on a 24 hour per day basis.



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- **Speech therapy**

L.A. Care covers speech therapy that is medically necessary. You may have limitations on how many visits to a speech therapist you get every month.

### **Laboratory services**

L.A. Care covers outpatient and inpatient laboratory and x-ray services. Various advanced imaging procedures are covered based on medical necessity.

### **Preventive and wellness services and chronic disease management**

L.A. Care covers:

- Advisory Committee for Immunization Practices recommended vaccines
- Family planning services
- Health Resources and Service Administration's Bright Futures recommendations
- Preventive services for women recommended by the Institute of Medicine
- Smoking cessation services
- United States Preventive Services Task Force A and B recommended preventive services

Family planning services are provided to members of childbearing age to enable them to determine the number and spacing of children. These services include all methods of birth control approved by the Food and Drug Administration. As a member, you pick a doctor who is located near you and will give you the services you need.

The plan's PCP and Ob/Gyn specialists are available for family planning services. For family planning services, you may also pick a doctor or clinic not connected with L.A. Care without having to get pre-approval from L.A. Care. L.A. Care will pay that doctor or clinic for the family planning services you get.



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Or call the California Relay Line at **711**. Visit online at **lacare.org**.

## Mental health services

L.A. Care covers:

- **Outpatient mental health services**

- L.A. Care covers a member for mental health services. You do not need a referral from your PCP in order to see a specialist within the L.A. Care network. A mental health specialist can determine your level of impairment. If your mental health screening results determine that you are in mild or moderate distress or have impairment of mental, emotional, or behavioral functioning, L.A. Care can provide mental health services.

We cover these mental health services:

- Outpatient mental health services
  - Individual or group mental health evaluation and treatment (psychotherapy)
  - Psychological testing when clinically indicated to evaluate a mental health condition
  - Outpatient services for the purposes of monitoring medication therapy
  - Psychiatric consultation
  - Outpatient laboratory, supplies and supplements
  - For help finding more information on mental health services provided by L.A. Care, you can call Beacon Health Options at **1-877-344-2858**.
  - If your mental health screening results determine you need specialty mental health services (SMHS), your PCP or mental health specialist will refer you to the county mental health plan to receive an assessment.
- **Specialty mental health services**
    - County mental health plans provide specialty mental health services (SMHS) to Medi-Cal beneficiaries who meet medical necessary criteria. SMHS may include the following inpatient and outpatient services:
      - Outpatient services:
        - Mental health services (assessments, plan development, therapy, rehabilitation, and collateral)
        - Medication support services
        - Day treatment intensive services
        - Day rehabilitation services
        - Crisis intervention services
        - Crisis stabilization services



Call Member Services at **1-888-839-9909** (TTY: **711**).

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- Targeted case management services
- Therapeutic behavioral services
- Intensive care coordination (ICC)
- Intensive home-based services (IHBS)
- Therapeutic foster care (TFC)
- Residential services:
  - Adult residential treatment services
  - Crisis residential treatment services
- Inpatient services:
  - Acute psychiatric inpatient hospital services
  - Psychiatric inpatient hospital professional services
  - Psychiatric health facility services
- For help finding more information on specialty mental health services, provided by the county mental health plan, you can call the Los Angeles County Department of Mental Health at **1-800-854-7771**. To locate all counties toll-free telephone numbers online, visit <http://dmh.lacounty.gov>.

### Substance use disorder services

L.A. Care covers screening and brief interventions for substance abuse by primary care providers. For more intensive substance use disorder services, including residential services, your PCP or mental health specialist may refer to you to Los Angeles County Substance Abuse Prevention and Control (SAPC). You do not need a referral to request services from Los Angeles County. You can call SAPC at **844-804-7500**.



Call Member Services at **1-888-839-9909** (TTY: **711**).

L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.

Or call the California Relay Line at **711**. Visit online at [lacare.org](http://lacare.org).

### Pediatric services

L.A. Care covers:

- Early and periodic screening, diagnostic and treatment (EPSDT) services
  - These services are also called well-child visits. These visits include health screens, diagnosis, treatment and shots for children through the month of their 21st birthday. These services include:
    - Physical therapy
    - Speech therapy
    - Occupational therapy
    - Behavioral Health Treatment (BHT)
    - Immunizations
    - Blood Lead Screens
    - Screening for Chlamydia
    - EPSDT Supplemental Services when necessary
      - Case management and supplemental nursing services
      - Targeted Case Management Services designed to assist children in gaining access to necessary medical, social, educational, and other services
      - Any services required to treat or ameliorate a condition found on an EPSDT visit, regardless of whether the services are specifically identified as a Medi-Cal benefit
- Vision care

### Vision services

L.A. Care covers:

- Eyeglasses for members under the age of 21 who qualify, as determined by L.A. Care
- Eyeglasses for pregnant women through postpartum
- Routine eye exam once in 24 months

### Non-emergency medical transportation (NEMT)

You are entitled to use non-emergency medical transportation (NEMT) when you physically or medically are not able to get to your medical appointment by car, bus, train or taxi, and L.A. Care pays for your medical or physical condition. Before getting NEMT, you need to request the service through your doctor and they will prescribe the correct type of transportation to meet your medical condition.

NEMT is an ambulance, litter van, wheelchair van or air transport. NEMT is not a car, bus or taxi. L.A. Care allows the lowest cost NEMT for your medical needs when you need a ride to your appointment. That means, for example, if you are physically or medically able to be transported by a wheelchair van, L.A. Care will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation not possible.



Call Member Services at **1-888-839-9909** (TTY: **711**).

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NEMT must be used when:

- It is physically or medically needed as determined with a written authorization by a physician; or you are not able to physically or medically use a bus, taxi, car or van to get to your appointment.
- You need assistance from the driver to and from your residence, vehicle or place of treatment due to a physical or mental disability.
- It is approved in advance by L.A. Care with a written authorization by a physician.

To ask for NEMT services that your provider has prescribed, please call **L.A. Care** at **1-888-839-9909** (TTY: **711**) before your appointment. It is recommended that requests be made at least seventy-two (72) hours in advance of the service. For urgent appointments, please call as soon as possible. Please have your member ID card ready when you call.

### ***Limits of NEMT***

There are no limits for receiving NEMT to or from medical appointments covered under L.A. Care when a provider has prescribed it for you. If the appointment type is covered by Medi-Cal but not through the health plan, your health plan will provide for or help you schedule your transportation.

### ***What does not apply?***

Transportation will not be provided if your physical and medical condition allows you to get to your medical appointment by car, bus, taxi, or other easily accessible method of transportation. Transportation will not be provided if the service is not covered by Medi-Cal. A list of covered services is in this Member Handbook.

### ***Cost to member***

There is no cost when transportation is authorized by L.A. Care.

### ***Non-medical transportation (NMT)***

You can use non-medical transportation (NMT) when you are:

- Traveling to and from an appointment for a Medi-Cal service authorized by your provider.

L.A. Care allows you to use a car, taxi, bus or other public/private way of getting to your medical appointment for Medi-Cal-covered services. L.A. Care provides mileage reimbursement when transportation is in a private vehicle arranged by the beneficiary and not through a transportation broker, bus passes, taxi vouchers or train tickets. L.A. Care allows the lowest cost NMT type that meets your medical needs.

To request NMT services that have been authorized by your provider, please call L.A. Care Member Services at **1-888-839-9909** (TTY: **711**) before your appointment. It is recommended that requests be made at least seventy-two (72) hours in advance of the service. For urgent appointments, please call as soon as possible. Please have your member ID card ready when you call.

### ***Limits of NMT***

There are no limits for receiving NMT to or from medical appointments covered under L.A. Care when a provider has authorized it for you. If the appointment type is covered by Medi-Cal but not through the health plan, your health plan will provide for or help you schedule your transportation.



Call Member Services at **1-888-839-9909** (TTY: **711**).

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## 4 | Benefits and services

### ***What does not apply?***

NMT does not apply if:

- An ambulance, litter van, wheelchair van, or other form of NEMT is medically needed to get to a covered service.
- You need assistance from the driver to and from the residence, vehicle or place of treatment due to a physical or medical condition.
- The service is not covered by Medi-Cal.

### ***Cost to member***

There is no cost when transportation is authorized by L.A. Care.

### **Long-term services and supports (LTSS)**

L.A. Care covers these LTSS benefits for members who qualify:

- Skilled nursing facility services (91+ days)
- Personal care services
- Self-directed personal assistance services
- Community First Choice Option
- Home and Community Based Services
- Institutional Long-term Care

### **Transgender Services**

L.A. Care covers these services when medically necessary for members who qualify:

- Psychotherapy
- Continuous hormonal therapy
- Laboratory testing to monitor hormone therapy
- Gender reassignment surgery that is not cosmetic in nature



Call Member Services at **1-888-839-9909** (TTY: **711**).

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Or call the California Relay Line at **711**. Visit online at **lacare.org**.

## Coordinated Care Initiative (CCI) benefits

This is a list of minimum Coordinated Care Initiative (CCI) benefits. For details on CCI benefits, please see the Coordinated Care Initiative (CCI) section of this handbook.

L.A. Care covers:

- A network of providers working together for you
- A personal care coordinator who will make sure you get the care and support you need
- A customized review of your health needs and care plan
- One health insurance card
- A nurse advice line to call 24 hours a day, 7 days a week

## Moral objection

Some providers have a moral objection to some services. This means they have a right to **not** offer some covered services if they morally disagree. These services might include:

- Family planning services
- Abortion
- Contraceptive services, including emergency contraception
- Sterilization, including tubal ligation at the time of labor and delivery
- Infertility treatments

If your provider has a moral objection, he or she will help you find another provider for the needed services. L.A. Care can also work with you to find a provider. If you need help getting a referral to a different provider, call **1-888-839-9909** (TTY: **711**).

Some hospitals and other providers do not offer one or more of the following services that may be covered under your plan contract and that you or your family member might need:

- Family planning
- Contraceptive services, including emergency contraception
- Sterilization, including tubal ligation at the time of labor and delivery
- Abortion

You should obtain more information before you enroll. Call your prospective doctor, medical group, independent practice association or clinic, or call L.A. Care Member Services at **1-888-839-9909** (TTY: **711**) to ensure that you can obtain the health care services that you need.



Call Member Services at **1-888-839-9909** (TTY: **711**).

L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **lacare.org**.

## What your health plan does not cover

### Other services you can get through Fee-For-Service (FFS) Medi-Cal

Sometimes L.A. Care does not cover services, but you can still get them through FFS Medi-Cal. This section lists these services. To learn more, call **1-888-839-9909** (TTY: 711).

#### **Dental services**

Medi-Cal covers some dental services for children up to age 21, including:

- Dental Services that are normally done by a dentist, orthodontist or oral surgeon, and dental appliances.

If you have questions or want to learn more about dental services, call Denti-Cal at **1-800-322-6384** (TTY: **1-800-735-2922**). You may also visit the Denti-Cal website at **denti-cal.ca.gov**.

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### Services you cannot get through L.A. Care or Medi-Cal

There are some services that neither L.A. Care nor Medi-Cal will cover, including:

- California Children's Services (CCS)

Read below to learn more or call **1-888-839-9909** (TTY: 711).

#### **California Children's Services (CCS)**

CCS is a state program that treats children under 21 years of age with certain health conditions, diseases or chronic health problems and who meet the CCS program rules. If L.A. Care or your PCP believes your child has a CCS condition, he or she will be referred to the CCS program.

CCS program staff will decide if your child qualifies for CCS services. If your child qualifies to get this type of care, CCS providers will treat him or her for the CCS condition.

L.A. Care will continue to cover types of service that do not have to do with the CCS condition such as physicals, vaccines and well-child checkups.



Call Member Services at **1-888-839-9909** (TTY: **711**).  
L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.  
Or call the California Relay Line at **711**. Visit online at **lacare.org**.

L.A. Care does not cover services provided by the CCS program. For CCS to cover these services, CCS must approve the provider, services and equipment.

CCS does not cover all health conditions. CCS covers most health conditions that physically disable or that need to be treated with medicines, surgery or rehabilitation (rehab). CCS covers children with health conditions such as:

- Congenital heart disease
- Cancers
- Tumors
- Hemophilia
- Sickle cell anemia
- Thyroid problems
- Diabetes
- Serious chronic kidney problems
- Liver disease
- Intestinal disease
- Cleft lip/palate
- Spina bifida
- Hearing loss
- Cataracts
- Cerebral palsy
- Seizures under certain circumstances
- Rheumatoid arthritis
- Muscular dystrophy
- AIDS
- Severe head, brain or spinal cord injuries
- Severe burns
- Severely crooked teeth

The State pays for CCS services. If your child is not eligible for CCS program services, he or she will keep getting medically necessary care from L.A. Care.

To learn more about CCS, call **1-888-839-9909** (TTY: **711**).



Call Member Services at **1-888-839-9909** (TTY: **711**).

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Or call the California Relay Line at **711**. Visit online at **lacare.org**.

## Other programs and services for people with Medi-Cal

There are other programs and services for people with Medi-Cal, including:

- Coordinated Care Initiative (CCI)
- Organ and tissue donation

Read each of the sections below to learn more about other programs and services for people with Medi-Cal.

### Coordinated Care Initiative (CCI)

The California Coordinated Care Initiative (CCI) works to improve care coordination for dual eligibles (people who qualify for both Medicaid and Medicare).

It has two main parts:

- Cal MediConnect: The Cal MediConnect program aims to improve care coordination for dual eligibles. It lets them enroll in a single plan to manage all of their benefits, instead of having separate Medi-Cal and Medicare plans. It also aims for high-quality care that helps people stay healthy and in their homes for as long as possible.
- Managed Medi-Cal long-term supports and services (MLTSS): All Medi-Cal beneficiaries, including dual eligibles, must join a Medi-Cal managed care health plan to receive their Medi-Cal benefits, including LTSS and Medicare wrap-around benefits.

To learn more about CCI, call **1-888-839-9909** (TTY: 711).

### Organ and tissue donation

Anyone can help save lives by becoming an organ or tissue donor. If you are between 15 and 18 years old, you can become a donor with the written consent of your parent or guardian. You can change your mind about being an organ donor at any time. If you want to learn more about organ or tissue donation, talk to your PCP. You can also visit the United States Department of Health and Human Services website at [organdonor.gov](http://organdonor.gov).

## Coordination of benefits

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L.A. Care offers services to help you coordinate your health care needs at no cost to you. If you have questions or concerns about your health or the health of your child, call **1-888-839-9909** (TTY: 711).

## Evaluation of new and existing technologies

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L.A. Care follows changes and advances in health care by studying new treatments, medicines, procedures and devices. This is also called “new technology.” L.A. Care follows new technology to be sure members have access to safe and effective care. L.A. Care reviews new technology for medical and mental health procedures, pharmaceuticals, and devices. Requests to review a new technology may come from a member, practitioner, organization, L.A. Care’s physician reviewers, or other staff.



Call Member Services at **1-888-839-9909** (TTY: 711).

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Or call the California Relay Line at **711**. Visit online at [lacare.org](http://lacare.org).

# 5. Rights and responsibilities

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As a member of L.A. Care, you have certain rights and responsibilities. This chapter will explain those rights and responsibilities. This chapter also includes legal notices that you have a right to as a member of L.A. Care.

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## Your rights

L.A. Care members have these rights:

- To be treated with respect and recognition of their dignity, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- To wait no more than 10 minutes to speak to a customer service representative.
- To get appointments within a reasonable amount of time.
- To be provided with information about the plan and its services, including Covered Services, its practitioners and providers and member rights and responsibilities.
- To make recommendations regarding the organization's member rights and responsibilities policy
- To be able to choose a primary care provider within L.A. Care's network.
- To participate in decision making regarding your own health care, including the right to refuse treatment.
- To be free from consequences of any kind when making decisions about your care.
- To decide how you want to be cared for in case you get a life-threatening illness or injury.
- To a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- To voice grievances or appeals, either verbally or in writing, about the organization, the care or services received.
- To receive care coordination.
- To request an appeal of decisions to deny, defer, or limit services or benefits.
- To receive free oral interpretation services for your language.
- To receive free written plan materials in your language.
- To file a grievance or complaint if your linguistic needs are not met.
- To receive free auxiliary aids and services.



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## 5 | Rights and responsibilities

- To receive free legal help at your local legal aid office or other groups.
- To formulate advance directives.
- To have access to family planning services, Federally Qualified Health Centers, Indian Health Service Facilities, sexually transmitted disease services and Emergency Services outside L.A. Care's network pursuant to the federal law.
- To request a State Hearing, including information on the circumstances under which an expedited hearing is possible.
- To receive a copy of your medical records, and request that they be amended or corrected, as specified in 45 CFR §164.524 and 164.526.
- To disenroll upon request. Beneficiaries that can request expedited disenrollment include, but are not limited to, beneficiaries receiving services under the Foster Care, or Adoption Assistance Programs; and members with special health care needs.
- To access Minor Consent Services.
- To receive written member informing materials in alternative formats (including braille, large-size print, and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with W & I Code Section 14182 (b)(12).
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- Freedom to exercise these rights without adversely affecting how you are treated by the Contractor, providers or the State.

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## Your responsibilities

L.A. Care members have these responsibilities:

- To treat your doctor, all providers and staff with courtesy and respect. You are responsible for being on time for your visits or calling your doctor's office at least 24 hours before your visit to cancel or reschedule.
- To give correct information and as much information you can to all of your providers and L.A. Care. You are responsible for getting regular check-ups and telling your doctor about health problems before they become serious.
- To talk over your health care needs with your doctor, developing and agreeing on goals, doing your best to understand your health problems, and following the treatment plans and instructions you both agree on.
- To report health care fraud or wrongdoing to L.A. Care. You can do this without giving your name by calling the L.A. Care Compliance Helpline toll-free at **1-800-400-4889**, going to **lacare.ethicspoint.com**, or calling the California Department of Health Care Services (DHCS) Medi-Cal Fraud and Abuse Hotline) toll-free at **1-800-822-6222**.



Call Member Services at **1-888-839-9909** (TTY: **711**).

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- To use the emergency room in cases of an emergency or as directed by your doctor.

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## Notice of Privacy Practices

A STATEMENT DESCRIBING L.A. CARE'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.*

You get your health care through L.A. Care Health Plan (L.A. Care). By law L.A. Care must safeguard your Protected Health Information (PHI). L.A. Care must also give you this notice. This notice tells you how we may use and share your PHI. It tells you what your rights are. You may have additional or more stringent privacy rights under state law.

### What is “Protected Health Information”?

Protected Health Information (“PHI”) is health information that has your name, Social Security number, or other information that can let others know who you are. For example, your health record is PHI because it has your name on it.

### How We Protect Your PHI

PHI can be spoken, written, or electronic (on a computer). By law L.A. Care must protect your PHI and tell you about our legal duties and privacy practices. L.A. Care must tell you if there is a breach of your unsecured PHI.

L.A. Care staff is trained on how to use or share PHI at L.A. Care. L.A. Care staff have access only to the information they need to do their job. L.A. Care staff protect what they say about your PHI. For example, staff may not speak about you in common areas such as hallways. Staff also protect written or electronic documents that have your PHI.

L.A. Care computer systems protect your PHI at all times. Passwords are one way to do this.

Fax machines, printers, copiers, computer screens, work stations, and portable media disks with your PHI are not shared with others who do not have access. Staff must pick up PHI from fax machines, printers, and copiers. They must make sure it is received by only those who need it. Portable media devices with PHI are password protected. Computer screens and work stations are locked when not in use. Drawers and cabinets are also locked.

### Your Information is Personal and Private

L.A. Care gets information about you when you join our health plan. L.A. Care uses this information to give you the care you need. L.A. Care also gets PHI from your doctors, labs, and hospitals. This PHI is used to approve and pay for your health care.



Call Member Services at **1-888-839-9909** (TTY: **711**).

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## 5 | Rights and responsibilities

### Changes to this Notice

L.A. Care must adhere to the notice we are now using. L.A. Care has the right to change these privacy practices. Any changes will apply to all your PHI, including information we had before the changes. L.A. Care will let you know when we make changes to this notice.

### How We May Use and Share Information About You

L.A. Care may use or share your information only for health care reasons. Some of the information we use and share is:

- Your name
- Address
- Health care given to you
- The cost of your care
- Your health history
- Language you speak
- Race/Ethnicity

By state law, L.A. Care collects information about your race/ethnicity and language preference. You can feel safe providing this information as L.A. Care protects your privacy and is only allowed to use or disclose it for limited purposes. We do not use such information to perform underwriting, rate setting, or determine benefits.

### Here are some ways we may use and share PHI:

- **Treatment:** Some care must be approved before you get it. L.A. Care will share PHI with doctors, hospitals and others to get you the care you need.
- **Payment:** L.A. Care may send bills to other health plans or doctors for payment.
- **Health Care Operations:** L.A. Care may use PHI to check the quality of your health care. L.A. Care may also use PHI for audits, programs to stop fraud, planning, and day-to-day functions.

### Other Uses for Your PHI

By law L.A. Care may use or share some PHI:

L.A. Care may use your PHI to review payment decisions or to check how well L.A. Care is giving care. L.A. Care may also share your PHI with people giving you health care, or with your designee.

L.A. Care must share your PHI with the U.S. government when it is checking on how well L.A. Care meets privacy rules.

L.A. Care may share your information with other groups that help us with our work. L.A. Care will not do this unless those groups agree in writing to keep your information private.



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L.A. Care may give out your PHI for public health reasons to:

- Prevent or control disease, injury or disability
- Report births and deaths
- Report child abuse or neglect
- Report problems with medications and other health products
- Tell people of product recalls
- Tell a person they may be at risk for getting or spreading a disease.

L.A. Care may also tell the authorities if we think you have been the victim of abuse, neglect, or family violence. L.A. Care will do this only if you agree or if required by law.

By law L.A. Care can give out PHI to an oversight agency for audits, inspections, or disciplinary actions. The government uses these to monitor the health care system, government programs, and to check compliance with civil rights laws.

If you are part of a lawsuit or dispute, L.A. Care may give out your PHI in response to a court order. L.A. Care may also give out your PHI in response to a subpoena, discovery request, or other lawful process by someone else in the dispute.

L.A. Care will do this only if the person asking for it has tried to tell you about the request or if the person asking for your PHI has made reasonable efforts to get an order protecting the information.

L.A. Care may give out PHI if asked by a law enforcement official:

- In response to a court order, subpoena, warrant, or summons
- To find a suspect, fugitive, material witness or missing person
- About the victim of a crime when we are not able to get the person's okay
- About a death we think may be caused by criminal conduct
- About criminal conduct at our health plan.

L.A. Care may give out PHI to a coroner or medical examiner to identify a deceased person or find out the cause of death. L.A. Care may give PHI to funeral directors so they can do their job.

If you are an organ donor, L.A. Care may give your PHI to groups that work with organ and tissue donations.

In some cases, L.A. Care may use and give out your PHI for health research. All research projects undergo a special approval process.

L.A. Care may use and give out PHI to stop a serious threat to the health and safety of a person or the public. L.A. Care would only give it to someone who could help stop the threat. We may also use or give out information needed for law enforcement to catch a criminal.



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## 5 | Rights and responsibilities

If you are a member of the armed forces, L.A. Care may release your PHI to military authorities. L.A. Care may also release information about foreign military personnel to foreign military authorities.

L.A. Care may give out PHI to federal officials for national security purposes. These officials would use it to protect the President, other persons or heads of state, or to conduct investigations.

L.A. Care may give out PHI to comply with workers' compensation or other laws.

### When Written Permission is Needed

If L.A. Care wants to use your PHI in a way not listed here, we must get your written okay. For example, using or sharing PHI for marketing or sales needs your written okay. If we use or share psychotherapy notes, we may also need your okay. If you give us your okay, you may take it back in writing at any time.

### What Are Your Privacy Rights?

You have the right to ask us not to use or share your PHI. L.A. Care will send you a form to fill out to tell us what you want. Or, L.A. Care can fill out the form for you. L.A. Care may not be able to grant your request. If L.A. Care cannot grant your request, we will let you know.

You have the right to ask us to contact you only in writing or at a different address, post office box, or by phone. L.A. Care will send you a form to fill out to tell us what you want. Or, L.A. Care can fill out the form for you. L.A. Care will grant requests within reason.

You have the right to look at and get a copy of your PHI. L.A. Care will send you a form to fill out to tell us what you want. Or, L.A. Care can fill out the form for you. You may have to pay the costs for copying and mailing. By law L.A. Care has the right to keep you from seeing some parts of your records.

You have the right to ask that your records be changed if they are not correct. L.A. Care will send you a form to fill out to tell us what you want changed. Or, L.A. Care can fill out the form for you. L.A. Care will let you know if we can make the changes. If L.A. Care cannot make the changes, we will send you a letter telling you why. You may ask that L.A. Care reviews the decision if you disagree with it. You may also send a statement telling us why you disagree. L.A. Care will keep your statement with your records.

You have the right to get a list of when we shared your PHI including:

- With whom L.A. Care shared the information
- When L.A. Care shared it
- For what reasons
- What information was shared

The list will cover the last six years unless you want a shorter timeframe. The list will not have information shared before April 14, 2003. The list will not include when L.A. Care shares information with you, with your okay, or for treatment, payment, or health plan operations.

You have the right to ask for a paper copy of this notice. You can find this notice on the L.A. Care website at [lacare.org](http://lacare.org). Or, you can call our Member Services Department at **1-888-839-9909** (TTY: **711**).



Call Member Services at **1-888-839-9909** (TTY: **711**).

L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.

Or call the California Relay Line at **711**. Visit online at [lacare.org](http://lacare.org).

## How Do You Contact Us to Use Your Rights?

If you want to use the rights in this notice, please call or write us at:

L.A. Care Privacy Officer  
L.A. Care Health Plan  
1055 West 7th Street, 10th Floor  
Los Angeles, CA 90017  
Phone: **1-888-839-9909**  
TTY/TDD: **711**  
Email: [PrivacyOfficer@lacare.org](mailto:PrivacyOfficer@lacare.org)

## Complaints

If you think L.A. Care has not protected your PHI, you have the right to complain. You may file a complaint (or grievance) by contacting us at:

L.A. Care Member Services  
1055 West 7th Street, 10th Floor  
Los Angeles, CA 90017  
Phone: **1-888-839-9909**  
TTY/TDD: **711**  
Email: [PrivacyOfficer@lacare.org](mailto:PrivacyOfficer@lacare.org)

## *You may also contact:*

U.S. Department of Health and Human Services  
Office for Civil Rights  
Attention: Regional Manager  
90 7th Street, Suite 4-100  
San Francisco, CA 94103  
Phone: **1-800-368-1019**  
Fax: **1-415-437-8329**  
TTY/TDD: **1-800-537-7697**  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)



Call Member Services at **1-888-839-9909** (TTY: **711**).  
L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.  
Or call the California Relay Line at **711**. Visit online at [lacare.org](https://www.lacare.org).

## 5 | Rights and responsibilities

### *Medi-Cal Members Only:*

California Department of Health Care Services  
Office of HIPAA Compliance  
Privacy Officer  
1501 Capitol Avenue, MS0010  
P.O. Box 997413  
Sacramento, CA 95899-7413  
Phone: **1-866-866-0602**  
TTY/TDD: **877-735-2929**  
Fax: **916-440-7680**  
E-mail address: [privacyofficer@dhcs.ca.gov](mailto:privacyofficer@dhcs.ca.gov)

### **Use Your Rights Without Fear**

L.A. Care cannot take away your health care or hurt you in any way if you file a complaint or use the privacy rights in this notice.

### **Effective Date**

L.A. Care's privacy policies are effective April 14, 2003. This notice was revised and is effective on September 1, 2015.

### **Questions**

If you have questions about this notice and want to learn more, please call or write us at:

*L.A. Care Privacy Officer*  
L.A. Care Health Plan  
1055 West 7th Street, 10th Floor  
Los Angeles, CA 90017  
Phone: **1-888-839-9909**  
TTY: **711**  
Email: [PrivacyOfficer@lacare.org](mailto:PrivacyOfficer@lacare.org)

### **Do You Need this Notice in Another Language or Format**

To get this notice in other languages (Arabic, Armenian, Chinese, Farsi, Hindi, Hmong, Japanese, Khmer, Korean, Lao, Punjabi, Russian, Spanish, Tagalog, Thai or Vietnamese), large print, audio, or other alternative format (upon request), call L.A. Care's Member Services Department at **1-888-839-9909**, 24 hours a day, 7 days a week, including holidays. TTY users should call **711**.



Call Member Services at **1-888-839-9909** (TTY: **711**).  
L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.  
Or call the California Relay Line at **711**. Visit online at **[lacare.org](http://lacare.org)**.

You can also write L.A. Care at:

L.A. Care Privacy Officer  
 L.A. Care Health Plan  
 1055 West 7th Street, 10th Floor  
 Los Angeles, CA 90017  
 Email: [PrivacyOfficer@lacare.org](mailto:PrivacyOfficer@lacare.org)

## Notice about laws

Many laws apply to this Member Handbook. These laws may affect your rights and responsibilities even if the laws are not included or explained in this handbook. The main laws that apply to this handbook are state and federal laws about the Medi-Cal program. Other federal and state laws may apply too.

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## Notice about Medi-Cal as a payer of last resort

Sometimes someone else has to pay first for the services L.A. Care provides you. For example, if you are in a car accident or if you are injured at work, insurance or Workers Compensation has to pay first.

The California Department of Health Care Services has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer.

The Medi-Cal program complies with state and federal laws and regulations relating to the legal liability of third parties for health care services to beneficiaries. L.A. Care will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

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## Notice about estate recovery

The State of California must seek repayment from the estate of a deceased L.A. Care member for:

- Services the member got on or after his or her 55th birthday.
- Any other payments for services the member got from providers not with L.A. Care.

To learn more about estate recovery, call **916-650-0590**.

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## Notice of Action

L.A. Care will send you a Notice of Action (NOA) letter any time L.A. Care denies, delays, terminates or modifies a request for health care services. If you disagree with the plan's decision, you can always file an appeal with L.A. Care.



Call Member Services at **1-888-839-9909** (TTY: **711**).

L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.

Or call the California Relay Line at **711**. Visit online at [lacare.org](https://www.lacare.org).

# 6. Reporting and solving problems

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There are two kinds of problems that you may have with L.A. Care:

- A **complaint** (or **grievance**) is when you have a problem with L.A. Care or a provider, or with the health care or treatment you got from a provider
- An **appeal** is when you don't agree with our decision not to cover or change your services

You can use the L.A. Care grievance and appeal process to let us know about your problem. This does not take away any of your legal rights and remedies. L.A. Care will not discriminate or retaliate against you for complaining to L.A. Care. Letting L.A. Care know about your problem will help us improve care for all members.

You should always contact L.A. Care first to let L.A. Care know about your problem. Call us 24 hours a day 7 days a week including holidays at **1-888-839-9909** (TTY: **711**) to tell us about your problem. This will not take away any of your legal rights. L.A. Care will also not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

If your grievance or appeal is still not resolved, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC) at **1-888-HMO-2219** (TTY **1-877-688-9891**).

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman can also help. They can help if you have problems joining, changing, or leaving a health plan. They can also help if you moved and are having trouble getting your Medi-Cal transferred to your new county. You can call the Ombudsman Monday through Friday, between 8:00 a.m. to 5:00 p.m. at **1-888-452-8609**.

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call **1-888-839-9909** (TTY: **711**)

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## Complaints

A complaint (or grievance) is when you have a problem or are unhappy with the services you are receiving from L.A. Care or a provider. There is no time limit to file a complaint. You can file a complaint with L.A. Care at any time by phone, in person, in writing, by fax or online.

- **By phone:** Call L.A. Care at **1-888-839-9909** (TTY: **711**) 24 hours a day 7 days a week including holidays. Give your health plan ID number, your name and the reason for your complaint.
  - **By mail:** Call L.A. Care at **1-888-839-9909** (TTY: **711**) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the reason for your complaint. Tell us what happened and how we can help you.
- 



Call Member Services at **1-888-839-9909** (TTY: **711**).

L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.

Or call the California Relay Line at **711**. Visit online at **lacare.org**.



Mail the form to:

L.A. Care Health Plan  
Member Services Department  
1055 West 7th Street, 10th Floor  
Los Angeles, CA 90017

- **By fax: 213-438-5748**

Your doctor's office will have complaint forms available.

- **Online:** Visit L.A. Care website. Go to [lacare.org](https://www.lacare.org).

If you need help filing your complaint, we can help you. We can give you free language services. Call **1-888-839-9909** (TTY: **711**).

Within 5 days of getting your complaint, L.A. Care will send you a letter letting you know we received it. Within 30 days, L.A. Care will send you another letter that tells you how we resolved your problem.

If you want L.A. Care to make a fast decision because the time it takes to resolve your complaint would put your life, health or ability to function in danger, you can ask for an expedited (fast) review.

To ask for an expedited review, call us at **1-888-839-9909** (TTY: **711**). L.A. Care will review your request and medical condition to make a decision within 72 hours of receiving your complaint.

## Appeals

An appeal is different from a complaint. An appeal is a request for L.A. Care to review and change a decision we made about coverage for a requested service. If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing or ending a service, and you do not agree with our decision, you can file an appeal. Your PCP can also file an appeal for you with your written permission.

You must file an appeal within 60 calendar days from the date on the NOA you received. If you are currently getting treatment and you want to continue getting treatment, then you must ask for an appeal within 10 calendar days from the date the NOA was delivered to you, or before the date L.A. Care says services will stop. When you request the appeal, please tell us that you want to continue receiving services.

You can file an appeal by phone, in person, in writing, by fax or online:

- **By phone:** Call L.A. Care at **1-888-839-9909** (TTY: **711**) 24 hours a day 7 days a week including holidays. Give your name, health plan ID number and the service you are appealing.
- **By mail:** Call L.A. Care at **1-888-839-9909** (TTY: **711**) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the service you are appealing.



Call Member Services at **1-888-839-9909** (TTY: **711**).

L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.

Or call the California Relay Line at **711**. Visit online at [lacare.org](https://www.lacare.org).

## 6 | Reporting and solving grievances

Mail the form to:

L.A. Care Health Plan  
Member Services Department  
1055 West 7th Street, 10th Floor  
Los Angeles, CA 90017

- **By fax: 213-438-5748**

Your doctor's office will have complaint forms available.

- **Online:** Visit L.A. Care website. Go to [lacare.org](https://www.lacare.org).

If you need help filing your appeal, we can help you. We can give you free language services. Call **1-888-839-9909** (TTY: **711**).

Within 5 days of getting your appeal, L.A. Care will send you a letter letting you know we received it. Within 30 days, L.A. Care will tell you our appeal decision.

If you or your doctor wants us to make a fast decision because the time it takes to resolve your appeal would put your life, health, or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call **1-888-839-9909** (TTY: **711**). L.A. Care will review your request and medical condition to make a decision within 72 hours of receiving your appeal.

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## What to do if you do not agree with an appeal decision

If you filed an appeal and received a letter (Notice of Appeal Resolution) from L.A. Care telling you that we did not change our decision, or you never received a letter telling you of our decision and it has been past 30 days, you can:

- Ask for a **State Hearing** from DSS, and a judge will review your case.
- Ask for an **Independent Medical Review (IMR)** from DMHC and an outside reviewer who is not part of L.A. Care will review your case.

You will not have to pay for a State Hearing or an IMR.

You can ask for both a State Hearing and an IMR at the same time. You can also ask for one before the other to see if it will resolve your problem first. If you ask for an IMR first, but do not agree with the decision, you can still ask for a State Hearing later. But if you ask for a State Hearing first, and the hearing has already happened, you cannot ask for an IMR. In this case, the State Hearing has the final say.

The sections below will provide you with more information on how to ask for a State Hearing or an IMR.



Call Member Services at **1-888-839-9909** (TTY: **711**).

L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.

Or call the California Relay Line at **711**. Visit online at [lacare.org](https://www.lacare.org).

## Independent Medical Reviews (IMR)

An IMR is when an outside reviewer who is not related to the health plan reviews your case. If you want an IMR, you must first file an appeal with L.A. Care. If you do not hear from your health plan within 30 calendar days, or if you are unhappy with your health plan's decision, then you may then request an IMR. You must ask for an IMR within 6 months from the date on the notice telling you of the appeal decision.

You may be able to get an IMR right away without filing an appeal first. This is in cases where your health is in immediate danger or the request was denied because treatment was considered experimental or investigational.

The paragraph below will provide you with information on how to request an IMR. Note that the term "grievance" is talking about both "complaints" and "appeals."

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-888-839-9909** (TTY: **711**) and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

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## State Hearings

A State Hearing is a meeting with people from the Department of Social Services (DSS). A judge will help to resolve your problem. You can ask for a State Hearing only if you have already filed an appeal with L.A. Care and you are still not happy with the decision, or if you have not received a decision on your appeal after 30 days.

You must ask for a State Hearing within 120 days from the date on the notice telling you of the appeal decision. Your PCP can ask for a State Hearing for you with your written permission and if he or she gets approval from DSS. You can also call DSS to ask the State to approve your PCP's request for a State Hearing.

You can ask for a State Hearing by phone or mail.

- **By phone:** Call the DSS Public Response Unit at **1-800-952-5253** (TDD **1-800-952-8349**).



Call Member Services at **1-888-839-9909** (TTY: **711**).

L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.

Or call the California Relay Line at **711**. Visit online at [lacare.org](http://lacare.org).

## 6 | Reporting and solving grievances

- **By mail:** Fill out the form provided with your appeals resolution notice. Send it to:  
California Department of Social Services  
State Hearings Division  
P.O. Box 944243, MS 09-17-37  
Sacramento, CA 94244-2430

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call **1-888-839-9909** (TTY: **711**).

At the hearing, you or your representative will give your side. We will give our side. It could take up to 90 days for the judge to decide your case. L.A. Care must follow what the judge decides.

If you want the DSS to make a fast decision because the time it takes to have a State Hearing would put your life, health or ability to function fully in danger, you or your PCP can contact the DSS and ask for an expedited (fast) State Hearing. DSS must make a decision no later than 3 business days after it gets your request.

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## Fraud, waste and abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste or abuse, it is your right to report it.

Provider fraud, waste and abuse includes:

- Falsifying medical records
- Prescribing more medication than is medically necessary
- Giving more health care services than medically necessary
- Billing for services that were not given
- Billing for professional services when the professional did not perform the service

Fraud, waste and abuse by a person who gets benefits includes:

- Lending, selling or giving a health plan ID card or Medi-Cal Benefits Identification Card (BIC) to someone else
- Getting similar or the same treatments or medicines from more than one provider
- Going to an emergency room when it is not an emergency
- Using someone else's Social Security number or health plan ID number



Call Member Services at **1-888-839-9909** (TTY: **711**).  
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Or call the California Relay Line at **711**. Visit online at **lacare.org**.

To report fraud, waste and abuse, write down the name, address and ID number of the person who committed the fraud, waste or abuse. Give as much information as you can about the person, such as the phone number or the specialty if it is a provider. Give the dates of the events and a summary of exactly what happened.

Send your report to:

L.A. Care Health Plan  
Special Investigations Unit  
1055 West 7th Street, 10th Floor  
Los Angeles, CA 90017

Or by calling the 24/7 Compliance Helpline at **800-400-4889**.

Or by emailing the information to [ReportingFraud@lacare.org](mailto:ReportingFraud@lacare.org)

Or by reporting the information online at [lacare.ethicspoint.com](https://lacare.ethicspoint.com).

All reporting can be done anonymously.



Call Member Services at **1-888-839-9909** (TTY: **711**).

L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.

Or call the California Relay Line at **711**. Visit online at [lacare.org](https://lacare.org).

# 7. Important numbers and words to know

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## Important phone numbers

- L.A. Care member services **1-888-839-9909** (TTY: 711)
- L.A. Care's 24-Hour Nurse Advice Line **1-800-249-3619** (TTY: 711)
- L.A. Care Compliance Helpline **1-800-400-4889**
- L.A. Care Family Resource Centers – **1-877-287-6290**
- L.A. Care Family Resource Center – Boyle Heights **1-213-294-2840**
- L.A. Care Family Resource Center – Inglewood **1-310-330-3130**
- L.A. Care Family Resource Center – Lynwood **1-310-661-3000**
- L.A. Care Family Resource Center – Pacoima **1-213-438-5497**
- L.A. Care Family Resource Center – Palmdale **1-213-438-5580**
  
- Disability Services
  - California Relay Service (CRS) — (TTY: 711)
  - Sprint **1-888-877-5379**
  - MCI **1-800-735-2922**
  - Americans with Disabilities Act (ADA) Information **1-800-514-0301** (TTY: **1-800-514-0383**)
  
- Children's Services
  - California Children's Services (CCS) **1-800-288-4584**
  - Child Health and Disability Prevention (CHDP) **1-800-993-2437** (**1-800-993-CHDP**)
  
- California State Services
  - California State Department of Health Services (DHCS) **1-916-445-4171**
  - Medi-Cal Managed Care Office of the Ombudsman **1-888-452-8609**
  - Denti-Cal Beneficiary **1-800-322-6384** (TTY: **1-800-735-2922**)
  - California Department of Social Services (CDSS) **1-800-952-5253**
  - Department of Managed Health Care (DMHC) **1-888-466-2219** (**1-888-HMO-2219**) (TDD **1-877-688-9891**)



Call Member Services at **1-888-839-9909** (TTY: **711**).  
L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.  
Or call the California Relay Line at **711**. Visit online at **lacare.org**.

- Health Care Options:
  - Arabic **1-800-576-6881**
  - Armenian **1-800-840-5032**
  - Cambodian/Khmer **1-800-430-5005**
  - Cantonese **1-800-430-6006**
  - English **1-800-430-4263**
  - Farsi **1-800-840-5034**
  - Hmong **1-800-430-2022**
  - Korean **1-800-576-6883**
  - Laotian **1-800-430-4091**
  - Mandarin **1-800-576-6885**
  - Russian **1-800-430-7007**
  - Spanish **1-800-430-3003**
  - Tagalog **1-800-576-6890**
  - Vietnamese **1-800-430-8008**
  - TTY: **1-800-430-7077**
- U.S. Office for Civil Rights **1-866-627-7748**
- Social Security Administration Supplemental Social Income (SSI) **1-800-772-1213**
- Los Angeles County - Department of Public Social Services (DPSS): Customer Service Center **1-866-613-3777** (TTY: **1-800-660-4026**)
- DPSS Public Charge Information Lines
  - Los Angeles County Department of Health Services **1-213-250-8055**
  - Los Angeles County Department of Mental Health **1-800-854-7771**
  - Women, Infant and Children Program (WIC) **1-888-942-9675**



Call Member Services at **1-888-839-9909** (TTY: **711**).  
L.A. Care is here 24 hours a day 7 days a week including holidays. The call is toll free.  
Or call the California Relay Line at **711**. Visit online at **lacare.org**.

## Words to know

**Active labor:** The period of time when a woman is in the three stages of giving birth and either cannot be safely transferred in time to another hospital before delivery or a transfer may harm health and safety of the woman or unborn child.

**Acute:** A medical condition that is sudden, requires fast medical attention and does not last a long time.

**Appeal:** A member's request for L.A. Care to review and change a decision made about coverage for a requested service.

**Behavioral Health Treatment (BHT):** Behavioral health treatment (BHT) includes services and treatment programs, such as applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual.

**Benefits:** Health care services and drugs covered under this health plan.

**California Children's Services (CCS):** A program that provides services for children up to age 21 with certain diseases and health problems.

**California Health and Disability Prevention (CHDP):** A public health program that reimburses public and private health care providers for early health assessments to detect or prevent disease and disabilities in children and youth. The program helps children and youth who qualify have access to regular health care. Your PCP can provide CHDP services.

**Case manager:** Registered nurses or social workers who can help you understand major health problems and arrange care with your providers.

**Chronic condition:** A disease or other medical problem that cannot be completely cured or that gets worse over time or that must be treated so you do not get worse.

**Clinic:** Clinic is a facility that members can select as a primary care provider (PCP). It can be either a Federally Qualified Health Center (FQHC), community clinic, Rural Health Clinic (RHC), American Indian Health Clinic or other primary care facility.

**Community-based adult services (CBAS):** Outpatient, facility-based services for skilled nursing care, social services, therapies, personal care, family and caregiver training and support, nutrition services, transportation, and other services for members who qualify.

**Complaint:** A member's verbal or written expression of dissatisfaction about L.A. Care, a provider, or the quality of care or quality of services provided. A complaint is the same as a grievance.

**Continuity of care:** The ability of a plan member to keep getting Medi-Cal services from their existing provider for up to 12 months without a break in service, if the provider and L.A. Care agree.

**Copayment:** A payment you make, generally at the time of service, in addition to the insurer's payment.

**Coverage (covered services):** The health care services provided to members of L.A. Care, subject to the terms, conditions, limitations and exclusions of the Medi-Cal contract and as listed in this EOC and any amendments.



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**DHCS:** The California Department of Health Care Services. This is the State office that oversees the Medi-Cal program.

**Disenroll:** To stop using this health plan because you no longer qualify or change to a new health plan. You must sign a form that says you no longer want to use this health plan or call HCO and disenroll by phone.

**DMHC:** The California Department of Managed Health Care. This is the State office that oversees managed care health plans.

**Durable medical equipment (DME):** Equipment that is medically necessary and ordered by your doctor or other provider. L.A. Care decides whether to rent or buy DME. Rental costs must not be more than the cost to buy. Repair of medical equipment is covered.

**Early and periodic screening, diagnosis and treatment (EPSDT):** A federal program to help find and prevent the health problems of Medi-Cal children from birth to 21 years of age. In California, this program is called the Child Health and Disability Prevention (CHDP) program.

**Emergency medical condition:** A medical or psychiatric (mental) condition with such severe symptoms, such as active labor (see definition above) or severe pain, that someone with a reasonable layperson's knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Place your health or the health of your unborn baby in serious danger
- Cause impairment to a body function
- Cause a body part or organ to not work right

**Emergency room care:** An exam performed by a doctor (or staff under direction of a doctor as allowed by law) to find out if an emergency medical condition exists. Medically necessary services needed to make you clinically stable within the capabilities of the facility.

**Emergency medical transportation:** Transportation in an ambulance or emergency vehicle to an emergency room to receive emergency medical care.

**Enrollee:** A person who is a member of a health plan and receives services through the plan.

**Excluded services:** Services not covered by L.A. Care; non-covered services.

**Family planning services:** Services to prevent or delay pregnancy.

**Federally Qualified Health Center (FQHC):** A health center in an area that does not have many health care providers. You can get primary and preventive care at an FQHC.

**Fee-For-Service (FFS):** This means you are not enrolled in a managed care health plan. Under FFS, your doctor must accept "straight" Medi-Cal and bills Medi-Cal directly for the services you got.

**Follow-up care:** Regular doctor care to check a patient's progress after a hospitalization or during a course of treatment.

**Formulary:** A list of drugs or items that meet certain criteria and are approved for members.



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Or call the California Relay Line at **711**. Visit online at **lacare.org**.

## 7 | Important numbers and words to know

**Fraud:** An intentional act to deceive or misrepresent by a person who knows the deception could result in some unauthorized benefit for the person or someone else.

**Grievance:** A member's verbal or written expression of dissatisfaction about L.A. Care, a provider, or the quality of care or services provided. A complaint is the same as a grievance.

**Habilitation services and devices:** Health care services that help you keep, learn or improve skills and functioning for daily living.

**Health Care Options (HCO):** The program that can enroll you in or disenroll you from the health plan.

**Health care providers:** Doctors and specialists such as surgeons, doctors who treat cancer, or doctors who treat special parts of the body and who work with L.A. Care or are in the L.A. Care network. L.A. Care network providers must have a license to practice in California and give you a service L.A. Care covers.

You do **not** need a referral for some types of services such as family planning, emergency care, Ob/Gyn care or sensitive services.

Types of health care providers:

- Audiologist is a provider who tests hearing.
- Certified nurse-midwife is a nurse who cares for you during pregnancy and childbirth.
- Family practitioner is a doctor who treats common medical issues for people of all ages.
- General practitioner is a doctor who treats common medical issues.
- Internist is a doctor with special training in internal medicine, including diseases.
- Licensed vocational nurse is a licensed nurse who works with your doctor.
- A counselor is a person who helps you with family problems.
- Medical assistant or certified medical assistant is a non-licensed person who helps your doctors give you medical care.
- Mid-level practitioner is a name used for health care providers, such as nurse-midwives, physician's assistants or nurse practitioners.
- Nurse anesthetist is a nurse who gives you anesthesia.
- Nurse practitioner or physician's assistant is a person who works in a clinic or doctor's office who diagnoses, treats and cares for you, within limits.
- Obstetrician/gynecologist (Ob/Gyn) is a doctor who takes care of a woman's health, including during pregnancy and birth.
- Occupational therapist is a provider who helps you regain daily skills and activities after an illness or injury.
- Pediatrician is a doctor who treats children from birth through the teen years.
- Physical therapist is a provider who helps you build your body's strength after an illness or injury.
- Podiatrist is a doctor who takes care of your feet.



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- Psychologist is a person who treats mental health issues but does not prescribe drugs.
- Registered nurse is a nurse with more training than a licensed vocational nurse and who has a license to do certain tasks with your doctor.
- Respiratory therapist is a provider who helps you with your breathing.
- Speech pathologist is a provider who helps you with your speech.

**Health insurance:** Insurance coverage that pays for medical and surgical expenses by repaying the insured for expenses from illness or injury or paying the care provider directly.

**Home health care:** Skilled nursing care and other services given at home.

**Home health care providers:** Providers who give you skilled nursing care and other services at home.

**Hospice:** Care to reduce physical, emotional, social and spiritual discomforts for a member with a terminal illness (not expected to live for more than 6 months).

**Hospital:** A place where you get inpatient and outpatient care from doctors and nurses.

**Hospitalization:** Admission to a hospital for treatment as an inpatient.

**Hospital outpatient care:** Medical or surgical care performed at a hospital without admission as an inpatient.

**Inpatient care:** When you have to stay the night in a hospital or other place for the medical care you need.

**Long-term care:** Care in a facility for longer than the month of admission.

**Managed care plan:** A Medi-Cal plan that uses only certain doctors, specialists, clinics, pharmacies and hospitals for Medi-Cal recipients enrolled in that plan. L.A. Care is a managed care plan.

**Medical home:** A model of care that will provide better health care quality, improve self-management by members of their own care and reduce avoidable costs over time.

**Medically necessary (or medical necessity):** Reasonable and necessary types of service to protect life; keep the patient from getting seriously ill or disabled; or reduce severe pain through the diagnosis or treatment of disease, illness or injury.

**Medicare:** The federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant, sometimes called ESRD).

**Member:** Any eligible Medi-Cal beneficiary enrolled with L.A. Care who is entitled to receive Covered Services.

**Mental health services provider:** Licensed individuals who provide mental health and behavioral health services to patients.

**Network:** A group of doctors, clinics, hospitals and other providers contracted with L.A. Care to provide care.

**Network provider (or in-network provider):** See "Participating provider" below.

**Non-covered service:** A service that L.A. Care does not cover.



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## 7| Important numbers and words to know

**Non-emergency medical transportation (NEMT):** Transportation when you cannot get to a covered medical appointment by car, bus, train or taxi. L.A. Care pays for the lowest cost NEMT for your medical needs when you need a ride to your appointment.

**Non-formulary drug:** A drug not listed in the drug formulary.

**Non-medical transportation:** Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by your provider.

**Non-participating provider:** A provider not in the L.A. Care network.

**Orthotic device:** A device used as a support or brace affixed externally to the body to support or correct an acutely injured or diseased body part and that is medically necessary for the medical recovery of the member.

**Out-of-area services:** Services while a member is anywhere outside of the service area.

**Out-of-network provider:** A provider who is not part of the L.A. Care network.

**Outpatient care:** When you do not have to stay the night in a hospital or other place for the medical care you need.

**Outpatient mental health services:** Outpatient services for members with mild to moderate mental health conditions including:

- Individual or group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring medication therapy
- Psychiatric consultation
- Outpatient laboratory, supplies and supplements

**Palliative care:** Care to reduce physical, emotional, social and spiritual discomforts for a member with a serious illness.

**Participating hospital:** A licensed hospital that has a contract with L.A. Care to provide services to members at the time a member receives care. The covered services that some participating hospitals may offer to members are limited by L.A. Care's utilization review and quality assurance policies or L.A. Care's contract with the hospital.

**Participating provider (or participating doctor):** A doctor, hospital or other licensed health care professional or licensed health facility, including sub-acute facilities that have a contract with L.A. Care to offer covered services to members at the time a member receives care.

**Physician services:** Services given by a person licensed under state law to practice medicine or osteopathy, not including services offered by doctors while you are admitted in a hospital that are charged in the hospital bill.

**Plan:** See managed care plan.

**Post-stabilization services:** Services you receive after an emergency medical condition is stabilized.



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**Pre-approval (or prior-authorization):** Your PCP must get approval from L.A. Care before you get certain services. L.A. Care will only approve the services you need. L.A. Care will not approve services by non-participating providers if L.A. Care believes you can get comparable or more appropriate services through L.A. Care providers. A referral is not an approval. You must get approval from L.A. Care.

**Premium:** An amount paid for coverage; cost for coverage.

**Prescription drug coverage:** Coverage for medications prescribed by a provider.

**Prescription drugs:** A drug that legally requires an order from a licensed provider to be dispensed, unlike over-the-counter (OTC) drugs that do not require a prescription.

**Preferred drug list (PDL):** A chosen list of drugs approved by this health plan from which your doctor may order for you. Also called a formulary.

**Primary care:** See routine care.

**Primary care provider (PCP):** The licensed provider you have for most of your health care. Your PCP helps you get the care you need. Some care needs to be approved first, unless:

- You have an emergency.
- You need Ob/Gyn care.
- You need sensitive services.
- You need family planning care.

Your PCP can be a:

- General practitioner
- Internist
- Pediatrician
- Family practitioner
- Ob/Gyn
- FQHC or RHC
- Nurse practitioner
- Physician assistant
- Clinic

**Prior authorization (pre-approval):** A formal process requiring a health care provider to get approval to provide specific services or procedures.

**Prosthetic device:** An artificial device attached to the body to replace a missing body part.

**Provider Directory:** A list of providers in the L.A. Care network.



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## 7 | Important numbers and words to know

**Psychiatric emergency medical condition:** A mental disorder where the symptoms are serious or severe enough to cause either an immediate danger to yourself or others or you are immediately unable to provide for or use food, shelter or clothing due to the mental disorder.

Psychiatric emergency services may include moving a member to a psychiatric unit inside a general hospital or to an acute psychiatric hospital. This move is done to avoid or lessen a psychiatric emergency medical condition. In addition, the treating provider believes the move would not result in making the member's condition worse.

**Public health services:** Health services targeted at the population as a whole. These include, among others, health situation analysis, health surveillance, health promotion, prevention services, infectious disease control, environmental protection and sanitation, disaster preparedness and response, and occupational health.

**Qualified provider:** Doctor qualified in the area of practice appropriate to treat your condition.

**Reconstructive surgery:** Surgery when there is a problem with a part of your body. This problem could be caused by a birth defect, disease or injury. It is medically necessary to make that part look or work better.

**Referral:** When your PCP says you can get care from another provider. Some covered care and services require a referral and pre-approval. You do not need a referral from your PCP for these services:

- Emergency care
- Ob/Gyn care from providers in the L.A. Care network
  - The prevention or treatment of pregnancy, including birth control, emergency contraceptive services, pregnancy tests, prenatal care, abortion and abortion-related procedures.
- Sensitive services
  - The screening, prevention, testing, diagnosis, and treatment of sexually transmitted infections and sexually transmitted diseases.
  - The diagnosis and treatment of sexual assault or rape, including the collection of medical evidence with regard to the alleged rape or sexual assault.
  - The screening, prevention, testing, diagnosis, and treatment of the human immunodeficiency virus (HIV).
- Family planning care
- Outpatient professional behavioral health services

**Routine care:** Medically necessary services and preventive care, well child visits, or care such as routine follow-up care. The goal of routine care is to prevent health problems.

**Rural Health Clinic (RHC):** A health center in an area that does not have many health care providers. You can get primary and preventive care at an RHC.

**Sensitive services:** Medically necessary services for family planning, sexually transmitted infections (STIs), HIV/AIDS, sexual assault and abortions.



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**Serious illness:** A disease or condition that must be treated and could result in death.

**Service area:** The geographic area L.A. Care serves. This includes Los Angeles County.

**Skilled nursing care:** Covered services provided by licensed nurses, technicians and/or therapists during a stay in a Skilled Nursing Facility or in a member's home.

**Skilled nursing facility:** A place that gives 24-hour-a-day nursing care that only trained health professionals may give.

**Specialist (or specialty physician):** A doctor who treats certain types of health care problems. For example, an orthopedic surgeon treats broken bones; an allergist treats allergies; and a cardiologist treats heart problems. In most cases, you will need a referral from your PCP to see a specialist.

### **Specialty mental health services:**

- Outpatient services:
  - Mental health services (assessments, plan development, therapy, rehabilitation and collateral)
  - Medication support service
  - Day treatment intensive services
  - Day rehabilitation services
  - Crisis intervention services
  - Crisis stabilization services
  - Targeted case management services
  - Therapeutic behavioral services
  - Intensive care coordination (ICC)
  - Intensive home-based services (IHBS)
  - Therapeutic foster care (TFC)
- Residential services:
  - Adult residential treatment services
  - Crisis residential treatment services
- Inpatient services:
  - Acute psychiatric inpatient hospital services
  - Psychiatric inpatient hospital professional services
  - Psychiatric health facility services



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## 7 | Important numbers and words to know

**Terminal illness:** A medical condition that cannot be reversed and will most likely cause death within one year or less if the disease follows its natural course.

**Triage (or screening):** The evaluation of your health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of your need for care.

**Urgent care (or urgent services):** Services provided to treat a non-emergency illness, injury or condition that requires medical care. You can get urgent care from an out-of-network provider if network providers are temporarily not available or accessible.



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# 8. Tips for L.A. Care members

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## How to Get Your Prescription Drugs

Your doctor may give you a prescription when you are sick or have a health issue like high blood pressure or diabetes. The prescription is based on your health status.

### For New Prescriptions:

If you plan to fill a prescription for the first time, you must go to a pharmacy that partners with L.A. Care. A list of pharmacies that work with your health plan is in L.A. Care's provider directory. To find a pharmacy close to you, visit our website at [lacare.org](http://lacare.org) or call **Member Services toll-free at 1-888-839-9909 during normal business hours, Monday through Friday 7 a.m. to 7 p.m.** If you have an emergency or an urgent issue, we have staff that can help you 24 hours a day, 7 days a week including holidays. You may call **1-888-839-9909**. You may also get an emergency supply from a pharmacy in some circumstances.

### For Prescription Refills:

If you are refilling an existing prescription, you must go to a pharmacy that partners with L.A. Care. Also, you can now get up to a 90-day supply of maintenance medication at certain local pharmacies or by mail order. To get a 90-day supply, please ask your doctor to write a prescription for a 90-day supply, with refills, for your maintenance medication. L.A. Care partners with pharmacies throughout Los Angeles County to offer this service.

### Mail Order Pharmacy:

To get up to a 90-day supply of your maintenance medications mailed to your home or work, you must use L.A. Care Health Plan's mail order pharmacy service. Please call Member Services toll-free at **1-888-839-9909** to have a mail order pharmacy application form mailed to your home. You can also find the mail order pharmacy application form on the Internet at [lacare.org](http://lacare.org).

- Go to "For Members"
- Under Member Services on the left, click on "Pharmacy Services"
- Scroll down the Pharmacy Services page until you see the section titled, "An online option to order prescriptions"
- Click on the Mail Order Pharmacy Form and follow the instructions

**Mail order is an optional service if you choose to use it.**

### Specialty Pharmacy:

L.A. Care Health Plan may require you to get some specialty drugs through our contracted specialty pharmacies who are experienced in handling specialty drugs.

- Specialty pharmacies have highly trained clinicians and staff to provide members with personalized support for their chronic illnesses and complex diseases.
- Specialty drugs are only available for up to a one month supply due to their high cost and use.
- Specialty pharmacies will mail specialty drugs to your home.



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## 8 | Tips for L.A. Care members

- Specialty drugs that must be supplied by a specific specialty pharmacy are listed on the list of covered drugs, known as the formulary.
- You can find our formulary at [lacare.org](https://www.lacare.org).
  - Go to “For Members”
  - Under Member Services on the left, click on “Pharmacy Services”
  - Our Medi-Cal Formulary is listed under “Resources”

### How to Get a Prescription Filled at the Pharmacy:

1. Choose a contracted pharmacy near you.
2. Bring your prescription to the pharmacy.
3. Give the prescription to the pharmacy staff with your L.A. Care member ID card. This will help the pharmacy fill your prescription.
4. Make sure you give the pharmacy your right address and phone number.
5. Make sure the pharmacy knows about all medications you are taking and any allergies you may have to any medication.
6. If you have any questions about your prescription(s), make sure you ask the pharmacist.

**Medi-Cal Members should not be asked to pay for prescriptions drugs. If you are a Medi-Cal member and are asked to pay for a prescription, call L.A. Care at 1-888-839-9909 (TTY: 711).**

If you have an emergency or an urgent issue, we have staff that can help you 24 hours a day, 7 days a week including holidays. You may call **1-888-839-9909 (TTY: 711)**.

### What is a formulary?

L.A. Care uses a list of approved drugs called a “formulary.” A committee of doctors and pharmacists reviews drugs to add or remove from the formulary every three (3) months. Drugs can be added to the formulary when they are all of the following:

- Approved by the Food and Drug Administration (FDA)
- Accepted to be safe and effective.

Your PCP usually prescribes drugs from the L.A. Care formulary. Your PCP will only prescribe a drug based on your health status, and if a medication is needed to improve your health. You may call L.A. Care to ask for a copy of the formulary in your language, large print, audio, or alternate format. You may also call L.A. Care for a list that compares all health plan partner formularies.

### Brand Name / Generic Drugs

A generic drug has the same active ingredient as the brand name version of the drug. Generic drugs are approved by the Food and Drug Administration (FDA) and are usually more cost effective than brand name drugs. Generic medications are dispensed, unless a documented medical reason prohibits the use of the generic version or a generic drug for a brand name drug does not exist. Your doctor must contact L.A. Care to get an okay to dispense a brand name drug if a generic is available.



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### Drugs not on the formulary

Sometimes, your doctor may need to prescribe a drug that is not on the formulary. Your doctor must contact L.A. Care and request prior authorization to get an okay. To decide if this drug will be covered, L.A. Care may ask your provider for more information. Within 24 hours after getting the prior authorization request, L.A. Care will tell your provider and pharmacy if the drug is authorized. L.A. Care and/or your provider or pharmacy will then let you know if your drug is covered or not. If the drug is approved, you can get the drug at a pharmacy that works with L.A. Care. If the drug is not approved, you have the right to appeal the decision or file a grievance. An “appeal” is when you want a decision to be reviewed. You can learn more about this in the “Complaints: What should I do if I am not happy?” section of this handbook.

### What drugs are covered?

You can get the following drugs and other items when they are prescribed by your doctor and are medically necessary:

- Prescription drugs listed on the L.A. Care formulary
- Non-prescription drugs or over-the-counter drugs (such as cough/cold syrups, cough drops or aspirin) listed on the L.A. Care formulary
- Formulary diabetic supplies: insulin, insulin syringes, glucose test strips, lancets and lancet puncture devices, pen delivery systems, blood glucose monitors including monitors for the visually impaired and ketone urine testing strips
- FDA-approved birth control devices, birth control pills, condoms and contraceptive jellies on the L.A. Care formulary
- Emergency contraception
- EpiPens, peak flow meters and spacers

### What drugs are not covered?

- Drugs from a non-network pharmacy, except drugs needed because of an emergency
- Non-formulary drugs, except with an okay from L.A. Care by a prior authorization
- Drugs that are experimental or investigational in nature, except in certain cases of terminal illness. If you have been denied an experimental or investigational drug, you have the right to request an Independent Medical Review (IMR). You can learn more about this in the “Complaints: What should I do if I am not happy?” section of this handbook
- Cosmetic drugs, except as prescribed for medically necessary conditions
- Non-formulary dietary or nutritional products, except when medically necessary or for the treatment of Phenylketonuria
- Any injectable drug that is not medically necessary and not prescribed by a doctor
- Appetite suppressants, except as medically necessary for morbid obesity
- Replacement of lost or destroyed drugs no more than two (2) times each calendar year (from January to December)
- Infertility drugs



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### Emergency contraception (“Plan B”)

You may get emergency contraceptive drugs from:

- Your PCP
- A pharmacy with a prescription from your PCP, if you are younger than 17 years of age
- A pharmacy without a prescription if you are 17 years of age or older
- A pharmacy not in L.A. Care’s network. If this is the case, you may be asked to pay for the service. L.A. Care will reimburse you for this cost.
- A local family planning clinic

Call L.A. Care for a list of pharmacies that provide emergency contraceptive drugs.

### How do you get medications during an emergency, after hours and holidays?

Non-formulary drugs, except with an okay from L.A. Care by a prior authorization

- L.A. Care members have access to “24 Hour” pharmacies that work with L.A. Care and are open 24 hours, 7 days a week.
- You can find a “24 Hour” pharmacy closest to you by visiting our website at [lacare.org](http://lacare.org).
- Pharmacies that work with L.A. Care can fill your medications any time and during an emergency.
- During an emergency your pharmacist is also authorized to dispense a three (3) day or 72-hour supply of medication to avoid interruption of your current prescribed drug therapy.

### Medicare Part D: Prescription drug coverage for beneficiaries who get both Medicare and Medi-Cal.

Medicare administers a federal prescription drug program called Medicare Part D. If you are a Medi-Cal beneficiary with Medicare, you will get most of your prescription drugs from Medicare. There are some prescription drugs that are not covered by Medicare, but are covered by Medi-Cal, that you can get through Medi-Cal. However, if you have Medi-Cal with L.A. Care and Medicare Part D coverage with another health plan, your pharmacy will not be able to fill your Medicare Part D prescriptions with your L.A. Care Medi-Cal coverage. Please contact your Medicare Part D Plan. Please call L.A. Care for more information. To find out more about Medicare Part D and to choose a Medicare Prescription Drug Plan, call Medicare at 1-800-633-4227 or go online to [medicare.gov](http://medicare.gov).

## Help in your language and for people with disabilities: How can I get help?

### Written materials in your language and format

You have the right to get written information from L.A. Care in any of these languages:

Spanish, Arabic, Armenian, Chinese, Farsi, Khmer, Korean, Tagalog, Russian, Vietnamese and English.

You can also get written information in large print, audio and other formats.



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## No-cost interpreting help

You have the right to get no-cost interpreting help when getting health care. L.A. Care offers no-cost interpreting help in your language and in American Sign Language. This help is free 24 hours a day, seven (7) days a week. You should use a trained interpreter at your doctor's visits. An interpreter is a person whose job is to convert a spoken or sign language into another spoken or sign language. Your doctor will understand you, and you will understand your health and take better care of yourself. Interpreters are trained professionals. They know health care words. They will interpret all that is said between you and your doctor in the right way. They will keep your talk with your doctor private. You should not use friends, family or especially children to interpret for you.

Call L.A. Care's Member Services if you need interpreting help. We can help you in your language over the phone and make sure that you have an interpreter for your next visit:

Step 1 Make an appointment to see your doctor

Step 2 Call L.A. Care at **1-888-839-9909** (TTY: **711**) at least ten business days before your appointment.

Have this information handy:

- Your name
- Your plan ID number
- Date and time of your appointment
- Doctor's name
- Doctor's address and phone number

If your appointment with your doctor is changed or canceled, call L.A. Care as soon as possible.

### TTY

Deaf and hard of hearing members can dial **711** using a TTY device. This number will put you in touch with the California Relay Service (CRS). Trained operators at CRS will help you get in touch with L.A. Care or your doctor. To use voice services, call **1-888-877-5379** (Sprint) or **1-800-735-2922** (MCI).

### Access information for people with disabilities

Many doctors' offices and clinics offer help that make medical visits simpler. They may offer accessible parking spaces, ramps, large exam rooms, and wheelchair friendly scales. You can find doctors that offer such aid in the Provider Directory. L.A. Care Member Services can also help you find a doctor who can meet your special needs.

A doctor's office, clinic or hospital cannot deny you help because you have disabilities. Call L.A. Care Member Services right away if you cannot get the help you need or if it is hard to get.

**Don't forget: Tell your doctor's office if you may need extra time or extra help during your visit.**



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## Complaints

You may file a complaint if:

- You feel that you were denied help because of a disability or because you do not speak English
- You cannot get an interpreter
- You have a complaint about the interpreter
- You cannot get information in your language
- Your cultural needs are not met

You can learn more about how to file a complaint. Go to the “Reporting and solving problems” section of this handbook



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