L.A. Care
HEALTH PLAN

PASC – SEIU Homecare Workers Health Plan

for In-Home Supportive Services (IHSS) Workers

A Helpful Guide to Your Health Care Benefits

Una guía útil para sus beneficios de atención de la salud

Ձեր առողջապահական խնամքի նպաստների օգտակար ուղեցույց

您的健康護理福利指南

2012/2013

Thank you for your membership with L.A. Care Health Plan.

When you join, and then every year, you will get this package of important information in the mail. It is about your health coverage. We need you to read and understand it.

This Member Handbook you are reading contains the Evidence of Coverage and Disclosure Form (EOC). It has the terms and conditions of your health care benefits, summarizes the L.A. Care Health Plan (L.A. Care) policies and rules, and tells you how to get health care. The Member Handbook is broken down into the following sections:

- **Combined Evidence of Coverage and Disclosure Form 1**
- **How to Get Your Prescription Drugs 49**
- **How to Stay Healthy – Preventive Health Guidelines for Adults 51**
- **Notice of Privacy Practices 55**
- **Nurse Advice Line – List of Audio Health Topics 59**

The information listed below can be found in this Member Handbook:

Basic Information

- What benefits and services are covered
- What benefits and services are not covered
- How your health plan makes decisions about when new treatments will become benefits
- What care you can and cannot get when you are out of Los Angeles County or the L.A. Care network
- How to access care when you are out of Los Angeles County
- How to change or get care from your primary care physician (PCP)
- How to get information about doctors
- How to get a referral for special care or to go to the hospital
- What to do when you need care right away or when the office is closed
- What to do if you have an emergency
- How to get prescriptions filled and other pharmacy program information
- Co-payments and other charges
- What to do if you get a bill
- How to keep you and your family healthy guide

Special Programs

- Programs to improve quality of care and services for our members with information on how we are meeting our goals
- Programs for people with a disease, like diabetes and/or asthma

How Decisions Are Made About Your Care

- How our doctors and staff make decisions about your care based only on need and benefits. We do not encourage doctors to provide less care than you need and doctors are not paid to deny care.
- How to reach us if you want to know more about how decisions are made about your care
- How to appeal a decision about your care

Member Issues

- Your rights and responsibilities as a health plan member
- How to complain when you are unhappy
- What to do if you are disenrolled from your plan
- How L.A. Care protects and uses your personal health information

You may view this Member Handbook before enrollment in a program. Be sure to see our Web site **www.lacare.org,** or call us at **1-888-839-9909** if you would like paper copies.

LA0718 01/12

L.A. Care
HEALTH PLAN®

PASC-SEIU Homecare Workers Health Care Plan for In-Home Supportive Services Workers (IHSS)

Combined Evidence of Coverage and Disclosure Form (Member Handbook)

Table of Contents

Customer Service 4

Welcome 4
Health Information Privacy 4
Identification Card (ID Card) 4
The Provider Directory 5
Information in Other Languages 5
Interpreters for Members Who Don't Speak English or are Hearing or Speech Impaired 5
If You Need Interpreting Services 6
California Relay Service 6
Protection for People with Disabilities 6
Complaints 6
Service Area 6
Timely Access to Non-Emergency Health Care Services 6
Helpful information at **www.lacare.org** on the Internet 7

Definitions 8

Member Bill of Rights 14

Member Rights 14
Member Responsibilities 14

How to Get Care 15

Primary Care Physician (PCP) 15
Scheduling Appointments 15
Referrals and Prior Authorizations 16
Referrals to Specialty Physicians 16
Standing Referrals 16
Second Opinions 17
How to Find a Pharmacy 17
Emergency and Urgent Care Services 18
Non-Qualified Services 19
Continuity of Care 19

Grievance & Appeals 20

L.A. Care Grievance Process 20
How to File a Grievance 20
How to File a Grievance for Urgent Cases 21
Independent Medical Review 21
Review by the Department of Managed Health Care 22
Eligibility and Enrollment 22

Payment Responsibilities 23

Monthly Premium 23
Co-payments 23
Annual Co-payment Maximum 23
Member Liability 23

Summary of Benefits 24

Plan Benefits 29

Alcohol/Drug Abuse Treatment – Inpatient 29
Alcohol/Drug Abuse Treatment – Outpatient 29
Asthma Care 29
Blood and Blood Products 29

Cancer Clinical Trials 29
Cataract Spectacles and Lenses 29
Confidential HIV and STD Testing 29
Dental Services 29
Diabetic Care 29
Diagnostic X-Ray and Laboratory Services 30
Durable Medical Equipment (DME) 30
Emergency Care Services 30
Family Planning Services 31
Health Education Services 31
Home Health Services 32
Hospice 32
Hospital Services – Inpatient 32
Hospital Services – Outpatient 33
Human Papillomavirus Screening & Vaccine . . . 33
Medical Transportation 33
Mental Health Care – Inpatient 33
Mental Health Care – Outpatient 34
Physical, Occupational, and Speech Therapy . . 34
Pregnancy and Maternity Care 34
Prescription Drugs 35
Preventive Care Services 35
Professional Services, Office Visits
Outpatient and Inpatient Services 36
Prosthetics and Orthotics 36
Reconstructive Surgery 36
Skilled Nursing Care 36
Transplants 36

Exclusions and Limitations 37

General Information 40

Benefit Program Participation 40
Notifying You of Changes in Benefits 40
Termination of Benefits 40
Continuation and Conversion Coverage 40
Duration of Continuation Coverage 41
How A Provider Gets Paid 43
Reimbursement Provisions –
if you Receive a Bill 43
Independent Contractors 43
Review by the Department of
Managed Health Care (DMHC) 43
Duplicate Coverage 43
Coordination of Benefits 44
Third Party Liability 44
Public Policy Participation 44
Regional Community Advisory
Committees (RCACs) 44
Notice of Information Practices 44
Governing Law 45
New Technology 45
Natural Disasters, Interruptions, Limitations . . . 45

Important Phone Numbers 46

Service Area Map 47

Customer Service

Welcome!

Welcome to **L.A. Care Health Plan** (L.A. Care). L.A. Care Health Plan is a public entity whose official name is Local Initiative Health Authority for Los Angeles County. L.A. Care is an independent public managed care health plan licensed by the state of California. L.A. Care works with doctors, clinics, *hospitals*, and other providers to offer you quality health care services.

Health Information Privacy

At L.A. Care, we value the trust you have in us. We want to keep you as an L.A. Care *member*. That's why we want to share with you the steps L.A. Care takes to keep health information about you and your family private.

To keep health information about you private, L.A. Care:

- Uses secure computer systems
- Handles health information the same way, every time
- Reviews the way it handles health information
- Follows all laws about the privacy of health information

All L.A. Care staff who have access to your health information are trained on privacy laws. They follow L.A. Care guidelines. They also sign an agreement that they will keep all health information private. L.A. Care does not give out health information to any person or group who does not have a right to it by law.

L.A. Care needs some information about you so that we can provide good health care services. This information includes:

- Name
- Gender
- Date of birth
- Language you speak
- Home address
- Home or work telephone number
- Health history

L.A. Care may get this information from any of these sources:

- You
- Another health plan
- Your doctor
- PASC
- Your health records

Before L.A. Care gives your health information to another person or group, we need your written consent. This may happen when:

- A court, arbitrator, or similar agency needs your health information
- A subpoena or search warrant is requested
- A coroner needs your health information
- Your health information is needed by law

L.A. Care may give your health information to another health plan or group to:

- Make a *diagnosis* or treatment
- Make payment for your health care
- Review the quality of your health care

Sometimes, we may also give your health information to:

- Groups who license health care *providers*
- Public agencies
- Investigators
- Probate courts
- Organ donation groups
- Federal or state agencies as required by law
- Disease management programs

If you have any questions or would like to know more about your health information, please call **L.A. Care Member Services at 1-888-839-9909**.

Identification Card (ID Card)

You will receive an ID card that shows you are an L.A. Care *member*. **Keep your ID card with you at all times. Show the ID card to the doctor, pharmacy, hospital, or other health care provider when you seek care.**

Never let anyone use your L.A. Care ID card. Letting someone else use your L.A. Care ID card with your knowledge is fraud.

The Provider Directory

The *provider directory* is a list of all doctors, hospitals, pharmacies, and mental health services in L.A. Care's *network*. The *provider directory* lists the languages spoken at each *provider*'s office. New members should have received a provider directory in your welcome packet with this Member Handbook. You can also request a provider directory by calling **L.A. Care Member Services** at **1-888-839-9909** or you can visit L.A. Care's Web site, **www.lacare.org**, to find a provider.

You may also get a list on the availability, education, and board certification of a *participating provider* in a geographical area of your choice by calling L.A. Care.

Some hospitals and other providers may have a moral objection to provide some services and some hospitals and other providers do not provide one or more of the following services that may be covered under your plan contract and that you or your family member might need:

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

Call your prospective doctor, medical group, independent practice association, or clinic, or call **Member Services at 1-888-839-9909** to ensure that you can obtain the health care services that you need.

Need this handbook in another language?

Llame a L.A. Care si desea una copia del manual en este idioma. (Spanish)

Հեռաձայնեք L.A. Care եթե ցանկանում եք սույն տեղեկագիրն ունենալ հետեւյալ լեզվով՝ (Armenian)

如果您想取得後述語言的手冊，請致電 L.A. Care。(高棉文) (Chinese)

Call L.A. Care's Member Services if you would like this handbook or other materials that you may receive from L.A. Care in large print, Braille, audio or an alternative format.

Interpreters for members who don't speak English or are hearing or speech impaired

We know doctors and other providers must understand you so that you can get the health care services you need. Laws such as the Civil Rights Act of 1964 and the Americans with Disabilities Act (ADA) of 1990 protect you if you do not speak English or have a *disability* and need help communicating with your doctor.

Your doctor's office, clinic or *hospital* can't deny services to you because you do not speak English or have a *disability*. You have the right to free interpreting services including American Sign Language *interpreter*s when getting health care service or other services that are paid for by your health plan, including after-hours interpreting services.

An *interpreter* is a person who helps you understand what is being said by the person who is giving you care.

An *interpreter* also tells the other person what you said, but in the language that person understands. This allows people who speak different languages to talk with and understand each other. This is also more private because you are not telling your child, family member or friend to interpret for you.

If you need interpreting services

Interpreting services in your language, including American Sign Language, are free 24 hours a day, 7 days a week.

You should not use children or family members as interpreters. Call L.A. Care or your doctor if you need interpreting services. We will work with you and your *primary care physician (PCP)* to make sure you can have services in a language you understand.

California Relay Service

The California Relay Service (CRS) helps a person using a TTY to communicate by phone with a person who does not use a TTY. CRS can also help a non-TTY user call a TTY user. Trained operators take phone calls and help hearing people and non-hearing people communicate.

Statewide access for voice or TTY/TDD is 1-888-877-5379 voice (SPRINT) or 1-800-735-2922 voice (MCI). Members and providers can also dial 711 on their phones to call the California Relay Service directly.

Protection for People with Disabilities

The Americans with Disabilities Act (ADA) of 1990 is a law that protects people with disabilities from being treated unfairly. A disability is a physical or mental condition that totally or seriously limits a person's ability in at least one major life activity. This law protects people who:

- Are any age, including seniors (65 years of age or older), who have disabilities
- Have disabilities such as hearing, speech or vision loss, developmental disabilities and other types of disabilities
- May not look like they have a disability or had a disability in the past

The ADA law makes sure there are equal chances for people with disabilities in employment and in state and local government services, including health care.

A doctor's office, clinic or hospital can't deny you services because you are hearing impaired or have other disabilities. Call your health plan right away if you don't get the services you need or if services are hard to get.

Here are some telephone numbers that can help you if you have a disability or want more information about the Americans with Disabilities Act (ADA):

ADA Information Line:
1-800-514-0301 (Voice)
1-800-514-0383 (TDD)

Remember: Tell your doctor's office if you need an interpreter, require extra time during your visit, or need help because of a disability.

Complaints

You can also file a complaint if:

- You can't get an interpreter
- You couldn't get information in your language
- You feel that you were denied services because of a disability

Service Area

You must live or work in Los Angeles County (including Catalina Island) in order to receive services through L.A. Care. You must choose a *primary care physician (PCP)* in Los Angeles County.

Please see the "*Emergency Services*" section for more details on emergency care.

Timely Access to Non-Emergency Health Care Services

The California Department of Managed Health Care (DMHC) adopted new regulations (Title 28, Section 1300.67.2.2) for health plans to provide timely access to non-emergency health care services to members. Health care service plans must comply with these regulations.

Questions about your health can come up at any time and the L.A. Care Nurse Advice Line gives you information, 24 hours a day, 7 days a week, at no cost to you. Call 1-800-249-3619. Hearing- or speech- impaired members can contact L.A. Care Nurse Advice Line through the California Telecommunications Relay Service at 1-866-735-2929 (TTY) or 1-800-854-7784 (speech-to-speech). Staff will inform you on what type of care you may need, based on your health condition/symptoms.

For emergencies, always call 911 or your local emergency services. You do not have to call the L.A. Care Nurse Advice Line before getting emergency care.

Helpful information at **www.lacare.org** on the Internet

Do you use the Internet? Our Web site **www.lacare.org** is a great resource. You can:

- Find a doctor
- Learn about your benefits
- Learn more about privacy rights
- Find out about your rights and responsibilities
- File a complaint (called a "grievance")

You can check your eligibility for medical coverage. You can even request to change your doctor or medical group. Since this information is private, you will need to log in. Go to **www.lacare.org** and then click "**I Am A Member**" to find out what to do. (Be sure to have your ID card ready as we ask for your member ID number.)

Definitions

You will see many words and phrases italicized. These italicized words and phrases have special meaning in the IHSS program. These words and phrases are defined in this section to help you.

Active Labor is a situation when there is inadequate time to safely transfer you to another hospital prior to delivery or when transferring you may pose a threat to your health and safety of the unborn child.

Acute Condition means a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration.

Anesthesia is the loss of sensation due to a pharmacological depression of nerve function.

Appropriately Qualified Health Professional is a *primary care physician*, Specialist, or other Health Professional who is acting within his or her scope of license and who possesses a clinical background, including training and expertise, related to the particular illness, disease, condition or conditions associated with the request for a Second Opinion.

Arbitration is a way to solve problems using a neutral third party. For problems that are settled through Arbitration, the third party hears both sides of the issue and makes a decision that both sides must accept. Both sides give up the right to a jury or court trial. To learn more, read the "Arbitration" section.

Authorization (Authorized) is the requirement that certain services be approved by L.A. Care before they are rendered.

Behavioral Health Care or Psychiatric Care is psychoanalysis, psychotherapy, counseling, medical management, or other services most commonly provided by a psychiatrist, psychologist, licensed clinical social worker, or marriage, family and child counselor, for diagnosis or treatment of mental or emotional disorders or the mental or emotional problems associated with an illness, injury, or other condition.

Benefits (Covered Services) are those Medically Necessary services, supplies, and drugs that are Benefits of the Group Agreement in which Member is enrolled and for which Medical Group is a contracted provider.

Capitation is a set flat rate paid each month to providers for covered services provided to L.A. Care members.

Cardiology is the medical specialty of the diagnosis and treatment of heart disease.

Chemotherapy is the treatment of a disease using chemical substances or drugs.

Chiropractic is the practice of locating, detecting and assisting in correcting vertebral subluxation. This is done by hand only with adjustment.

Chronic is a term used for a condition that is long-term and on-going. Not acute. Examples include diabetes, asthma, allergies, and hypertension.

Clinical Trial is a research study with cancer patients, to find out if a new cancer treatment or drug is safe and works with the type of cancer that you have.

Continuation Coverage is continued group coverage by L.A. Care for Members or Members Dependents beyond the point at which group coverage might otherwise be terminated.

Continuity of Care is your right to continue seeing your doctor or using a hospital in certain cases, even if your doctor or hospital leaves your health plan or medical group.

Contract is the agreement with L.A. Care and PASC (the Employer of record) on behalf of the County of Los Angeles to administer or otherwise pay or arrange for the payment of Benefits under the In-Home Supportive Services program.

Contraindicated is the showing that a method of treatment that would normally be used is not advisable due to the special circumstances of an individual case.

Conversion Coverage occurs when Plan coverage, including any COBRA Coverage and Cal-COBRA continuation coverage (if applicable) ends. The enrollee may be eligible for individual coverage without necessity of providing the Plan with evidence of insurability.

Co-payment is the amount a Member is required to pay for certain Benefits.

Covered Services (Benefits) see Benefits.

Credential is a certificate showing that a person is entitled to treat a member.

Custodial Care is care that does not require the regular services of trained medical or Health Professionals and that is designed primarily to assist in activities of daily living including, but not limited to, help in walking, getting in and out of bed, bathing, dressing, preparation and feeding of special diets, and supervision of medications which are ordinarily self-administered.

Curative is having the ability to cure or heal.

Diagnostic/Diagnosis is when a doctor identifies a condition, illness or disease, in certain cases, even if your doctor or hospital leaves your health plan or medical group.

Diagnostic testing is the use of tests to reach a diagnosis.

Dialysis is a form of filtration to separate smaller molecules from larger ones in a solution. This is achieved by placing a semi permeable membrane between the solution and water.

Disability is an injury, an illness, or a condition. All injuries sustained in any one accident will be considered one Disability; all illnesses existing simultaneously which are due to the same or related causes will be considered one Disability; if any illness is due to causes which are the same as or related to the causes of any prior illness, the succeeding illness will be considered a continuation of the previous Disability and not a separate Disability.

Disenroll(ment)/Enroll(ment) is when a member leaves/joins a health plan.

Disputed Health Care Service means any requested health care service eligible for coverage and payment under the Group Agreement and this Evidence of Coverage that has been denied, modified, or delayed by a decision of the Health Plan, or by one of its Participating Providers, in whole or in part due to a finding that the service is not Medically Necessary.

Durable Medical Equipment (DME) is medical equipment meant for repeated use over a prolonged period of time; not considered disposable, with the exception of ostomy bags; ordered by a licensed Health Professional acting within the scope of his or her license; intended for the exclusive use of the enrollee; does not duplicate the function of another piece of equipment or device covered by the carrier for the Member; generally not useful to a person in the absence of illness or injury; primarily serves a medical purpose; and appropriate for use in the home.

Emergency Medical Condition means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain or a psychiatric disturbance) such that the absence of immediate medical attention could reasonably be expected to result in any of the following: 1) placing the patient's health in serious jeopardy; 2) serious impairment to bodily functions; 3) serious dysfunction of any bodily organ or part.

Emergency Services are covered anywhere in the United States 24 hours a day, 7 days a week. Emergency care is a service a member reasonably believes is necessary to stop or relieve serious illness or symptoms, injury, or conditions requiring immediate diagnosis and treatment, including physical and psychiatric emergency conditions and active labor.

Employee is an individual who is employed by the Employer and meets all of the eligibility requirements as described in the PASC Contract.

Enrollment is the act of beginning your participation in a program like IHSS.

Combined Evidence of Coverage and Disclosure Form (EOC/DF) is the L.A. Care Member Handbook which has information about benefits, services and terms for members.

Exclusion is any medical, surgical, hospital or other treatment for which the program offers no coverage.

Experimental or Investigational in Nature refers to new medical treatment that is still being tested but has not been proven to treat a condition.

Family Planning Services help people learn about and plan the number and spacing of children they want, through the use of birth control.

Formulary is a list of brand-name and generic prescription drugs approved for coverage and available without prior authorization from L.A. Care. The presence of a prescription drug on the formulary does not guarantee that it will be prescribed by your doctor for a particular condition.

Generally Medically Accepted is a term used for tests or treatments that are commonly used by doctors for the treatment of a specific disease or diagnosis

Grievance/Complaint is a written or oral expression of dissatisfaction regarding the plan and/or provider, including quality of care concerns, and shall include a complaint, dispute, request for reconsideration or appeal made by you or your representative. Where the plan is unable to distinguish between a grievance and an inquiry, it shall be considered a grievance.

Health Plan refers to L.A. Care.

Health Care Services include some of the following:

- Doctor services (includes one-on-one visits with a doctor and referrals)
- Emergency services (includes ambulance and out-of-area coverage)
- Home health services
- Hospital inpatient and *outpatient services*
- Laboratory services
- *Pharmacy* services
- Preventive health services
- *Radiology* services

Health Professional is a person holding a license or certificate, appropriate to provide health care services in the State of California. Health Professionals include, but are not limited to: psychologists, podiatrists, nurses, physical therapists, speech therapists, occupational therapists, optometrists, dentists, and laboratory technicians.

Hemodialysis is the dialysis of soluble substances and water from the blood by diffusion through semi-permeable membrane.

Hospice Care is care and services provided to people who have received a diagnosis for a terminal illness. The services are given in a home or facility to relieve pain and provide support.

Hospital provides inpatient and outpatient care from doctors or nurses.

Immunizations help your immune system attack organisms that can cause disease. Some immunizations are given in a single shot or oral dose. Others require several shots over a length of time.

Independent Medical Review (IMR) is a review your health plan's denial of your request for a certain service or treatment. (The review is provided by the Department of Managed Health Care and conducted by independent medical experts, and your health plan must pay for the service if an IMR decides you need the service).

Infertility is when a person is not able to conceive and produce children after having unprotected sex on a regular basis for more than 12 months.

Inpatient is when a person receives medical treatment in a hospital or other health care facility with an overnight stay.

Interpreter is a person who speaks the languages of two people who would like to speak with each other, but cannot because of language differences. The interpreter transfers from one language to the other the meaning of what is heard without changing what is being said.

Intraocular Lens is the lens within your eyeball.

Involuntary/Involuntarily is when something is done without choice.

Laboratory is the place equipped for the running of tests, experiments, and investigative procedures.

L.A. Care Health Plan is a non-profit managed health care organization.

Liable/Liability is the responsibility of a party or person according to law.

Lien is a claim or charge on property, which a creditor (one who is owed the money) has as security for a debt or charge that is owed to him/her.

Life-threatening is a disease, illness or condition that may put a person's life in danger if it is not treated.

Maintenance Drug is any drug taken continuously for a chronic medical problem.

Medical Group means the L.A. Care Network, which is the Medical Group with which the Member's *primary care physician* is associated for the provision of Benefits to L.A. Care Members and with whom L.A. Care is contracted.

Medically Necessary/Medical Necessity refers to all covered services that are reasonable and necessary to protect life, prevent significant illness or significant disability, or to ease severe pain through the diagnosis or treatment of disease, illness or injury.

Member is an individual entitled to receive Benefits under the PASC agreement.

Member Representative is a person or persons appointed by the member, via written statement, to represent them in the State of California as a healthcare proxy, trustee named in a durable power of attorney or court appointed guardian. Also known as Personal Representative(s), a Member Representative may be a spouse, relative, friend, advocate, your doctor, a practitioner or someone designated as a representative by the member under Durable Power of Attorney, or as an Executor/Administrator of Estate or as a legal/court appointed guardian.

Member Services Department is the health plan's department that helps members with questions and concerns.

Mental Health is the diagnosis or treatment of a mental or emotional illness.

Network is a team of health care providers contracted with a health plan to provide services. The health care providers may be contracted directly with the health plan or through a medical group.

Non-formulary Drug is a drug that is not listed on L.A. Care's Formulary and requires an authorization from L.A. Care in order to be covered.

Non-participating Provider is a provider who has not contracted with L.A. Care to provide services to members.

Occupational Therapy is used to improve and maintain a patient's daily living skills when the patient has a disability or injury.

Orthotic is used to support, align, correct, or improve the function of movable body parts.

Outpatient is when a person receives medical treatment in a hospital or other health care facility without an overnight stay.

Participating Hospital is a hospital approved by L.A. Care to provide covered services to its members.

Participating Provider is a doctor, hospital, pharmacy, or other health care professional approved by L.A. Care to provide covered services to its members.

Participating Provider Group (PPG) is a physician group your doctor or *PCP* is a part of. Also see "medical group."

Participating Specialist is a doctor with specialized training, who has been approved by L.A. Care to provide covered services to its members.

PASC–SEIU Homecare Worker Health Care Plan refers to the agreement between the Personal Assistance Services Council (PASC) and Service Employees International Union (SEIU) to provide eligible and enrolled Homecare Workers with health care benefits described in this handbook.

Pharmacy is a place to get prescribed drugs.

Physical Therapy is treatment under the direction of a *primary care physician* and provided by a licensed physical therapist, certified occupational therapist or licensed doctor of podiatric medicine, which may utilize physical agents to improve a patient's musculoskeletal, neuromuscular, and respiratory systems.

Plan means L.A. Care.

Physician is a doctor.

Premium means the contribution required of PASC on behalf of the IHSS Member under the terms of Group Agreement.

Prescription is a written order given by a licensed provider for drugs and equipment.

Primary Care Physician (PCP) is a doctor that takes care of a member's health care needs and works with the member to keep them healthy. The *PCP* will also make specialty referrals when medically necessary.

Prosthesis is used to replace a missing part of the body.

Providers are contracted with a health plan to provide covered health care services. Examples include:

- Doctors
- Hospitals
- Skilled nursing facilities
- Home health agencies
- Pharmacies
- Laboratories
- X-ray facilities
- Durable medical equipment suppliers

Provider Directory is a list of providers contracted with a health plan for covered health care services. The list includes *PCPs*, hospitals, skilled nursing facilities, urgent care, and pharmacies.

Prudent Layperson is an individual who does not belong to a particular profession or specialty, but has awareness of information to make a good decision.

Qualified Health Care Professional is a *PCP*, specialist, or other licensed health care provider who is acting within his/her scope of practice. A qualified health care professional also has a clinical background in the illness, disease, or condition(s). Clinical background includes training, and expertise or a high degree of skill and knowledge.

Radiology is the use of radiation to diagnosis and treat a disease.

Reconstructive Surgery repairs abnormal body parts, improves body functions, or brings back a normal look.

Referral is when a doctor sends a member to another doctor, such as a specialist or providers of services including lab, X-ray, *physical therapy* and others.

Rehabilitative Services are the services used to restore the ability to function in a normal or near normal way, after a disease, illness, or injury.

Respiratory Therapy is treatment under the direction of a doctor and provided by a trained and certified respiratory therapist, to preserve or improve a patient's pulmonary function.

Routine Patient Care Costs are ordinary or normal costs for patient care services.

Screenings protects your health by detecting disease early and when it may be easier to treat.

Second Opinion is an additional consultation with another *primary care physician* other than the member's selected *primary care physician* or a referred Specialist before scheduling certain services.

Serious Chronic Condition means a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature, and that does either of the following:

- Persists without full cure or worsens over an extended period of time.
- Requires ongoing treatment to maintain remission or prevent deterioration.

Seriously Debilitating means diseases or conditions that cause major irreversible morbidity.

Serious Emotional Disturbances (SED) shall be defined as a person who 1) has one or more mental disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, and 2) who meets the criteria in paragraph 2) of subdivision a) of Section 5600.3 of the Welfare and Institutions Code.

Service Area means the zip codes in Los Angeles County that the health plan, to which a member is assigned, serves.

Severe Mental Illness (SMI) is defined as schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, panic disorder, obsessive-compulsive disorder, panic disorder, pervasive developmental disorder or autism, anorexia nervosa, and bulimia nervosa.

Skilled Nursing Facility is a facility licensed to provide medical services for non-acute conditions.

Specialist is a physician or other health professional who has advanced education and training in a clinical area of practice and is accredited, certified, or recognized by a board of physicians or peer group, or an organization offering qualifying examinations (board certified) as having special expertise in that clinical area of practice.

Specialty Mental Health Services are *rehabilitative services* that include mental health services, medication support services, day treatment intensives, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential services, and psychiatric health facility services such as:

- Psychiatric inpatient hospital services
- Targeted case management
- Psychiatric services
- Psychologist services
- Early, Periodic, *Screening, Diagnosis* and Treatment (EPSDT) supplemental specialty mental health services

Speech Therapy is treatment under the direction of a *primary care physician* and provided by a licensed speech pathologist or speech therapist.

Standing Referral is a referral by a doctor for more than one visit by a specialist.

Third Party includes insurance companies, individuals, or government agencies.

Triage and Screening is the evaluation of a member's health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of the member's need for care.

Total Disability is when you are unable to obtain and hold meaningful employment due to a physical or mental disability and a physician concludes your condition is long-term or terminal.

Urgent Care is any service required to prevent serious deterioration of health following the onset of an unforeseen condition or injury.

Urgent Grievance is when you are not happy with the health care service and feel that any delay with decision could lead to a life-threatening or debilitating condition. Urgent grievances include, but are limited to:

- Severe pain
- Potential loss of life, limb, or major bodily function

Member Bill of Rights

As a Member of L.A. Care Health Plan, you have a right to…

Respectful and courteous treatment. You have the right to be treated with respect, dignity and courtesy from L.A. Care providers and staff. You have the right to be free from retaliation or force of any kind when making decisions about your care.

Privacy and confidentiality. You have a right to have a private relationship with your provider and to have your medical record kept confidential. You also have a right to receive a copy of and request corrections to your medical record. If you are a minor, you have a right to certain services that do not need your parent's consent.

Choice and involvement in your care. You have the right to receive information about L.A. Care and our services. You have the right to choose your *primary care physician* (doctor) from the doctors and clinics listed in L.A. Care's provider directory. You also have the right to get appointments within a reasonable amount of time. You have a right to talk with your doctor about any care your doctor provides or recommends. You have the right to a second opinion. You have a right to information about treatment regardless of the cost or what your benefits are. You have the right to say "no" to treatment. You have a right to decide in advance how you want to be cared for in case you have a life-threatening illness or injury.

Receive timely customer service. You have the right to wait no more than 10 minutes to speak to a customer service representative during L.A. Care's normal business hours.

Voice your concerns. You have the right to complain about L.A. Care or our providers without fear of losing your benefits. L.A. Care will help you with the process. If you do not agree with a decision, you have a right to ask to for a review. You have a right to disenroll from L.A. Care whenever you want.

Service outside of L.A. Care's provider network. You have a right to receive emergency or urgent services as well as family planning and sexually transmitted disease services outside L.A. Care's provider network. You have the right to receive emergency treatment whenever and wherever you need it.

Service and information in your language. You have a right to request an interpreter at no charge instead of using a family member or a friend to interpret for you. You should not use children to interpret for you. You have the right to request the Member Handbook and other information in another language or format (such as audio, large print, or Braille).

As a Member of L.A. Care Health Plan, you have a responsibility to…

Act courteously and respectfully. You are responsible for treating your L.A. Care doctor and all our 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 the visit to cancel or reschedule.

Give up-to-date, accurate and complete information. You are responsible for giving correct information to all of your providers. You are responsible for getting regular checkups and telling your doctor about health problems before they become serious. You are responsible for notifying L.A. Care as soon as possible if you are billed by mistake by a provider.

Follow your doctor's advice and take part in your care. You are responsible for talking over your health care needs with your doctor and following the treatment you both agree on.

Use the Emergency Room only in an emergency. You are responsible for using the emergency room in cases of an emergency or as directed by your doctor or L.A. Care's 24-hour, free Nurse Advice Line. If you are not sure you have an emergency, you can call your doctor or call our free Nurse Advice Line at 1-800-249-3619.

Report wrongdoing. You are responsible for reporting health care fraud or wrongdoing to L.A. Care. You can report without giving your name by calling the L.A. Care Compliance Helpline toll free at 1-800-400-4889.

How to Get Care

Please read the following information so that you will know how and where to get care.

Primary Care Physician (PCP)

Please read the following information so you will know from whom or what group of *providers* health care may be obtained.

All L.A. Care members must have a *primary care physician (PCP)*. The name and phone number of your *PCP* is found on your L.A. Care ID card. Except for emergency services, your *PCP* will arrange all your health care needs, refer you to *specialists*, and make *hospital* arrangements.

Each *PCP* works with a *Participating Provider Group* (*PPG*), which is another name for *medical group*. Each *PPG* works with certain *specialists*, *hospitals*, and other health care *providers*. The *PCP* you choose determines which health care *providers* are available to you.

Scheduling Appointments

Step 1: Call your *PCP*

Step 2: Explain why you called

Step 3: Ask for an appointment

Your *PCP's* office will tell you when to come in and how much time you will need with your *PCP*. (Please see the "Summary of Benefits" section to know which services require co-payments).

Clinic/doctor appointments are generally available Monday through Friday between 8:00 a.m. and 4:30 p.m. Evening and Saturday clinic/doctor office appointments may be available at some L.A. Care sites. Please see the provider directory for more information about each clinic/doctor.

If you need medical advice during clinic/doctor office hours, you may call your *PCP* and speak to her/him or call L.A. Care's Nurse Advice Line 24 hours a day, 7 days a week at 1-800-249-3619. The *PCP* or L.A. Care nurse will answer your questions and help you decide if you need to come into the clinic/doctor's office.

If you cannot come in for your appointment, you should call as far ahead as possible to let the clinic/doctor's office know. You can schedule another appointment at that time. Waiting time for an appointment may be extended if the provider determines that a longer waiting time will not have a detrimental impact. The rescheduling time of appointments shall be appropriate for the health care needs and shall ensure continuity of care.

L.A. Care shall provide or arrange for 24 hours a day, 7 days a week, *triage or screening* services by telephone. Telephone triage or screening services waiting time shall not exceed 30 minutes.

L.A. Care shall ensure that all health providers have an answering service or answering machine during non-business hours that provide urgent or emergency care instructions to contact the on-call health provider.

A PCP will be assigned to you

When you join L.A. Care, we will assign you to the nearest *PCP* available to your home, based on the following:

- The language you speak
- Specialty care most appropriate for the member's age.

Within two weeks of enrollment, you will receive a member ID card with the *PCP* name, clinic name and phone number for you to call to schedule an appointment. You can either choose to schedule an appointment with a *PCP* at that clinic, or you can select another *PCP*.

How to change your PCP

If you would like to change your *PCP* or clinic, call L.A. Care at **1-888-839-9909**. Review the In-Home Supportive Services Provider Directory to choose a *PCP* from the list of providers. You will find the names of each of the *PCPs* along with their address, telephone number, specialty, and the languages they speak.

PCPs are listed in two ways to help you find the one who is right for you:

- By City in Alphabetical order – If you know the name of the city you would like.
- By Clinic – If you know the name of the clinic.

Some things to think about when choosing a *PCP*:

- Is the *PCP* close to home or work?
- Is it easy to get to the *PCP* or clinic by using public transportation?
- Does the *PCP* speak your language?

Or, you can go to the L.A. Care Web site, **www.lacare.org**. Click on each of the following:

- **I Am A Member**
- **Click on this sentence to sign into L.A. Care Connect.**

Follow the instructions to change your doctor. The request must be received by the 20th day of the month to be effective the first day of the next month. If the request is received after the 20th day of the month, it will be effective one month later.

If your new *PCP* works with a different clinic or PPG, this may also change the *hospitals*, *specialists*, and other health care *providers* from whom your may receive health care.

Referrals and Prior Authorizations

A *referral* is a request for health care services that are not usually provided by your *PCP*. All health care services must be approved by your *PCP* before you get them. This is called prior authorization. Prior authorization is required for all in-*network* and out-of-*network providers*.

There are different types of *referral* requests with different timeframes as follows:

- Routine or regular *referral* – 5 business days
- Urgent *referral* – 24 to 48 hours
- Emergency *referral* – same day

Please call L.A. Care if you do not get a response within the above time frames.

The following services do not require a prior authorization.

- *Emergency services* (go to Emergency Care Services section for more information)
- Preventive health services (including immunizations)
- Obstetrician and gynecological services in-*network*

All health care services are reviewed, approved, or denied according to medical necessity. Call L.A. Care if you would like a copy of the policies and procedures used to decide if a service is *medically necessary*. The number is **1-888-839-9909.**

Referrals to Specialty Physicians

Specialists are doctors with training, knowledge, and practice in one area of medicine. For example, a cardiologist is a heart *specialist* and who has years of special training to deal with heart problems.

Your *PCP* will ask for prior authorization if he or she thinks you should see a *specialist*.

Referral to non-physician providers

You may get services from non-*physician providers* who work in your *PCP's* office. Non-*physician providers* may include, but are not limited to, clinical social workers, family therapists, nurse practitioners, and physician assistants.

Standing Referrals

You may have a chronic, *life-threatening* or disabling condition or disease such as HIV/AIDS. If so, you may need to see a *specialist* or *qualified health care professional* for a long length of time. Your *PCP* may suggest, or you may ask for, what is called a *standing referral*.

A *standing referral* to a *specialist* or qualified health care professional needs prior authorization. With a *standing referral*, you will not need authorization to visit the *specialist* or qualified health care professional. You may ask for a *standing referral* to a *specialist* that works with your *PCP* or with a contracted specialty care center.

The *specialist* or qualified health care professional will develop a treatment plan for you.The treatment plan will show how often you need to be seen. Once the treatment plan is approved, the *specialist* or qualified health care professional will be authorized to provide health services. The *specialist* will provide health services in his or her area of expertise and training and based on the treatment plan.

Second Opinions

What is a second opinion?

A *second opinion* is a visit with another doctor when you:

- Question a *diagnosis*, or
- Do not agree with the *PCP's* treatment plan, or
- Would like to confirm the treatment plan.

The *second opinion* must be from a qualified health care professional in L.A. Care's or your PPG's *network*. If there is no qualified health care professional in the *network*, L.A. Care or your PPG will make arrangements for one. You have the right to ask for and to get a *second opinion*, and to ask for timeliness for making routine and *urgent* opinions available.

What do you need to do?

Step 1: Talk to your *PCP* or L.A. Care and let him/her know you would like to see another doctor and the reason why.

Step 2: Your *PCP* or L.A. Care will refer you to a qualified health care professional.

Step 3: Call the *second opinion* doctor to make an appointment.

If you do not agree with the *second opinion*, you may file a *grievance* with L.A. Care. Refer to the "Grievance and Appeals" section for more information.

How to Find a Pharmacy

L.A. Care works with many pharmacies. The drugs prescribed by your *PCP* or *specialist* must be filled at one of these pharmacies. You can receive a 90-day supply of maintenance medications at certain local pharmacies. Ask your doctor to write a 90-day prescription.

To find a pharmacy near you:

Look in the "Participating Pharmacies" section of the Provider Directory to find a *pharmacy* in your neighborhood. Or, visit the L.A. Care Web site **www.lacare.org.** Click on each of the following:

- **I Am A Member**
- **IHSS Program**
- **Pharmacy Information**
- **Find a Pharmacy**

You can also click on **How to Get Your Prescriptions Filled** for more information.

Be sure to show your L.A. Care ID card when you fill your *prescriptions* at the *pharmacy*.

What drugs are covered?

L.A. Care uses a *formulary* of approved drugs. A *formulary* is a list of drugs that are generally accepted in the medical community as safe and effective. The *formulary* is reviewed and approved by a committee of L.A. Care's participating *physicians* and pharmacists on a quarterly basis. You may call L.A. Care to ask for a copy of the *formulary* or to ask if a specific drug or drugs are included. You can also view the formulary on L.A. Care's Web site, **www.lacare.org**. Click on each of the following:

- **I Am A Member**
- **IHSS Program**
- **Pharmacy Information**
- **Click on this sentence to view the list of approved drugs for the IHSS Program.**

Your doctor will prescribe drugs from the *formulary*. A drug may be included on the *formulary*, but your doctor may still not prescribe that drug, depending on your health status. L.A. Care covers both brand name and generic versions of any prescribed drug. Members are responsible for the co-payment.

The L.A. Care formulary includes:

- Approved *prescription* drugs
- Diabetic supplies: Insulin, insulin syringes, glucose test strips, lancets and lancet puncture devices
- Pen delivery systems such as EpiPens and Anakits
- Inhaler extender devices
- *Emergency contraceptive drugs*: You may get *emergency contraceptive drugs* from your doctor or *pharmacy* with a *prescription* from your doctor. You may also get *emergency contraceptive drugs* from a certified pharmacist without a *prescription*.

For information on pharmacies offering emergency contraceptive drugs from certified *pharmacists* without a prescription, please call **L.A. Care Member Services at 1-888-839-9909.**

Emergency contraceptive drugs are covered also when you receive *emergency care services*. You may receive

emergency care services from doctors, *hospitals*, *pharmacies* or other health care professionals whether or not they are contracted with L.A. Care Health Plan.

Non-formulary drugs

Sometimes, the doctor may prescribe a drug that is not on the *formulary*. This will require that the doctor get authorization from L.A. Care. To decide if the non-*formulary* drug will be covered, L.A. Care may ask the doctor and/or pharmacist for more information. L.A. Care will reply to the doctor and/or pharmacist within 24 hours or one business day after getting the requested medical information.

The doctor or pharmacist will let you know if the drug is approved. After approval, you can get the drug at a *pharmacy* in your *network*.

If the non-*formulary* drug is denied, you have the right to file a *grievance*. (Please see the "Grievance and Appeals" section for more information.)

Emergency and Urgent Care Services

Urgent care services

There is a difference between needing care urgently and an emergency. Urgent care is when a condition, illness or injury is not life-threatening, but needs medical care right away. Many of L.A. Care's doctors have urgent care hours in the evening and on weekends.

How to get urgent care

1. Call your *PCP*. You may speak to an operator who answers calls for your *PCP's* office when closed (like after normal business hours, on the weekends or holidays).
2. Ask to speak to your *PCP* or the doctor on call. A doctor will call you back. If your *PCP* is not available, another doctor may answer your call. A doctor is available by phone 24 hours a day, 7 days a week, and also on the weekends and holidays.
3. Tell them about your condition and follow their instructions.

If you are outside of Los Angeles County, you do not need to call your *PCP* or get prior *authorization* before getting urgent care services. Be sure to let your *PCP* know about this care. You may need follow-up care from your *PCP*.

Emergency services

Emergency services are covered 24 hours a day, 7 days a week, anywhere. *Emergency care* is a service that a member reasonably believes is necessary to stop or relieve:

- sudden serious illnesses or symptoms
- injury or conditions requiring immediate diagnosis and treatment

Emergency services and care include ambulance, medical screening, exam and evaluation by a doctor or appropriate personnel. *Emergency services* include both physical and psychiatric emergency conditions, and active labor.

Examples of emergencies include but are not limited to:

- Having trouble breathing
- Seizures (convulsions)
- Lots of bleeding
- Unconsciousness/blackouts (will not wake up)
- In a lot of pain (including chest pain)
- Swallowing of poison or medicine overdose
- Broken bones
- Head injury
- Eye injury
- Thoughts or actions about hurting yourself or someone else

If you think you have a health emergency, call 911. You are not required to call your doctor before you go to the emergency room. Do not use the emergency room for routine health care.

What to do in an emergency:

Call 911 or go to the nearest emergency room if you have an emergency. *Emergency care* is covered at all times and in all places.

What to do if you are not sure if you have an emergency:

If you are not sure whether you have an emergency or require urgent care, please contact L.A. Care's Nurse Advice Line at 1-800-249-3619 to access *triage or screening* services, 24 hours a day, 7 days a week.

Post stabilization and follow-up care after an emergency

Once your emergency medical condition has been treated at a hospital and an emergency no longer exists because your condition is stabilized, the doctor who is treating you may want you to stay in the hospital for a while longer before you can safely leave the hospital. The services you receive after an emergency condition is stabilized are called "post-stabilization services."

If the hospital where you received emergency services is not part of L.A. Care's contracted network ("non-contracted hospital"), the non-contracted hospital will contact L.A. Care to get approval for you to stay in the non-contracted hospital.

If L.A. Care approves your continued stay in the non-contracted hospital, you will not have to pay for services.

If L.A. Care has notified the non-contracting hospital that you can safely be moved to one of L.A. Care's contracted hospitals, L.A. Care will arrange and pay for you to be moved from the non-contracted hospital to a contracted hospital.

If L.A. Care determines that you can be safely transferred to a contracted hospital, and you do not agree to being transferred, the non-contracted hospital must give you a written notice stating that you will have to pay for all of the cost for post-stabilization services provided to you at the non-contracted hospital after your emergency condition is stabilized.

Also, you may have to pay for services if the non-contracted hospital cannot find out what your name is and cannot get L.A. Care's contact information to ask for approval to provide services once you are stable.

If you feel that you were improperly billed for post-stabilization services that you received from a non-contracted hospital, please contact the L.A. Care Member Services at 1-888-839-9909.

Non-Qualified Services

Non-qualified services are any non-emergency services received in the emergency room. L.A. Care will review all emergency room services provided to members based on the prudent lay person's definition of emergency services. The member's family must pay for the cost of any non-qualified services. (Please refer to the "Emergency Services" section for more information.)

Continuity of Care

We will send you a letter in the mail if your *primary care physician* (*PCP*) stops working with L.A. Care. We will do this 60 days before the date your *PCP* stops working with L.A. Care. You can ask to keep seeing this doctor (including *specialists* and *hospitals*), if the doctor agrees and has been treating you for anything listed below:

- Acute condition – For the duration of the condition.
- Serious chronic (long-term) condition – For a period of time necessary to complete a course of treatment and arrange for a safe transfer to another *provider*.
- Pregnancy – Includes the rest of the pregnancy and immediate postpartum care.
- Terminal illnesses/conditions – For the length of the illness.
- Care of a newborn child from birth to age 36 months – For up to 12 months.
- You have a surgery or other procedure that has been authorized by the plan as part of a documented course of treatment.

New members can also ask to keep seeing their current doctor or *hospital* for these conditions if they have just joined L.A. Care.

If you have one of the conditions listed, ask your doctor if you can keep seeing him/her. You can also call L.A. Care **Member Services at 1-888-839-9909** on how to request continuity of care.

You need to know that the continuity of care benefit will not apply to you if:

(1) You are a new *member* in L.A. Care and your old health plan offered to let you keep receiving care from an out-of-*network provider*.

OR

(2) You had the choice to keep receiving care from your previous *provider*, but you decided to change health plans.

Doctors who are not contracted with L.A. Care may be required to agree to the same terms and conditions as contracted *providers*. If the doctor does not agree, L.A. Care is not required to provide the services through that doctor.

Grievance & Appeals

L.A. Care Grievance Process

Complaints: What should I do if I am unhappy?

If you are not happy, are having problems or have questions about the service or care given to you, you can contact your *PCP* and let your *PCP* know. Your *PCP* may be able to help you or answer your questions. However, you may file a grievance with L.A. Care at anytime and do not have to contact your *PCP* before filing a grievance with L.A. Care.

What is a grievance?

A grievance is a complaint. This complaint is written down and tracked. You might be unhappy with the health care services you get or how long it took to get a service, and have the right to complain. Some examples are complaints about:

- The service or care your *PCP* or other providers give you
- The service or care your *PCP's* medical group gives you
- The service or care your pharmacy gives you
- The service or care your hospital gives you
- The service or care L.A. Care gives you

How to File a Grievance

You have many ways to file a grievance. You can do any of the following:

- Write, visit or call L.A. Care. You may also file a grievance online through L.A. Care's Web site at **www.lacare.org.**

  L.A. Care Health Plan
  Member Services Department
  1055 West 7th Street, 10th Floor
  Los Angeles, CA 90017
  1-888-839-9909
  TTY Service: 1-866-LACARE1 (1-866-522-2731)
  www.lacare.org

- Fill out a grievance form at your doctor's office

L.A. Care can help you fill out the grievance form. Or, we can send you a form for you to fill out and send back to us. Within five calendar days of receiving your grievance, you will get a letter from L.A. Care saying we have your grievance and are working on it. Then, within 30 calendar days of receiving your grievance, L.A. Care will send you a letter explaining how the grievance was resolved.

Filing a grievance does not affect your medical benefits. If you file a grievance you may be able to continue a medical service while the grievance is being resolved. To find out more about continuing a medical service, call L.A. Care.

If you do not agree with the outcome of your grievance

If you do not hear from L.A. Care within 30 calendar days, or you do not agree with the decision about your grievance, you may file a grievance with the Department of Managed Health Care (DMHC). For information on how to file a grievance with DMHC, go to "Review by the Department of Managed Health Care (DMHC)" section.

How to file a grievance for health care services denied or delayed as not medically necessary

If you believe a health care service has been wrongly denied, changed, or delayed by L.A. Care because it was found not medically necessary, you may file a grievance. This is known as a disputed health care service.

Within five calendar days of receiving your grievance, you will get a letter from L.A. Care saying we have received your grievance and that we are working on it. The letter will also let you know the name of the person working on your grievance. Then, within 30 calendar days you will receive a letter explaining how the grievance was resolved.

Filing a grievance does not affect your medical benefits. If you file a grievance you may be able to continue a medical service while the grievance is being resolved. To find out more about continuing a medical service, call L.A. Care.

If you do not agree with the outcome of your grievance for health care services denied or delayed as not medically necessary

If you do not hear from L.A. Care within 30 calendar days, or you do not agree with the decision about

your grievance, you may file a grievance with the Department of Managed Health Care (DMHC). For information on how to file a grievance with DMHC, go to "Review by the Department of Managed Health Care (DMHC)" section.

How to File a Grievance for Urgent Cases

Examples of urgent cases include:

- Severe pain
- Potential loss of life, limb or major bodily function
- Immediate and serious deterioration of your health

In urgent cases, you can request an "expedited review" of your grievance. You will receive a call and/or a letter about your grievance within 24 hours. A decision will be made by L.A. Care within three calendar days (or 72 hours) from the day your grievance was received.

You have the right to file an urgent grievance with DMHC without filing a grievance with L.A. Care. For information on how to file a grievance with DMHC, go to "Review by the Department of Managed Health Care (DMHC)" section.

If you do not agree with the outcome of your grievance for urgent cases

If you do not hear from L.A. Care within three calendar days (or 72 hours), or you do not agree with the decision about your grievance, you may file a grievance with the Department of Managed Health Care (DMHC). For information on how to file a grievance with DMHC, go to "Review by the Department of Managed Health Care (DMHC)" section.

Independent Medical Review

You may request an *Independent Medical Review* (IMR) from DMHC. You have up to six months from the date of denial to file an IMR. You will receive information on how to file an IMR with your denial letter. You may reach DMHC toll free at 1-888-HMO-2219 or 1-888-466-2219.

There are no fees for an IMR. You have the right to provide information to support your request for an IMR. After the IMR application is submitted, a decision not to take part in the IMR process may cause you to lose certain legal rights to pursue legal action against the plan.

When to file an Independent Medical Review (IMR)

You may file an IMR if you meet the following requirements:

- Your doctor says you need a health care service because it is medically necessary and it is denied; or
- You received urgent or emergency services determined to be necessary and they were denied; or
- You have seen a network doctor for the diagnosis or treatment of the medical condition, even if the health care services were not recommended.
- The disputed health care service is denied, changed or delayed by L.A. Care based in whole or in part on a decision that the health care service is not medically necessary, and
- You have filed a grievance with L.A. Care and the health care service is still denied, changed, delayed or the grievance remains unresolved after 30 days.

You must first go through the L.A. Care grievance process, before applying for an IMR. In special cases, the DMHC may not require you to follow the L.A. Care grievance process before filing an IMR.

The dispute will be submitted to a DMHC medical specialist if it is eligible for an IMR. The specialist will make an independent decision on whether or not the care is medically necessary. You will receive a copy of the IMR decision from DMHC. If it is decided that the service is medically necessary, L.A. Care will provide the health care service.

Non-urgent cases

For non-urgent cases, the IMR decision must be made within 30 days. The 30-day period starts when your application and all documents are received by DMHC.

Urgent cases

If your grievance is urgent and requires fast review, you may bring it to DMHC's attention right away. You will not be required to participate in the health plan grievance process.

For urgent cases the IMR decision must be made within three calendar days from the time your information is received.

Examples of urgent cases include:

- Severe pain
- Potential loss of life, limb or major bodily function
- Immediate and serious deterioration of your health

Independent Medical Review for denials of experimental/ investigational therapies

You may also be entitled to an IMR, through the Department of Managed Health Care, when we deny coverage for treatment we have determined to be experimental or investigational.

- We will notify you in writing of the opportunity to request an *Independent Medical Review* of a decision denying an experimental/ investigational therapy within five (5) business days of the decision to deny coverage.
- You are not required to participate in L.A. Care's grievance process prior to seeking an *Independent Medical Review* of our decision to deny coverage of an experimental/ investigational therapy.
- If a physician indicates that the proposed therapy would be significantly less effective if not promptly initiated, the *Independent Medical Review* decision shall be rendered within seven (7) days of the completed request for an expedited review.

Review by the Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating healthcare service plans. If you have a grievance against the health plan, you should first telephone the health plan at **1-888-839-9909** (TTY for the hearing impaired at 1-866-522-2731) and use the health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll free telephone number (1-888-HMO-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department's Internet Web site **http://www.hmohelp.ca.gov** has complaint forms, IMR application forms and instructions online.

L.A. Care's grievance process and DMHC's complaint review process are in addition to any other dispute resolution procedures that may be available to you, and your failure to use these processes does not preclude your use of any other remedy provided by law.

Eligibility and Enrollment

Requirements for member eligibility

In order to be eligible to participate in the IHSS program you must be all of the following:

- Live or work in Los Angeles County.
- Meet all of the employer's eligibility requirements

Starting date of coverage

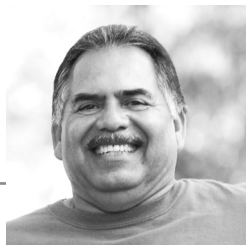
You will receive a notice from L.A. Care letting you know when you are approved for the program and when coverage will begin.

Generally, coverage begins the first month after eligibility for the program is determined by the *Personal Assistance Service Council (PASC)*.

Notification of eligibility changes

You must meet and continue to meet all of the employer's eligibility requirements throughout the period of coverage. You should contact *PASC* for questions regarding the eligibility requirements.

Payment Responsibilities



Monthly Premium

The monthly premium is as follows:

Enrollees	Gross Monthly Premium
IHSS Worker Only	$1.00

Your premium or *co-payment* rates will not change unless:

- Authorized or required in the *PASC* contract
- You and the Plan agree in writing

If there are any premium or coverage changes to your plan, you will receive written notice at least 60 days prior to the effective date.

Except for any *co-payments*, L.A. Care pays for all covered medical costs approved by your *PCP* or for an emergency. You should not get a bill for any services covered by L.A. Care. Please call L.A. Care right away if you receive a medical bill. L.A. Care will make sure the doctor stops sending you a bill.

Co-payments

A $5 *co-payment* is required for some health care services.

A $35 *co-payment* is required for emergency services. This is waived if you are admitted to the hospital.

Please refer to the "Summary of Benefits" section for a listing of services and co-payments.

Annual Co-payment Maximum

The annual *co-payment* maximum amount for the IHSS program is $1,000. The annual *co-payment* maximum is the highest total *co-payment* amount you are required to pay during one benefit year. All co-payments count toward the annual maximum, including prescription drug co-payments.

Step 1: Save your receipts.

Step 2: Call us when the receipts total $1,000. You may not have to pay co-payments for the rest of the benefit year.

Member Liability

Members must pay required co-payments. Other than required co-payments, *participating providers* may not ask for payments from or assert a lien on a *member* for *covered services*. If you think you are being asked to pay a *co-payment* that you feel you should not have to pay, please call the L.A. Care Compliance Helpline at 1-800-400-4889.

Please see "Third Party Liability," in the "General Information" section for more information on *member liability*.

Members are only eligible to get health care services that are *covered services* in the IHSS program. Even if your doctor recommends that you get health care services that are not *covered services*, these health care services are not covered *plan benefits* for members. Members are only able to get *covered services* as described in this Member Handbook. If you have any questions about what are *covered services*, please call L.A. Care **Member Services at 1-888-839-9909.**

Summary of Benefits

Services are covered only if they are medically necessary.

The table below is a summary of your IHSS program covered *benefits* and *co-payments*. Only services described as *plan benefits* in the Member Handbook are covered by L.A. Care. Services are covered only according to the procedures described in this Member Handbook, including all *authorizations* and *referrals*.

Your *PCP* must arrange and approve all your care **before** you receive services. All health care services are reviewed, approved or denied according to medical necessity. It is important that you learn about your *benefits* before you need them. Please call the L.A. Care **Member Services at 1-888-839-9909** if you have any questions. ***Exception:*** Emergency room and out of area *urgent care* services do not require prior *authorization*.

Services described in the table below are brief descriptions. For a full explanation of your *benefits*, please see the pages following this table.

Benefits	Covered Services	Member Pays
Alcohol /Drug Abuse Treatment – Inpatient	Hospitalization to remove toxic substances from the system. Call L.A. Care's toll free behavioral health hotline at 1-877-344-2858. We will help you find the kind of help that is right for you.	No co-payment
Asthma Care	Coverage for medically necessary supplies and equipment relating to the management and treatment of asthma, including inhaler spacers, nebulizers (including face masks and tubing), peak flow meters and education on the proper use of these items	No co-payment
Alcohol/Drug Abuse Treatment – Outpatient	Crisis intervention and treatment of alcoholism or drug abuse. Call L.A. Care's toll free behavioral health hotline at 1-877-344-2858. We will help you find the kind of help that is right for you.	$5 per visit Benefit is limited to 20 visits per benefit year.
Blood and Blood Products	*Inpatient* and *outpatient* processing, storage, and administration and collection, and storage of autologous blood, when *medically necessary*	No co-payment
Cancer Clinical Trials	Coverage for a member's participation in a cancer clinical trial, phase I through IV, when the member's physician has recommended participation in the trial and member meets certain requirements	$5 per visit Co-payment for prescriptions as described in the "Prescription Drug Program"

Benefits	Covered Services	Member Pays
Cataract Spectacles and Lenses	Cataract spectacles and lenses, cataract contact lenses or intraocular lenses that replace the natural lens of the eye after cataract surgery	No co-payment
Confidential HIV and STD Testing	Testing available from L.A. County Department of Health Services, family planning services providers, your doctor, or prenatal clinics; no prior authorization required	No co-payment
Dental Services	Only when medically necessary; no coverage for routine dental services (e.g., cleaning, cosmetic)	No co-payment
Diabetic Care	Equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin-using diabetes and gestational diabetes as medically necessary, even if the items are available without prescription. Training and health education for diabetes self-management. Family education for self-management.	No co-payment
Diagnostic, X-Ray and Laboratory Services	Therapeutic radiological services, ECG, EEG, mammography, other *outpatient* diagnostic *laboratory* and *radiology* tests	No co-payment
Durable Medical Equipment	Equipment for home used as *medically necessary*	No co-payment
Emergency Care Services	Health care services which a prudent lay person would consider necessary to relieve a serious illness or symptom, injury, severe pain, or condition requiring immediate *diagnosis*. Offered 24 hours a day, 7 days a week.	$35 per visit (waived if admitted to hospital)
Emergency Contraception	FDA-approved contraceptive drugs and devices	No co-payment
Family Planning Services	Voluntary family planning services	No co-payment
Health Education Services	Effective health education services and materials. This includes education on personal health behavior and health care, and recommendations regarding the optimal use of health care.	No co-payment

Benefits	Covered Services	Member Pays
Home Health Care Services	Services provided at the home by health care personnel Medically necessary skilled care; does not cover custodial care	No co-payment
Hospice	*Medically necessary* skilled care; counseling; medical supplies; short term *inpatient* care; pain control and symptom management; bereavement services; physical, speech and occupational therapies; medical social services; and respite care	No co-payment
Hospital Services – Inpatient	Room and board, nursing care and all medically necessary ancillary services • anesthesia • dialysis • obstetrical care and delivery (including Caesarean section)	No co-payment
Hospital Services – Outpatient	Diagnostic, therapeutic and surgical services performed at a hospital or outpatient facility • ambulatory surgery • specialty care consultations/visits • therapeutic radiology, chemotherapy, renal dialysis • physical, occupational and speech therapy performed on an outpatient basis • emergency health care services (waived if the member is hospitalized)	No co-payment No co-payment No co-payment No co-payment $5 per visit $35 per visit
Human Papillomavirus Screening & Vaccine (HPV)	Screening test for cervical cancer available to all female members ages 9 through 26	No co-payment
Medical Transportation	Ambulance transportation when *medically necessary*	No co-payment
Mental Health Care – Inpatient	• Limited to 30 days per benefit year for treatment of acute phase of mental health conditions during a certified confinement in a participating hospital • Diagnosis and treatment of a mental health condition • This includes, but is not limited to inpatient mental health care services for the treatment of Severe Mental Illnesses (SMI)	No co-payment

Benefits	Covered Services	Member Pays
Mental Health Care – Inpatient (continued)	• Benefits for Serious Emotional Disturbances (SED) of children and Severe Mental Illnesses (SMI) of members of all ages are not limited. Call L.A. Care's toll free behavioral health hotline at 1-877-344-2858. We will help you find the kind of help that is right for you.	
Mental Health Care – Outpatient	Limited to 20 visits per benefit year. SED of a child and SMI of members of all ages, visits are not limited Specialty mental health care visits Call L.A. Care's toll free behavioral health hotline at 1-877-344-2858. We will help you find the kind of help that is right for you.	$5 per visit $2 per visit
Physical, Occupational and Speech Therapy	Outpatient Inpatient Therapy may be provided in a medical office or other appropriate outpatient setting	$5 per visit No co-payment
Pregnancy and Maternity Care	Prenatal and postpartum care	No co-payment
Prescription Drugs	Drugs prescribed by a licensed practitioner • 30-day supply for brand name or generic drugs • 90-day supply of maintenance drugs – generic only • Prescription drugs provided in an inpatient setting • Drugs administered in the doctor's office or in an outpatient facility • FDA-approved contraceptive drugs and devices • Respiratory devices for the management and treatment of asthma Call Member Services for mail order form or for a list of participating pharmacies at **1-888-839-9909**.	 $5 per prescription $5 per prescription No co-payment No co-payment No co-payment No co-payment

Benefits	Covered Services	Member Pays
Preventive Care Services	• Periodic health exams • Immunizations, STD tests, and cytology exams on a reasonable periodic basis • Vision/Hearing Screening • Cancer Screening • Health Education • Well-Child Care – limited to first 31 days of life	$5 per visit No co-payment No co-payment No co-payment No co-payment No co-payment
Professional Services – Inpatient	Licensed *hospital*, *skilled nursing facility*, *hospice*, *mental health* facility	No co-payment
Professional Services – Outpatient	• Office or home visit • Chemotherapy, dialysis, surgery, anesthesiology, or radiation	$5 per visit No co-payment
Prosthetics and Orthotics	Prosthetics and *orthotics* as prescribed by L.A. Care *providers*	No co-payment
Reconstructive Surgery	Reconstructive surgery repairs abnormal body parts, improves body function, or brings back a normal look	No co-payment
Skilled Nursing Care	Services provided in a licensed skilled nursing facility. Benefit is limited to a maximum of 100 days per benefit year.	No co-payment
Transplants	*Medically necessary* organ and bone marrow transplant; medical and *hospital* expenses of a donor or prospective donor; testing expenses and charges associated with procurement of donor organ	No co-payment

The IHSS health benefit plan in Los Angeles County is considered a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your IHSS health benefit plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the **Member Services** at **1-888-839-9909**.

Plan Benefits

Alcohol/Drug Abuse Treatment – Inpatient

Hospitalization for alcoholism or drug abuse as *medically necessary* to remove toxic substances from the system.

Alcohol/Drug Abuse Treatment – Outpatient

Crisis intervention and treatment of alcoholism or drug abuse on an *outpatient* basis as medically necessary.

Limitation: 20 visits per benefit year. Additional visits may be covered if approved and authorized by L.A. Care.

Asthma Care

Benefit includes nebulizers (including face mask and tubing), inhaler spacers and peak flow meters and education on the proper use of these items when medically necessary for management and treatment of asthma.

Blood and Blood Products

Processing, storage, and administration of blood and blood products in *inpatient* and *outpatient* settings. Includes the collection and storage of autologous blood when medically indicated.

Cancer Clinical Trials

If you have cancer, you may be able to be part of a cancer *clinical trial* that meets certain requirements, when referred by your L.A. Care *PCP* or treating *provider*. The cancer *clinical trial* must have a meaningful potential to benefit you, and be approved by one of the following: the National Institute of Health (NIH), the Food and Drug Administration (FDA), the U.S. Department of Defense or the U.S. Veteran's Administration. Coverage for treatment in a clinical trial is limited to participating hospitals and participating providers in California, unless the protocol for the clinical trial is not provided for by a California hospital or a California physician. If you are part of an approved cancer *clinical trial*, L.A. Care will provide coverage for all routine patient care costs related to the clinical trial.

If you have a *life-threatening* or debilitating condition, or were *eligible*, but denied coverage for a cancer *clinical trial*, you have the right to request an Independent Medical Review (IMR) or denial. Go to the, "When to file an Independent Medical Review" section.

Cataract Spectacles and Lenses

Cataract spectacles, cataract contact lenses, or intraocular lenses that replace the natural lens of the eye after cataract surgery are covered. Also one pair of eyeglasses or contact lenses is covered if necessary after cataract surgery with insertion of an intraocular lens.

Confidential HIV and STD Testing

You do not need prior authorization from your doctor for confidential HIV and STD testing. A list of services is available. Call **Member Services** at **1-888-839-9909** to request a copy. You can get confidential HIV and STD testing from the following:

- Los Angeles County Department of Health Services
- Family planning service providers
- Your *PCP* (doctor)
- Prenatal clinics

Dental Services

Only when medically necessary; no coverage for routine dental services (e.g., cleaning, cosmetic).

Diabetic Care

Supplies, equipment, and services for treatment and/or control of diabetes when medically necessary. Outpatient diabetes education programs for self-management training, education, and medical nutrition therapy necessary to enable a member to properly use the equipment, supplies, and medications.

Diagnostic X-Ray and Laboratory Services

- Laboratory tests for the management of diabetes, including at a minimum: cholesterol, triglycerides, microalbuminuria, HDL/LDL and Hemoglobin A-1C (Glycohemoglobin),
- Diagnostic laboratory services, diagnostic and therapeutic radiological (x-ray) services necessary to evaluate, diagnose, treat, and follow-up on the care of members.
- Other diagnostic services, which shall include, but not limited to, electrocardiography (EKG) and electro-encephalography (EEG).

Durable Medical Equipment (DME)

Durable medical equipment (DME) is *medically necessary* equipment appropriate that is ordered by your *physician* and for use in the home, which is:

- Intended for repeated use
- Generally not useful to a person without illness or injury
- Primarily serves a medical purpose

L.A. Care will decide whether to rent or purchase DME. Repair or replacement of DME is covered unless the DME has been misused or lost. All equipment purchased or rented must be authorized by L.A. Care.

Examples include:

- Apnea monitors
- Blood glucose monitors, including monitors for the visually impaired for insulin dependent, non-insulin dependent, and gestational diabetics
- Insulin pumps and all related supplies
- Nebulizer machines
- Ostomy bags
- Oxygen and oxygen equipment
- Podiatric devices to prevent or treat diabetes complications
- Pulmoaides and related supplies
- Spacer devices for metered dose inhalers
- Tubing and related supplies
- Urinary catheters and supplies
- Visual aids, excluding eyewear to assist the visually impaired with proper dosing of insulin

Exclusions:

- Coverage for comfort or convenience items
- Disposable supplies except ostomy bags and urinary catheters and supplies consistent with Medicare coverage guidelines
- Exercise and hygiene equipment
- Experimental or research equipment
- Devices not medical in nature such as sauna baths and elevators
- Modifications to the home or car
- Deluxe equipment
- More than one piece of equipment that serves the same function.

Emergency Care Services

L.A. Care covers emergency care services 24 hours a day, 7 days a week. *Emergency care services* are *medically necessary* covered services, including ambulance and *mental health* services, which a prudent layperson in good faith, would have considered necessary to stop or relieve:

- a serious illness or symptom,
- an injury or severe pain, or
- a condition that needs immediate *diagnosis* and treatment

Emergency services include a medical *screening*, exam, and evaluation by a doctor or other appropriate personnel. Emergency services also include both physical and mental emergency conditions.

Examples of some emergencies include, but are not limited to:

- Breathing problems
- Seizures (convulsions)
- Extreme bleeding
- Unconsciousness/blackouts (will not wake up)
- Severe pain (including chest pain)
- Swallowing of poison or medicine overdose
- Broken bones
- Non-emergency services given after the medical screening exam and the services needed to stabilize the condition, require that the *provider* get an authorization from L.A. Care

If you are admitted to a non-participating *hospital* or to a *hospital* that your *PCP* or other *participating provider*

cannot work at, L.A. Care has the right to transfer you to a participating *hospital* as soon as it is medically safe.

If an emergency occurs while out of the *service area*, you may receive emergency services at the nearest emergency facility (doctor, clinic or *hospital*). You must report such services to L.A. Care within 48 hours. Any treatment given that is not authorized by your *PCP* or L.A. Care, and which is later determined by L.A. Care not to be for emergency services will not be covered.

Your *PCP* must provide the follow-up care for emergency services. You will be reimbursed for all charges paid by you for covered emergency services, including medical transportation services, provided by non-*participating providers*.

Post stabilization and follow-up care after an emergency

Once your emergency medical condition has been treated at a hospital and an emergency no longer exists because your condition is stabilized, the doctor who is treating you may want you to stay in the hospital for a while longer before you can safely leave the hospital. The services you receive after an emergency condition is stabilized are called "post-stabilization services."

If the hospital where you received emergency services is not part of L.A. Care's contracted network ("non-contracted hospital"), the non-contracted hospital will contact L.A. Care to get approval for you to stay in the non-contracted hospital.

If L.A. Care approves your continued stay in the non-contracted hospital, you will not have to pay for services.

If L.A. Care has notified the non-contracting hospital that you can safely be moved to one of L.A. Care's contracted hospitals, L.A. Care will arrange and pay for you to be moved from the non-contracted hospital to a contracted hospital.

If L.A. Care determines that you can be safely transferred to a contracted hospital, and you do not agree to being transferred, the non-contracted hospital must give you a written notice stating that you will have to pay for all of the cost for post-stabilization services provided to you at the non-contracted hospital after your emergency condition is stabilized.

Also, you may have to pay for services if the non-contracted hospital cannot find out what your name is and cannot get L.A. Care's contact information to ask for approval to provide services once you are stable.

If you feel that you were improperly billed for post-stabilization services that you received from a non-contracted hospital, please contact the L.A. Care Member Services at 1-888-839-9909.

Family Planning Services

You may receive family planning services and Food and Drug Administration (FDA) approved contraceptives from any health care provider licensed to provide these services. Voluntary family planning services include:

- Counseling
- Surgical procedures for sterilization as permitted by state and federal law
- Diaphragms
- Coverage for other FDA approved devices
- Contraceptive drugs according to *prescription* drug benefit, including emergency contraceptives

Some *hospitals* and other *providers* do not provide one or more of the following services that may be covered under your L.A. Care contract, and that you or your family *member* might need:

- Family planning
- Contraceptive services, including *emergency contraceptives*
- Sterilization
- Tubal ligation at the time of labor and delivery
- *Infertility* treatments or
- Abortions
- Vasectomy

You should get more information before you enroll. Call your potential doctor, *medical group*, PPG, or clinic, or call L.A. Care to make sure you can get the health care services that you need.

Health Education Services

L.A. Care has health education resources and services to help you stay healthy and take care of yourself. These programs are free. Health education services can help members by:

- Promoting health: Learn to develop life-long healthy habits.

- Preventing diseases: Learn how to prevent and care for life-threatening illnesses.
- Helping you manage chronic diseases.

Health Education materials are available through your *primary care physician's* office on the following topics:

- Asthma
- Breastfeeding
- COPD
- Diabetes
- Drug and Alcohol Programs
- Exercise/Fitness
- Family Planning/Birth Control
- HIV
- Healthy Foods
- High Blood Pressure
- High Cholesterol
- Immunization (Shots)
- Injury Prevention
- Mental Health
- Nutrition
- Parenting/Child Health
- Prenatal Health
- Safety Tips
- Sexually Transmitted Diseases (STDs)
- Substance Abuse
- Tobacco Use (how to quit or prevent smoking)
- Weight Problems
- Violence/Abuse

Health education services include:

- Group appointments
- Individual phone consultation
- Referrals to community based health education programs

For health education services information, visit L.A. Care online at **www.lacare.org**.

Ask your doctor for health education materials and classes.

Home Health Services

Home health services are provided in the home by health care personnel when prescribed by a licensed practitioner acting within the scope of his or her licensure.

This includes visits by:

- Registered Nurses,
- Licensed Vocational Nurses and home health aides,
- Physical, occupational and *speech therapy*, if *medically necessary*, and
- Respiratory therapy

Services are limited to those authorized by L.A. Care. If a service can be provided in more than one location, L.A. Care will work with the *provider* to choose the location.

Exclusions: *Custodial care*

Hospice

The *hospice* benefit includes nursing care, medical social services, home health aide services, *physician* services, drugs, medical supplies and appliances, counseling and bereavement services. The benefit also includes *physical therapy*; *occupational therapy*, *speech therapy*, short-term *inpatient* care, pain control, and symptom management.

The hospice benefit may include, at the option of L.A. Care, homemaker services, services of volunteers, and short-term *inpatient* respite care.

The hospice benefit is limited to individuals who are diagnosed with a terminal illness with a life expectancy of 12 months or less, and who elect *hospice care* for such illness instead of the traditional services covered by L.A. Care.

The hospice benefit includes medical treatment to relieve pain and other symptoms related to the terminal illness, but does not include efforts to cure the illness. The *hospice* election may be stopped at any time.

Hospital Services – Inpatient

The following *inpatient hospital* services are covered when authorized by L.A. Care and provided at a participating *hospital*. Any *hospital* may be used in case of an emergency.

- A *hospital* room of two or more beds with standard furnishings and equipment, meals, including special diets as *medically necessary*, and general nursing care.
- Intensive care, coronary care, and definitive observation unit services as *medically necessary*.
- Operating room and related facilities.
- Surgical, *anesthesia*, and oxygen supplies.

- Special duty nursing, as *medically necessary*.
- Discharge planning and planning of continuing care.
- Devices implanted surgically.
- *Hospital* ancillary services in connection with *hospital inpatient* services, including:
  - *Laboratory*,
  - Inhalation and *respiratory therapy*,
  - Pathology,
  - Imaging and radiation therapy,
  - Radiology and *cardiology*, and
  - Other diagnostic, *therapeutic and rehabilitative services* as appropriate.
- Drugs, medications, and biologicals, which are approved by the FDA and are supplied by and used in the *hospital.*
- Administration of blood and blood products.
- Rehabilitative therapy services. This includes physical, occupational, speech, and other therapy services as appropriate.
- Maternity care that includes regular doctor visits during your pregnancy (prenatal), diagnostic and genetic testing, nutrition counseling, labor and delivery, and health care 6 weeks after delivery (postpartum).
- *Hemodialysis*

Exclusions: A private room in a *hospital* or personal or comfort items are excluded, unless *medically necessary* as determined by L.A. Care.

Hospital Services – Outpatient

The following *outpatient* services are covered when authorized by L.A. Care and provided at a participating *hospital* or *outpatient* facility: Diagnostic, *therapeutic*, and surgical services done at a *hospital* or *outpatient* facility. This includes physical, occupational, and *speech therapy* as appropriate, and *hospital* services, which can reasonably be provided on an ambulatory basis. Related services and supplies which include:

- Operating room,
- General anesthesia,
- Treatment room,
- Ancillary services, and
- Medications which are given by the *hospital* or facility for use during the *member*'s treatment at the facility.

Human Papillomavirus Screening Test and Vaccine

The Human Papillomavirus (HPV) screening test for cervical cancer is approved by the FDA. The test is available to all L.A. Care female members. In addition, L.A. Care female members ages 9 through 26 are eligible to receive the HPV Vaccine as recommended by the Advisory Committee on Immunization Practices. The HPV Vaccine helps prevent cervical cancer and other diseases in females caused by HPV. For more information on receiving this service, speak to your L.A. Care *primary care physician*.

Medical Transportation

Ambulance transportation to the first *hospital* which accepts the *member* for *emergency care* is covered. Emergency ambulance transportation and non-emergency transportation to transfer a member to a hospital, to another hospital or facility, or facility to home is also covered. This includes ambulance and ambulance transportation services provided through the 911 emergency response system.

Non-emergency transportation for the transfer of a *member* from a *hospital* to another *hospital* or facility or facility to home is covered when:

- *Medically necessary*, and
- Requested by an L.A. Care *provider*, and
- Authorized in advance by L.A. Care.

Exclusions: Coverage for transportation by airplane, passenger car, taxi or other form of public transportation.

Mental Health Care – Inpatient

Mental health benefits will be provided on the same basis as other illnesses. These *benefits* include *outpatient* services, *inpatient hospital* services, and partial hospitalization services and *prescription* drugs.

Description: *Mental health inpatient* treatment ordered in a participating *hospital* by a participating *mental health provider* for the treatment of a *mental health* condition. Severe Mental Illness (SMI) include, but are not limited to:

- Attention Deficit Disorder (ADD)
- Attention Deficit Hyperactivity Disorder (ADHD)

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder (manic-depressive illness)
- Major depressive disorders
- Panic disorders
- Obsessive-compulsive disorder
- Pervasive developmental disorder or autism
- Anorexia nervosa
- Bulimia nervosa
- Psychosis

L.A. Care will also provide coverage for up to 30 days of treatment per benefit period for mental conditions or illnesses that do not meet the criteria for Severe Mental Illness (SMI) and Severe Emotional Disturbance (SED). There is no limitation on days of treatment for SMI and SED.

Mental Health Care – Outpatient

Mental health benefits will be provided on the same basis as other illnesses. These *benefits* include *outpatient* services, *inpatient hospital* services, and partial hospitalization services and *prescription* drugs.

Description: *Mental health outpatient* treatment when ordered by a participating *mental health* professional. This includes the treatment of children who have experienced family dysfunction or trauma, including child abuse and neglect, domestic violence, substance abuse in the family, or divorce and bereavement.

Family members may be involved in the treatment to the extent that L.A. Care determines it is appropriate for the health and recovery of the child.

L.A. Care will provide up to 20 visits per benefit year, for illnesses that do not meet the criteria for Serious Emotional Disturbance (SED). L.A. Care may elect to provide additional visits and may provide group therapy at a reduced co-payment. Additional visits require:

- Medical necessity
- *PCP referral*
- Prior *authorization*

Severe Emotional Disturbances (SED) of a Child is a child under the age of 18 years who 1) has one or more mental disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder that result in behavior inappropriate to the child's age according to expected developmental norms, and 2) who meets the criteria in paragraph two (2) of subdivision (a) of Section 5600.3 of the Welfare and Institutions Code.

Physical, Occupational, and Speech Therapy

Short-term neuromuscular rehabilitative services, including physical, occupational, speech, and inhalation therapies for the treatment of acute conditions or the acute phase of chronic conditions as medically necessary. Therapy may be provided in a medical office or other appropriate *outpatient* setting, *hospital*, *skilled nursing facility*, or home. L.A. Care may require periodic evaluations as long as *medically necessary* therapy is provided.

Pregnancy and Maternity Care

Prenatal and postnatal *PCP* office visits and delivery which are *Medically Necessary* professional and Hospital Services including prenatal and postnatal care and care for complications of pregnancy; Alpha Feto Protein program (AFP) is routinely offered to pregnant women between 15 and 20 weeks gestation, the test is voluntary and it is a woman's own choice whether or not to have the test; the Plan also offers coverage for prenatal diagnosis of genetic disorders of the fetus by means of diagnostic procedures in cases of high – risk pregnancy; newborn examinations and nursery care while the mother is hospitalized. These services are provided under L.A. Care to the newborn only within the first 31 days after birth. Your new baby after 31 days of birth will not be covered by L.A. Care. To enroll your baby in Medi-Cal and/or Healthy Families Program, contact the Department of Public Social Services (DPSS) toll free at 1-877-481-1044.

Inpatient Hospital Services are provided for vaginal and cesarean section delivery and for complications or medical conditions arising from pregnancy or resulting childbirth. The length of *Inpatient Hospital* stay is based upon the mother's condition.

L.A Care does not restrict its *Inpatient Hospital* care to less than 48 hours following a normal vaginal delivery and not less than 96 hours following a cesarean section delivery. However, coverage of *Inpatient Hospital* care

may be for a time period less than 48-96 hours if the following two conditions are met:

- the discharge decision is made by the treating provider, in consultation with the mother;
- and the treating doctor schedules a follow-up visit for the mother and newborn within 48 hours of discharge. Nurse-midwife services are available to Members seeking obstetrical care. The chosen nurse-midwife must be associated with the Member's *PCP* and contracted L.A. Care.

Prescription Drugs

Medically necessary drugs when prescribed by a licensed *participating provider* acting within the scope of his or her licensure and included on the L.A. Care drug *formulary*. L.A. Care will provide non-*formulary* medications based on medical necessity. In cases where the *formulary* drug has a medical contraindication, a non-*formulary* drug will be provided. Non-*formulary* drugs need to be requested through a prior *authorization* approval process. If denied after the review, the request can be appealed through the L.A. Care Grievance and Appeals process and will be responded to within 30 days or within three days if necessary because of your medical condition.

Brand name drugs will not be provided as a plan benefit if FDA approved generic equivalents are available. Unless such generic equivalents are medically *contraindicated*.

All of the following will be provided, as *medically necessary*:

- Injectable medication (including insulin)
- Needles and syringes
- 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 pills/drugs and birth control devices on the L.A. Care *formulary*
- Emergency contraception
- Glucagon
- EpiPens
- Anakits, lancets, and lancet puncture devices

With the exception of self-administered injectable drugs listed in the L.A. Care formulary (in the "How to Get Your Prescriptions Filled" section) injectable medication must be administered in a *physician* facility to be covered.

Exclusions: Experimental or investigational drugs, unless accepted for use by professionally recognized standards of practice; drugs or medications for cosmetic purposes; most over-the-counter medicines, including non-*prescription* ointments, foams, etc.; medications not requiring a written *prescription* order (except insulin); and dietary supplements (except for medically prescribed formulas or special food products to treat *Phenylketonuria [PKU],* appetite suppressants or any other diet drugs or medications as *medically necessary* for morbid obesity).

Preventive Care Services

Periodic health exams include all routine *diagnostic* testing and laboratory services.

- A variety of voluntary family planning services
- Prenatal care
- Sexually transmitted disease (STD) tests, including Human Immunodeficiency Virus (HIV) tests
- Hearing tests, hearing aids and services: Hearing evaluation to measure the extent of hearing loss and a hearing and evaluation to determine the most appropriate make and model of hearing aid
- Hearing aid: monaural or binaural hearing aids including ear mold(s), the hearing aid instrument, the initial battery, cords, and other ancillary equipment. Visits for fitting, counseling, adjustments, repairs, etc., at no charge for a one year period following the provision of a covered hearing aid
- Cytology exam, on a reasonable and periodic basis
- Health education
- Cancer screening: All generally medically accepted cancer screening tests

Exclusions: The purchase of batteries or other ancillary equipment, except those covered under the terms of the initial hearing aid purchase, charges for a hearing aid which exceed specifications prescribed for correction of a hearing aid purchases, and charges for a hearing aid which exceed specifications prescribed for correction of a hearing loss. Replacement parts for hearings aids, repair of hearing aid after the covered one-year warranty period, replacement of a hearing

aid more than once in any period of 36 months, and surgically implanted hearing devices.

Professional Services, Office Visits , Outpatient and Inpatient Services

Primary care physician office visits for examination, diagnosis and treatment of a medical condition, disease or injury, including referred *specialist* office visits, consultations or second opinions; office surgery with applicable *co-payment*; *outpatient* chemotherapy and radiation therapy. In addition, Professional Services include:

- Office visits for the purpose of allergy testing and treatment, including allergy injections and serum.
- Office visits for administration of injectable medications approved by the Food and Drug Administration (FDA) are covered for *medically necessary* treatment of medical conditions when prescribed by a *PCP* and authorized in accordance with L.A. Care rules.
- Screening, diagnosis and treatment of Breast Cancer.
- Phenylketonuria (PKU) Screening and testing for PKU.
- Doctor services in a hospital or skilled nursing facility for examination diagnosis, treatment, and consultation including the services of a surgeon, assistant surgeon, anesthesiologist, pathologist, and radiologist. Inpatient professional services are covered only when authorized and the *PCP* has referred the services of the hospital or skilled nursing facility.

Prosthetics and Orthotics

Orthotics and prosthetics, when prescribed and authorized by a L.A. Care licensed *provider* acting within the scope of his or her licensure. This includes *medically necessary* replacement *orthotics* and prosthetic devices. Coverage includes the initial and subsequent prosthetic devices, installation accessories to restore a method of speaking incident to a laryngectomy, and therapeutic footwear for diabetics.

Exclusions: Corrective shoes and arch supports, except for therapeutic footwear and inserts for individuals with diabetes; non-rigid devices such as elastic knee support and elastic stockings; dental appliances; electronic voice producing machines; or more than one device for the same part of the body. Does not include eyeglasses (except for eyeglasses or contact lenses necessary after cataract surgery).

Reconstructive Surgery

Reconstructive surgery repairs abnormal body parts, improves body function, or brings back a normal look. This benefit includes reconstructive surgery to restore and achieve symmetry due to mastectomy. This includes *medically necessary* surgery to repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease.

Exclusion: Cosmetic surgery that is performed to alter or reshape normal structures of the body in order to improve appearance.

Skilled Nursing Care

Services prescribed by a L.A. Care *physician* or nurse practitioner and provided in a licensed *skilled nursing facility* when *medically necessary*. Skilled nursing on a 24 hour per day basis; bed and board; x-ray and *laboratory* procedures; *respiratory therapy*; physical, occupational and *speech therapy*; medical social services; prescribed drugs and medications; medical supplies; and appliances and equipment ordinarily furnished by the *skilled nursing facility*. This benefit shall be limited to a maximum of 100 days per *benefit year*.

Exclusion: *Custodial care*

Transplants

Coverage for *medically necessary* organ transplants and bone marrow transplants which are not *experimental or investigational in nature*. Reasonable medical and *hospital* expenses of a donor or an individual identified as a prospective donor if these expenses are directly related to the transplant for a *member*.

Coverage includes charges for testing of relatives for matching bone marrow transplants, charges associated with the search and testing of unrelated bone marrow donors through a recognized donor registry, and charges associated with the procurement of donor organs through

a recognized donor transplant bank, if the expenses directly related to the anticipated transplant of a *member*.

Exclusions and Limitations

Certain services listed below are limited in time, as described in "Plan Benefits." Other services listed below in this section are excluded and are not covered benefits.

- Acupuncture services;
- Alcoholism services for alcoholism treatment and rehabilitation on an *inpatient* or day care basis, whether or not court-ordered, except for *medically necessary inpatient* detoxification. *Outpatient* treatment and rehabilitation is limited to 20 visits per benefit year;
- Alternative Therapies;
- Biofeedback;
- Chiropractic Services;
- Conception by artificial means including gamete intra-fallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), invitro fertilization (IVF), or any other process that involves the harvesting or manipulation (physical, chemical, or by any other means) of the human ovum to treat infertility. Any service, procedure, or process that prepares the member to receive conception by artificial means is not covered;
- Contraceptives and contraceptive devices that do not require a prescription (unless deemed medically necessary by Plan physician);
- Convenience items such as telephones, TVs, guest trays, private room in a hospital and personal items;
- Cosmetic Services (i.e., surgery that is preformed to alter or reshape normal structures of the body in order to improve appearance);
- *Custodial care* incident to services rendered in the home or hospitalization or confinement in a health facility primarily for rest, or to control or change a person's environment;
- Drug abuse treatment including drug addiction or drug abuse treatment or rehabilitation on an inpatient, or day-care basis, except as *medically necessary* to remove toxic substances from the body. *Outpatient treatment* is limited to 20 visits per benefit year;
- Routine dental care services or appliances (e.g. teeth cleaning, cosmetic);
- Emergency facility services for non-emergency conditions;
- Experimental or investigational services, including any treatment, therapy, procedure or drug or drug usage, facility or facility usage, equipment or equipment usage, device or device usage, or supply which is not recognized as being in accordance with generally accepted professional medical standard or for which the safety and efficacy have not been determined for use in the treatment of a particular illness, injury or medical condition for which the time or service in question is recommended or prescribed. If L.A. Care denies your request for services based on the determination that the services are experimental or investigational, you may request an Independent Medical Review. For information about the *Independent Medical Review* process, please refer to the "Grievance and Appeals" section of this Member Handbook.
- Hearing aids/ services;
- Home/vehicle improvements including any modifications or attachments made to dwellings, property, or motor vehicles including ramps, elevators, stair lifts, swimming pools, air filtering systems, environmental control equipment, spas, hot tubs, or automobile hand controls;
- Implants, except those that are *medically necessary* and are not cosmetic, *experimental or investigational in nature*;
- Infertility treatments (except treatments for medical conditions of the reproductive system if deemed medically necessary by a Plan physician); treatments such as in-vitro fertilization, G.I.F.T. (Gamete Interfallopian Transfer) or any other form of induced fertilization, artificial insemination or services incident to or resulting from procedures for or the services of a surrogate mother are not Covered Services;
- Long Term Care;

- Medical, surgical (including implants), or other health care procedures, services, products, drugs, or devices that are either:
  - *Experimental or investigational in nature* or which are not recognized in accord with generally accepted medical standards as being safe and effective for use in the treatment in question; or
  - If services are denied due to the *experimental or investigational nature* of the treatment, you may immediately have this decision reviewed by the Department of Managed Health Care (DMHC) through the IMR process. You do not need to participate in the Plan's Grievance Process before having your case heard through DMHC's IMR process. You may apply directly to DMHC for participation in the IMR process;
- Non-skilled care that can be performed safely and effectively by family members (whether or not such family members are available to provide such services) or persons without licensure certification or the presence of a supervising licensed nurse, except for authorized homemaker services for *hospice* care;
- Obesity (treatment of except when deemed *medically necessary* by Plan physician), including treatment of obesity by medical and surgical means, except for treatment of morbid obesity. In no instance shall treatment for morbid obesity be provided primarily for cosmetic reasons;
- Orthopedic devices/other supplies including orthopedic shoes (except for diabetics) and elastic supports. Disposable medical supplies home testing devices, comfort items, environmental control equipment, exercise equipment, self-help/educational devices, home monitoring equipment, any type of communicator, voice enhancer, voiceprosthesis or any other language assistance devices, except as provided under Orthotics and Prosthetics;
- Over-the-counter drugs, supplies, and devices including air filters or medications not requiring a prescription, vitamins, minerals, food supplements, or food items for special diets or nutritional supplements, except those required for the treatment of Phenylketonuria (PKU);
- Penile implant devices and surgery, and related services or any resulting complications, except as penile devices and surgery are *medically necessary*;
- Physical exams and immunizations required for licensure, employment, insurance, participation in school or participation in recreational sports, ordered by a court, or for travel, unless the examination corresponds to the schedule of routine physical examinations and immunizations provided in "Preventive Health Services;"
- Private duty nursing of any sort. Special duty nursing, if authorized as *medically necessary*, may be covered as part of an authorized Hospital or skilled nursing facility admission;
- Services received prior to the member's effective date of coverage or after the date the member ceases to be a member, except as provided with respect to an extension of benefits;
- Sex change surgeries for or incident to intersex surgery (transsexual operations);
- Sexual dysfunction incident to non-physically related sexual dysfunction, sexual inadequacies, except as *medically necessary*;
- Skin aging relating to the diagnosis and treatment to retard or reverse the effects of aging of the skin;
- *Speech therapy* unless *medically necessary*, and then subject to the limits described in the benefits section;
- Substance (drug) abuse includes substance abuse admissions (whether or not court-ordered), unless *medically necessary* for *Inpatient* medical detoxification. *Outpatient* substance abuse treatment is limited to 20 visits per benefit year;
- Transportation other than provided under Ambulance Services including coverage for transportation by commercial airplane, passenger car, taxi, or other form of public transportation is excluded;
- Vasectomy and tubal ligation reversal or incident to the reversal of a vasectomy or tubal ligation, repeatvasectomy or tubal ligation (unless due to non-successful initial vasectomy or tubal ligation), or the infertility resulting thereof. The Plan covers medically necessary services necessary to treat complications arising out of any reversal or sterilization procedure;

- Workers' compensation benefits or other liability including any injury arising out of, or in the course of, any employment for salary, wage or profit, or any disease covered, with respect to such employment, by any workers' compensation law, occupational disease law or similar legislation. If L.A. Care pays for such services, it shall be entitled to establish a lien upon such other benefits up to the reasonable cash value of benefits provided by L.A. Care for the treatment of the injury or disease as reflected by the providers' usual billed charges. Also, L.A. Care may recover the cash value of its benefits from the member, up to an amount equal to what was actually paid by the Plan, to the extent that such Benefits would have been covered or paid for as Workers' Compensation Benefits if the member had diligently tried to establish his or her rights thereto.

General Information

Benefit Program Participation

L.A. Care will apply the health plan contract and this Member Handbook to decide your *benefits*. L.A. Care will serve the best interests of all persons *eligible* to receive *benefits*.

Notifying You of Changes in Benefits

L.A. Care will let you know when there are changes to your *benefits*. L.A. Care will send you a letter 30 days before any changes in *benefits*, exclusions or limitations take place. Services provided after the date of change in *benefits* will be based on the new *benefits*.

Termination of Benefits

You (as Subscriber) may be disenrolled from the PASC-SEIU Homecare Workers Healthcare Plan and your benefits may be terminated if:

1. You do not meet any of the following the eligibility requirements:
   - You are no longer authorized by the Department of Public Social Services (DPSS) to work 77 or more hours per month for two consecutive months.
   - You no longer work within the L.A. Care's Service Area (Los Angeles County is the L.A. Care's service area).
   - You no longer reside within a 15 mile radius of Los Angeles County.
2. PASC fails to pay the monthly premium to L.A. Care on your behalf.
3. L.A. Care may disenroll you for good cause* if any of the following conditions are met:
   - You knowingly omit or misrepresent a material fact of the application for membership; or in the course of receiving care or services from a L.A. Care physician, nurse, or other L.A. Care provider.
   - You fail to pay on demand any charges owed to L.A. Care within 30 days after notice to the member.
   - You use or permit the fraudulent use of health care coverage under L.A. Care, which includes allowing others to use L.A. Care's identification card to receive services from L.A. Care providers.

* For the purposes of this Member Handbook, good cause means a valid and sufficient reason or condition which is useful in forming an opinion, or which is worth in adopting an action or decision in the matter under consideration (e.g., A member utilizes fraud or deception in the use of the health care services covered under this agreement is a good cause for L.A. Care to disenroll a member from the plan).

In the event that you are disenrolled from the PASC-SEIU Homecare Workers Healthcare Plan, you will be notified in writing of the effective date of disenrollment at least 15 days before the end of coverage. Benefits shall cease as of 12:00 a.m. midnight on such effective date.

If you believe that your membership was terminated or not renewed because of your health status or requirements for health care services, you may request a review by the Director of the Department of Managed Health Care of such cancellation.

Continuation and Conversion Coverage

COBRA continuation coverage

L.A. Care is the COBRA administrator for PASC under the terms of the group benefit agreement between PASC and County of Los Angeles—on behalf of L.A. Care—(PASC-SEIU Homecare Workers Health Care Plan). Under this agreement, you (or your Dependents) may be entitled to COBRA continuation coverage, in the event your group health coverage (or that of your enrolled dependents) terminates due to a "qualifying event." While this agreement covers newborn infants up to 31 days old, it does not cover spouses or other dependents.

"Qualifying events" are events that cause an individual to lose his or her group health coverage. The type of qualifying event determines who the qualified beneficiaries are for that event and the period of time that a plan must offer continuation coverage. COBRA establishes only the minimum requirements for continuation coverage.

The following are qualifying events for a covered IHSS worker if they cause the covered employee to lose coverage:

- Termination of the IHSS worker employment for any reason other than "gross misconduct"; or
- Reduction in the IHSS workers hours of employment.

If you qualify for, and timely elect COBRA continuation coverage, you will be entitled to receive that coverage beginning on the date of the loss of group health plan coverage.

Duration of continuation coverage

Maximum periods

COBRA requires that continuation coverage be made available for a limited period of time of 18 or 36 months. The length of time for which continuation coverage must be made available (the "maximum period" of continuation coverage) depends on the type of qualifying event that gave rise to the COBRA rights.

When the qualifying event is the covered IHSS worker's termination of employment or reduction in hours of employment, qualified beneficiaries are entitled to a maximum of 18 months of continuation coverage.

Early termination

COBRA continuation coverage may be terminated earlier than the end of the maximum period for several reasons — as allowed by federal regulations — including:

- You fail to pay the required premium on a timely basis;
- PASC ceases to maintain any group health plan to any IHSS worker;
- You begin coverage under another group health plan after electing continuation coverage, as long as that plan doesn't impose an exclusion or limitation affecting a preexisting condition that applies to you;
- You become entitled to Medicare benefits after electing continuation coverage;
- You engage in conduct that would justify L.A. Care in terminating coverage of a similarly situated participant or beneficiary not receiving continuation coverage (such as fraud).

Further, you (or your Dependents) may not be eligible for COBRA continuation coverage if you (or they) have other coverage at the time of the qualifying event and for certain other reasons as allowed by federal regulations. You may obtain more information on COBRA continuation coverage qualifying and termination events, and eligibility requirements from the L.A. Care Member Services Department.

How to obtain COBRA continuation coverage

PASC is responsible for providing you with an election notice, which describes your right (and the right of your Dependents) to continuation coverage, and how to make an election. To qualify for COBRA continuation coverage, you must notify L.A. Care in writing (using a reliable delivery method.) Send correspondence to L.A. Care Health Plan - IHSS, P.O. Box 512540, Los Angeles, CA 90051-0540. You have sixty (60) days from the date you receive the COBRA election notice, or the date your health care coverage terminates, whichever is later, to decide whether to elect COBRA continuation coverage.

Member cost for COBRA continuation coverage

For COBRA continuation coverage, you may be charged the full cost of the group health plan coverage, plus a two percent (2%) administrative fee. PASC will provide you with the exact premium amount. In the notice of eligibility for continuation of coverage provided by PASC, you will find the exact premium amount. You must make payments for COBRA continuation coverage

on a monthly basis. There must be no lapse in your coverage. The first premium payment will cover the entire time since your last day covered by the group health plan. The initial premium payment must be made within 45 days after the date of your COBRA election. Your failure to submit the correct premium amount within the forty-five (45)-day period will disqualify you from COBRA continuation coverage. Premiums for successive periods of coverage are due on the date set by L.A. Care with a minimum 30-day grace period for payments. Payment is considered to be made on the date it is sent to L.A. Care (that is the date you mail-in your election form, if you use first-class mail).

Extension of an 18-month period of continuation coverage (Cal-COBRA)

If you have exhausted coverage under federal COBRA and were not entitled to the maximum period of 36 months, you will have the opportunity to apply to continue group health coverage—as allowed under the California Continuation Benefits Replacement Act (Cal-COBRA)—for up to a total of 36 months from the date your COBRA continuation coverage began. You may be able to continue uninterrupted group health coverage for a limited time in compliance with Cal-COBRA if all of the following are true:

- Your effective date of COBRA coverage was on or after January 1, 2003
- You have exhausted the time limit for COBRA continuation coverage and that time limit was 18 or 29 months
- You are not entitled to Medicare
- You pay the monthly premiums by the billing due date set by L.A. Care.
- You have a total disability. (Coverage may be extended for up to 12 months.)

The premium rate for your Cal-COBRA continuation coverage may be as high as one hundred ten percent (110%) of your applicable group health plan coverage rate. L.A. Care will notify you of the terms and conditions of Cal-COBRA continuation coverage, and of the exact premium for such coverage, in its notice to you of the pending termination of your COBRA continuation coverage.

To extend federal COBRA and continue coverage under Cal-COBRA for up to a total of 36 months , you must notify L.A. Care in writing thirty (30) calendar days prior to the date the initial COBRA continuation coverage is scheduled to end.

The premiums for extension of COBRA Coverage/ Cal-COBRA Coverage during total disability or after age sixty (60) will be higher than premiums payable during the initial COBRA/Cal-COBRA continuation coverage period. L.A. Care will provide you with detailed information on premium amounts after receiving all the information required for extension of COBRA/Cal-COBRA continuation coverage.

Termination of Cal-COBRA continuation coverage

As for COBRA continuation coverage, Cal-COBRA continuation coverage may be terminated earlier than the end of the maximum period for several reasons—as allowed by state regulations—including:

- You fail to pay the required premium on a timely basis;
- PASC ceases to maintain any group health plan to any employee;
- You begin coverage under another group health plan after electing continuation coverage, as long as that plan doesn't impose an exclusion or limitation affecting a preexisting condition that applies to you;
- You become entitled to Medicare benefits after electing continuation coverage;
- You engage in conduct that would justify L.A. Care in terminating coverage of a similarly situated participant or beneficiary not receiving continuation coverage (such as fraud).

Conversion coverage

When your group health plan coverage, including any COBRA and Cal-COBRA continuation coverage ends, you may be eligible for individual coverage without necessity of providing L.A. Care with evidence of insurability (Conversion Coverage). You may not be eligible for Conversion Coverage with L.A. Care if any of the following is true:

- You continue to be eligible for coverage through your group health plan (but not counting COBRA/ Cal-COBRA)
- Your group health plan membership ends because your group's agreement with L.A. Care terminates and it is replaced by another plan within 15 days of the termination date

- PASC and/or L.A. Care terminates your membership under "Termination for Cause" described in the "Termination of Benefits" section of the Member Handbook.

Anyone starting COBRA/Cal-COBRA after January 1, 2003 must use all 36 months of eligibility in order to qualify for Conversion Coverage. To obtain Conversion Coverage, you must submit your written application and the first premium payment to the Plan within sixty-three (63) days of the date you exhaust the 36 months of COBRA/ Cal-COBRA continuation coverage. The effective date of your Conversion Coverage will be the day after the date you exhaust your COBRA/Cal-COBRA continuation coverage.

L.A. Care will notify you of the availability, terms and conditions of, and the options for, Conversion Coverage within fifteen (15) days of the date of termination of your COBRA/Cal-COBRA continuation coverage.

How a Provider Gets Paid

L.A. Care pays your doctor, *hospital*, or other *provider* in different ways:

- A fee for each service, or
- Capitation, which is a set amount, regardless of services provided.

Providers are sometimes rewarded for providing quality care to L.A. Care members. If you have any questions, please call L.A. Care.

L.A. Care works with a large number of *providers* to provide health care services to its members. Most of the doctors are organized into groups (also known as a *Participating Provider Groups* (PPG) or *medical group*). PPGs cannot, except for collection of co-payments, seek payment from members.

Reimbursement Provisions – If You Receive a Bill

Members can submit provider bills or statements directly to our claims department to the following address:

L.A. Care Health Plan
Claims Department
P.O. Box 712129
Los Angeles, CA 90071

You can call **L.A. Care Health Plan Member Services at 1-888-839-9909 (TTY for the hearing impaired at 1-866-522-2731).** This call is free.

Independent Contractors

L.A. Care *physicians*, PPGs, *hospitals*, and other health care *providers* are not agents or employees of L.A. Care. Instead, they are independent contractors. Although L.A. Care regularly credentials the doctors who provide services to members, L.A. Care does not, itself, provide these services. As such, L.A. Care is not responsible for the actions or omissions of any person who does provide these services to members. This includes any doctor, *hospital*, or other *provider* or their employees.

Review by the Department of Managed Health Care (DMHC)

A *member* may ask for a review by the DMHC if L.A. Care cancels or refuses to renew a *member*'s *enrollment*, and the *member* feels that it was due to reasons of health or use of *benefits*.

The *member* can call the DMHC toll free at 1-888-HMO-2219 (1-888-466-2219).

Duplicate Coverage

If an L.A. Care member is also entitled to benefits under any of the conditions listed below, L.A. Care's liability for benefits shall be reduced by the amount of benefits paid, or the reasonable value of the services provided without any cost to the member, because he or she is entitled to these other benefits. This exclusion is applicable to benefits received from any of the following sources:

- Benefits provided under the Medicare program. If a member receives services he or she is entitled to under Medicare and those services are also covered under L.A. Care, the L.A. Care Provider may seek compensation for the services provided under Medicare.
- Benefits provided by any other federal or state government agency, or by any county or other political subdivision. Also excluded are the reasonable costs of services provided at a Veterans'

Administration facility for a condition unrelated to military service or at a Department of Defense facility, provided the person is not on active duty.

- Benefits provided free of charge or without expectation of payment.
- Benefits provided under workers' compensation coverage.

Coordination of Benefits

L.A. Care will coordinate *benefits* for members, even in cases when members are eligible for:

- Other health *benefits* [such as California Children's Services (CCS)],
- Another contract, or
- Another government program.

L.A. Care will coordinate payments for *covered services* based on California state law and regulations, and L.A. Care policies.

In the event that L.A. Care covers *benefits* greater than required by law, L.A. Care or the PPG has the right to recover the excess payment from any person or entity which may have benefited from the excess payment. As an L.A. Care *member*, you agree to help L.A. Care in recovering any over payment.

Third Party Liability

L.A. Care will provide *covered services* where an injury or illness is caused by a third party. The term "*third party*" includes insurance companies, individuals, or government agencies. Under California state law, L.A. Care or the PPG may assert a lien on any payment or right to payment, which you have or may have received as a result of a third party injury or illness. The amount of this lien claim may include:

- Reasonable and true costs paid for health care services given to you, and
- An additional amount under California state law.

As a *member*, you also agree to assist L.A. Care in recovering payments for services provided. This may require you to sign or provide documents needed to protect the rights of L.A. Care.

Public Policy Participation

L.A. Care is an independent public managed care health plan run by a Board of Governors. The L.A. Care Board of Governors meets monthly. L.A. Care encourages you to:

- Attend Board of Governors meetings
- Offer public comment at the Board of Governors meeting
- Take part in establishing policies that assure the comfort, dignity and convenience of members, their families, and the public when seeking health care services. (Health and Safety Code 1369)

Regional Community Advisory Committees (RCACs)

There are 11 L.A. Care Regional Community Advisory Committees (RCACs) in Los Angeles County. "RCAC" is pronounced "Rack." The purpose of the RCAC is to:

- Talk about *member* issues and concerns, and resolve them through L.A. Care Member Services
- Advise the L.A. Care Board of Governors
- Educate and empower the community on health care issues

RCAC's meet once a month. RCAC members include L.A. Care members, *member* advocates (supporters), and health care *providers*. For more information about RCACs, call **L.A. Care Community Outreach and Education at 1-888-522-2732.** This call is free.

Notice of Information Practices

The Insurance Information and Privacy Protection Act states that "L.A. Care may collect personal information from person(s) other than the person(s) applying for insurance coverage." L.A. Care will not disclose any personal information without written consent. If you have applied for insurance coverage through L.A. Care, you can have access to your personal information collected through the application process.

Governing Law

L.A. Care must abide by any provision required to be in this benefit program by any of the laws listed below, even if they are not found in this Member Handbook or the health plan contract. [California Knox-Keene Act (Chapter 2.2 of Division 2 of the California Health and Safety Code), and Title 28 regulations].

New Technology

L.A. Care follows changes and advances in health care. We study new treatments, medicines, procedures, and devices. We call all of this "new technology." We review scientific reports and information from the government and medical specialists. Then we decide whether to cover the new technology. Members and providers may ask L.A. Care to review new technology.

Natural Disasters, Interruptions, Limitations

In the unfortunate event of a major disaster, epidemic, war, riot, civil insurrection or complete or partial destruction of facilities, our Participating Medical Groups and *hospitals* will do their best to provide the services you need. Under these extreme conditions, go to the nearest doctor or *hospital* for emergency services. L.A. Care will later provide appropriate reimbursement.

Important Phone Numbers

L.A. Care Member Services	1-888-839-9909
L.A. Care Nurse Advice Line	1-800-249-3619
L.A. Care Compliance Helpline	1-800-400-4889

L.A. Care Health Plan Services

Authorizations	1-877-431-2273
Pharmacy (MedImpact)	1-800-788-2949
L.A. Care Behavioral Health Hotline	1-877-344-2858

California State Services

California State Department of Health Services	916-445-4171
Department of Managed Health Care (DMHC)	1-888-HMO-2219 (1-888-466-2219)
Department of Public and Social Services (DPSS)	1-877-481-1044
Supplemental Social Income (SSI)	1-800-772-1213

Children's Services and Programs

Access for Infants and Mothers (AIM)	1-800-433-2611
California Children's Services (CCS)	1-800-288-4584
Child Health and Disability Prevention (CHDP)	1-800-993-CHDP (1-800-993-2437)
Medi-Cal	1-877-481-1044
Healthy Families Program	1-800-880-5305

Disability Services

American Disabilities Act Information	1-800-514-0301
Hearing Impaired/California Relay Service	1-800-735-2929
California Relay Services (CRS) –TTY/TDD	711

Los Angeles County Services

Los Angeles County Department of Health Services	213-250-8055
Los Angeles County Department of Mental Health	1-800-854-7771
Women, Infant and Children (WIC) Program	1-888-942-9675

PASC 1-877-565-4477

Service Area Map

How to Get Your **Prescription Drugs**

L.A. Care HEALTH PLAN®

www.lacare.org

Sometimes when you are sick or have a health condition like asthma or diabetes, your doctor may give you a prescription. Your doctor will give you a prescription based on your health status.

For New Prescriptions:

If you are filling a prescription for the first time, you must get your prescribed medications (drugs) from a pharmacy that works with L.A. Care. L.A. Care partners with pharmacies throughout Los Angeles County (including Albertson's /Sav-On, CVS, Rite Aid, Target, Vons, Wal-Mart, and Walgreens). You may also find a list of pharmacies in L.A. Care's provider directory, or to find pharmacies near you, please call **Member Services toll-free at 1-888-839-9909**.

For Prescription Refills:

If you are refilling a prescription that you already have, you can go to a pharmacy that works with L.A. Care. You might be able to receive a 90-day supply of generic maintenance medications at select local pharmacies. Maintenance medications are drugs that you need to take for a long time, such as pills for high blood pressure or diabetes.

How to Get a Prescription Filled at the Pharmacy:

1. Choose a pharmacy near you.
2. Bring your prescription to the pharmacy.
3. Give the prescription to the pharmacy with your L.A. Care **member ID** card. This will help the pharmacy fill your prescription.
4. Make sure you give the pharmacy your correct address and phone number.
5. Make sure the pharmacy knows about all medications you are taking and/or any allergies you have to any medicine.
6. If you have any questions about your prescription(s), make sure you ask the pharmacist.
7. IHSS members pay $5 for each prescription. For more information on your co-payment, please check your Evidence of Coverage.

L.A. Care
HEALTH PLAN®
www.lacare.org

How to Stay Healthy

Preventive Health Guidelines for Adults

For the latest update on immunizations and health screenings, visit the L.A. Care Web site **www.lacare.org**

- Click on **I Am A Member**
- On the left, click the name of your program, then
- On the left, click on **Health Topics**, scroll down to **Staying Healthy**,
- Select "**How to Stay Healthy**" (PDF)

How to **Stay Healthy**

Going to your doctor for regular checkups helps you stay healthy. This guide tells you when to go and what needs to be done at each visit. Your doctor is a good resource for you and your family. You can ask questions and get advice about many health topics.

If you are a new member, see your doctor right away for your first checkup. Remember to go for a checkup every year. Regular checkups help you stay healthy!

Well Care Guidelines for Adults*

Tests/Exams	19 to 39 Years	40 to 64 Years	65+ Years
☐ **Checkup:** Health history, physical exam, height, weight, and Body Mass Index (BMI, a measure for healthy weight)	Every 1 to 3 years	Every 2 years	Every year
☐ **Blood Pressure**	Every 1 to 2 years		
☐ **Type 2 Diabetes**	**Between 19 to 65 years and older:** For all adults if you are overweight** and have another risk factor for diabetes*** **OR** Adults whose blood pressure is greater than 135/80, as recommended by your doctor		
	–	**Starting at age 45:** Every 3 years for all adults of normal weight and do not have any risk factors for diabetes	
☐ **Hearing and Vision**	As recommended		
☐ **Tuberculosis** (TB) **Test and Risk Screening**	Recommended for all adults as part of their first checkup Doctors will also screen those at a higher risk for TB		
☐ **Colon and Rectal Cancer**	**Age 50 to 75:** Your doctor will talk to you about having one or more of these tests: • **Fecal Occult blood test:** every year [a test to see if there is blood in your stool (bowel movement)] • **Flexible sigmoidoscopy:** every 5 years (tests the lower part of your colon for cancer) • **Colonoscopy:** every 10 years (tests a larger part of your colon for cancer)		

Immunizations/Shots for Adults*

Immunizations (Shots)	19 to 39 Years	40 to 64 Years	65+ Years
☐ **Influenza** (Flu shot)	Every year		
☐ **Tetanus, Diphtheria, Pertussis** (Td/Tdap) (Lockjaw - tightening of the jaw muscle)	Substitute one time dose of Tdap for Td booster; then boost with Td every 10 years.		Td booster every 10 years
☐ **Human Papilloma Virus** (HPV) (Virus - can cause cervical cancer)	For women up to age 26 (3 doses), if not immunized before	—	
☐ **Pneumococcal** (Bacteria - can cause lung or blood infection)	—		One dose
☐ **Shingles** (Herpes Zoster) (Virus - can cause painful skin rash with blisters)	—		One dose, starting at age 60

** Your doctor may recommend other screenings or immunizations (shots) such as Hepatitis, if you are at high risk.*

*** **Overweight:** If your Body Mass Index (BMI, a measure for healthy weight) is 25 or greater.*

**** **Risk factors include:** Not exercising, parents/siblings with diabetes, have a family background that is African American, Latino, Asian American, Pacific Islander, and Native American, delivered a baby greater than 9 lbs or had diabetes during pregnancy, high blood pressure, high cholesterol (low HDL "good cholesterol" and/or high triglyceride level), women with conditions related to irregular menstrual periods, a previous test that showed results with high blood sugar, severe obesity, darker/ thick/ velvety skin in body folds and creases, and history of cardiovascular disease.*

How to **Stay Healthy**

Well Care Guidelines for Women

Tests/Exams	16 to 49 Years	50 to 64 Years	65+ Years
☐ **Chlamydia Screening** [a test for a sexually transmitted disease (STD)]	To be done regularly for women 16 to 25 years (up to their 26th birthday) and only for women over age 25 who are at high risk		
☐ **Cholesterol Screening**	Ages 20 to 45 only if at high risk After age 45 as recommended		
☐ **Pelvic Exam** (Pap smear)	Pelvic exam and cervical cancer screening (Pap smear) by age 21, then every 1 to 3 years as doctor recommends		
☐ **Mammogram** (an X-ray of the breasts)	—	Every 2 years for women 50 to 74 years Ask your doctor if you need a mammogram before age 50	
☐ **Osteoporosis** (thinning of the bones)	Screening for 65 + years or younger as recommended		

How to Stay Healthy When You are Pregnant

Care Before Pregnancy: Before you are pregnant, your doctor will talk to you about a vitamin (folic acid) that helps prevent birth defects. As soon as you know or think you are pregnant, SEE YOUR DOCTOR RIGHT AWAY!

Care During Pregnancy (Prenatal):

Checkups:	How Often?
First 28 weeks	Every 4 weeks
29-36 weeks	Every 2-3 weeks
36 weeks and beyond	Weekly

Care After Pregnancy (Postpartum Care):

- After you have your baby, it is important **you** get a postpartum checkup.
- Postpartum checkups should be done between 21 to 56 days after you have your baby.
- If you had a surgical delivery (C-section), you will need another checkup, about 1-2 weeks after giving birth.

Each checkup is important to help keep you and your baby healthy

- Needed tests are done at each visit.
- Your doctor may want to see you more often.

How to **Stay Healthy**

Well Care Guidelines for Men

Tests/Exams	20 to 39 Years	40 to 64 Years	65+ Years
☐ Cholesterol Screening	Ages 20 - 35 only if at high risk Age 35 and older as recommended		
☐ Screening for Prostate Cancer	—	As recommended Not recommended after age 75	

Ask your doctor about:

- Aspirin
- Asthma
- Dental Health
- Depression
- Diabetes
- Drug and Alcohol Problems
- Exercise
- Family Planning/Birth Control
- Smoking
- Nutrition
- Parenting Tips
- Safety Tips
- STDs and HIV
- Violence and Abuse
- Weight Problems
- Any other concerns you may have

Nurse Advice Line
24/7 for health questions

Call 1-800-249-3619
TTY 1-866-735-2929

Member Services

Call 1-888-839-9909
TTY 1-866-522-2731

Sources for all information in this document: 2011 update from U.S. Preventive Services Task Force, Centers for Disease Control and Prevention (CDC) and The American College of Obstetricians and Gynecologists Guideline for Perinatal Care (2007 edition). Updated 02/11.

Notice of **Privacy Practices**

A Message for In-Home Supportive Services (IHSS) Workers Health Care Program

Please review it carefully.

L.A. Care HEALTH PLAN®

www.lacare.org

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

What is "Protected Health Information?"

Your Protected Health Information ("PHI") is health information that contains identifiers, such as your name, Social Security number, or other information that reveals who you are. For example, your medical record is PHI because it includes your name and other identifiers.

L.A. Care Health Plan provides health care to you for the IHSS Workers Health Care Program. Your confidentiality is important to us. We are required by state and federal law to protect your health information. Our staff follows policies and procedures that protect your health information given to us in oral, written or electronic ways.

Our staff goes through training which covers the internal ways members' oral, written and electronic PHI may be used or disclosed across the organization. All L.A. Care staff with access to your health information is trained on privacy and information security laws. Staff has access only to the amount of information they need to do their job.

Our computer systems protect your electronic PHI at all times by using various levels of password protection and software technology.

Our L.A. Care employees follow internal practices, policies and procedures to protect any conversations about your health information. For example, employees are not allowed to speak about your information in the elevators or hallways. Employees must also protect any written or electronic documents containing your health information across the organization.

Fax machines, printers, copiers, computer screens, work stations, portable media disks containing your information are carefully guarded from others who should not have access. Employees must ensure member PHI is picked up from fax machines, printers and copiers and only is received by those who have access. Portable media devices with PHI are encrypted and must have password protections applied. Computer screen and work stations must have privacy screen filters and workstation drawers and cabinets have secure locks placed on them.

We also must give you this Notice. This Notice tells you how we may use and share your information. It also tells you what your rights are.

Your Information is Personal and Private

We get information about you from the IHSS Workers Health Care Program after you join our health plan. We also get medical information from your doctors, clinics, labs, and hospitals so we can approve and pay for your health care.

Changes to Notice of Privacy Practices

L.A. Care must obey the Notice that we are using now. We have the right to change these privacy practices. Any changes in our practices will apply to all of your medical information. Effective April 14, 2003, whenever there is an important change in our practices, we will change this Notice and notify you.

If you would like this information in Armenian, Chinese, Farsi, Khmer, Korean, Russian, Spanish, Tagalog or Vietnamese, please call L.A. Care at 1-888-839-9909

How We May Use and Share Information About You

L.A. Care may use or share your information in order to provide or arrange for your care. Some of the information we use and share is:

- Your name,
- Address,

- Personal facts,
- Medical care given to you,
- The cost of your medical care, and
- Your medical history.

Some actions we take when we act as a health plan include:

- Checking whether you are covered,
- Approving, giving, and paying for services,
- Checking the quality of care you receive,
- Making sure you get all the care you need.

These are some examples of how we may use and share information about you:

- **For treatment:** You may need medical treatment that needs to be approved ahead of time. We will share information with doctors, hospitals and others in order to get you the care you need.
- **For payment:** We share your information with other health plans or providers that are responsible for your care. We may also forward bills to other health plans or providers for payment.
- **For health care operations:** We may use information in your health record to check the quality of the health care you receive. We may also use this information in audits, programs to stop fraud, planning, and general administration.

Other Uses for Your Health Information

You or your doctor, hospital, and other health care providers may not agree if we decide not to pay for your care. We may use your health information to review these decisions.

We may share your health information with groups that check how our health plan is providing services.

We may share your information with persons involved in your health care, or with your personal representative.

We must share your health information with the federal government when it is checking on how we are meeting privacy rules.

We may share your information with other companies that help us with our work. But we won't do that unless those companies agree in writing to keep your information private.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits that may be of interest to you.

We may give out your information for public health activities. These activities may include, but are not limited to, the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report problems with medications and other medical products;
- to notify people of recalls of products they may be using; and
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

We may also tell the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

We may give out medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections and licensure or disciplinary actions. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

If you are involved in a lawsuit or dispute, we may give out medical information about you in response to a court or administrative order.

We may also give out medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We will only do this if the person asking for the information has tried to tell you about the request or to obtain an order protecting the information requested.

We may give out medical information if asked to do so by a law enforcement official. This could include, but not be limited to, giving out the information in the following cases:

- in response to a court order, subpoena, warrant, summons or other similar process;
- to identify or locate a suspect, fugitive, material witness or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct; and
- about criminal conduct at our health plan.

We may give out medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also give out medical information about members to funeral directors so they can carry out their duties.

If you are an organ donor, we may give your medical information to organizations that handle organ and tissue donations to help with the donation and transplantation.

Under certain circumstances, we may use and give out your medical information for research purposes. All research projects are subject to a special approval process.

We may use and give out your medical information when

necessary to stop a serious threat to the health and safety of a person or the public. We would only give out this information to someone who could help stop the threat. We may also use or give out information that is necessary for law enforcement authorities to catch a criminal.

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

We may give out your medical information to federal officials for national security purposes. We may also give out your medical information to federal officials. These officials would use this information to provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.

We may give out your health information to comply with laws related to workers' compensation or other similar programs.

L.A. Care staff is trained to protect information given to plan sponsors or employers. L.A. Care requires plan sponsors or employers to have the same protections that L.A. Care has in place. Plan sponsors or employers must agree to protect your medical information.

When Written Permission is Needed

If we want to use your information for any purpose not listed above, we must get your written permission. If you give us your permission, you may take it back in writing at any time.

What Are Your Privacy Rights?

You have the right to ask us not to use or share your personal health care information. We will send you a form to fill out to tell us what you want. Or, we can fill out the form for you. We may not be able to agree to your request.

You have the right to ask us to contact you only in writing or at a different address, post office box, or by telephone. We will send you a form to fill out to tell us what you want. Or, we can fill out the form for you. We will accept reasonable requests when necessary to protect your safety.

You and your personal representative have the right to inspect and get a copy of your health information. We will send you a form to fill out to tell us what you want copied. Or, we can fill out the form for you. You may have to pay for the costs of copying and mailing records. (We may keep you from seeing certain parts of your records for reasons allowed by law.)

You have the right to ask that information in your records be changed if it is not correct or complete. We will send you a form to fill out to tell us what changes you want. Or, we can fill out the form for you. We may refuse your request if:

- The information is not created or kept by L.A. Care, or
- The information is not part of a standard set of information kept by us, or
- The information has been gathered for a court case or other legal action, or
- We believe it is correct and complete.

We will let you know if we agree to make the changes you want. If we don't agree to make the changes you want, we will send you a letter telling you why. You may ask that we review our decision if you disagree with it. You may also send a statement saying why you disagree with our records. We will keep your statement with your records.

Important

L.A. Care does not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.

Effective April 14, 2003, whenever we share your health information, you have the right to request a list of:

- Whom we shared the information with,
- When we shared it,
- For what reasons, and
- What information was shared.

This list will not include when we share information with you, with your permission, or for treatment, payment, or health plan operations.

You have a right to request a printed paper copy of this Notice of Privacy Practices.

You can also find this Notice on our website at **www.lacare.org**

How Do You Contact Us to Use Your Rights?

If you want to use any of the privacy rights explained in this Notice, please call or write us at:

L.A. Care Privacy Officer
L.A. Care Health Plan
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017
Toll-free: 1-888-839-9909
California Relay: 1-800-854-7784 or
1-866-LA-CARE1 (1-866-522-2731) TTY line

Complaints

If you believe that we have not protected your privacy, you have the right to complain. You may file a complaint (or grievance) by contacting us at:

L.A. Care Privacy Officer
L.A. Care Health Plan
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017
Toll-free: 1-888-839-9909

<u>OR</u> you may contact the agency below:

- Secretary of the U.S. Department of Health and Human Services
  Office for Civil Rights
  Attention: Regional Manager
  50 United Nations Plaza, Room 322
  San Francisco, CA 94102

  For additional information call 1-800-368-1019.
- U.S. Office for Civil Rights at 1-866-OCR-PRIV (1-866-627-7748) or 1-866-788-4989 TTY

Use Your Rights Without Fear

L.A. Care cannot take away your health care benefits or do anything to hurt you in any way if you file a complaint or use any of the privacy rights in this Notice.

Questions

If you have any questions about this Notice and want further information, please contact the L.A. Care Privacy Officer, L.A. Care Health Plan, at the address and phone number in the "How Do You Contact Us to Use Your Rights?" section.

To get a copy of this notice in other languages, Braille, large print, on audiocassette or CD-ROM, please call or write the L.A. Care Privacy Officer at the number or address listed above.

Nurse Advice Line

List of Audio Health Topics

1-800-249-3619

L.A. Care HEALTH PLAN®

www.lacare.org

For life-threatening or limb-threatening emergencies, call 911 or the appropriate local emergency services.

How do you use the AudioHealth Library®?

The AudioHealth Library® is easy to use. Simply call the same toll-free number you call to speak with a nurse. You can call anytime for information on a variety of health care topics. If you are calling from a touchtone phone, just follow the directions below. If you are calling from a dial phone (rotary phone), please stay on the line and a nurse can direct you to a topic.

Call instructions:

- Look up the 4-digit number for the topic you want to hear.
- Call the toll-free number.
- Select the option for the AudioHealth Library®. You will hear the AudioHealth Library® menu. Follow the instructions to select a topic.
- Listen to the recording. Topics are usually 2 to 5 minutes in length.

Allergies and Immune System

Allergies	3100
Allergy Tests	3103
Controlling Your Environment When You HaveAllergies	3102
Drug Allergy	3107
Enlarged Lymph Nodes in Children	3811
Eye Allergy	4209
Flu Shots for Seasonal Flu	4441
Food Allergy	3109
Food Allergy in Children	3814
Guillain-Barré Syndrome	3412
Hay Fever	3110
Hay Fever in Children	3817
Hives	3111
Immunization Schedule for Children	4663
Immunizations for Adults	4664
Lupus	3207
Lymph Nodes, Enlarged	5063
Myasthenia Gravis	3419
National Support Services for People Who Have Allergies	3101
Poison Ivy, Sumac, and Oak	3112
Scleroderma	3231
Severe Allergic Reaction	3113
Shots for Travel	4443
Sjogren's Syndrome	4867
Tetanus Shot	4942

Behavioral Health

Abuse and Domestic Violence in Adults	3301
Abuse of Older Adults	3001
ADHD or Attention Deficit Hyperactivity Disorder in Adults	3311
ADHD or Attention Deficit Hyperactivity Disorder in Children	3312
Aggressive Behavior in Children	3302
Agoraphobia	3303
Alcohol and Aging	3004
Alcohol and Health	4400
Alcohol Dependence	3304
Amnesia	3306
Anger and Teaching Children to Manage It	3788
Anger Management	3307
Anger Management for Parents	4301
Anorexia	3308
Antisocial Personality Disorder	3309
Anxiety	3310
Autism	3704
Autistic Spectrum Disorders	3377
Binge Eating Disorder or Compulsive Overeating	3313
Bipolar Disorder	3314
Bulimia	3315
Bullying and How to Help the Victim	3370
Child Abuse and Neglect	3300
Choosing a Mental Health Therapist for Your Child	3371
Cocaine Use	3317
Cognitive-Behavioral Therapy	3373

Compulsive Gambling 3318
Depression in Children and Teens 3772
Depression in Older Adults 3010
Depression Overview 3321
Designer Drugs 3316
Disciplining Your Child 4313
Dyslexia 3720
Emotional Abuse: Effects on Children 3326
Exhibitionism 3327
Fetal Alcohol Syndrome 3724
Fetishism 3328
Food and Feelings 4703
Gender Identity Disorder 3329
Grief and Loss 3330
Hallucinations 3331
Healthy Love Relationships and Teens 3773
Hypnotherapy 3333
Hypochondria or Hypochondriasis Disorder 3334
Incest 3335
Kleptomania 3336
Letting Go of Resentment 3337
Living with a Mentally Ill Person 3374
Living with an Alcoholic Parent 3700
Loneliness in Older Adults 3022
Marijuana 3375
Masochism 3339
Masturbation 3733
Multiple Personality or Dissociative Identity Disorder 3341
Narcissism or Narcissistic Personality Disorder 3342
New Baby Creates Jealousy 3739
OCD or Obsessive-Compulsive Disorder 3345
Panic Attacks or Panic Disorder 3346
Paranoid Personality Disorder 3347
Pedophilia 3348
Phobias 3349
Positive Attitude 3703
Postpartum Depression 5269
Post-Traumatic Stress Disorder 3350
Prescription Drug Abuse 3351
Psychosis 3352
Psychosomatic Illness 3353
Pyromania 3354
Recognizing Drug Abuse in Kids 3323
Ritalin 4280
SAD or Seasonal Affective Disorder 3357
Sadism 3355
Schizophrenia 3356
Self-Esteem 3358
Self-Esteem for Teens 3763
Self-Esteem in Older Adults 3032
Separation Anxiety Prevention 4329
Sexual Abuse and Children 3360
Sexual Behaviors in Children 3801
Social Anxiety Disorder 3379
Stress 4425
Stress Management 4426
Stress Management with Deep Breathing 4427
Stress Management with Mental Imaging 4428
Stress Management with Progressive Muscle Relaxation 4429
Suicide 3363
Talking with Your Child about Drinking and Drugs 4338
Teenage Drinking 3364
The Stresses of Chronic Illness 4433
Transvestism 3365
Treating Teens for Substance Abuse 3322
Twelve Step Programs 3366
Types of Therapy for Mental Health 3367
Voyeurism 3368
When Your Child Is a Bully 3369
Your Child's Self-Esteem 4344

Blood and Cancer

Anemia 4402
Blood Clots 3607
Blood Donation 4403
Blood Transfusion 4404
Bone Marrow or Stem Cell Transplant 3503
Childhood Leukemia 3500
Hemophilia 4321
Sickle Cell Anemia 4334

Bones, Muscles and Joints

Amputation 3151
Arthritis 3154
Arthroscopy 3157
Aspirin and Arthritis 3159
Back Pain Prevention at Work 4650
Baker's Cyst 3269
Bone Chips in the Elbow 3267
Bone Chips in the Knee 3268
Bowlegs and Knock-Knees 3163
Brittle Bones in Children 3218
Bursitis 3169
Calcific Tendonitis 3170
Carpal Tunnel Syndrome 3171
Cast Care 3172
Chores Made Easier When You Have Arthritis 3155
Coping with Arthritis 3259
Costochondritis 3173
Curved Spine or Scoliosis 3232
Dupuytren's Contracture 3256
Frozen Shoulder or Adhesive Capsulitis 3187
Ganglion Cyst 3188
Gout 3189
Hip Dislocation in Childhood 3192
Juvenile Rheumatoid Arthritis 3198
Knee Arthroscopy 3199
Low Back Pain 3205
Managing Your Arthritis 3259
Muscle Cramps and Spasms 3209
Muscular Dystrophy 3738
Neck Spasms 3213
Osgood-Schlatter Disease 3216
Osteoarthritis 3217
Osteoporosis 3219
Paget's Disease of Bone 3221
Pigeon Toe 3223
Polymyalgia Rheumatica 3225
Rheumatoid Arthritis 3228
Septic Arthritis 3233
Septic Arthritis in Children 3055
Slipped Disk or Herniated Disk 3241
Spondylolysis and Spondylolisthesis 3244
The Hip Problem of Legg-Calve-Perthes Disease 3203

You can call L.A. Care's 24-hour nurse advice line at 1-800-249-3619.

You can call this number for free anytime, day or night.

Torticollis 3250
Trigger Finger 3251

Brain and Nervous System

AIDS - Nervous System Complications 3400
Alzheimer's Disease 3401
Bell's Palsy 3403
Brain Tumors in Children 3505
Cerebral Palsy 4305
Chronic Fatigue Syndrome 4406
Cluster Headaches 3405
Confusion 3407
Delirium 3408
Dementia 3409
Dizziness and Vertigo 5054
Epilepsy 3410
Epilepsy in Children 3054
Facial Tics 3411
Fatigue 5056
Fibromyalgia 3177
Fluid on the Brain or Hydrocephalus 3415
Huntington's Disease 3414
Lou Gehrig's Disease 3416
Lumbar Stenosis 3206
Migraine Headache 3418
Migraine Headaches in Children 3436
Multiple Sclerosis 3435
Parkinson's Disease 3423
Peripheral Neuropathy 3424
Restless Legs Syndrome 4421
Sciatica 3425
Seizures 3426
Seizures in Children 3820
Spina Bifida 4337
Stroke 3430
Stroke Rehabilitation 3647
Tension Headache 3432
Tic Disorders 3778
Tourette's Syndrome 3781
Trigeminal Neuralgia 3433

Cancer

Biological Therapy 3525
Bladder Cancer 3501
Bone Cancer 3502
Brain Cancer 3504
Breast Cancer in Men 3507
Breast Cancer in Women 3506
Cancer and Ways to Protect Yourself Against It 4671
Cancer Clinical Trials 3515
Cancer Screening 3511
Cancer Treatment Team 3513
Cancer Warning Signs 3517
Cervical Cancer 3518
Chemotherapy 3519
Childhood Cancers 3711
Chronic Lymphocytic Leukemia 3520
Colon and Rectal Cancer 3521
Endometrial Cancer 3547
Esophageal Cancer 3523
Hodgkin Lymphoma 3524
Kidney Cancer 3526
Liver Cancer 3527
Lung Cancer 3528
Melanoma 3529
Multiple Myeloma 3531
Non-Hodgkin Lymphoma 3532
Ovarian Cancer 3533
Pancreatic Cancer 3535
Prostate Cancer 3537
Radiation Therapy 3540
Skin Cancer 3541
Stomach Cancer 3543
Testicular Cancer 3544
Throat Cancer 3545
Thyroid Cancer 3546

Children

Baby Walkers 4946
Bedwetting in Children 3706
Breast-Feeding Advice 4738
Breast-Feeding and Giving Your Baby Enough Milk 4739
Breast-Feeding and How to Increase Your Milk Supply 4740
Breast-Feeding Benefits 3708
Breast-Feeding Positions 3790
Circumcision 3712
Croup 3714
Crying Baby 3715
Formula Feeding 3725
Growth Delay or Disorder 3911
Jaundice in Newborns 3731
Lead Poisoning Prevention in Children 3800
Medical Reasons Not to Breast-Feed 5336
Normal Development 12 to 15 Months Old 3742
Normal Development 15 to 18 Months Old 3743
Normal Development 2 to 4 Months Old 3745
Normal Development 2 Weeks to 2 Months Old 3746
Normal Development 2 Years Old 3747
Normal Development 3 Years Old 3748
Normal Development 4 to 6 Months Old 3749
Normal Development 4 Years Old 3750
Normal Development 5 Years Old 3751
Normal Development 6 to 9 Months Old 3752
Normal Development 9 to 12 Months Old 3753
Overweight Children 4721
Reye's Syndrome 3760
Sleep Apnea in Babies 3789
Sleep Patterns in Babies 3765
Sleep Patterns in Children 3764
Speech Development in Newborns to 5 Year Olds 3769
Spitting Up in Infants 3770
Sudden Infant Death Syndrome or SIDS 3771
Temper Tantrums 3775
Thumbsucking 3777
Tobacco and Smoking in Children and Teens 3796
Toddler Discipline 3779
Toilet Training 3780
Undescended Testicle 3783

Very Small Premature Baby 3784
Weaning from Bottle to Cup 3797
Weaning from Breast to Bottle 3798
Weaning from Breast to Cup 3799

Diabetes

A1C Test for Diabetes Control 3924
Diabetes: Type 1 3905
Diabetes: Type 2 3906
Diabetes and Alcohol 4718
Diabetes and Eating Out 4715
Diabetes and Food Management 3902
Diabetes and Heart Disease 3921
Diabetes and Illness 3900
Diabetes and Nerve Damage 3922
Diabetes and Preventing Low Blood Sugar during Exercise 3923
Diabetes and the Importance of Exercise 3904
Diabetes Foot Care 3901
Diabetes Self Blood Glucose Monitoring 3903
Diabetic Eye Problems 3907
Diabetic Ketoacidosis 3908
Diabetic Retinopathy 3909
High Blood Sugar 3912
Hyperosmolar Hyperglycemic Nonketotic State 3913
Low Blood Sugar 3915
Low Blood Sugar in Children 3930
Metabolic Syndrome 3917
Type 1 Diabetes in Children 3782

Diagnostic Tests and Procedures

Angiograms 5100
Arterial Blood Gases 5101
Barium Enema 5102
Barium X-Ray Exam of the Esophagus and Stomach 5103
Biopsy 5104
Blood Glucose Test 5105
Blood Pressure 3608
Blood Test for Iron 5106
Bone Density Testing 5139
Bone Marrow Biopsy 5107
Bone Scan 5108
Bronchoscopy 4804
Colonoscopy 5111
Colorectal Cancer Screening 5112
Colposcopy of the Vagina and Cervix 5113
Complete Blood Count Test 5114
Coronary Angiogram 3616
CT Scan 5116
Cystourethroscopy 5117
Diagnostic Laparoscopy 5118
Echocardiogram 5119
Electrocardiogram or ECG or EKG 5120
Electroencephalogram 5121
Electromyogram 5122
Endometrial Biopsy 5230
Endoscopic Retrograde Cholangiopancreatography 5123
HIV Tests 4519
Hysteroscopy 5244
Intravenous Pyelogram 5141
Lipid Panel Test 5110
Liver Panel Test 5140
Lumbar Puncture 3417
Mammogram 5248
MRI or Magnetic Resonance Imaging 5127
Myelogram 3420
Newborn Screening Tests 3740
Pap Test 5129
Pelvic Exam 5263
Percutaneous Transhepatic Cholangiography 5130
Prostate Specific Antigen Screening 3538
Sigmoidoscopy 5131
Strep Test 5142
T4 Test 5134
Tests to Diagnose Heart Disease 3652
Thyroid Scan 5132
TSH Test 5133
Ultrasound Scanning 5135
Urine Culture 5136
Urine Tests 5137
Vital Signs 4436
X-Rays 5138

Diet and Exercise

Caffeine and Athletic Performance 4107
Caffeine in Your Diet 4700
Calcium 4701
Carbohydrates 4702
Circuit Training 4108
Controlling Cholesterol 3615
Cross Training 4109
DASH Diet for Hypertension 3654
Eating Healthy Snacks 4707
Exercise and Weight Control 4117
Exercise for Kids 4129
Exercise for Older Adults 3013
Exercise for Teens 3792
Exercise to Stay Healthy 4118
Fast Food 4735
Fiber in Your Diet 4711
Fluid Needs for Good Health 4743
Fluid Needs of Older Adults 3014
Fluid Replacement 4122
Good and Bad Fats in Your Diet 4709
Grains in Your Diet 4712
Healthy Diet 4728
Healthy Meal Planning for Children 3754
Healthy Snacks for Children 4737
Healthy Weight Gain 4713
Healthy Weight Gain in Children 4165
Home Exercise Equipment 4126
Iron in Your Diet 4741
Keeping a Food Diary 4730
Lactose Intolerance 4736
Losing Weight 4714
Low Sodium Diet 3636
Measuring Body Fat 4132
Neck Exercises 3211
Nutrition for Healthy Aging 3027
Obesity 4719
Personal Fitness Plan 4112
Reading Food Labels 4724
Running or Jogging 4146
Safe Exercise for People with Heart Disease 4164
Salt in Your Diet 4725
Sports Drinks 4150
Strength Training 4153

You can call L.A. Care's 24-hour nurse advice line at 1-800-249-3619.

You can call this number for free anytime, day or night.

Stretching 4154
Sugar Substitutes 4727
Swimming and Water Exercise 4155
Training Heart Rates 4159
Vegetarian Diet 4731
Vitamins 4732
Vitamins and Minerals for Children 4742
Weight Loss Diets 4733

Digestive System

Abdominal Pain 5050
Abdominal Pain in Children 3052
Acute Pancreatitis 4000
Anal Fissure 4001
Anal Fistula 4002
Antibiotic-Associated Diarrhea 4041
Botulism 4919
Celiac Disease 4734
Chronic Pancreatitis 4005
Cirrhosis 4006
Constipation 4008
Crohn's Disease 4009
Diarrhea 4010
Diarrhea in Children 3809
Diverticulitis 4011
Diverticulosis 4012
Duodenal Ulcer 4013
Food Poisoning 4918
Food Poisoning in Children 3815
Gallstones 4014
Gastritis 4017
Groin Hernia 4019
Heartburn 4021
Hemorrhoidectomy 4022
Hemorrhoids 4023
Hernias in Children 3728
Hiatal Hernia 4027
Indigestion 4029
Intestinal Gas 4030
Irritable Bowel Syndrome 4031
Nausea and Vomiting 5065
Nausea and Vomiting in Children 3819
Polyps in the Colon and Rectum 4007
Rectal Bleeding 4035
Stomach Flu 4037
Stomach Ulcer 4016
Swallowing Difficulty or Dysphagia 5071
Traveler's Diarrhea 4038
Ulcerative Colitis 4039

Ear, Nose and Throat

Assistive Listening Devices for the Hearing Impaired 4415
Earache 3963
Earache in Children 3810
Earwax 3953
Hearing Aids 4414
Hearing Loss in Adults 3954
Hearing Loss in Children 3727
Laryngitis 3955
Ménière's Disease 3962
Middle Ear Infection 3950
Noise and Hearing Loss 4662
Nosebleed 3956
Outer Ear Infection 3951
Ruptured Eardrum 3957
Sinus Headache 3427
Sinus Headache in Children 3821
Sinusitis 3958
Snoring 4817
Sore Throat 3959
Sore Throat in Children 3822
Speech and Language Problems in Children 3767
Speech Therapy for Children 4424
Telephone Assistive Devices 4431
Tinnitus 5072

Emergency Medicine

Appendicitis 4003
Biological Terrorism Agents 4903
Carbon Monoxide Poisoning 4944
Chemical Terrorism Agents 4907
Choking 4909
Choking in Children 4899
Electric Shock 4912
Heat Illness 4924

Eyes

Astigmatism 4224
Cataracts 4200
Color Blindness 4202
Common Vision Problems 4203
Contact Lens Care 4205
Crossed or Misaligned Eyes or Strabismus 4207
Eye Care 4210
Eye Exam 4211
Eye Symptoms Demanding Immediate Attention 4212
Eyeglass Care 4225
Eyelid Cyst or Chalazion 4213
Eyestrain 4214
Flashes and Floaters 4215
Glaucoma 4216
Lazy Eye or Amblyopia 4217
Macular Degeneration 4228
Pinkeye or Conjunctivitis 4218
Presbyopia 4229
Retinal Detachment 4219
Scratch on the Surface of the Eye or Corneal Abrasion 4206
Something in Your Eyes 4220
Stye 4221
Sunglasses 4222
Types of Contact Lenses 4223

Feet

Athletic Shoes 4106
Bunion 3168
Choosing Shoes That Fit 3180
Flat Feet in Children 3181
Foot Care 3182
Hammertoe 3190
Heel Pain 3191
Ingrown Toenail 3196
Morton's Neuroma 4133
Over-Pronation 3220
Plantar Fasciitis 3224
Plantar Warts 4863
Running Shoes 4147

General Health

Dehydration 4910
Fever 5057

You can call L.A. Care's 24-hour nurse advice line at 1-800-249-3619.

You can call this number for free anytime, day or night.

Fever in Children 3812
Hiccups 4416
Hiccups in Children 3050

Genes and Heredity

Down Syndrome 4314
Tay Sachs Disease 3802

Health Promotion

A Healthy Lifestyle for Older Adults 3000
Bathroom Safety 4651
Childproofing Your Home 4653
Choosing a Primary Care Provider 4405
Drowning Prevention in Children 4656
Falls Prevention and Home Safety 4670
Hazards of Smoking 3332
Health Changes with Aging 3016
Home Healthcare 3017
Insect Repellent Use 4945
Management of Your Personal Health 4659
Nicotine Withdrawal 3376
Personal Emergency Response Systems 3040
Routine Healthcare for Men 4672
Routine Healthcare for Women 4673
Safe Driving for Older Adults 3041
Safety Eyewear 4226
Safety Seats for Children 4674
Secondhand Smoke 4423
Smokeless Tobacco 3361
Talking with Your Healthcare Provider 4430
Ways to Quit Smoking 3362

Heart and Blood Vessels

Aneurysm 3600
Angina 3601
Angioplasty 3602
Aortic Valve Regurgitation 3603
Aortic Valve Stenosis 3604
Atherosclerosis 3605
Atrial Fibrillation 3606
Cardiac Arrest 3609
Cardiac Rehabilitation 3610
Cardiomyopathy 3611
Congenital Heart Disease 3614
Coronary Artery Disease 3618
Deep Vein Thrombosis 3621
Early Warning Signs of a Heart Attack 3624
Exercise Test 3623
Heart Attack or Myocardial Infarction 3640
Heart Catheterization 3625
Heart Conditions in Pregnancy 5324
Heart Disease and Women 3653
Heart Disease Prevention 4660
Heart Failure 3627
Heart Murmur 3628
Heart Palpitations 3629
High Blood Pressure 3631
High Cholesterol 3632
Holter Monitors 5126
Infective Endocarditis 3634
Low Blood Pressure 3635
Mitral Valve Prolapse 3637
Mitral Valve Regurgitation 3638
Mitral Valve Stenosis 3639
Myocarditis 3641
Pacemakers 3642
Paroxysmal Supraventricular Tachycardia or PSVT 3643
Pericarditis 3644
Peripheral Artery Disease 3645
Pulmonary Embolism 4812
Superficial Thrombophlebitis 3648
Triglycerides 3649
Varicose Veins 3650
Ventricular Tachycardia 3651

Hormones

Hyperthyroidism 3914
Hyperthyroidism in Children 3931
Hypothyroidism 3916
Pituitary Tumors 3918

Infectious Disease

Anthrax 4901
Antibiotic-Resistant Infections 4552
Bacterial Meningitis in Adults 3402
Bacterial Meningitis in Children 3705
Bird Flu 4543
Bone Infection 3162
Cat Scratch Disease 4544
Chickenpox 4545
Chickenpox in Children 3805
Chlamydial Infection in Men 4503
Chlamydial Infection in Women 4504
Cytomegalovirus 5316
Dengue Fever and Dengue Hemorrhagic Fever 4507
E. Coli Infection 4920
Ehrlichiosis 4546
Fifth Disease 4508
Flu or Influenza in Children 3813
Genital Herpes 4510
Genital Warts 4511
Giardiasis 4547
Gonorrhea 4512
Group A Strep Disease 4513
H1N1 or Swine Flu 4560
H1N1 or Swine Flu in Children 3816
Hand-Foot-and-Mouth Disease 4514
Helicobacter Pylori 4042
Hepatitis A 4024
Hepatitis B 4025
Hepatitis C 4026
Herpes Encephalitis 4515
HIV and AIDS Risk Factors and Prevention 4500
HIV Infection and AIDS 4516
HIV Infection from Blood Transfusions 4517
Human Papillomavirus 4520
Infectious Mononucleosis 4521
Legionnaires' Disease 4523
Lice 4524
Listeriosis 4548
Lyme Disease 4525
Measles 4550
Mumps 4551
Pelvic Inflammatory Disease 5264
Pinworms 4526
Rabies 4549
Rheumatic Fever 4527
Roseola in Children 4529
Rubella 4530
Salmonellosis 4509
Seasonal Flu 4522
Sexually Transmitted Diseases 4533

You can call L.A. Care's 24-hour nurse advice line at 1-800-249-3619.

You can call this number for free anytime, day or night.

Shingles 4534
Strep Throat 3960
Syphilis 4537
Tetanus 4538
Trichomoniasis 4539
Tuberculosis 4540
Viral Infections in Children 3713
Viral Meningitis in Adults 3434
Viral Meningitis in Children 3785
West Nile Virus 4542
Whooping Cough 3787
Yeast Infection 5297
Yeast Infection in Children 3051

Injuries

Achilles Tendon Injury 3150
ACL or Anterior Cruciate Ligament Injury 3153
Animal and Human Bites 4900
Ankle Sprain 3152
Baseball Finger or Mallet Finger 3208
Broken Ankle 3164
Broken Arm or Forearm Fracture 3260
Broken Collarbone 3257
Broken Elbow 3165
Broken Finger 3166
Broken Toe 3258
Broken Wrist 3167
Bruise 4905
Bruised Hip or Hip Pointer 3262
Burn and Scald Prevention 4669
Burns 4915
Collapsed Lung Caused by Injury 4807
Concussion 3406
Cuts, Scrapes, and Scratches 4934
Dislocated Elbow 3176
Electric Shock Prevention 4913
Finger Dislocation 3178
Finger Sprain 3179
Fracture Treatment 3185
Frostbite 4922
Golfer's Elbow 3261
Groin Strain 4123
Hamstring Strain 4125
Head Injury 3413
Hip Fracture 3193
Hip Fracture Prevention 3030
Hypothermia 4927
Hypothermia in Older Adults 3020
Insect Bites and Stings 3105
Jumper's Knee 3197
Knee Cartilage Tear or Meniscal Tear 3200
Knee Sprain 3202
Lateral Collateral Ligament Sprain 3264
Little Leaguer's Elbow 3265
Medial Collateral Ligament Sprain 3266
Muscle Strain 3210
Neck Injuries 3212
Neck Stinger 4136
Neck Strain 3214
Nose Injury 3270
Overuse Injuries 4139
Pulled Elbow in Children 3227
Puncture Wound 4929
Rotator Cuff Injury 3229
Runner's Knee 3230
Shin Pain or Shin Splints 4148
Shoulder Dislocation 3236
Shoulder Injuries 3237
Shoulder Separation 3239
Snakebite 4936
Spider Bites and Scorpion Stings 4939
Spinal Cord Injury 3429
Splinter 4940
Sprains 3245
Stress Fractures 3246
Tendonitis 4157
Tennis Elbow 3248
Thumb Sprain 3249
Tick Bite 4943
Using Crutches Safely 3253
Wound Care in Children 3059
Wound Closure and Wound Care 5015
Wrist Sprain 3255

Lungs

Acute Bronchitis 4800
Altitude Sickness 4401
Asthma 4801
Asthma and How to Use Inhalers 4822
Asthma in Children 3701
Asthma Inhalers for Children 3803
Breathing Exercises 4802
Bronchitis in Children 3056
Chronic Bronchitis 4805
Chronic Obstructive Pulmonary Disease 4806
Collapsed Lung Not Related to Injury 4808
Common Cold 4506
Common Cold in Children 3806
Cough 4809
Cough in Children 3807
Cystic Fibrosis 4310
Emphysema 4810
Peak Flow Meter 4821
Pleurisy 4820
Pneumonia 4811
Pulmonary Function Tests 4813
Respiratory Syncytial Virus or RSV 3794
Sleep Apnea 4815
Thoracentesis 4818
Using Oxygen at Home 4819

Medications

ACE Inhibitors 4250
Anabolic Steroids 4103
Antacids 4251
Antacids and Children 4283
Antibiotics 4252
Anticoagulants and Antiplatelets 4277
Antidepressant Medicines 4253
Antidiarrheal Medicines 4254
Antidiarrheal Medicines and Children 4282
Anti-Inflammatory Medicines 4255
Beta Blockers 4257
Calcium Channel Blockers 4258
Corticosteroids 4259
Cortisone Injection 4278
Cough Medicine, Nonprescription 4260
Cough Medicines and Children 3808
Decongestants and Antihistamines 4261
Diuretics 4262
Drug Interactions 4263
Fertility Drugs 4319
Generic and Brand-Name Drugs 4264

High Blood Pressure Medicines 4266
Laxatives 4267
Medicine Safety in Children 3735
Medicine-Related Problems 3026
Medicines to Keep on Hand 4273
Nitroglycerin and Other Nitrates 4269
Nonprescription Medicines 4270
Sedatives 4275
Sleeping Pills 4271
Statins 4279
Talking with Your Provider about Your Medicines 4256
Using Medicines Safely 4268
Vasodilators 4276

Men's Health

Enlarged Prostate 4600
Prostate Problems 4607
Testicular Self-Exam 4611
Vasectomy 4343
Vasectomy Reversal 4331

Mouth and Teeth

Bad Breath 3850
Canker Sore 4853
Canker Sores in Children 3804
Choosing a Dentist 3851
Cold Sores or Fever Blisters 4505
Dental Care for Adults 3856
Dental Care for Children 3852
Dental Care for Older Adults 3009
Denture Care 3854
Gingivitis 3855
Periodontal Disease 3857
Teeth Grinding in Children 3860
Teething 3774
Temporomandibular Joint Disorder 4432
Thrush 3858
Toothache 3859

Pain Management

Alternative Ways to Control Pain 4438
Anesthesia 5000
Chronic Pain 4440
Knee Pain 3263
Nerve Pain 3422
Neuralgias or Neuropathic Pain 3422
Noncardiac Chest Pain 3612
Patient-Controlled Analgesia 3536

Physical and Sports Medicine

Deep Heat Treatment 4113
Electrical Nerve Stimulation 4116
Ice Therapy 4127
Low Back Exercises 3204
Occupational Therapy 4419
Physical Therapy 3222
RICE or Rest, Ice, Compression, and Elevation for Injuries 3271
Ultrasound Treatment 3252

Pregnancy

Amniocentesis 5202
Beta Strep during Pregnancy 5301
Blood Tests for Birth Defects 5308
Breast Care If You Choose Not to Breast-Feed 5313
Cesarean Section 5216
Chickenpox during Pregnancy 5315
Child Spacing 4307
Choosing a Healthcare Provider for Your Pregnancy 5217
Chorionic Villus Sampling 5218
Contraction Stress Test 5312
Counseling during Pregnancy 5319
Danger Signs in Pregnancy 5221
Diabetes in Pregnancy 5223
Diet during Pregnancy 5225
Drinking Fluids during Pregnancy 5323
Drug, Alcohol, and Tobacco Use During Pregnancy 5227
Ectopic Pregnancy 5228
Emotional Stress or Depression during Pregnancy 5321
Episiotomy 5232
Estimating Gestational Age 5299
Exercise after Delivery 5233
Exercise during Pregnancy 5234
Genetic Screening Before or During Pregnancy 5240
Getting Ready for Pregnancy 5241
Heartburn during Pregnancy 5325
Household or Chemical Exposure during Pregnancy 5326
How Long Should I Stay in the Hospital after Delivery? 5327
Induction of Labor 5302
Injury during Pregnancy 5344
Labor and Delivery 5247
Later Childbearing 5328
Leg Cramps during Pregnancy 5329
Leg Numbness during Pregnancy 5330
Low Back Pain during Pregnancy 5331
Mental Illness during Pregnancy 5332
Miscarriage 5252
Morning Sickness 5254
Natural Family Planning 4326
Nonreassuring Fetal Status 5300
Nonstress Test 5305
Normal Growth of a Baby during Pregnancy 5257
Pain in the Vagina during Pregnancy 5339
Pain Relief in Labor and Delivery 5306
Physical Abuse During Pregnancy 5334
Postpartum Care 5267
Preeclampsia 5270
Pregnancy and Weight Control 5335
Pregnancy Tests 5271
Prenatal Care 5274
Prenatal Tests 5275
Preterm Labor 5309
Rh Incompatibility 5311
Round Ligament Pain in Pregnancy 5338
Ruptured Membranes 5277
Sex during Pregnancy 5278
Skin Changes during Pregnancy 5281
Slowed Growth of Baby during Pregnancy 5340
Smoking during Pregnancy 5282
Surgery to Close the Cervix 5341
Swelling in the Hands and Feet during Pregnancy 5342
Teen Pregnancy 4341
Tests for Pregnancy 5271
Toxoplasmosis during Pregnancy 5343
Travel When You Are Pregnant 5287
Trouble Breathing during Pregnancy 5322

You can call L.A. Care's 24-hour nurse advice line at 1-800-249-3619.

You can call this number for free anytime, day or night.

Trouble Sleeping during Pregnancy 5345
Types of Baby Movements 5346
Urinary Frequency during Pregnancy 5347
Vision Changes during Pregnancy 5349
Working during Pregnancy 5296
X-Rays during Pregnancy 5310

Sexual and Reproductive Health

Birth Control Methods 4302
Birth Control Patch 4303
Birth Control Pills 4304
Depo-Provera 4311
Diaphragm 4312
Early Puberty in Boys 3919
Early Puberty in Girls 3920
Emergency Birth Control 4315
Erectile Dysfunction 4601
Female Condom 4317
Tubal Ligation 4318
Homosexuality and Teens 3730
In Vitro Fertilization 4322
Infertility 4323
IUD 4324
Male Condom 4325
Painful Intercourse 5262
Pregnancy Prevention for Young Men and Women 3755
Premature Ejaculation 4606
Puberty for Boys 3757
Puberty for Girls 3758
Rape 4930
Sensual Touch 4434
Sex Therapy 3359
Sexual Abstinence 4332
Sexual Problems 3378
Sexual Response in Men 4610
Sexual Response in Women 5280
Sexuality in the Later Years 3034
Spermicides 4336
Talking with Your Child about HIV 4339
Talking with Your Teen about Sex 4340
Tubal Sterilization Reversal 4330
Vaginal Contraceptive Ring 4342

Skin

Acne 4850
Athlete's Foot 3160
Blisters 4851
Boils and Carbuncles 4852
Botox Treatment of Wrinkles 4439
Cellulitis 4854
Contact Dermatitis 3106
Corns and Calluses 3174
Dandruff 4857
Diaper Rash 3718
Eczema 3108
Excessive Hair Growth 4410
Facelifts 5006
Hair Loss in Men 4602
Hair Loss in Women 5242
Impetigo 4860
Itching 4861
Itching in Children 3818
Jock Itch 4875
Moles 4862
Nail Infection 4876
Pilonidal Disease 4878
Pressure Ulcers 4874
Psoriasis 4864
Rashes in Infants 3759
Ringworm 4528
Rosacea 4865
Scabies 4531
Seborrhea 4866
Skin Care for Older Adults 3035
Skin Exam 4869
Skin Infection Around a Fingernail or Toenail 4877
Skin or Soft Tissue Abscess 4870
Skin Resurfacing 5010
Sunburn 4871
Sunburn in Children 3823
Tanning Beds 4872
Warts 4873
Warts in Children 3825

Sleep Disorders

Insomnia 5060
Insomnia in Older Adults 3021
Jet Lag 4442
Narcolepsy 3421
Nightmares and Night Terrors 3344
Sleep Disorders in Children 3766

Social and Family

Adoption 4300
Adult Day Care Programs 3002
Advance Directives 3003
Caring for People with Progressive Dementia 3431
Caring for Someone with Alzheimer's Disease 3404
Common Problems of New Mothers 5317
Communicating with Your Teen 4309
Communication in Intimate Relationships 4407
Conflict Management 3372
Finding and Choosing Child Care 3791
Healthy Families 4316
Hospice 4418
How to Choose a Nursing Facility 3019
Informed Consent 4308
New Father 3722
New Mother 3736
Pets and Older Adults 3028
Preparing for the First Day of School 3795
Senior Centers 3033
Sibling Relationships 4333
Single Parenting 4335

Surgery

Abdominal Hysterectomy 5200
Arthroscopic Meniscal Surgery 3156
Breast Enlargement Surgery 5002
Breast Reconstruction Surgery 5003
Breast Reduction Surgery 5004
Cataract Surgery 4201
Cholecystostomy 4004
Colostomy and Ileostomy 4028
Cone Biopsy of the Cervix with a Laser 5298
Coronary Artery Bypass Surgery 3617
Cryosurgery 5012
D&C 5220
Eyelid Surgery or Blepharoplasty 5005

You can call L.A. Care's 24-hour nurse advice line at 1-800-249-3619.

You can call this number for free anytime, day or night.

Gallbladder Removal 4015
Gastrostomy Feeding Tube Placement 4018
Heart Transplant 3630
Hip Replacement Surgery 3195
Implantable Cardioverter Defibrillator or ICD 3633
Knee Replacement Surgery 3201
Laparoscopic Cholecystectomy 4032
LASIK 4227
Liposuction 5008
Lumpectomy and Removal of Lymph Nodes 5013
Nose Reconstruction 5009
Setting a Broken Bone Without Surgery 3234
Shoulder Replacement Surgery 3238
Spinal Fusion 3242
Spinal Instrumentation 3243
Surgery to Set a Broken Bone 3247
Tonsil and Adenoid Removal 3961
Tonsil and Adenoid Removal in Children 3824
Tracheotomy 5014
Transurethral Resection of the Prostate 4608
Tummy Tuck 5011
Vaginal Hysterectomy 5291

Urinary System

Acute Kidney Failure 5350
Bladder Infection 5351
Blood in Urine 5352
Chronic Kidney Failure 5353
Cystocele 5320
Functional Urinary Incontinence 5354
Indwelling Catheter Care 5355
Kegel Exercises 5356
Kidney Dialysis 5367
Kidney Infection 5357
Kidney Stones 5358
Lithotripsy for Kidney Stones 5359
Overflow Incontinence 5360
Stress Incontinence in Women 5284
Urge Incontinence 5361
Urinary Catheterization 5362
Urinary Incontinence 5363
Urinary Obstruction 5364
Urinary Obstruction in Children 3057
Urinary Tract Infection in Men 5365
Urinary Tract Infection in Women 5366
Urination Problems 5074

Women's Health

Atrophic Vaginitis 5203
Bartholin's Gland Cyst 5204
Benign Ovarian Tumor 5205
Bleeding Between Menstrual Periods 5209
Breast Infection 5210
Breast Self-Exam 5211
Breast Tenderness 5314
Cervical Intraepithelial Neoplasia 5213
Cervical Polyp 5214
Cervicitis 5215
Endometriosis 5231
Feminine Hygiene 5237
Fibrocystic Breast Changes 5239
Galactorrhea 5256
Heavy or Extended Menstrual Bleeding 5303
Hot Flashes 5243
Menopausal Hormone Therapy 5249
Menopause 5250
Menstrual Cramps 5251
Midcycle Pain 5333
Missed Menstrual Periods 5253
Missed Menstrual Periods or Amenorrhea due to Exercise 4105
Ovarian Cysts 5259
Pelvic Support Problems 5265
PMS or Premenstrual Syndrome 5273
Polycystic Ovary Syndrome 5307
Postmenopausal Bleeding 5266
Premenstrual Dysphoric Disorder 5272
Rectocele 5337
Sore Nipples 5304
Tipped Uterus 5285
Uterine Fibroids 5288
Uterine Prolapse 5348
Vaginitis 5293
Vulvar Dystrophy 5294
Vulvitis 5295

NOTES:

NOTES:

For a Healthy Life

www.lacare.org

Toll Free: 1-888-839-9909
TTY: 1-866-522-2731

LA0717 01/12