



L.A. Care[®]
Medi-Cal

L.A. Care Health Plan Member Handbook

What you need to know about your benefits

Combined Evidence of Coverage and Disclosure Form



2020 **English**

Other languages and formats

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. Read this Member Handbook to learn more about health care language assistance services, such as interpreter and translation services.

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.

Interpreter services

You do not have to use a family member or friend 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**).



Call L.A. Care **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**.

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 مجانًا. 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 شبانه روز 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 hnuv, 7 hnuv hauv ib vij thiab suab nrog cov hnuv 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 L.A. Care **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**.

- សេវាជំនួយខាងភាសា គឺមានដោយឥតគិតថ្លៃ។ អ្នកអាចស្នើសុំសេវាបកប្រែផ្ទាល់មាត់ ឬការបកប្រែ ស្នើសុំព័ត៌មាន ជាភាសាខ្មែរ ឬជាទម្រង់មួយទៀត ឬជំនួយប្រាំមជ្ឈដ្ឋាន 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. ທ່ານສາມາດຂໍຮັບບໍລິການນາຍພາສາ ຫຼື ແປພາສາໄດ້, ສໍາລັບຂໍ້ມູນໃນພາສາຂອງທ່ານ ຫຼື ໃນຮູບແບບອື່ນ, ຫຼື ເຄື່ອງມືຊ່ວຍເຫຼືອ ແລະ ບໍລິການເສີມ. ໃຫ້ໂທຫາ L.A. Care ໄດ້ທີ **1-888-839-9909** (TTY 711), 24 ຊົ່ວໂມງຕໍ່ມື້, 7 ມື້ຕໍ່ອາທິດ, ວວມເຖິງວັນພັກຕ່າງໆ. ການໂທແມ່ນບໍ່ເສຍຄ່າ.
- ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਤੁਸੀਂ ਦੁਆਰੀਆਂ 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 pagsasaling-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



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

Notice of non-discrimination

Discrimination is against the law. L.A. Care follows state and federal civil rights laws. L.A. Care does not unlawfully discriminate, exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation.

L.A. Care provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats and other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call L.A. Care **Member Services** at **1-888-839-9909** (TTY **711**) 24 hours a day, 7 days a week, including holidays.

How to file a grievance

If you believe that L.A. Care has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance with L.A. Care's Civil Rights Coordinator. You can file a grievance in person, in writing, by phone or by email:

Civil Rights Coordinator
c/o Compliance Department
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017
(213) 694-1250 ext. 6758 (TTY 711)
Email: civilrightscordinator@lacare.org

If you need help filing a grievance, L.A. Care's Civil Rights Coordinator can help you.



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You can also file a civil rights complaint with the California Department of Health Care Services Office of Civil Rights in writing, by phone or by email:

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
1-916-440-7370 (TTY **711** California State Relay)
Email: CivilRights@dhcs.ca.gov

You can get complaint forms at dhcs.ca.gov/Pages/Language_Access.aspx.

If you believe you have been discriminated against on the bases of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights in writing, by phone or online:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (TTY **1-800-537-7697**)
Complaint Portal: ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf

You can get complaint forms at hhs.gov/ocr/office/file/index.html.



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Welcome to L.A. Care!

Thank you for joining L.A. Care Health Plan (L.A. Care). L.A. Care is a health plan for people who have Medi-Cal. L.A. Care is also called the Local Initiative Health Authority for Los Angeles County. But you can call us “L.A. Care.” L.A. Care works with the State of California to help you get the health care you need. L.A. Care is a local public entity. In fact, we are the largest publicly-operated health plan in the nation. We serve people who live in Los Angeles County (called our “service area”). 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
- Blue Shield of California Promise Health Plan
- Kaiser Permanente
- L.A. Care Health Plan

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 the Department of Health Care Services (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 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**).

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

Thank you,

L.A. Care Health Plan

1055 West 7th Street, 10th Floor

Los Angeles, CA 90017



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Table of contents

Other languages and formats	1
Other languages.....	1
Other formats	1
Interpreter services.....	1
Notice of non-discrimination	4
Welcome to L.A. Care!	6
Member Handbook.....	6
Contact us	7
Table of contents	8
1. Getting started as a member	10
How to get help.....	10
Who can become a member.....	10
Identification (ID) cards.....	11
Ways to get involved as a member.....	12
2. About your health plan	13
Health plan overview.....	13
How your plan works.....	14
Changing health plans.....	14
Continuity of care.....	15
Costs	17
3. How to get care	19
Getting health care services.....	19
Where to get care.....	23
Moral objection	23
Provider network.....	24
Primary care provider (PCP)	26



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- 4. Benefits and services 32**
 - What your health plan covers..... 32
 - Medi-Cal benefits..... 33
 - Coordinated Care Initiative (CCI) benefits..... 46
 - What your health plan does not cover 46
 - Services you cannot get through L.A. Care or Medi-Cal 47
 - Other programs and services for people with Medi-Cal..... 49
 - Care coordination 50
 - Evaluation of new and existing technologies..... 52
- 5. Rights and responsibilities 53**
 - Your rights..... 53
 - Your responsibilities..... 54
 - Notice of Privacy Practices..... 55
 - Notice about laws 61
 - Notice about Medi-Cal as a payer of last resort 61
 - Notice about estate recovery..... 62
 - Notice of Action..... 62
- 6. Reporting and solving problems..... 63**
 - Complaints 63
 - Appeals..... 64
 - What to do if you do not agree with an appeal decision 65
 - Independent Medical Reviews (IMR) 66
 - State Hearings 66
 - Fraud, waste and abuse 67
- 7. Important numbers and words to know 69**
 - Important phone numbers..... 69
 - Words to know 71
- 8. Tips for L.A. Care Members 80**



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1. Getting started as a member

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 or change 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
- Answer questions about a bill from a provider
- Answer questions about problems you cannot resolve
- Assist with scheduling transportation

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**.

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 County 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 Security 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 **healthcareoptions.dhcs.ca.gov**.



Call L.A. Care **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**.

Transitional Medi-Cal

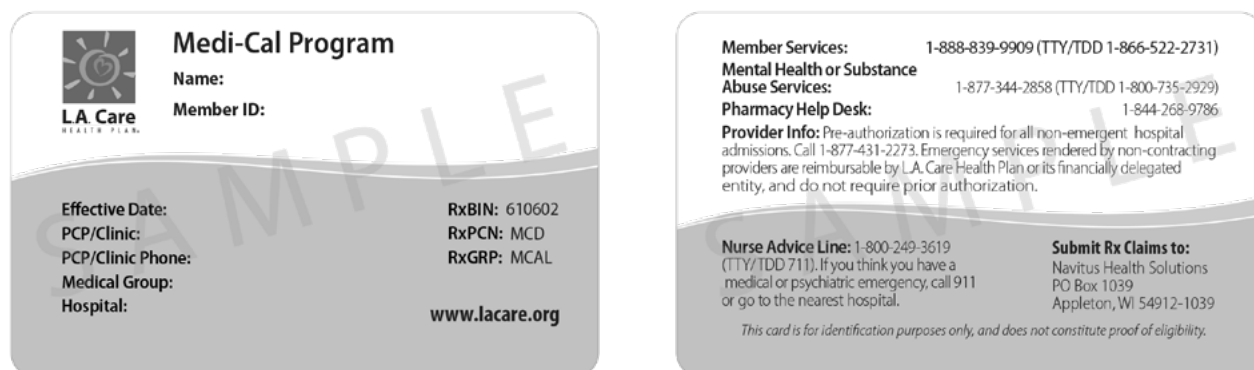
Transitional Medi-Cal is also called “Medi-Cal for working people.” You may be able to get transitional Medi-Cal if you stop getting Medi-Cal because:

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

You can ask questions about qualifying for Medi-Cal at your local county health and human services office. Find your local office at 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 for free. Call **1-888-839-9909** (TTY **711**).



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Ways to get involved as a member

L.A. Care wants to hear from you. Each month 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 Regional Community Advisory Committees

L.A. Care has eleven Regional Community Advisory Committees (RCAC) in Los Angeles County (RCAC is pronounced “rack”). This group is made up of L.A. Care members, providers, and health care advocates. Their purpose is to bring the voice of their communities to the L.A. Care Board of Governors, which guides health care programs to serve our members. Joining this group is voluntary. The group talks about how to improve L.A. Care policies and is responsible for:

- Helping L.A. Care understand the health care issues that impact the people who live in your area
- Acting as the eyes and ears of L.A. Care in 11 RCAC regions throughout Los Angeles County
- Providing health information to people in your community

If you would like to be a part of this group, call **1-888-522-2732**. You can also find more information online at **lacare.org**.

L.A. Care Board of Governors meetings

The Board of Governors decides policies for L.A. Care. Anyone can attend the meetings. The Board of Governors meets on the first Thursday of each month at 2 p.m. You can find more information on Board of Governors meetings at **lacare.org**.



Call L.A. Care **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**.

2. About your health plan

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 **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 and corneal transplants)
- You have other non-government or government-sponsored health coverage

Indian Health Services

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 **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**.

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 6:00 p.m. Monday through Friday. Or visit **healthcareoptions.dhcs.ca.gov**. You may also call L.A. Care **Member Services** at **1-888-839-9909** (TTY **711**) for help on how to change health plans.

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**. 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 **dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx**. Or call Health Care Options at **1-800-430-4263** (TTY **1-800-430-7077**). You may also call L.A. Care **Member Services** at **1-888-839-9909** (TTY **711**) for help on how to change health plans.

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.



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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 questions and to prevent any delay in enrolling in the new health plan, call Health Care Options at **1-800-430-4263** (TTY **1-800-430-7077**).

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 head of the household's county of residence.

Continuity of care

If you now go to providers who are not in the L.A. Care network, in certain cases you may get continuity of care and be able to go to 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 all of the following conditions are met:

- 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; and,
- Your out-of-network provider is willing to accept the higher of L.A. Care's contract rates or Medi-Cal fee for service (FFS) rates; and,
- Your out-of-network provider meets L.A. Care's applicable professional standards and has no disqualifying quality-of-care issues; and,
- 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 continuity of care request directly to L.A. Care in writing or by telephone by calling L.A. Care **Member Services** at **1-888-839-9909** (TTY **711**).

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



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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 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. Continuity of care 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. Completion of services shall be provided for the time it is necessary to complete treatment and to arrange for a safe transfer to another provider, as determined by L.A. Care in consultation with the member and the nonparticipating network provider. Continuity of care 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:** Continuity of care 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
- **Care of a Newborn Child:** Between birth and the age of 36 months, continuity of care is provided but shall not exceed 12 months from the contract termination date or 12 months from the effective date of coverage for a newly enrolled member
- **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
- **Maternal Mental Health:** Members who are at risk for or have a maternal mental health condition and have a note from their doctor or therapist can complete covered services for up to 12 months
- **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



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- **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. Completion of services shall be provided for the time it is necessary to complete treatment and to arrange for a safe transfer to another provider, as determined by L.A. Care in consultation with the member and the nonparticipating network provider

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

- 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**).

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, go to "Benefits and services."

For members with a share of cost

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. After you meet your share of cost for the month, you can go to any L.A. Care doctor. If you are a member with a share of cost, you do not need to choose a PCP.



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2 | About your health plan

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**). Providers should call L.A. Care at **1-866-522-2736** for more information.

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** at **1-888-839-9909** (TTY **711**).

Asking L.A. Care to pay a bill

If you get a bill for a covered service, call L.A. Care **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. Call **1-888-839-9909** (TTY **711**) to ask L.A. Care to review your claim to decide if you can get money back.



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3. How to get care

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 a PCP. 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, as a new member, you visit your new PCP within the first 120 days 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 appointment, 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 card 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.



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3 | How to get care

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 **not** for an emergency or life-threatening condition. It is for services you need to prevent serious damage to your health from a sudden illness, injury or complication of a condition you already have. Urgent care appointments require care within 48 hours. If you are outside L.A. Care's service area, urgent care services may be covered. Urgent care needs could be a cold, sore throat, fever, ear pain, sprained muscle or maternity services.

For urgent care, call your PCP. If you cannot reach your PCP, call L.A. Care **Member Services** at **1-888-839-9909** (TTY **711**). Or you can call the **Nurse Advice Line** 24 hours a day, 7 days a week, including holidays at **1-800-249-3619** (TTY **711**). You can also chat with a nurse online for free. Please visit **lacare.org** and log onto the member portal, 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 you need mental health urgent care, call the county Mental Health Plan at **1-800-854-7771** that is available 24 hours a day, 7 days a week. To find all counties' toll-free telephone numbers online, visit **dhcs.ca.gov/individuals/Pages/MHPContactList.aspx**. For Los Angeles County Department of Mental Health visit **dmh.lacounty.gov**.



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Or call the California Relay Line at **711**. Visit online at **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) from L.A. Care.

Emergency care is for life-threatening medical conditions. This care 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 your medical condition is an emergency, call your PCP. You may also call the L.A. Care **Nurse Advice Line** at **1-800-249-3619** (TTY **711**) 24 hours a day, 7 days a week, including holidays.

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 are traveling outside the U.S., other than to Canada or Mexico, and need emergency care, L.A. Care will **not** cover your 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.



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Sensitive care

Minor consent services

If you are under 18 years old, you can go to 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/birth control (except sterilization)
- Sexual assault
- HIV/AIDS prevention/testing/treatment (only minors 12 years or older)
- Sexually transmitted infections prevention/testing/treatment (only minors 12 years or older)
- Drug and alcohol abuse treatment (only minors 12 years or older)

The doctor or clinic 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, or for help getting to these services, you can call L.A. Care **Member Services** at **1-888-839-9909** (TTY **711**). You may also call the **Nurse Advice Line** at **1-800-249-3619** (TTY **711**) 24 hours a day, 7 days a week, including holidays.

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

Adult sensitive services

As an adult, you may not want to go to your PCP for certain 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 L.A. Care **Member Services** at **1-888-839-9909** (TTY **711**). You may also call the **Nurse Advice Line** at **1-800-249-3619** (TTY **711**) 24 hours a day, 7 days a week, including holidays.



Call L.A. Care **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**.

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.

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 go to your PCP for care when you are sick. Be sure to call your PCP before you get non-emergency 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 L.A. Care **Nurse Advice Line** at **1-800-249-3619** (TTY **711**).

If you need urgent care, call your PCP. Urgent care is care you need within 48 hours 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.

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. 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.

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

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



Call L.A. Care **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**.

3 | How to get care

You should get more information before you enroll. Call the new doctor, medical group, independent practice association or clinic that you want. Or call L.A. Care at **Member Services** at **1-888-839-9909** (TTY **711**) to make sure you can get the health care services 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), outpatient mental health providers, long-term services and supports (LTSS), Freestanding Birth Centers (FBCs), Rural Health Clinics (RHCs) and urgent care and retail health centers.

The Provider Directory has L.A. Care network provider names, addresses, phone numbers, business hours and languages spoken. It tells if the provider is taking new patients. It also gives the level of physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars. For more information about network providers, you may call L.A. Care **Member Services** at **1-888-839-9909** (TTY **711**).

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

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

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**). For more information, go to the moral objection section of this handbook.

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**.



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Or call the California Relay Line at **711**. Visit 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 or Out-of-service area

Out-of-network providers are those that do not have an agreement to work with L.A. Care. Except for emergency care, you may have to pay for care from providers who are out of the network. If you need covered health care services, you may be able to get them out of the network at no cost to you as long as they are medically necessary and not available in the network and you get prior approval.

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, call your PCP right away. Or 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.

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

Delegated Model Managed Care Plans

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 network, sometimes called a “medical group” or an “independent practice association (IPA).” These providers may also be directly contracted with L.A. Care.

Your primary care provider (PCP) will refer you to specialists and services that are connected with his or her medical group, IPA or with L.A. Care. If you are going to a specialist already, 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. For more information, go to the continuity of care section in this handbook.

Doctors

You will choose your doctor or a primary care provider (PCP) from the L.A. Care Provider Directory. The doctor you choose 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**). Or find it online at **lacare.org**.

You should also call if you want to check to be sure the PCP you want is taking new patients.



Call L.A. Care **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**.

3 | How to get care

If you had a doctor before you were a member of L.A. Care, you may be able to keep 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 refer you 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 are in both Medicare and Medi-Cal, you do not have to choose a PCP.

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. Hospital services, other than emergencies, require pre-approval (prior authorization).

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 provider (PCP). A nurse practitioner (NP), physician assistant (PA) or certified nurse midwife may also act as your PCP. If you choose an NP, PA or certified nurse midwife, you may be assigned a doctor to oversee your care.

You can also choose a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as your PCP. 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 of enrollment, L.A. Care will assign you to a PCP. If you are assigned to a PCP and want to change, call L.A. Care **Member Services** at **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



Call L.A. Care **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 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](https://www.lacare.org). Or you can request a Provider Directory to be mailed to you by calling L.A. Care **Member Services 1-888-839-9909** (TTY **711**). You can also call to find out if the PCP you want is taking new patients.

Choice of doctors and other 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 L.A. Care **Member Services at 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.

Appointments

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 card and L.A. Care ID card to your appointment
- Ask for transportation to your appointment, if needed
- Ask for language assistance or interpretation services, if needed
- 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.



Call L.A. Care **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).

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 L.A. Care **Member Services** at **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. Except for emergency care or urgent care, you may have to pay for care from providers who are not in the network. If you need covered health care services, you may be able to get them at an out-of-network provider at no cost to you, as long as they are medically necessary and not available in the network.

If you get a bill or are asked to pay a co-pay that you think you did not have to pay, you can also file a claim form with L.A. Care. 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 L.A. Care **Member Services** at **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 go to the specialist.

Other services that may require a referral include in-office procedures, X-rays, lab work, and 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 go to the same specialist more than once without getting a referral each time.

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**).

You do not need a referral for:

- PCP visits
- Ob/gyn visits
- Urgent or emergency care visits
- Adult sensitive services, such as sexual assault care
- Family planning services (to learn more, call California Family Planning Information and Referral Service at **1-800-942-1054**)



Call L.A. Care **Member Services** at **1-888-839-9909** (TTY **711**).
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- HIV testing and counseling (only minors 12 years or older)
- Treatment for sexually transmitted infections (only minors 12 years or older)
- Acupuncture (the first two services per month; additional appointments will need a referral)
- Chiropractic services (when provided by FQHCs and RHCs)
- Podiatry services (when provided by FQHCs and RHCs)
- Eligible dental services
- Initial mental health assessment
- Second opinion from an in-network provider

Minors also do not need a referral for:

- Outpatient mental health services for:
 - Sexual or physical abuse
 - When you may hurt yourself or others
- Pregnancy care
- Sexual assault care
- Drug and alcohol abuse treatment

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 reduces severe pain from a diagnosed disease, illness or injury.

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

- Hospitalization, if not an emergency
- Services out of the L.A. Care service area
- Outpatient surgery
- Long-term care at a nursing facility
- Specialized treatments

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.



Call L.A. Care **Member Services** at **1-888-839-9909** (TTY **711**).
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3 | How to get care

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) pre-approval 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 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 information or more time to review your request.

You never need pre-approval for emergency care, even if it is out of the network. This includes labor and delivery if you are pregnant.

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.

If you want to get a second opinion, you can choose an in-network provider of your choice. For help choosing a provider, call L.A. Care **Member Services** at **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, severe or serious illness, or face an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily function, 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 64 of this handbook.

Travel time and distance to care

L.A. Care must follow travel time and distance standards for your care. Those standards help to make sure you are able to get care without having to travel too long or too far from where you live. Travel time and distance standards are different depending on the county you live in.

If L.A. Care is not able to provide care to you within these travel time and distance standards, a different standard called an alternative access standard may be used. To see L.A. Care's time and distance standards for where you live, please, visit **lacare.org** or call **Member Services** at **1-888-839-9909** (TTY **711**).



Call L.A. Care **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**.

If you need care from a specialist and that provider is located far from where you live, you can call **Member Services** at **1-888-839-9909** (TTY **711**) to get help finding care with a specialist located closer to you. If L.A. Care cannot find care for you with a closer specialist, you can request L.A. Care arrange transportation for you to see a specialist even if that specialist is located far from where you live. It is considered far if you cannot get to that specialist within the L.A. Care travel time and distance standards for your county, regardless of any alternative access standard L.A. Care may use for your ZIP Code.

Women's health specialists

You may go to a women's health specialist within L.A. Care 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 L.A. Care **Member Services** at **1-888-839-9909** (TTY **711**). You may also call the L.A. Care **Nurse Advice Line** at **1-800-249-3619** (TTY **711**) 24 hours a day, 7 days a week, including holidays.

Timely access to care

Appointment Type	Must Get Appointment Within
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointment that do require pre-approval (prior authorization)	96 hours
Non-urgent (routine) primary care appointments	10 business days
Non-urgent (routine) specialty care appointments	15 business days
Non-urgent (routine) mental health provider (non-doctor) appointments	10 business days
Non-urgent (routine) 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
Initial pre-natal care appointment	10 business days



Call L.A. Care **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**.

4. Benefits and services

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 and provided by an in-network provider. Your health plan may cover medically necessary services from an out-of-network provider. But you must ask L.A. Care for this. Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe 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 and radiology services, such as X-rays
- Preventive and wellness services and chronic disease management
- Mental health services
- Substance use disorder treatment services
- Pediatric services
- Vision services
- Non-emergency medical transportation (NEMT)
- Non-medical transportation (NMT)
- Long-term services and supports (LTSS)
- Transgender services
- Telehealth services

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



Call L.A. Care **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**.

Medi-Cal benefits

Outpatient (ambulatory) services

- **Adult immunizations**

You can get adult immunizations (shots) from a network pharmacy or network provider without pre-approval. L.A. Care covers those shots recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).

- **Allergy care**

L.A. Care covers allergy testing and treatment, including allergy desensitization, hyposensitization or immunotherapy.

- **Anesthesiologist services**

L.A. Care covers anesthesia services that are medically necessary when you receive outpatient care.

- **Chiropractic services**

L.A. Care covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to two services per month in combination with acupuncture, audiology, occupational therapy and speech therapy services. L.A. Care may pre-approve other services as medically necessary.

The following members are eligible for chiropractic services:

- Children under age 21;
 - Pregnant women through the end of the month that includes 60-days following the end of a pregnancy;
 - Residents in a skilled nursing facility, intermediate care facility, or subacute care facility; or
 - All members when services are provided at hospital outpatient departments, FQHC or RHC
- **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. Those needed for diagnostic purposes, procedures considered to be elective, and specified outpatient medical procedures require pre-approval (prior authorization).
- **Physician services**
- L.A. Care covers physician services that are medically necessary.



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4 | Benefits and services

- ***Podiatry (foot) services***

L.A. Care covers podiatry services as medically necessary for diagnosis and medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot.

- ***Treatment therapies***

L.A. Care covers different treatment therapies, including:

- Chemotherapy
- Radiation therapy

Mental health services

- ***Outpatient mental health services***

- The L.A. Care covers a member for an initial mental health assessment without requiring pre-approval (prior authorization). You may get a mental health assessment at any time from a licensed mental health provider in the L.A. Care network without a referral.
- Your PCP or mental health provider may make a referral for additional mental health screening to a specialist within the L.A. Care network to determine your level of impairment. You can also call L.A. Care directly to assist in determining your level of impairment. If your mental health screening results determine you are in mild or moderate distress or have impairment of mental, emotional or behavioral functioning, L.A. Care can provide mental health services for you. L.A. Care covers these mental health services:
 - Individual and group mental health evaluation and treatment (psychotherapy)
 - Psychological testing when clinically indicated to evaluate a mental health condition
 - Development of cognitive skills to improve attention, memory and problem solving
 - Outpatient services for the purposes of monitoring medication therapy
 - Outpatient laboratory, medications, supplies and supplements
 - Psychiatric consultation
- For help finding more information on mental health services provided by L.A. Care, call **1-888-839-9909 (TTY 711)**
- If your mental health screening results determine you may have a higher level of impairment and need specialty mental health services (SMHS), your PCP or your mental health provider will refer you to the county mental health plan to receive an assessment. To learn more, go to the “*What your health plan does not cover*” on page 46.



Call L.A. Care **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**.

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 that happens in the U.S. or requires you to be in a hospital in Canada or Mexico. 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. No services are covered outside the U.S., except for emergency services that require you to be in the hospital in Canada or Mexico.

Hospice and palliative care

L.A. Care covers hospice care and palliative care for children and adults, which help reduce physical, emotional, social and spiritual discomforts.

Hospice care is a benefit that services terminally ill members. It is intervention that focuses mainly on pain and symptom management rather than on a cure to prolong life.

Hospice care includes:

- Nursing services
- Physical, occupational or speech services
- Medical social services
- Home health aide and homemaker services
- Medical supplies and appliances
- Drugs and biological services
- Counselling services



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

4 | Benefits and services

- Continuous nursing services on a 24-hour basis during periods of crisis and as necessary to maintain the terminally ill member at home
- Inpatient respite care for up to five consecutive days at a time in a hospital, skilled nursing facility or hospice facility
- Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing facility or hospice facility

Palliative care is patient- and family-centered care that improves quality of life by anticipating, preventing and treating suffering. Palliative care does not require the member to have a life expectancy of six months or less. Palliative care may be provided at the same time as curative care.

Hospitalization

- **Anesthesiologist services**

L.A. Care covers medically necessary anesthesiologist services during covered 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 medically necessary inpatient hospital care when you are admitted to the hospital.

- **Surgical services**

L.A. Care covers medically necessary surgeries performed in a hospital.

Maternity and newborn care

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

- Breastfeeding education and aids
- Delivery and postpartum care
- Prenatal care
- Birthing center services
- Certified Nurse Midwife (CNM)
- Licensed Midwife (LM)
- Diagnosis of fetal genetic disorders and counseling



Call L.A. Care **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**.

Prescription drugs

Covered drugs

Your provider can prescribe you drugs that are on the L.A. Care Medi-Cal preferred drug list subject to exclusions and limitations. The L.A. Care Medi-Cal preferred drug list is called a formulary. Drugs on the formulary are safe and effective for their prescribed use. A group of doctors and pharmacists update this list.

- Updating this list helps make sure the drugs on it are safe and effective
- 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 formulary or to get a copy of the formulary, call **1-888-839-9909** (TTY **711**). You may also find the formulary at **lacare.org**.

Sometimes L.A. Care needs to approve a drug before a provider can prescribe it. L.A. Care will review and decide 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**. 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. Your provider may also send it to the pharmacy for you. 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.

Pharmacy Home Program

For members who qualify, L.A. Care offers a Pharmacy Home Program to help members manage their controlled medications safely. A Pharmacy Home is a pharmacy that works with L.A. Care where you will get all your prescriptions for controlled medications filled.

L.A. Care will call you if you qualify for the program. If you are enrolled in this program, you will be able to choose a participating Pharmacy Home that is convenient for you. L.A. Care will also let your doctor know when you are enrolled.



Call L.A. Care **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**.

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 needles) are limited to two services per month, in combination with audiology, chiropractic, occupational therapy and speech therapy services. L.A. Care may pre-approve (prior authorization) additional services as medically necessary.

- **Audiology (hearing)**

L.A. Care covers audiology services. Outpatient audiology is limited to two services per month, in combination with acupuncture, chiropractic, occupational therapy and speech therapy services. L.A. Care may pre-approve (prior authorization) additional services 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 using 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.

- **Cancer clinical trials**

L.A. Care covers a clinical trial if it is related to the prevention, detection or treatment of cancer or other life-threatening conditions and if the study is conducted by the U.S. Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC) or Centers for Medicare and Medicaid Services (CMS). Studies must be approved by the National Institutes of Health, the FDA, the Department of Defense or the Veterans Administration.

- **Cardiac rehabilitation**

L.A. Care covers inpatient and outpatient cardiac rehabilitative services.

- **Cosmetic surgery**

L.A. Care does not cover cosmetic surgery to change the shape of normal structures of the body in order to improve appearance.



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- **Durable medical equipment (DME)**

L.A. Care covers the purchase or rental of medical supplies, equipment and other services with a prescription from a doctor. Prescribed DME items may be covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability. L.A. Care does not cover comfort, convenience or luxury equipment, features and supplies.

- **Enteral and parenteral nutrition**

These methods of delivering nutrition to the body are used when a medical condition prevents you from eating food normally. L.A. Care covers enteral and parenteral nutrition products when medically necessary.

- **Hearing aids**

L.A. Care covers hearing aids if you are tested for hearing loss and have 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 and found to be medically necessary.

- **Medical supplies, equipment and appliances**

L.A. Care covers medical supplies that are prescribed by a doctor.

- **Occupational therapy**

L.A. Care covers occupational therapy services, including occupational therapy evaluation, treatment planning, treatment, instruction and consultative services. Occupational therapy services are limited to two services per month in combination with acupuncture, audiology, chiropractic and speech therapy services. L.A. Care may pre-approve (prior authorization) additional services as medically necessary.

- **Orthotics/prostheses**

L.A. Care covers orthotic and prosthetic devices and services that are medically necessary and prescribed by your doctor, podiatrist, dentist, or non-physician medical provider. This includes implanted hearing devices, breast prosthesis/mastectomy bras, compression burn garments and prosthetics to restore function or replace a body part, or to support a weakened or deformed body part.

- **Ostomy and urological supplies**

L.A. Care covers ostomy bags, urinary catheters, draining bags, irrigation supplies and adhesives. This does not include supplies that are for comfort, convenience or luxury equipment or features.

- **Physical therapy**

L.A. Care covers physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services and application of topical medications.



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4 | Benefits and services

- ***Pulmonary rehabilitation***

L.A. Care covers pulmonary rehabilitation that is medically necessary and prescribed by a doctor.

- ***Reconstructive services***

L.A. Care covers surgery to correct or repair abnormal structures of the body to improve or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease.

- ***Skilled nursing facility services***

L.A. Care covers skilled nursing facility services as medically necessary for up to 90 days from the date of admission for each admission. These services include room and board in a licensed facility with skilled nursing care on a 24-hour per day basis.

- ***Speech therapy***

L.A. Care covers speech therapy that is medically necessary. Speech therapy services are limited to two services per month, in combination with acupuncture, audiology, chiropractic and occupational therapy. L.A. Care may pre-approve (prior authorization) additional services as medically necessary.

- ***Transgender services***

L.A. Care covers transgender services (gender-affirming services) as a benefit when they are medically necessary or when the services meet the criteria for reconstructive surgery.

Laboratory and radiology services

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

Preventive and wellness services and chronic disease management

The plan 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 some methods of birth control approved by the FDA. L.A. Care's PCP and ob/gyn specialists are available for family planning services.



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For family planning services, you may also choose a doctor or clinic not connected with L.A. Care without having to get pre-approval from L.A. Care. Services from an out-of-network provider not related to family planning may not be covered. To learn more, call L.A. Care **Member Services** at **1-888-839-9909** (TTY **711**).

Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. It is designed to prevent or delay the onset of type 2 diabetes among individuals diagnosed with prediabetes. The program lasts one year. It can last for a second year for members who qualify. The program-approved lifestyle supports and techniques include, but are not limited to:

- Providing a peer coach
- Teaching self-monitoring and problem solving
- Providing encouragement and feedback
- Providing informational materials to support goals
- Tracking routine weigh-ins to help accomplish goals

Members must meet program eligibility requirements to join DPP. Call L.A. Care to learn more about the program and eligibility.

Substance use disorder services

The plan covers:

- Alcohol misuse screenings and behavioral health counseling interventions for alcohol misuse

Pediatric services

The plan covers:

- Early and periodic screening, diagnostic and treatment (EPSDT) services.
 - If you or your child are under 21 years old, L.A. Care covers well-child visits. Well-child visits are a comprehensive set of preventive, screening, diagnostic, and treatment services.
 - L.A. Care can help make appointments if assistance is needed and provide transportation to help children get the care they need.
 - Preventive care can be regular health check-ups and screenings to help your doctor find problems early. Regular check-ups help your doctor look for any problems with your medical, dental, vision, hearing, mental health, and any substance use disorders. L.A. Care covers screening services (including lead blood level assessment) any time there is a need for them, even if it is not during your regular check-up. Also, preventive care can be shots you or your child need. L.A. Care must make sure that all enrolled children get needed shots at the time of any health care visit.



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4 | Benefits and services

- When a problem physical or mental health issue is found during a check-up or screening, there may be care that can fix or help the problem. If the care is medically necessary and L.A. Care is responsible for paying for the care, then L.A. Care covers the care at no cost to you. These services include:
 - Doctor, nurse practitioner, and hospital care
 - Shots to keep you healthy
 - Physical, speech/language, and occupational therapies
 - Home health services, which could be medical equipment, supplies, and appliances
 - Treatment for vision and hearing, which could be eyeglasses and hearing aids
 - Behavioral Health Treatment for autism spectrum disorders and other developmental disabilities
 - Case management, targeted case management, and health education
 - Reconstructive surgery, which is surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function or create a normal appearance
- If the care is medically necessary and L.A. Care is not responsible for paying for the care, then L.A. Care will help you get the right care you need. These services include:
 - Treatment and rehabilitative services for mental health and substance use disorders
 - Treatment for dental issues, which could be orthodontics
 - Private duty nursing services
- Early intervention services
 - Well-child visits are a wide-ranging set of preventive, screening, diagnostic, and treatment services. If there are concerns about how your child is developing before age 3, a doctor may refer your child to a local Early Intervention program. These programs work to prevent or reduce delays in how children develop. Early Intervention is available at no charge to you. L.A. Care can help connect you to your local program. To learn more, call L.A. Care **Member Services** at **1-888-839-9909** (TTY **711**).

Vision services

The plan covers:

- Routine eye exam once every 24 months; L.A. Care may pre-approve (prior authorization) additional services as medically necessary.
- Eyeglasses (frames and lens) once every 24 months; contact lens when required for medical conditions such as aphakia, aniridia and keratoconus.

For more information about vision providers, call L.A. Care **Member Services** at **1-888-839-9909** (TTY **711**).



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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, dental, mental health and substance use disorder appointment by car, bus, train or taxi, and the plan pays for your medical or physical condition. Before requesting to schedule NEMT, you need to request the service through your doctor or a DHCS approved provider, and they will prescribe the correct type of transportation to meet your medical condition and submit the pre-approval request to L.A. Care on your behalf.

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 can physically or medically 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 impossible.

NEMT must be used when:

- It is physically or medically needed as determined with a written authorization by a doctor or a DHCS approved provider, or you are not able to physically or medically use a bus, taxi, car, or van to get to your appointment
- You need help 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 doctor before transportation can be scheduled

To ask for NEMT services that your doctor has prescribed, please call L.A. Care **Member Services** at **1-888-839-9909** (TTY **711**) at least 2 business days (Monday-Friday) before your appointment. 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, dental, mental health and substance use disorder 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?

NEMT 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.



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4 | Benefits and services

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 covered service
- Picking up prescriptions and medical supplies

L.A. Care allows you to use a car, taxi, bus or other public/private transportation to get 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 member and not through a transportation broker, bus passes, taxi vouchers or train tickets.

Before getting approval for mileage reimbursement, you must state to L.A. Care by phone, by email or in person that you tried to get all other reasonable transportation choices and could not get one. L.A. Care allows the lowest cost NMT type that meets your medical needs.

To request NMT services that your provider authorized, call L.A. Care **Member Services** at **1-888-839-9909** (TTY **711**) at least 2 business days (Monday-Friday) before your appointment or call as soon as you can when you have an urgent appointment. Please have your member ID card ready when you call.

Limits of NMT

There are no limits for receiving NMT to or from medical, dental, mental health and substance use disorder appointments. 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?

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.



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Long-term services and supports (LTSS)

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

- Skilled nursing facility services as approved by L.A. Care
- Home and Community Based Services as approved by L.A. Care

Institutional long-term care

L.A. Care covers long-term care skilled nursing facility services as medically necessary from the 91st day of admission until you are discharged.

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

Dental services

Medi-Cal covers some dental services, including:

- Diagnostic and preventive dental hygiene (such as examinations, X-rays and teeth cleanings)
- Emergency services for pain control
- Tooth extractions
- Fillings
- Root canal treatments (anterior/posterior)
- Crowns (prefabricated/laboratory)
- Scaling and root planing
- Periodontal maintenance
- Complete and partial dentures
- Orthodontics for children who qualify

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**.

Telehealth Services

L.A. Care may be able to provide some of your services through telehealth. Telehealth is a way of receiving services without being in the same physical location as your provider. Telehealth may involve having a live video conversation with your provider. Or telehealth may involve sharing information with your provider without a live conversation. It is important that both you and your provider agree that the use of telehealth for a particular service is appropriate for you. You can contact L.A. Care to determine which types of services L.A. Care may be able to provide to you through telehealth.



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Coordinated Care Initiative (CCI) benefits

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

The plan 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
- Select Medi-Cal benefits such as Long Term Services and Supports
- One health insurance card
- A nurse advice line to call 24 hours a day, 7 days a week, including holidays

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 L.A. Care **Member Services** at **1-888-839-9909** (TTY **711**).

Specialty mental health services

County mental health plans provide specialty mental health services (SMHS) to Medi-Cal beneficiaries who meet medical necessity rules. SMHS may include these outpatient, residential and inpatient 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
 - Targeted case management services
 - Therapeutic behavioral services
 - Intensive care coordination (ICC)
 - Intensive home-based services (IHBS)
 - Therapeutic foster care (TFC)



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- 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

To learn more about specialty mental health services the county mental health plan provides, you can call the Los Angeles County Department of Mental Health at **1-800-854-7771** or visit **dmh.lacounty.gov**. To find all counties' toll-free telephone numbers online, visit **dhcs.ca.gov/individuals/Pages/MHPContactList.aspx**.

Substance use disorder services

L.A. Care covers screening and brief interventions by primary care providers for substance abuse. 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 **1-844-804-7500**.

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:

- Fertility testing and treatment to include, but not limited to:
 - Intrauterine insemination
 - In-vitro fertilization
 - Infertility drugs
- Experimental drugs and treatment other than cancer clinical trials
- Erectile dysfunction (ED) drugs and other ED therapies
- Read each of the sections below to learn more. Or call L.A. Care **Member Services** at **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 county program to be assessed for eligibility.



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4 | Benefits and services

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 the types of service that do not have to do with the CCS condition such as physicals, vaccines and well-child checkups.

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 L.A. Care **Member Services** at **1-888-839-9909** (TTY **711**).



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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
- Health Homes Program (HHP)

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 Medi-Cal and Medicare). CCI 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 long-term services and supports (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 L.A. Care **Member Services** at **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**.

Health Homes Program

L.A. Care covers Health Homes Program (HHP) services for members with certain chronic health conditions. These services are to help coordinate physical health services, behavioral health services, and community-based long-term services and supports (LTSS) for members with chronic conditions.

You may be contacted if you qualify for the program. You can also call L.A. Care, or talk to your doctor or clinic staff, to find out if you can receive HHP services.



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4 | Benefits and services

You may qualify for HHP if:

- You have certain chronic health conditions. You can call L.A. Care to find out the conditions that qualify, and you meet one of the following:
 - You have three or more of the HHP eligible chronic conditions
 - You stayed in the hospital in the last year
 - You visited the emergency department three or more times in the last year; or
 - You do not have a place to live.

You do not qualify to receive HHP services if:

- You receive hospice services; or
- You have been residing in a skilled nursing facility for longer than the month of admission and the following month.

Covered HHP services

HHP will give you a care coordinator and care team that will work with you and your health care providers, such as your doctors, specialists, pharmacists, case managers and others, to coordinate your care. L.A. Care provides HHP services, which include:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Individual and family support services
- Referral to community and social supports

Cost to member

There is no cost to the member for HHP services.

Care coordination

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 L.A. Care **Member Services** at **1-888-839-9909** (TTY **711**).



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Care management program

Members can call the Care Management Department to talk to a Care Manager for assistance with their health concerns using the numbers provided below. The Care Management program is a free service from L.A. Care Health Plan. The program has nurses, social workers and other trained staff who are ready to help you with complicated problems that affect your health. A Care Manager is a main person in the program for you to call to get the help you need.

You can call your Care Manager for:

- Questions about your health care
- Questions about getting behavioral health (mental health and substance use disorder) services
- Questions about other services that might help improve your health

Members can talk to a Care Manager or ask for a change in their Care Manager by calling this toll free number **1-844-200-0104**. Your L.A. Care Health Plan coverage will not change if you choose to participate or not to participate in the Care Management Program.

Health education services

L.A. Care's health education program, *Health In Motion™*, can help you reach your health goals. We offer workshops, phone consults, and online tools in English and Spanish for many health conditions. Interpreters are available for other languages.

Health topics include:

- Asthma
- Diabetes prevention and management
- Heart health
- Nutrition and exercise
- Quit smoking
- Chronic condition support

My *Health In Motion™* is L.A. Care's online health education program. Access My *Health In Motion™* by signing in to your L.A. Care Connect member account at **members.lacare.org**. From here you can:

- Fill out a Health Appraisal and get a personalized wellness report
- Connect with a virtual health educator
- View healthy recipes
- Watch videos
- Sign up for online wellness workshops



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4 | Benefits and services

Other L.A. Care health education programs and resources include:

- Special programs for mothers and babies
- Written materials in your desired language and format
- Community referrals
- Nurse Advice Line

All health education services are at no charge to you. To learn more call **1-888-839-9909** (TTY **711**) or go to **lacare.org/healthy-living/health-resources/health-education**.

Evaluation of new and existing technologies

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.



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5. Rights and responsibilities

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

Your rights

L.A. Care members have these rights:

- To be treated with respect, 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 services 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 a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage
- 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 voice grievances, complaints, or appeals either verbally or in writing, about the organization or the care received
- To receive care coordination
- To request an appeal of decisions to deny, defer or limit services or benefits
- To receive oral interpretation services for their language
- To receive free written plan materials for your language
- To file a grievance or complaint if your linguistic needs are not met
- To receive free auxiliary aids and services
- To receive free legal help at your local legal aid office or other groups



Call L.A. Care **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**.

5 | Rights and responsibilities

- To formulate advance directives
- To request a State Hearing, including information on the circumstances under which an expedited hearing is possible
- To disenroll upon request. Members that can request expedited disenrollment include, but are not limited to, those receiving services under the Foster Care or Adoption Assistance Programs and those with special health care needs
- To access Minor Consent Services
- To receive written member-informing materials in alternative formats (such as braille, large-size print and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions 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
- To have access to and receive a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations §164.524 and 164.526
- Freedom to exercise these rights without adversely affecting how you are treated by L.A. Care, your providers or the State
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, midwifery services, Rural Health Centers, sexually transmitted disease services and Emergency Services outside L.A. Care's network pursuant to the federal law

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 as you can to all of your providers and L.A. Care
- To get regular check-ups and tell your doctor about health problems before they become serious
- To talk over your health care needs with your doctor, develop and agree on goals, do your best to understand your health problems, and follow 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**



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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL, DENTAL, AND VISION INFORMATION ABOUT YOU, WITH REGARD TO YOUR HEALTH BENEFITS, MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

The Local Initiative Health Authority for Los Angeles County, a public entity operating and doing business as L.A. Care Health Plan (L.A. Care) provides your health care benefits and coverage through State, Federal, and commercial programs. Safeguarding your protected health information (PHI) is important to us. L.A. Care is required to give you this notice about your rights and some of our responsibilities to keep your PHI safe, including California State notice of practices, and the Health Insurance Portability and Accountability Act (HIPAA) notice of practices. This notice tells you how we may use and share your PHI. It also tells you what your rights are. You may have additional or more stringent privacy rights under state law.

I. **Your PHI is Personal and Private.**

L.A. Care receives PHI which identifies you, such as your name, contact information, personal facts, and financial information, from several sources, such as State, Federal, and local agencies after you become eligible, assigned to, and/or enroll in a L.A. Care program. We also receive PHI about you that you provide to us. Also, we receive PHI from health care providers such as physicians, clinics, hospitals, labs, and other insurance companies or payors. We use this information to coordinate, approve, pay for, and improve your health care, and to communicate with you. We cannot use your genetic information to decide whether we will give you healthcare coverage or the cost of that coverage. At times, we may receive race, ethnicity, and language information about you. We may use this information to help you, to communicate with you, and to identify your needs, such as providing you with educational materials in the language of your preference, and offering interpretation services at no cost to you. We use and share this information as provided in this notice. We do not use this information to decide whether we will give you healthcare coverage or the cost of that coverage.

II. **How We Protect Your PHI**

L.A. Care is committed to protecting your PHI. We keep the PHI of our current and former members private and secure as required by law, and accreditation standards. We use physical and electronic safeguards, and our staff is regularly trained on the use, and sharing of PHI. Some of the ways we keep PHI safe include securing offices and locking desks, and filing cabinets, password protecting computers and electronic devices, and giving access only to the information that a staff needs to do their job. Where required by law, when our business partners work with us, they must also protect the privacy of any PHI we share with them and are not allowed to give PHI to others except as allowable by law, and this notice. As required by law, we will let you know if there was a breach of your unsecured PHI. We will follow this notice, and will not use or share your information other than as described in this notice, or in compliance with State and Federal laws, or in accordance with your permission.



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III. Changes to this Notice of Privacy Practices

L.A. Care must adhere to the notice we are now using. We have the right to change this notice of privacy practices at any time. Any changes will apply to all your PHI, including PHI we received before the changes were made. We will let you know when we make changes to this notice through a newsletter, letter, or our website. You can also ask us for a copy of the new notice, please see below on how to contact us.

IV. How We May Use and Share PHI About You

L.A. Care collects, uses or shares PHI as allowed by law for treatment, payment, and health care operations associated with the program in which you are enrolled. The PHI we use and share includes, but is not limited to:

- Name;
- Address;
- Care and treatment received;
- Health history; and
- The cost of/payment for care.

Ways In Which We Typically Use and Share PHI:

We generally use and share PHI in the following ways:

- **Treatment:** *We do not provide treatment*, but we can use and share PHI with health care and other service providers such as doctors, hospitals, durable medical equipment suppliers, and others to offer you care, and treatment and other services, and information to help you.
- **Payment:** We can use and share PHI with healthcare providers, service providers and other insurers and payers to process requests for payments, and pay for health services provided to you.
- **Health Care Operations:** We can use and share PHI to run our organization and contact you when necessary, for example for audits, quality improvement, care management, coordinating care, and day-to-day functions. We may also use and share PHI with State, Federal, and County programs for participation, and program administration.

Some Examples of Ways We Use PHI:

- To give information to a doctor or hospital to confirm your benefits, copay, or deductible.
- To approve care in advance.
- To process and pay claims for health care services and treatment you received.
- To give PHI to your doctor or hospital so they can treat you.
- To review the quality of care and services you receive.



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- To help you and provide you with educational and health improvement information and services, e.g. for conditions like diabetes.
- To inform you of additional services and programs that may be of interest to you and/or help you, e.g. a fitness class at a L.A. Care Family Resource Center.
- To remind you to get regular health assessments, screenings, or checkups.
- To develop quality improvement programs and initiatives, including creating, using, or sharing de-identified data as allowed by HIPAA.
- To use and share information, directly or indirectly, with health information exchanges, for treatment, payment, and health care operations.
- Investigating and prosecuting cases, such as for fraud, waste, or abuse.

Other Ways In Which We Can Use And Share PHI

We are allowed or required to share your PHI in other ways, usually to contribute to the public good, such as public health and research. We can use or share your PHI for the following additional purposes:

- To comply with State, Federal, or local laws.
- To comply with a request of a law enforcement agency, such as the police, military, or national security agency, or a Federal, State, or local government agency or body, such as workers' compensation board, or a health oversight agency for activities authorized by law, and court or administrative order.
- To respond to the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- To help with product recalls.
- To report adverse reactions to medications.
- To report suspected abuse, neglect, or domestic violence, as required or allowed under law.
- For health care research.
- To respond to organ and tissue donation requests, and work with a medical examiner or funeral director.
- In relation to complaints, investigations, lawsuits and legal actions.
- To prevent or reduce a serious threat to anyone's health or safety.

Communicating With You

We may use PHI to communicate with you or your designee about benefits, services, selecting your health care provider and billing and payments. L.A. Care will comply with applicable laws in its communications with you, including the Telephone Consumer Protection ACT (TCPA). We may communicate with you through letters, newsletters, pamphlets, and as follows:



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5 | Rights and responsibilities

- **Phone Calls.** If you have provided us with your phone number (including if a guardian or designee has provided their phone number), including your cell phone number, then we, including our affiliates and subcontractors, on our behalf, may call you, including by using an automatic telephone dialing system/or an artificial voice in accordance with applicable laws. Your mobile cell phone carrier may charge you for receiving calls, please contact your cell phone carrier for this information. If you don't want to be contacted in this way, then please let the caller know, or contact at us to be placed on our Do Not Call List.
- **Texting You.** If you have provided us with your cell phone number (including if a guardian or designee has provided their phone number), then for certain purposes, such as reminders, treatment options, services, and premium payment reminders or confirmations, we, including our affiliates and subcontractors, on our behalf, may text you in accordance with applicable laws. Your mobile cell phone carrier may charge you for receiving texts, please contact your cell phone carrier for this information. If at any time you don't want to receive text messages, then then please follow the unsubscribe information on the message, or please reply with "STOP" to stop receiving such messages.
- **Emails.** If you have given us your email address (including if a guardian or designee has provided their email address), then for some limited purposes, e.g. sending you enrollment, member, provider, and educational materials, or reminders or confirmation of payments, if you agree to receiving these electronically, then we may email you. There may be a charge by your internet or email or mobile cell phone provider to receive emails, please contact your internet or email or mobile cell phone provider for this information. You acknowledge and agree that if you use an unencrypted email address and/or computer, or access your emails through a mobile device, or share an email, or computer, or mobile cell phone, then there is a risk that your PHI could be read by a third party and you accept the risks of such and waive any protections you may have under any laws. If at any time you don't want to receive email messages, then then please follow the "Unsubscribe" instructions at the bottom of the message to stop receiving email communications.

V. Written Permission

If we want to use or share your PHI for any purpose not provided in this notice, then we will get your written permission. For example, using or sharing PHI for marketing or sale needs your written permission. If we use or share psychotherapy notes, we may also need your permission. If you give us your permission, you can cancel it at any time in writing, and we will not use or share your PHI for that purpose after the date we process your request. But, if we have already used or shared your PHI with your permission, then we may not be able to undo any action that happened before you cancelled your permission.



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VI. Your Rights

You have certain rights to your PHI, and how it can be used or shared. You have the right to:

- **Get a copy of health and claims records.** You can ask to see, or get a copy of your PHI. We will provide a copy or a summary of your health and claims records. There may be some information and records we may not disclose as allowable by law, or we may not be able to provide certain information in some forms, formats, or media. We may charge a reasonable fee, for copying and mailing your PHI. *L.A. Care does not keep a complete copy of your medical records, please contact your healthcare provider if you want to look at, or get a copy of, or change an error in your medical records.*
- **Ask us to correct health and claims records.** If you believe there is a mistake in your PHI, you can ask us to correct it. There may be some information we may not be able to change, e.g. the doctor's diagnosis, and will tell you that in writing. If someone else gave us the information, e.g. your doctor, then we will let you know, so you can ask him/her to correct it.
- **Request that we communicate with you confidentially.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Not all requests may be agreed to, but we will grant a reasonable request, e.g., if you tell us that you would be danger if we do not.
- **Ask us to limit what we use or share.** You can ask us not to use or share certain health information for treatment, payment, or our operations. By law, we are not required to agree to your request, and we may say "no" if it would affect your care, payment of claims, key operations, or non-compliance with rules, regulations, or government agency, or law enforcement requests, or a court or administrative order.
- **Get a list of those with whom we've shared Your PHI.** You can ask us for a list (accounting) of the times we've shared your health information, who we shared it with, and a brief description of the reason. We will provide you with the list for the period you request. By law, we will provide the list for a maximum of six (6) years prior to the date of your written request. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures, such as when we shared the information with you, or with your permission. We'll provide one accounting a year for free, but may charge a reasonable fee for any additional requests.
- **Get a copy of this privacy notice.** You can get a paper copy of this notice by calling us.
- **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We may ask that you or your designee provide us with some information and documents, e.g. copy of the court order granting guardianship. You or your guardian will need to fill out a written authorization, please contact at us at the number below to find out how to do this.

Please call us at the number on your ID card, or write to us to find out about how to request the above. You will need to submit your request in writing, and tell us certain information. We can send you the form(s).



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5 | Rights and responsibilities

VII. Complaints

If you think we have not protected your PHI, you have the right to file a complaint with us, 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**

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**
hhs.gov/ocr/privacy/hipaa/complaints/

Medi-Cal Members may also contact:

California Department of Health Care Services
Office of HIPAA Compliance
Privacy Officer
1501 Capitol Avenue, MS0010
P.O. Box 997413
Sacramento, CA 95899-7413
dhcs.ca.gov

VIII. Use Your Rights Without Fear

L.A. Care will not take any action against you for using the privacy rights in this notice or filing a complaint.

IX. Effective Date

The original effective date of this notice is April 14, 2003. This notice was most recently revised on October 1, 2019.



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X. Contacting Us, or Questions, or if you want this notice in another language or format:

If you have questions about this notice, or want help in applying your rights, or want this notice in another threshold language (Arabic, Armenian, Chinese, Farsi, Khmer, Korean, Russian, Spanish, Tagalog, or Vietnamese), large print, audio, or other alternative format (upon request) at no cost to you, then please call or write 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**

or

L.A. Care Privacy Officer
L.A. Care Health Plan
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017

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.

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.

DHCS has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer. If you are injured, and someone else is liable for your injury, you or your legal representative must notify DHCS within 30 days of filing a legal action or a claim. Submit your notification online:

- Personal Injury Program at **dhcs.ca.gov/PI**
- Workers Compensation Recovery Program at **dhcs.ca.gov/WC**

To learn more, call **1-916-445-9891**.

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



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5 | Rights and responsibilities

that the Medi-Cal program is the payer of last resort.

You must apply for and keep other health coverage (OHC) that is available to you for free or is state-paid coverage. If you do not apply for or keep no-cost or state-paid OHC, your Medi-Cal benefits and/or eligibility will be denied or stopped. If you do not report changes to your OHC promptly, and because of this, receive Medi-Cal benefits that you are not eligible for, you may have to repay DHCS.

Notice about estate recovery

The Medi-Cal program must seek repayment from the estates of certain deceased Medi-Cal members from payments made, including managed care premiums, nursing facility services, home and community-based services, and related hospital and prescription drug services provided to the deceased Medi-Cal member on or after the member's 55th birthday. If a deceased member does not leave an estate or owns nothing when they die, nothing will be owed.

To learn more about the estate recovery, call **1-916-650-0490**. Or get legal advice.

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.



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6. Reporting and solving problems

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 L.A. Care's 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. We will not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

You should always contact L.A. Care first to let us 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 also will 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. and 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 L.A. Care at **1-888-839-9909** (TTY **711**) and we will help you.

- To report incorrect information about your additional health insurance, please call Medi-Cal Monday through Friday, between 8:00 a.m. and 5:00 p.m. at **1-800-541-5555**.

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 us at any time by phone, in writing 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 member ID number, your name and the reason for your complaint.



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6 | Reporting and solving grievances

- **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, member ID number and the reason for your complaint. Tell us what happened and how we can help you.

Mail the form to:

L.A. Care Health Plan
Appeal and Grievance 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 the L.A. Care website. Go to **lacare.org**.

If you need help filing your complaint, we can help you. We can give you free language services.

Call L.A. Care **Member Services** at **1-888-839-9909** (TTY **711**).

Within 5 days of getting your complaint, we will send you a letter letting you know we received it. Within 30 days, we will send you another letter that tells you how we resolved your problem. If you call L.A. Care about a grievance that is not about health care coverage, medical necessity, or experimental or investigational treatment, and your grievance is resolved by the end of the next business day, you may not receive a letter.

If you want us 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**). We will 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 writing or online:



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

- **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, member 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, member ID number and the service you are appealing.

Mail the form to:

L.A. Care Health Plan
Appeal and Grievance Department
1055 West 7th Street, 10th Floor
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By fax: 213-438-5748

Your doctor's office will have appeal forms available.

- **Online:** Visit the L.A. Care website. Go to **lacare.org**.

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

Within 5 days of getting your appeal, we will send you a letter letting you know we received it.

Within 30 days, we 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**). We will make a decision within 72 hours of receiving your appeal.

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

If you filed an appeal and received a letter from L.A. Care telling you 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 Department of Social Services (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 are entitled to both a State Hearing and an IMR. 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 have more information on how to ask for a State Hearing or an IMR.



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Independent Medical Reviews (IMR)

An IMR is when an outside reviewer who is not related to your 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.

Here is how to ask for an IMR. The term "grievance" is for "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 (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet website **dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.

State Hearings

A State Hearing is a meeting with people from the 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, and you have not requested an IMR.

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** (TTY **1-800-952-8349**).



Call L.A. Care **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**.

- **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 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 complete case file from L.A. Care.

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



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6 | Reporting and solving grievances

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

You can also call the Compliance Helpline at **1-800-400-4889**, 24 hours a day, 7 days a week, email the information to **ReportingFraud@lacare.org**, or report the information online at **lacare.ethicspoint.com**.

All reporting can be done anonymously.



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7. Important numbers and words to know

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/Community Resource Centers – **1-877-287-6290**
- L.A. Care Family Resource Center – East L.A. **1-213-438-5570**
- 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**
- L.A. Care/Blue Shield Promise Health Plan Community Resource Center – Pomona **1-909-620-1661**
- 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 (DSS) **1-800-952-5253**
 - Department of Managed Health Care (DMHC) **1-888-466-2219** (**1-888-HMO-2219**)



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7 | Important numbers and words to know

(TDD **1-877-688-9891**)

- 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**)
- Los Angeles County Department of Health Services **1-213-240-8101**
- Los Angeles County Department of Mental Health **1-800-854-7771**
- Women, Infant and Children Program (WIC) **1-888-942-9675**



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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 the 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.

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.

Certified Nurse Midwife (CNM): An individual licensed as a Registered Nurse and certified as a nurse midwife by the California Board of Registered Nursing. A certified nurse midwife is permitted to attend cases of normal childbirth.

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: 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) 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, if the provider and L.A. Care agree.



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7 | Important numbers and words to know

Coordination of benefits (COB): The process of determining which insurance coverage (Medi-Cal, Medicare, commercial insurance or other) has primary treatment and payment responsibilities for members with more than one type of health insurance coverage.

Copayment: A payment you make, generally at the time of service, in addition to the insurer's payment. L.A. Care members do not have to pay for covered services, unless they have a share of cost.

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 Evidence of Coverage (EOC) and any amendments.

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

DHCS approved providers: Medi-Cal providers that can authorize NEMT which includes primary care physicians or specialists; physician assistants; nurse practitioners; certified nurse midwives; physical therapists; speech therapists; occupational therapists; mental health or substance use disorder providers.

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): EPSDT services are a benefit for Medi-Cal members under the age of 21 to help keep them healthy. Members must get the right health check-ups for their age and appropriate screenings to find health problems and treat illnesses early.

Emergency medical condition: A medical or mental condition with such severe symptoms, such as active labor (go to definition above) or severe pain, that someone with a prudent 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.



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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 bill 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.

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.

Freestanding Birth Centers (FBCs): Health facilities where childbirth is planned to occur away from the pregnant woman’s residence that are licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan. These facilities are not hospitals.

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 usually need a referral from your PCP to go to a specialist. Your PCP must get pre- approval from L.A. Care before you get care from the specialist.

You do **not** need a referral from your PCP for some types of service, such as family planning, emergency care, ob/gyn care or sensitive services.



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7 | Important numbers and words to know

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 assistants or nurse practitioners.
- Nurse anesthetist is a nurse who gives you anesthesia.
- Nurse practitioner or physician 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.
- 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).



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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): Medically necessary care are important services that are reasonable and protect life. This care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by treating the disease, illness or injury. For members under the age of 21, Medi-Cal services includes care that is medically necessary to fix or help a physical or mental illness or condition, including substance use disorders, as set forth in Section 1396d(r) of Title 42 of the United States Code.

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 member 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.

Midwifery services: Prenatal, intrapartum, and postpartum care, including family planning care for the mother and immediate care for the newborn, provided by certified nurse midwives (CNM) and licensed midwives (LM).

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

Network provider (or in-network provider): Go to "Participating provider."

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

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.



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7 | Important numbers and words to know

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.

Other health coverage (OHC): Other health coverage (OHC) refers to private health insurance. Services may include medical, dental, vision, pharmacy and/or Medicare supplemental plans (Part C & D).

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.



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Plan: Go to “Managed care plan.”

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

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: Go to “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



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7 | Important numbers and words to know

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.

Psychiatric emergency medical condition: A mental disorder in which the symptoms are serious or severe enough to cause 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.

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 to correct or repair abnormal structures of the body to improve function or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by a congenital defect, developmental abnormalities, trauma, infection, tumors, or disease.

Referral: When your PCP says you can get care from another provider. Some covered care services require a referral and pre-approval.

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.

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 the 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 doctor): 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 go to a specialist.



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Specialty mental health 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
 - 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

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

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 or call **Member Services** toll-free at **1-888-839-9909** (TTY **711**) 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** (TTY **711**). 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** (TTY **711**) 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.

- 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.



Call L.A. Care **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.

Specialty Pharmacy:

L.A. Care 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.
- 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**.
 - 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)**.



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8 | Tips for L.A. Care members

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.

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



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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 when all of the following apply:
 - Conventional therapy will not treat the intended condition
 - Conventional therapy will not prevent progressive disability or premature death
 - The proposed drug provider has a record of safety and success that is the same or better than providers of other experimental or investigational drugs
 - The investigational drug is the lowest cost item meeting the member's needs and is less costly than approved alternatives
 - The drug is not provided as part of a research study
 - There is a reasonable expectation that the experimental/investigational drug will significantly extend the member's life; restore or maintain functions necessary for activities required for daily living

Experimental/investigational drugs require prior authorization. If you have been denied an experimental/investigational drug, you have the right to request an Independent Medical Review (IMR). You can learn about this in the "Reporting and solving problems" section of the handbook.

- Cosmetic drugs, except as prescribed for medically necessary conditions
- Drugs used for the purpose of treating erectile dysfunction and or sexual dysfunction
- 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

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



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8 | Tips for L.A. Care members

Call L.A. Care at **1-888-839-9909** (TTY **711**) for a list of pharmacies that provide emergency contraceptive drugs.

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 “Reporting and solving problems” section of this handbook.

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

- 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**.
- 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 have 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** (TTY **1-877-486-2048**) or go online to **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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Or call the California Relay Line at **711**. Visit online at **lacare.org**.

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, except in an emergency.

Call L.A. Care **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 at **1-888-839-9909 (TTY 711)**.

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.

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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 Toll Free: **1.888.839.9909** | TTY 711  lacare.org

